First Came the Measles Deaths. The Causes Come Later.

Did they or didn't they die of measles?

DR. ROBERT W. MALONE
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Pennsylvania announced this week what it called the first two "measles-associ deaths" in the Commonwealth in 35 years. Within hours, those carefully chose

were disappearing. NBC News told readers that two unvaccinated people had
measles." Other news organizations similarly reported that people had died "f
"of" measles. Governor Josh Shapiro quickly turned the deaths into an attack
Health and Human Services Secretary Robert F. Kennedy Jr., accusing Kenned
the Trump administration of spreading misinformation with "real-life conseq
There was just one rather important problem with this extraordinarily conven
narrative: **Pennsylvania itself had not established that either person died fro
measles.**

That is not my interpretation of some obscure epidemiological distinction. It
directly from the Pennsylvania Department of Health. Department press secre
Ruhland explained that the state uses the term "measles-associated" when lab
or epidemiological evidence of measles is present, but the official cause of dea
remains under investigation. In other words, at the time Pennsylvania announ
historic measles-associated deaths, **the official causes of those deaths had ap
not yet been determined.**

That changes this story considerably. Measles can kill. It can cause pneumoni
encephalitis, and other serious complications, particularly among vulnerable p
There is nothing controversial about acknowledging that. But that is entirely
from announcing two deaths whose causes remain under investigation and wa
"measles-associated" rapidly become "died of measles" in the national press. T
former is a provisional public-health classification. The latter is a causal asser
Somewhere between the Pennsylvania Department of Health and the headline
delivered to millions of Americans, that distinction largely disappeared.

Pennsylvania could resolve much of the confusion by releasing a modest amou
anonymized clinical information. Instead, the Department has declined to pro
ages of the deceased, their places of death, relevant medical histories, comorb
clinical courses, or the complications that supposedly connect measles to thei

Governor Shapiro and Health Secretary Debra Bogen would not even say whet either person was an infant (or elderly), whether either was pregnant, or wheth belonged to one of Lancaster County's Plain communities. None of that requi publishing names or addresses. Age ranges, relevant comorbidities and causes are routinely reported without identifying individual patients.

There is also something rather selective about Pennsylvania's newfound devot medical privacy. The Department says it cannot tell us the ages or medical backgrounds of the dead because doing so might identify them. Yet it had no a difficulty releasing one particular piece of private medical information: **both v unvaccinated.** Lancaster County Commissioner Josh Parsons noticed the sam contradiction. Vaccination status is medical information too. By remarkable coincidence, it was also the one piece of medical information most useful for converting two unresolved deaths into a vaccination message.

Then There Is the Coroner

The story becomes considerably stranger when one turns from Harrisburg to Lancaster County itself. Lancaster County Coroner Dr. Stephen Diamantoni t LancasterOnline that **his office had handled no measles deaths**. Parsons subs contacted the coroner's office and reported that it had "zero" cases in which m was the immediate cause of death and one case involving someone who died w measles but not from it.

That does **not** prove Pennsylvania fabricated two deaths. Not every death is ha a county coroner. A person who dies in a hospital under physician care from a established disease process may have a death certificate completed without th coroner ever handling the case. Coroner Diamantoni himself offered perfectly plausible explanations, including the possibility that his office had not yet rec

information or that a critically ill Lancaster County patient had been transferr
Hershey, Philadelphia, or another specialized facility outside the county, in wl
the death could have been certified elsewhere.

But that reasonable explanation actually makes Pennsylvania's silence more pe
not less. If one or both people died outside Lancaster County after being trans
for treatment, simply say so. If their deaths were certified by attending physic
rather than the Lancaster County coroner, say that. If another county's corone
handled them, say that. Instead, Pennsylvania announced deaths that are both
historically significant and politically explosive in Lancaster County, so the La
County coroner said his office had no measles deaths, and the Department of
declined to provide enough information to reconcile the two accounts. The pu
internet warriors) are left trying to assemble the facts while the governor is alr
delivering the political conclusion.

There is also a real infant death in this story, but it illustrates why the state's c
so dangerous. Coroner Diamantoni confirmed that his office is investigating t
of an infant who tested positive for measles and died after suffering a ruptured
His office does not currently classify that case as a measles death, and the investigation remains open. Most importantly, there is presently no evidence establishing that this infant is one of the two people Pennsylvania announced "measles-associated deaths." No one should make that connection when the authorities themselves have not made it.

But think about how extraordinary the situation has become. We know that ar
with measles died in Lancaster County from a ruptured spleen; the coroner do
count that infant as a measles death; the state announces two other or possibly
overlapping "measles-associated deaths," refuses to provide their ages or caus
death, and then lectures the public about misinformation. Perhaps the first ste
fighting misinformation is to provide information?

Seventeen Percent Hospitalized? Look at the Denominator

The same problem appears in Pennsylvania's presentation of the outbreak itse Commonwealth reports 393 confirmed measles cases and 70 hospitalizations, producing a hospitalization rate of **17.8 percent**. Nationally, the hospitalizatio among confirmed cases this year is approximately 7 percent. Pennsylvania the appears to have a hospitalization rate roughly two and a half times the nationa Those numbers deserve attention. They do not, however, necessarily mean tha one in five Pennsylvanians who **contract measles** requires hospitalization. Th denominator is not everyone infected with measles. It is everyone whose infec detected, confirmed, and entered into the surveillance system.

That distinction becomes particularly important in Lancaster County. Physici have warned that the actual number of infections may be considerably higher confirmed case count because people with relatively uncomplicated measles n seek conventional medical care or undergo testing. That possibility is especial relevant in parts of Lancaster's Plain communities, where healthcare utilizatio patterns can differ substantially from the population at large. This should not caricatured as "the Amish aren't reporting measles." The point is simpler. A se ill patient who arrives at a hospital is highly likely to be tested, diagnosed and A person who develops fever and rash, remains home and recovers without se medical care will never enter Pennsylvania's database at all.

That produces a classic ascertainment problem. Hospitalizations are difficult Mild infections are easy to miss, particularly in populations that almost unive avoid physicians for routine care and do not subscribe to health insurance. If t surveillance system captures a much larger percentage of severe cases than mi the reported hospitalization percentage necessarily rises even though the biol

severity of the disease has not changed. Pennsylvania may indeed be experienc unusually severe outbreak. Its case population may skew toward age groups m likely to require hospitalization. The Commonwealth may simply collect hospitalization information more completely than some other states. Or a sub number of mild infections may be missing from the denominator. All are plaus explanations. What the existing numbers do **not** establish is that 17.8 percent everyone infected with measles in Pennsylvania required hospitalization.

Yet the Department's public messaging blurs precisely that distinction. Saying nearly 20 percent of confirmed reported cases have been hospitalized is accura Saying that nearly 20 percent of "people who contract measles" are hospitalize implies something much broader: that the denominator represents everyone w contracted the disease. It does not. Once again, a qualified epidemiological sta becomes a simpler and considerably more frightening public message. People stupid. They know what measles is and isn't. This is precisely the type of prop that makes the public well aware that once again, they are being manipulated public health officials.

For Perspective: What Measles Looked Like Be the Vaccine

Another piece of historical context is almost entirely absent from the current Before the measles vaccine was introduced in 1963, measles was extraordinari common in the United States, but by that point it was rarely fatal. CDC estima during the decade before vaccination became available, **3 to 4 million Americ contracted measles each year, approximately 48,000 were hospitalized, and 4 500 died**. Using those estimates, roughly **1.2 to 1.6 percent of infections resul hospitalization**, while approximately **0.01 to 0.017 percent resulted in death**. more understandable terms, approximately one person died for every 6,000 to

people infected, while roughly one in 60 to 80 was hospitalized.

Those historical numbers make Pennsylvania's current hospitalization figure particularly striking. A hospitalization rate approaching 18 percent among co cases is more than **ten times the estimated hospitalization rate among measl infections in the decade immediately preceding vaccination**. That does not n Pennsylvania's 17.8 percent figure is false. Seventy people were hospitalized, a cases were confirmed. The arithmetic is straightforward. What it means is tha denominator deserves considerably more scrutiny than it is receiving.

Either measles has somehow become dramatically more likely to require hospitalization (and in general, measles virus is genetically stable), Pennsylvar current case population differs profoundly from the millions of Americans inf before 1963, modern hospitalization practices account for a substantial part of difference, or, as Lancaster physicians have suggested, surveillance is capturin sick people who seek medical care while missing a considerable number who ill and recover at home. Some combination of these factors may be operating. presenting 17.8 percent as the risk faced by someone who contracts measles is justified by the available denominator. Again, propaganda.

For another comparison, consider influenza. During the severe 2024–25 influe season, CDC estimates that approximately **51 million Americans became ill, were hospitalized, and 45,000 died**. That produces an estimated hospitalizatio about **1.39 percent**, strikingly close to the roughly 1.2 to 1.6 percent calculated CDC's pre-vaccine measles estimates. But the estimated mortality rate for tha season was approximately **0.088 percent**, compared with roughly 0.01 to 0.017 for measles in the decade before vaccination. On those estimates, the risk of d illness during the severe 2024–25 flu season was roughly **five to nine times hig** the risk of death per measles infection in pre-vaccine America.

This is not a perfect apples-to-apples comparison. Influenza mortality is heav concentrated among older Americans, while measles before vaccination was overwhelmingly a disease of childhood (although we don't know which age co were dying prior to vaccination). What we have learned is that healthy, normal are the least likely to die. Children and the elderly with co-morbidities are mo

The historical measles numbers are estimates from an era with very different hospitalization practices, while contemporary influenza burden estimates are generated using modern surveillance and statistical modeling. But those limit not make the comparison meaningless. They provide scale. **In the decade imn before vaccination, the estimated risk of hospitalization from measles was r comparable to the risk from influenza during a severe modern flu season, wh estimated risk of death per measles illness was substantially lower.**

That historical perspective does not establish what Pennsylvania's true hospit rate is today. It does tell us that a reported rate of nearly 18 percent is so extra that it demands explanation. Where are the mild cases? Who is being tested? staying home? What are the ages and underlying conditions of the hospitalize patients? Why is Pennsylvania's reported hospitalization percentage roughly t half times the current national rate and more than ten times the estimated pre infection hospitalization rate? Those are not questions asked to minimize mea **They are exactly the questions epidemiologists should be asking when a mod surveillance statistic differs this dramatically from both historical experienc the current national rate.**

And this is becoming a pattern. "Measles-associated deaths" becomes "died o measles." "Seventy hospitalizations among 393 confirmed cases" becomes nea percent of people who "contract measles" being hospitalized. In both instance underlying data contain an important qualification, and that qualification mal public-health message less dramatic. Somehow, as the information moves tow

public, the qualification gets lost.

We saw this same trick during COVID. "**Died with COVID**" **became** "**died of** even when COVID was not the primary reason for hospitalization. Hospitals a received a **20% Medicare payment increase** for qualifying COVID-19 hospital The distinction between *with* and *from* mattered then, and it matters now. "**Me associated**" **does not mean** "**died of measles.**"

Then Governor Shapiro Found His Villain

Governor Shapiro did not wait for the official causes of death to be determine finding a political lesson in them. He announced that he had spoken personall Kennedy and had been "very, very blunt" with him. Shapiro accused Kennedy a Trump administration of confusing parents and argued that their rhetoric was negatively affecting communities in Pennsylvania, with "real-life consequence National news organizations then supplied a particularly useful piece of politi context: Kennedy had appeared in Lancaster County in 2021.

There is also the inconvenient fact that **Kennedy has repeatedly encouraged r vaccination while serving as HHS Secretary.** During the 2025 Texas outbreak, wrote that the MMR vaccine was the "most effective way to prevent the spread measles," deployed CDC teams to Texas, supplied state clinics and pharmacies MMR vaccine, and said vaccination protects both individuals and the broader community. HHS continues to state plainly that "**getting vaccinated is the bes prevent measles.**" Kennedy has insisted that vaccination remain a personal ch portraying his tenure at HHS as a campaign to discourage measles vaccinatior does not square with the record.

That story has a problem, too. **Pennsylvania's own vaccination records do not the simplistic causal narrative being constructed around Kennedy.**

Lancaster County's two-dose MMR coverage among kindergarten students wa already only 93.6 percent in the 2020-21 school year. It fell to 91.0 percent in 2(88.5 percent in 2024-25, and 87.6 percent in 2025-26. That is a substantial decli it matters epidemiologically. But it is also a decline over the years, rather than sudden collapse caused by some recent Kennedy policy. In fact, most recently, decline happened during Biden's administration. Indeed, the decline is remarl steady, averaging roughly 1.2 percentage points per year, and the most recent y shows under Trump, if anything, a smaller annualized decline than the preced period.

More damaging to Shapiro's implication is what happened elsewhere in Penns Religious exemptions among Lancaster kindergarten students rose from 113 i to 260 in 2022-23 (again, under Biden), the period encompassing Kennedy's La appearance. Taken alone, that looks suggestive. But Lancaster was not remote unique. Luzerne County increased from 21 to 91, more than a fourfold increas Cumberland went from 17 to 64, Westmoreland from 40 to 104, York from 53 t Butler from 16 to 40, Berks from 43 to 89, Montgomery from 86 to 178 and Eri to 85. Several counties in which Kennedy made no comparable Lancaster appe experienced proportionately larger increases. Of course, many of the exceptio in response to the COVID-19 vaccine mandates, and had nothing to do with th vaccine. Public mistrust of public health policies will drive vaccine hesitancy, good reason during COVID.

There was plainly a large pandemic-era shift in public attitudes toward vaccin mandates and public-health authorities, driven by many people and events. Bu geography undermines Shapiro's neat Lancaster narrative. **Kennedy's 2021 ap did not produce a uniquely Lancaster phenomenon.** Lancaster does not stanc when compared with counties where he did not appear. The increase was part much broader statewide pattern.

The attempt to connect the outbreak to the current Trump administration is e
more absurd. The federal executive order invoked in some of the coverage was
on August 10, 2026, just **15 days before Pennsylvania announced the deaths**. I
nearly all of Lancaster's measured five-year decline in kindergarten MMR cov
had already occurred. The vaccination trend spans multiple administrations a
no sudden 2026 inflection. The policy now being dragged into the story canno
traveled backward through time and produced a vaccination decline that was
almost complete before the policy existed.

The Problem Is Not That Measles Is Harmless

When confronted with this kind of government messaging, there is a temptati
argue the opposite extreme. That would also be a mistake. Measles is not harn
Pennsylvania has documented 70 hospitalizations, and those hospitalizations
regardless of what the true infection denominator ultimately proves to be. Bot
Pennsylvania has classified as measles-associated deaths were reportedly unva
(still not confirmed). No confirmed Pennsylvania case has been reported in so
who received both MMR doses. Those facts belong in this story too. Recall tha
these were elderly and not children, the elderly generally were not vaccinated
they had developed superior natural immunity from childhood measles infecti
they were in the age range where they received the early-1960s single-dose me
vaccine, then this would become a story supporting the measles risks associat
this cohort as they age. Again, we need the actual data details to interpret the
public health meaning.

But acknowledging those facts makes the government's behavior harder to de
easier. **There is no legitimate public-health reason to exaggerate a disease th
genuinely capable of causing serious illness.** If measles is dangerous, report i
accurately. If two people died from measles, establish that and tell the public

happened. If 17.8 percent of confirmed cases were hospitalized, say 17.8 perce confirmed cases were hospitalized. The moment officials begin sanding away inconvenient qualifications because the simplified version produces a more frightening headline, they cease educating the public and begin managing it.

And that is what makes Shapiro's attack on Kennedy particularly offensive. Pennsylvania had not released the ages of the deceased. It had not released the medical histories. It had not described their clinical courses. Its own spokesm acknowledged that their official causes of death remained under investigation local coroner said his office had no deaths in which measles was the immediat The state had not explained that discrepancy. Yet the governor already knew v Americans should blame.

Think about that sequence. **The medical conclusion was still unresolved, but political conclusion was ready for television.**

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From Public Health to Propaganda

This is how public-health institutions destroy their own credibility and then b public for no longer trusting them. The problem is not that every statement Pennsylvania made is false. That would actually be easier to deal with. The pro the careful selection and compression of facts. The state gives us the frighteni but not the qualifying information. It gives us vaccination status but not age o comorbidities. It announces "measles-associated deaths" but does not tell us h people died. It has weaponized this partial information to advance a predeterr political narrative.

Instead, Pennsylvania appears to have reversed the process. The political conc
came first. The frightening headline came second. The press amplification fol
The evidence disappeared behind claims of privacy. Then the governor lecture
everyone else about misinformation.

That is not public health. It is propaganda dressed in a white coat.

Perhaps Pennsylvania will eventually release enough information to demonstr
clearly that both people died as a direct consequence of measles. If it does, the
what the evidence will show, and the facts should be reported accordingly. Bu
not what the Commonwealth has given us so far. What we have instead are tw
vaguely defined "measles-associated deaths," virtually no clinical information,
conflicting accounts about who died, an apparent disconnect with the Lancast
County Coroner's Office, and a governor who managed to transform two barel
described deaths into an attack on Robert F. Kennedy Jr. almost immediately.

If Pennsylvania wants the public to believe that these deaths demonstrate the
of measles, there is a remarkably easy way to begin.

Tell us how they died.

> People ask how we can be so productive. The truth is that we work long
> hard. Robert and I got up at five this morning and soon began writing. It's
> 11 AM EST, not even noon yet, and between the two of us, we have put
> hours of work.
>
> Independent journalism means asking the questions government off
> would rather not answer, checking the numbers behind the headlines
> refusing to confuse a politically useful narrative with established fact.

Frankly, at times, it even means pissing off our friends in the T administration and industry. Telling truth to power takes guts.

This all takes time, research, and increasingly, a willingness to chal stories that much of the media simply repeats. **If you value this kind of please consider becoming a paid subscriber.** Your support keeps Malone independent and allows us to keep digging when the official story does nc up.

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D D D D Aug 26

Liked by Dr. Robert W. Malone

"Propaganda dressed in a white coat". I get so infuriated by the same old slight of hanc underlying purpose for all the double-speak? Fear? Poor protocol followed? Cover your case? Incorrect procedures? Without your help in identifying these subtle and not so su announcements many years ago, I wouldn't be so astute in seeing and hearing these in Thank you for all the hours spent, and I think it is a good idea to keep reminding people time and effort you spend, this is not magic.

LIKED (51) REPLY

3 replies

Norma Odiaga Norma Odiaga Aug 26

This is a busy morning, so I only had time to read a part of the article. But I wondered if unvaccinated illegal aliens? During the Biden administration's open borders little attent to the fact that a significant amount of these illegal aliens came in with little health care backgrounds. It was at that time that measures once again became an issue

By the way, I'm 84 and at that time we weren't vaccinated against the measles (or muc anything.) All of us had a severe case of the measles and survived.

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7 replies by Dr. Robert W. Malone and others

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