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Separating Facts from Fiction: The Abortion-tainted Chickenpox Vaccine  
Jameson Taylor  
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## **Fact: The chickenpox vaccine -- along with nine others -- is manufactured on tissue from aborted babies.**

The product insert for chickenpox indicates that the virus is *currently* grown on "human embryonic lung cell cultures." For this reason, each dose of the vaccine contains "residual components ... including DNA and protein" of cells derived from an aborted baby.

Nationwide, ten different vaccines are cultured on two cell lines taken from two voluntary abortions: VARIVAX (chickenpox), Havrix (hep-A), VAQTA (hep-A), Twinrix (hep-A/hep-B), POLIOVAX (polio), IMOVAX (rabies), MERUVAX II (rubella), M-R-VAX (measles/rubella), BIAVAX II (mumps/rubella) and M-M-R II (measles/mumps/rubella). No alternative, pro-life substitutes exist for the chickenpox, hepatitis A, and rubella vaccines.

The WI-38 "human-diploid" cell culture was developed in July 1962 from an aborted three-month-old unborn girl.<sup>[1](#)</sup> "WI" is an acronym used by the Wistar Institute. WI-38 was the 38th cell line created by Wistar as part of an ongoing fetal tissue research program. The August 1969 issue of the American Journal of Diseases of Children indicates that WI-38 is derived from a voluntary abortion performed in Sweden:

"This fetus was chosen by Dr. Sven Gard, specifically for this purpose. Both parents are known, and unfortunately for the story, they are married to each other, still alive and well, and living in Stockholm, presumably. The abortion was done because they felt they had too many children. There were no familial diseases in the history of either parent, and no history of cancer specifically in the families; that is, the maternal or paternal sides."<sup>[2](#)</sup>

MRC-5 was taken from the lung tissue of a fourteen-week-old preborn baby boy. MRC stands for Medical Research Council, a U.K. research center funded by British taxpayers. According to the Coriell Cell Repositories, "The MRC-5 cell line was developed [by J. P. Jacobs] in September 1966 from lung tissue taken from a 14 week fetus aborted for psychiatric reasons from a 27 year old physically healthy woman."<sup>[3](#)</sup>

While the manufacturers of these vaccines routinely claim that the cultures are derived from therapeutic abortions, this assertion is belied by the medical record quoted above. Moreover, in 1962, abortion was allowed in Sweden exclusively on "medical, humanitarian and eugenic grounds." Thus, it is arguable that the WI-38

abortion was not only *not* therapeutic, but illegal as well. Likewise, the MRC-5 abortion occurred almost two years before the U.K. Parliament formally permitted abortions induced solely to preserve the "mental health" of the mother.

Note that although the abortions occurred in the 1960s, the cells used to culture the vaccines are taken from this same tissue – which, when not in use, is preserved in liquid nitrogen.

## **Fact: The chickenpox vaccine does not always work.**

A December 2002 study in the New England Journal of Medicine observed an average failure rate of 66 percent for the chickenpox vaccine. The NEJM article analyzed an epidemic begun by a child immunized three years prior to contracting chickenpox, leading researchers to postulate that "breakthrough infections in vaccinated, healthy persons can be as infectious as varicella in unvaccinated persons." A separate study in the Journal of Infectious Diseases reports that after fourteen months antibody levels were as much as twenty-five times higher in children who had acquired natural immunity than in children vaccinated against chickenpox.[4](#)

Researchers from England's Public Health Laboratory Service reported in May 2002 that children vaccinated for chickenpox also have a higher risk of contracting shingles as adults. Shingles is caused by the same virus that manifests itself as chickenpox and can be especially dangerous for the elderly and those with impaired immune systems. The authors of the study conclude at least as many people will die from shingles as from chickenpox and are calling for public-health officials to reevaluate mandates for mass chickenpox vaccination.[5](#)

## **Fact: The chickenpox vaccine is not necessary.**

The 1989 edition of the American Medical Association's Encyclopedia of Medicine defines chickenpox as "a common and mild infectious disease of childhood." Recommends the AMA, "All healthy children should be exposed to chicken pox at an age at which it is no more than an inconvenience." Over 90 percent of people will acquire natural immunity to chickenpox by young adulthood -- "whether they know it or not."[6](#)

Among otherwise healthy children aged one to fourteen years old, the mortality rate for chickenpox is 2 per 100,000, which is equivalent to 0.002 percent. In other words, 99.998 percent of children will not experience fatal complications from chickenpox. For adults, the chickenpox mortality rate is 31 per 100,000, which is 0.031 percent.[7](#) That chickenpox is much more deadly for adults than it is for children is a significant problem because the chickenpox vaccine does not provide lifelong immunity.

Experts report that chickenpox kills about 50-100 people a year in the United States. This figure assumes a rate of incidence of four million cases. Such estimates, however, neglect to mention that the majority of these deaths occur

among adults or infants too young to receive the vaccine.[8](#)

Apparent economic benefits -- not safety reasons -- are what prompted the CDC to add chickenpox to the federal schedule of recommended immunizations. Yet a cost-effectiveness study commissioned by the CDC found the vaccine's direct benefits are less than its economic costs. For every dollar spent on chickenpox immunization programs, the public-health benefits are only ninety-four cents. Only when indirect advantages, such as lost wages, are factored in does the vaccine's use appear worthwhile. The CDC study, however, very optimistically assumed a vaccine-efficacy rate of 94 percent and an immunization rate of 97 percent. The cost-effectiveness analysis likewise presumed immunity conferred by the vaccine lasts longer than three years.[9](#)

The mildness of chickenpox, combined with the ineffectiveness of the vaccine, is perhaps what prompted Merck officials to confess that they are employing "scare tactics" to convince U.S. consumers to buy their chickenpox vaccine.[10](#)

## **Fact: The chickenpox vaccine can cause serious injuries, including death.**

During March 1995 to July 1998, a total of 9.7 million doses of varicella vaccine were distributed in the United States. During this time, the CDC's Vaccine Adverse Event Reporting System (VAERS) received 6,580 reports of adverse reactions to the vaccine, which included 14 deaths. Routine underreporting of adverse vaccine reactions suggests mortality and morbidity rates were far higher.[11](#) The GAO estimates as few as 1 percent of all serious adverse reactions are actually reported to VAERS: "Studies show that adverse events are often substantially underreported in a passive surveillance system ... only about 1 percent of serious events attributable to drug reactions are reported to FDA."[12](#)

In addition to the problems recorded by the CDC (which include encephalitis, ataxia, erythema multiforme, Stevens-Johnson syndrome, pneumonia, thrombocytopenia, seizures, neuropathy, and herpes zoster), the chickenpox vaccine's product insert includes warnings of anaphylaxis (allergic reaction), arthralgia (joint pain), Bell's palsy (facial paralysis), cellulites, cerebrovascular accident (stroke), dizziness, febrile seizures, Guillain-Barré syndrome (an inflammatory nerve disorder that often causes paralysis), Henoch-Schönlein purpura (inflammation of the blood vessels), impetigo, lymphadenopathy (enlargement of the lymph nodes), pharyngitis, otitis (ear inflammation), and transverse myelitis (an inflammatory disease affecting the spinal cord).[13](#)

Because of these side effects, Dr. Philip Brunell, one of the world's foremost experts on the varicella virus, advises parents to carefully consider whether they "want to give a vaccine -- with unknown side effects -- to prevent a very mild disease."[14](#)

## **Fact: Mandatory Chickenpox Vaccination is Subject to Legal Challenge**

While the Supreme Court, in *Jacobson v. Massachusetts* (1905), affirmed the

constitutionality of mandatory vaccination in instances of "paramount necessity," this ruling is qualified by *Parham v. J. R.* (1979), which holds that parents have an essential right to determine what type of medical care their children receive, even if that decision exposes a child to certain risks.<sup>15</sup> And while the Justices have yet to consider a First Amendment challenge to a compulsory vaccine law, two U.S. district court cases, *Boone v. Boozman* (2002) and *Curtis v. Hilton* (2002), explicitly acknowledge that pro-lifers have a First Amendment right to refuse to use vaccines cultured on aborted fetal tissue.<sup>16</sup>

No compelling reasons require states to mandate the chickenpox vaccine, much less mandate the vaccine without offering a religious exemption. Such an exemption will not put other children at risk. Nationwide, only about 1 percent of children have obtained vaccine exemptions. According to the National Vaccine Advisory Committee, such "exemptions do not appear to have a major detrimental impact on child health and well-being in the United States."<sup>17</sup> Indeed, if vaccine exemptions are dangerous, why do 48 states as well as the Department of Defense allow for religious and/or personal exemptions? Moreover, why are children with medical exemptions allowed to attend school?

The mere possibility that not being immunized entails some "risk" is not enough to justify the denial of a religious exemption. This is because the risks associated with such an exemption can be addressed through less restrictive and burdensome means than those employed by the current law. Children who are not vaccinated, for example, can be asked to stay home during outbreaks of diseases to which they are not immune. Given the Supreme Court's longstanding affirmation (see, for example, *Troxel v. Granville* (2000)) that parents possess a constitutional right to raise and educate their children without interference from the state or any other party, as long as a child's health is not seriously jeopardized by not being immunized, state laws must yield to parental discretion regarding vaccination.

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## Endnotes:

1 Coriell Cell Repositories [http://locus.umdj.edu/nia/nia\\_cgi/display.cgi?AG06814](http://locus.umdj.edu/nia/nia_cgi/display.cgi?AG06814). [Back]

2 "Gamma globulin prophylaxis; Inactivated rubella virus; Production and biologics control of live attenuated rubella virus vaccines," Discussion on Session V, American Journal of Diseases of Children, vol. 118, no. 2, August 1969, pp. 377-378. [Back]

3 Coriell Cell Repositories [http://locus.umdj.edu/nia/nia\\_cgi/display.cgi?AG05965](http://locus.umdj.edu/nia/nia_cgi/display.cgi?AG05965). Also see J. P. Jacobs, C. M. Jones and J. P. Baille, "Characteristics of a human diploid cell designated MRC-5," Nature, vol. 227, no. 254, 7/11/70, pp. 168-170. [Back]

4 S. Bogger-Goren et al., "Antibody response to varicella-zoster virus after natural or vaccine-induced infection," The Journal of Infectious Diseases, vol. 146, no. 2, August 1982, pp. 260-265. [Back]

5 Richard Woodman, "Study: Kids' Chickenpox Jab Could Increase Shingles," Reuters Health, 5/2/02 <http://www.siliconvalley.com/mld/siliconvalley/news/3182869.htm>. [Back]

6 Referenced in Gerhard Bedding, "NH health committee targets dangerous' threat of chicken pox," The Union Leader, 10/10/01; Northwest Communicable Disease Policy Sub Group "Chickenpox," informational leaflet, June 2002. [[Back](#)]

7 Parang N. Mehta and Archana Chatterjee, "Varicella," emedicine, 4/25/02 <http://www.emedicine.com/ped/topic2385.htm>. Also cited in "Chickenpox and Varicella Vaccine" <http://www.csubak.edu/healthcenter/Chickenpox.htm>. [[Back](#)]

8 Cf. Richard D. Andersen, "Immunization against chickenpox: Is it worthwhile?" The Medical Journal of Allina, vol. 5, no. 2, Spring 1996. [[Back](#)]

9 T. A. Lieu et al., "Cost-effectiveness of a routine varicella vaccination program for US children," JAMA, vol. 271, no. 5, 2/2/94, pp. 375-381; D. M. Huse, H. C. Meissner, M. J. Lacey and G. Oster, "Childhood vaccination against chickenpox: an analysis of benefits and costs," Journal of Pediatrics, vol. 124, no. 6, pp. 869-874; T. A. Lieu et al., "The cost of childhood chickenpox: parents' perspective," Pediatric Infectious Disease Journal, vol. 13, no. 3, March 1994, pp. 173-177. [[Back](#)]

10 Marnie Ko, "Vaccination Nation," Report Newsmagazine (Alberta Report), 3/13/00 <http://www.mamieko.com/vaccinecover.htm>. [[Back](#)]

11 "Prevention of Varicella Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP)," MMWR Morbidity and Mortality Weekly Report, vol. 48, no. RR06, 5/28/99, pp. 1-5 <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4806a1.htm>. [[Back](#)]

12 Kwai-Cheung Chan, "State Department: Serious Problems in the Anthrax Vaccine Immunization Program," Report to Congressional Requesters, U. S. Senate Committee on Foreign Relations and U.S. House of Representatives Committee on International Relations, 12/13/00, GAO 01-21, pp. 15-16. See also David Kessler, "Introducing MEDWatch," JAMA, vol. 269, no. 21, 6/2/93, pp. 2765-2768. Kessler here is talking about adverse drug reactions in general, but it is safe to assume reporting behavior for vaccine reactions follows a similar pattern. Dr. James Froeschle of Connaught Laboratories also testified before the IOM that "the company estimates about a 50-fold underreporting of adverse events in the passive reporting system" (Adverse Events Associated with Childhood Vaccines (1994) p. 328). Also see H. D. Scott et al., "Rhode Island Physicians' Recognition and Reporting of Adverse Drug Reactions," Rhode Island Medical Journal, vol. 70, no. 7, July 1987, pp. 311-316. [[Back](#)]

13 Merck & Co., Inc., "VARIVAX," #7999910, November 2000. [[Back](#)]

14 Quoted in Elisabeth Rosenthal, "Doctors Weigh the Cost of a Chickenpox Vaccine," New York Times, 7/7/93, section A, p. 1. Brunell is an active proponent of Merck's shingles vaccine, which he is helping to test in a collaborative effort funded by Merck, the NIAID and the Department of Veterans' Affairs. Brunell has also trained at the Merck Institute for Therapeutic Research. [[Back](#)]

15 Jacobson v. Com. of Mass., 197 U.S. 11, 25 S.Ct. 358 (1905) <http://caselaw.lp.findlaw.com/cgi-bin/getcase.pl?court=us&vol=197&invol=11>; Parham v. J. R., 442 U.S. 584, 99 S.Ct. 2493 (1979) <http://caselaw.lp.findlaw.com/cgi-bin/getcase.pl?navby=case&court=US&vol=442&invol=584>. [[Back](#)]

16 Cynthia Boone v. Fay Boozman et al., 217 F.Supp.2d 938 (E.D. Ark. 2002); JoAnne

Curtis v. Hilton Central School District et al. (W.D. N.Y. 1/28/02) District Court Case no. 01-CV-6579T. [[Back](#)]

17 National Vaccine Program Office, CDC, 9/5/97 meeting, as quoted by Kristine Severyn, "Mandatory Vaccination," AAPS 56th Annual Meeting, Coeur d'Alene, Idaho, 10/14/99 <http://www.all.org/activism/pox02.htm> See also Daniel Salmon, "Mandatory Immunization Laws and the Role of Medical, Religious and Philosophical Exemptions," August 2002, p. 4  
<http://www.vaccinesafety.edu/exemptreview082702.pdf>. [[Back](#)]

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