

RFK Jr. adviser petitioned the FDA to revoke the polio vaccine 2 years ago

Benjamin Mateus
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Creator of the first successful polio vaccine, Dr. Jonas Salk said on the question of who owned the patent for the inactivated polio vaccine in 1955, “Well, the people, I would say. There is no patent. Could you patent the sun?”

Robert F. Kennedy Jr.’s attorney, Aaron Siri, who is assisting him in interviewing and staffing up the Department of Health and Human Services, is an ardent opponent of proven vaccines who has filed legal challenges to the polio vaccine and 13 other vaccines in recent years, it was reported last week by the *New York Times*.

Siri has been working on behalf of the Informed Consent Action Network (ICAN), the well-funded anti-vaccination group headed by Del Bigtree, a former television producer and antivaccine propaganda documentary filmmaker, since its founding in 2016. He filed a petition with the US Food and Drug Administration (FDA) to revoke approval of the polio vaccine in use in the United States in 2022.

The gravity of this petition and dangers it poses to the US are noteworthy as the polio vaccines are on the World Health Organization’s list of essential medicines and have, since their introduction, protected millions of people from becoming paralyzed or dying. The gains in public health over the last century are rapidly being extinguished and all for political expediency and the rightward lurch into fascism.

In the “action requested” section, the petition requests that “the FDA withdraw or suspend the approval of the inactivated polio vaccine [IPOL produced by Sanofi Pasteur SA] for infants, toddlers, and children until a properly controlled and properly double-blind trial of sufficient duration is conducted to assess the safety of this product.” This implies that all polio vaccine administration would come to a grinding halt until years of safety data are acquired to prove the already safe polio vaccines are actually safe.

Years of experience with these vaccines have proven their efficacy and safety profiles, and the resort to claiming a double-blinded study is required is simply preposterous. Not only do vaccines undergo rigorous testing before approval, but they are also continuously monitored for any safety issues once they come to market.

This attempt to assert that these vaccines, with decades of real-world use, lack any evidence for their safety is entirely bogus.

Siri and Kennedy speak for fringe layers of reactionary anti-public health zealots. Worse, using fearmongering tactics, the petition dares even to claim that because the vaccine is grown in “vero cells,” people may be susceptible to cancers or viruses from the IPOL vaccine.

In fact, vero cells (African green monkey kidney cells isolated in 1962) and cell-based technology for the production of vaccines have shown to be stable and providing high yields with excellent quality controls. It was one of the first cell lines that received FDA approval for vaccine development and is used throughout the world. In fact, cell technology has increased in recent years allowing for commercial suppliers to develop serum-free and protein-free options.

But the petition is just the first volley in the anti-vaccine crusade that RFK Jr. and company have in store, despite the claim made by Kennedy that he would not prevent anyone seeking vaccines from having access to them. Indeed, Aaron Siri’s firm submitted another petition in 2021 to the Human Health Services (HHS) and the FDA, on behalf of ICAN, taking issue with the level of “aluminum” in 13 other vaccines.

The repeated and recurring misleading statements on the use of aluminum as an adjuvant in vaccines by anti-vaccine groups, such as being a neurotoxin that can cause autism, have become an epidemic of their own. Yet not one serious study has shown any evidence that aluminum used in vaccines has had detrimental impact on infants.

On the contrary, in 2011, the FDA researchers wrote, “Using these updated parameters we found that the body burden of aluminum from vaccines and diet throughout an infant’s first year of life is significantly less than the corresponding safe body burden of aluminum modeled using the regulatory minimal risk levels. We conclude that episodic exposures to vaccines that contain aluminum adjuvant continue to be extremely low risk to infants and that the benefits of using vaccines containing aluminum adjuvant outweigh any theoretical concerns.”

And beyond these petitions that will drive public health into a quagmire, Siri is working closely with Kennedy to select top health administrators for key agencies to proverbially stack the deck. Kennedy gushed of Siri that there is “nobody who’s been a greater asset to the medical freedom movement than him.”

The perverse term “medical freedom” would be better presented as “freedom for disease,” not people.

The COVID-19 pandemic has been a boon for Bigtree’s ICAN. NBC News wrote in 2022 that the anti-vaccine group’s revenues had jumped 60 percent in 2020 to \$5.5 million in revenue. That had climbed to \$13.4 million by 2022. These came mainly from private donors like Fidelity Investments’ foundation, the Vanguard Group’s foundation, and Schwab Charitable. Most of this money is spent on legal fees paid to the firm of Siri & Glimstad.

On the issue of polio vaccines, according to the Centers for Disease Control and Prevention (CDC), the safety profile for inactivated polio vaccines is excellent with the usual minor local reactions within 48 hours of administration being the most common complaints. A little more than a third of recipients can develop a fever. Allergic reactions occur in one in every million doses. No deaths among infants in the early trials were attributed to the vaccines.

It should be recalled that by the mid-20th century, polio killed or paralyzed over half-million people every year. Once polio infected a person, the onset of paralysis was rapid, usually within three to four days.

The breakthrough with the Salk’s inactivated polio vaccine (IPV) and Albert Sabin’s oral polio vaccine (OPV) (licensed in the US in 1961) led to a dramatic reduction in cases. While in 1988, an estimated 350,000 cases were reported across the world, that number dropped to 22 by 2017 as a result of global efforts to eradicate the dreaded disease.

According to the WHO’s 39th meeting of the POLIO IHR Emergency Committee held on August 13, 2024, only 12 new wild polio virus infections were reported—five from Afghanistan and seven from Pakistan, bringing the total to 14 in 2024. However, the number of positive environmental samples has increased in Pakistan from 126 to 186, mainly from Khyber Pakhtunkhwa, Sindh and Balochistan provinces.

Of the 72 cases thus far, 30 have occurred in Nigeria. In 2023, there were a total of 527 such cases of which 224 occurred in the Democratic Republic of Congo. cVDPV is a byproduct of the use of the weakened oral polio virus that provides better immunity in the gut. While the inactivated polio virus given by injection gives immunity against the disease, it does not protect against intestinal infection.

Most of the polio cases in 2024 have been from circulating vaccine-derived poliovirus (cVDPV), a rare outcome of the oral polio vaccines (OPV). While OPV can produce excellent life-long immunity in the intestines (the primary site of wild poliovirus entry and the virus spreads through the fecal-oral route), it has proven very effective for eradicating the virus in endemic areas. Oral administration requires no extensive training, making delivery easier than injections.

However, there are two disadvantages of the OPV. Over time, the excreted live virus from those who have taken OPV can circulate in under-vaccinated populations and revert to a

neurovirulent form causing paralytic polio. The recent development of the novel oral polio vaccine type 2 which is more genetically stable and less likely to be associated with the emergence of cVDPV in low immunity settings should address this concern. The other is that it can induce vaccine-associated paralytic polio directly in those taking OPV at a rate of approximately one individual per every 2.7 million doses. For these reasons, in the US, the inactivated polio vaccine has been used.

Jonas Salk was a giant in the world of virology and medical research whose development of the first successful polio vaccine was an achievement garnering him the moniker of “miracle worker.” His decision not to patent the vaccine or seek profit from it stemmed from his keen awareness that getting the vaccine to the world was of immense importance. He was also of the generation that had endured two world wars and the misery and death caused by the catastrophically colossal events.

Salk, born in New York City to Jewish immigrant parents, also campaigned tirelessly for the universal vaccination of children against diseases, like polio and measles. He had called the mandatory vaccination of children a “moral commitment.” In a manner of speaking, Salk was very aware of the reactionary perspectives growing within layers of American society anticipating the growth of anti-vaccine forces.

In an interview near the end of his life, with respect to his motivation to contribute something lasting to humanity, Salk said, “At one point at the end of my first year of medical school, I received an opportunity to spend a year in research and teaching in biochemistry, which I did. And at the end of that year, I was told that I could, if I wished, switch and get a Ph.D. in biochemistry, but my preference was to stay with medicine. And I believe that this is all linked to my original ambition, or desire, which was to be of some help to humankind, so to speak, in a larger sense than just on a one-to-one basis. Just as I intended to study law, to make just laws, so, I found myself interested now in the laws of nature, as distinct from the laws the people make.”

He died in 1995, a year after the Americas declared polio eliminated.



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