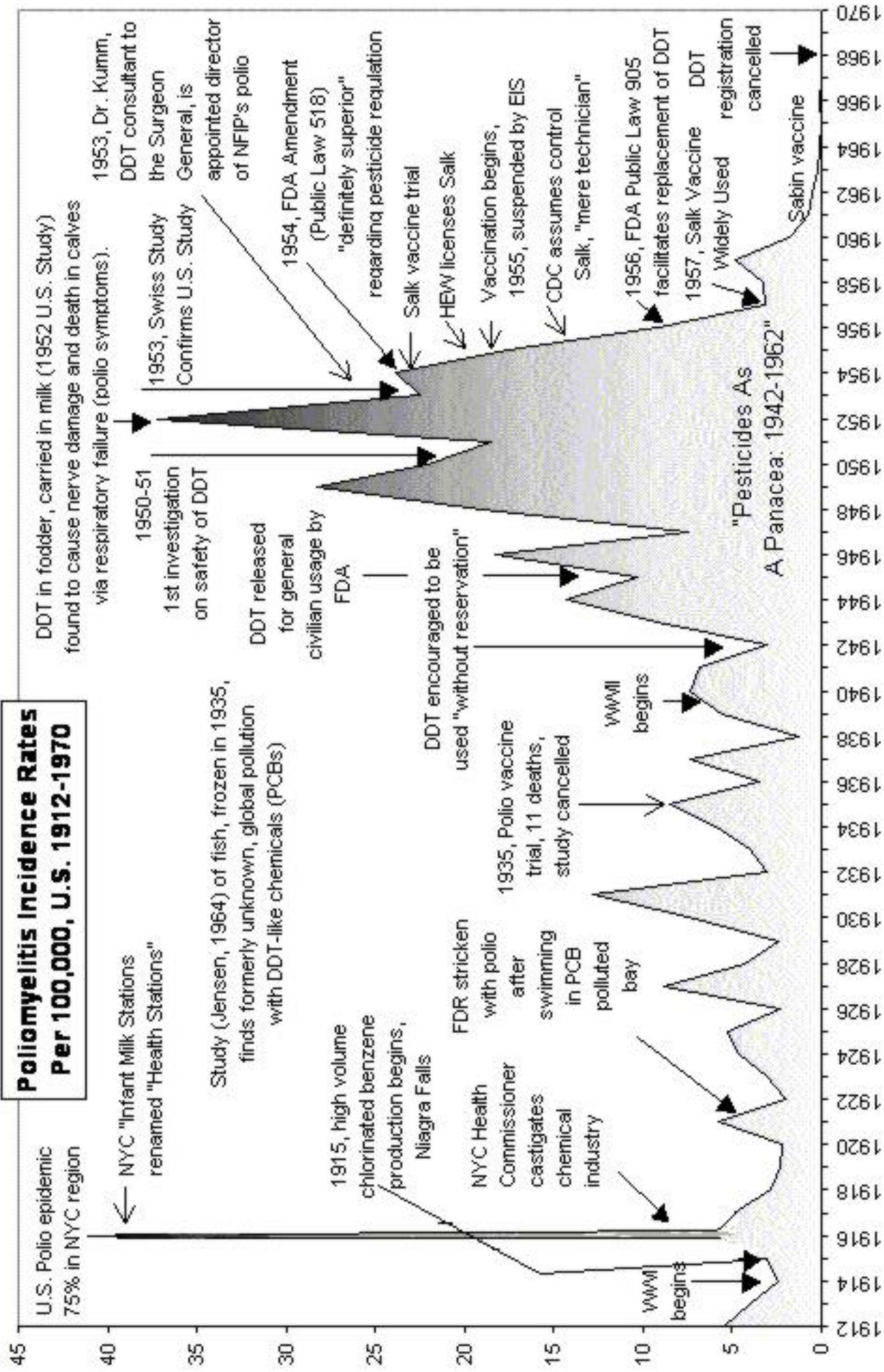


Poliomyelitis Incidence Rates Per 100,000, U.S. 1912-1970



Vaccination: From the Sacred Cow to the Cash Cow

by Jeremy Brenes, DIHom, BS

An MSN Encarta document on cowpox states, “**Cowpox**, contagious viral disease of cows characterized by pustular eruptions, especially on udders and teats. Cowpox can be transmitted to humans by direct contact. Persons infected with cowpox become immune to smallpox, a similar but more serious disease. This immunity was discovered by the British physician Edward Jenner, who used cowpox virus to inoculate patients against smallpox.” As we shall soon see, the only important point true in this quote is the name of the man involved, Edward Jenner. We shall do this by taking a chronological look at vaccination.

Vaccination dates back to antiquity, but the exact time and location of its origin is unknown. The ancient Egyptians were thought to have a smallpox vaccine as far back as c. 3000 B.C., though I have found no evidence to confirm this. The ancient Chinese supposedly had an inhaled form of the vaccine from c. 1000 B.C.

The first certain record of vaccination dates back to c. 1500 B.C. India. Dhanwantari, who in some sources is considered an ancient Hindu god and in others an actual living man, is considered the father of Vedic medicine and the first to employ the smallpox inoculation. The ancient Hindus are said to have prepared a vaccine by transmitting the smallpox virus through a cow.

Ancient eastern thought surrounding the nature of disease derives from the polytheistic belief that demons or gods were responsible for them. The historical and cultural evidence of the ancient Hindus corroborates both this and the ancient origin of the smallpox vaccine.

As indicated in the book *Hindu Goddesses* by David R. Kinsley, the Hindu goddess Sheetula-Mata, or Sitala, played a dual role with the smallpox disease. She could bring the disease upon a village for neglecting her, or it could be brought on by invading demons. In either case, the goddess would have to save the people from the disease.

Another Hindu goddess is Vac, whose name literally translates to “speech”. She is associated with speech and communication, and is a source of strength and nourishment. She is also known as the “heavenly cow” and takes the form of a cow in Hindu belief.

The process of transmitting the smallpox virus through the cow, a sacred animal in Hindu belief, becomes clearer in this cultural context. In essence, the cow, representing Vac, becomes a vassal of communication between the village and Sheetula-Mata and makes the inoculation “stronger”. Although the word “vaccine” derives from the Latin word *vaccinus*, or “of cows,” it is no

mystery that this word in turn derives from its Indo-European (specifically Sanskrit) origin of Vac.

Smallpox “festivals” would be held and usually, but not always, would coincide with an outbreak of smallpox. Being inflicted with smallpox at this time was considered to be in a state of “grace” because the villagers were implicitly helping Sheetula-Mata^୪ bear the burden of the attack in the case of a demonic attack, or were being visited by her in the case where the epidemic was induced by her. The “village organism,” a concept which derives from the Hindu belief in harmony with one’s natural surroundings, is revitalized by her presence and morbidity is overcome, supposedly in part because of the use of vaccines.

Some vaccine proponents might argue that while such beliefs might be surrounded by superstition, they are often rooted in facts which are directly or intuitively surmised over time. We shall soon see that this assumption regarding vaccination, which is still prevalent even today, could not be farther from the truth.

Vaccination, with its polytheistic backdrop, spread throughout Asia and Africa up through the Middle Ages. The Ashantees, Arabs and Moors practiced arm-to-arm inoculation from ancient times. Tribes of the Upper Congo used it to prevent syphilis (this syphilis connection will be explored further shortly).

The first known appearance of vaccination in Europe since the Middle Ages is in Denmark in 1673. The vaccine appeared in various countries in Europe from the 1700’s, where it was consistently banned because of its devastating results.

This appearance and subsequent rejection was also seen in America where a clergyman named Cotton Mather introduced it in 1721. The results provoked such outrage that his life was actually in danger for a time.

The first recorded appearance of smallpox inoculation in England was in 1717. It was brought there from Turkey by Lady Mary Wortley Montague, the wife of the British ambassador to Turkey. Her influence caused the practice of arm-to-arm smallpox inoculation to become popular amongst the English upper class, and set up the subsequent introduction “to the masses” by Edward Jenner.

When conversing with Lady Montague, Jenner was inspired by her to follow the old tales of Gloucester dairymaids, who said that those who caught cowpox from the cow never contracted smallpox. Supposedly, this is because cowpox is a milder non-infectious “cow version” of smallpox. Hence, using cowpox to inoculate against smallpox should not produce any of the dangerous results often associated with using smallpox itself. As we shall soon see, all of these superstitious claims would later be refuted scientifically. Once again, the “sacred cow” enters into vaccination history, even if it is on a subconscious level.

Going under the theory that those who contracted a “mild” version of smallpox in the form of cowpox would not subsequently contract smallpox, Jenner used a cow to produce his first smallpox vaccine. He tested his vaccine on a healthy eight-year-old boy named James Phipps. This supposedly immunized child was revaccinated twenty times, and his general health

declined until he finally died at the age of twenty. Jenner vaccinated his eldest son multiple times starting at eighteen months of age, and he remained mentally retarded until he died at the age of twenty-one. Both died of tuberculosis, the significance of which will be seen shortly.

Without any proof whatsoever, Jenner claimed that his vaccine granted lifetime immunity from smallpox, and promptly sold his idea to Parliament for a whopping £30,000. Wide-scale mandatory vaccination programs were instituted in England, and before long other European countries followed suit as they realized the financial implications of doing so.

When it became obvious that Jenner's claims were fraudulent, he tried to mitigate the vaccine failures with a wide range of clever excuses and variants to his original vaccine. In a private correspondence to a friend, Jenner finally admitted that none of his vaccines worked shortly before he died in 1823, yet even today he is praised as having saved the world from smallpox.

Many major outbreaks occurred in heavily vaccinated populations, and mandatory vaccination was soon outlawed in several countries. Interestingly enough, vaccine proponents tried to blame the unvaccinated for the lack of protection for the vaccinated, and prompted for stricter vaccination laws. Known as the "herd immunity" theory, this thinking of vaccine proponents is eerily reminiscent of the "village organism" thinking of the ancient Hindus.

The result of these stricter laws was to have devastating record-setting outbreaks. Furthermore, other diseases mysteriously became more commonplace including leprosy, tuberculosis, gonorrhea, and especially syphilis. For the first time in human history, cancer reared its ugly head on a wide-scale basis. Cancer would first become an official health statistic in England beginning in 1851. Is anybody starting to detect a pattern yet?

Areas which finally had enough, such as Leicester, began to refuse vaccination, and instead implemented quarantine procedures and improvements in sanitation, nutrition, living conditions, and public works. These defiant areas saw smallpox rates plummet while their heavily vaccinated counterparts continued to suffer en masse.

We shall now delve into a subject closely related to vaccination. This next critical chapter moves us from England to France. It was here that two rival scientists would influence the future of vaccination so profoundly that it is evident even today. This rivalry is well documented in the book *Béchamp or Pasteur* by E. Douglas Hume.

Antoine Béchamp was an imminent pharmacist, chemist, and research doctor of the nineteenth century. He was also a meticulous scientist who was very cautious about jumping to conclusions about nature. He preferred to confirm things with careful observation, and despite his skills was very modest and unassuming.

Béchamp's rival, Louis Pasteur, was the one who would eventually go down in history. Unlike Béchamp, Pasteur was only a mediocre chemist with no medical background. His personality was also like that of Edward Jenner in that he would jump to conclusions without proper research and had the charisma to carry his dogmatism and his self-promotion to the highest levels of society. This support would eventually go all the way to the imperial court of Napoleon III.

With his experiments beginning in 1857, Béchamp was able to prove that the fermentation process is essentially a function of nutrition, that is, it is a function of metabolic processes. Pasteur, limited to his chemical background, was unable to look beyond the chemical processes involved, and at first assumed that the microbes were spontaneously generated. Béchamp also showed that the appearance of microbes in processes such as cadaver decomposition could take place anaerobically (i.e. without the presence of air), in direct conflict with Pasteur's thinking that airborne microbes were necessary for decomposition.

Through careful microscopic study, Béchamp discovered sub-cellular structures, or granulations, were responsible for the construction of these microbes. Béchamp called these granulations microzymas, which today can be more distinctly described as the different cell organelles, such as ribosomes and endoplasmic reticulum. Many of these structures often contain RNA. Though scientists did not realize it at the time, this implicitly showed the importance of genetics in life processes a century before the structure of DNA would be mapped and a century-and-a-half before the human genome would be mapped.

Béchamp also showed that many of the microbes which were evident in diseased conditions were also created by microzymas, and were therefore a product of the host organism. Therefore, Béchamp knew that germs were not the cause of most cases of disease, but were rather an effect of the diseased condition of the body.

Although certain diseases can be caused by external influences, these are in the minority, and can be controlled by proper measures such as quarantine and sanitation. In fact, Béchamp postulated that many of the airborne microbes which drew Pasteur's attention are in fact more microzymas that are the products of various plants and animals, and therefore cannot correctly be described as separate "species" which "invade" other organisms.

Pasteur repeatedly and sometimes unsuccessfully tried to plagiarize Béchamp's work, and would do so erroneously by misinterpreting the facts. The disasters of Pasteur's recommendations regarding wine preservation and the elimination of silkworm disease in 1860's France were quietly buried. The rivalry came to a head in 1872 when Pasteur, who had ridiculed the microzymian theory, again tried to plagiarize it and much of Béchamp's other work in all but name by substituting his own terminology. When confronted by Béchamp with the records that proved the precedence of his research, Pasteur was forced to withdraw.

His efforts foiled, Pasteur tried a new strategy in the form of an older and more simplistic theory of disease originally proposed by scientists such as Linné, Kircher, and Raspail. By looking at the microbes superficially and assigning the "blame" of disease to these microbes, he "invented" the Germ Theory of disease in 1877 for which he would receive so much undeserving fame. Instead of advancing the understanding of disease based on the groundbreaking work of Béchamp, medicine had regressed into a modernized form of polytheism. The Germ Theory became accepted because it had the benefit of solving several problems at once:

Credibility- Pasteur had by this time moved very much into the public eye. His dubious successes and machinations had become something of a silent embarrassment within the scientific community. His popular endorsement, which extended all the way to Napoleon III,

had to be protected by having Pasteur's "work" come to fruition. Pasteur gained more of the fame he craved, while the scientific community could latch the Germ Theory to the increasingly dubious vaccination campaign. Vaccination's support through the nineteenth century by the majority of the medical community would lead to a huge credibility problem if the problems of vaccination went public.

Mass Appeal- The oversimplified view of disease had the obvious advantage of being readily understood by the general population, something which was impossible with Béchamp's microzymian theory. The human subconscious was again played upon by what psychologists would refer to as a classic case of "transference." Rather than view disease as something which could arise from health problems within the body, the "blame" of disease went to the germs. The eerie similarity between the invading demons of the ancient Hindus and the "invading germs" of the Germ Theory of disease is obvious, and neatly complemented the "herd immunity" thinking, not to mention Jenner's "sacred cow." In essence, the cult of demonology became the cult of the microbe. This also served to further the vaccination drive, and would justify the slew of new vaccines that would follow for all the different germs supposedly responsible for all the different "diseases."

Marketability- The previous points build up to this. The vaccination drive would not only be able to continue and expand with new vaccines, but also served commercial and professional interest. The money that was and would continue to be made out of "germ warfare" is evident, not to mention the many health problems which would be created from perpetuated and expanded vaccination. The areas of scientific specialization and room for commercial expansion would be vast, setting up many more "Jenners" and "Pasteurs" to follow.

It is no coincidence that these points will be a recurring theme throughout the history of vaccination up to the present day! This will become evident before long in this overview.

An important offshoot of the Germ Theory would come from Robert Koch in 1882 in the form Koch' Postulates. For a germ to be a causative disease agent, the following criteria must be established. The germ must:

1. be found in every disease case.
2. never be found apart from the disease.
3. be capable of being cultured outside the body.
4. be capable of producing the same disease, by injection into another body, as the disease in the originating body from which it is extracted.

Koch's own research illustrates the inaccuracy of his postulates. While in India in 1883, Koch claimed to discover the germ which caused Asiatic cholera, the bacillus *vibrio comma*, so-called because of its comma shape. Other scientists tried to recreate Koch's results without success. They and their lab assistants even went so far as to swallow whole spoonfuls of the cultivated germ. After repeated ingestions, one out of a dozen people at the Pasteur institute finally contracted Asiatic cholera and nearly died. Because of this one instance, Koch went from being

an idiot to being a genius almost overnight.

Although logically consistent by themselves with the idea that germs are “causative” of diseases, Koch’s Postulates are often contradictory with Pasteur’s claims and direct observation. How can a disease be transmitted by the air, but still be required to follow postulate 4? How is it that some people are unaffected while others are whenever they are exposed to a given germ; alternatively, if the germ can only invade a person from outside who is diseased, then how can the germ *cause* the disease?

Even from the beginning, researchers have been forced to acknowledge that Koch’s Postulates are rarely followed in practice. The postulates are meant to build upon the Germ Theory, which even Louis Pasteur denounced in 1895. In what is one of the most infamous deathbed statements all time, Pasteur said, “The terrain is everything; the germ is nothing.” Thus, the lifelong rivalry between Béchamp and Pasteur was ultimately conceded by the one history recorded as the “winner.” Is anyone reminded of Edward Jenner here?

The significance of Béchamp’s microzymian theory would extend beyond a more rational explanation for disease. It would also explain the many phenomena associated with vaccination, as we shall soon see. Having explored both the microzymian and germ theories of disease, we are now ready to continue with the events directly surrounding vaccination.

Despite its failures and critics, the success of vaccination was still widely perceived as a foregone conclusion, at least amongst government officials and the medical community. Nevertheless, the devastating smallpox outbreaks following many years of forced repeated vaccinations had to be explained.

The Royal Commission was established in 1889 to investigate vaccination. It was composed of fifteen mostly pro-vaccinist medical men, lawyers, politicians, and country gentlemen, none of whom were qualified to do a rigorous statistical analysis of the huge volume of data accumulated on vaccination over the last century. A number of anti-vaccinists gave testimony to the commission, including Dr. Creighton and Professor Crookshank.

In 1888, an article written by Dr. Creighton was published in the ninth edition of the Encyclopedia Britannica which reflected the sincere research he had put into vaccination. In it, he notes that the cowpox disease upon which Jenner’s smallpox vaccine was based actually bears a much stronger resemblance to the “great pox,” or syphilis. The cowpox evidence and vaccination statistics he presented supported the conclusion that vaccination was ineffective, yet Dr. Creighton became ostracized by the medical community for his efforts. Professor Crookshank’s testimony complemented Dr. Creighton’s, who also noted that quarantine measures were the most effective means of preventing the spread of smallpox.

The Royal Commission’s ignorance and incompetence were finally made clear by the testimony of Alfred Russel Wallace, which he recounted in his 1898 book, *Vaccination a Delusion, Its Penal Enforcement a Crime: Proved by the Official Evidence in the Reports of the Royal Commission*. Like Creighton and Crookshank, Wallace proved the inefficacy of vaccination against smallpox. He also proved the dramatic increase in other diseases, the fatalities of which

actually *surpassed* those of smallpox, as the following table shows:

ANNUAL DEATHS IN ENGLAND (PER MILLION LIVING)

Five Year Averages	1850-4	1855-9	1860-4	1865-9	1870-4	1875-9	1880
Smallpox	279	199	191	148	443	82	25
Syphilis	37	51	64	82	81	86	84
Cancer	302	327	369	404	442	493	516
Tabes Mesenterica	265	261	272	316	299	330	371
Pyæmia, Etc.	20	18	24	23	29	39	-
Skin Disease	12	15	16	17	18	23	22
Totals	636	672	745	842	869	971	993
Progressive Increase	-	36	109	206	233	335	357

There are a number of important points to be noted about this table. First, major smallpox fatalities followed major vaccination campaigns. This is especially true following the key legislation passed in 1852, when vaccination was made mandatory, and 1867, when vaccination was penally enforced. The further away from these vaccination sweeps, the lower the rates. Second, the rise in fatalities from other diseases, including the tubercular-related diseases such as tabes mesenterica, is persistent throughout. The total net per capita fatalities from these major diseases is actually more than 50% higher in the 1850-1880 period. These numbers do not reflect the dramatic increase seen in bronchitis, which often follows shortly after vaccination.

In this important testimony, Wallace also mentioned the work of Dr. Adolf Vogt, Professor of Hygiene and Sanitary Statistics at the University of Berne. Vogt did what was the first rigorous statistical analysis of vaccination statistics in both England and Europe in general. His analysis revealed two crucial points:

1. Smallpox incidence rates do not correlate well with vaccination rates. Rather, incidence rates

correspond tightly with population density. This lends credence to the arguments in favor of sanitation and quarantine, which will be explored further shortly.

2. Contracting smallpox does not provide increased immunity against contracting smallpox again, despite popular belief. Rather, people who caught smallpox and survived were actually *more* likely to contract it again! Furthermore, these repeated contractions are actually *more* fatal! This point reveals the idiocy of vaccination more clearly than any other. If contracting disease makes you more vulnerable to contracting the disease again, how can the “attenuated” form of the disease given by vaccination, let alone re-vaccination, be justified as a preventative?

The false and misleading evidence in favor of vaccination proposed by the Royal Commission was made so obvious by Wallace that Parliament was forced to recant its vaccination policies over the last century. It finally passed the Conscience Clause in 1898, giving people the option to refuse vaccination. Despite the prophesies of doom of vaccine proponents, the smallpox disease was finally allowed to decline unimpeded as improvements in sanitation, nutrition, and living conditions took hold.

Meanwhile, a pathological diagnostic table based on the research of M. R. Leveson provided such conclusive proof of the similarities between Jenner’s cowpox and syphilis and their dissimilarities with smallpox that in 1896 the American Association of Physicians and Surgeons (AAPS) was forced to acknowledge accordingly that vaccination could not reasonably be expected to confer immunity against smallpox.

Similarly, with his research, Dr. Chauven revealed to the French Academy of Medicine that the vaccine virus is not attenuated smallpox, but more likely a modified form of syphilis, and that vaccination may produce many diseases, some of which resemble a more severe form of smallpox.

Using research similar to that of Ronald Ross, who proved in 1897 that the *anopheles* mosquito was the animal vector of transmission for malaria, Dr. A. R. Campbell of Texas at the turn of the twentieth century proved that *cimex lectularius*, or the bedbug, was the animal vector of transmission for smallpox. Furthermore, Campbell discovered from the clinical evidence of his cases that the severity of smallpox was directly proportional to the general health and nutrition of the patient.

Naturally, this research was essentially ignored by the medical community. Not only did it corroborate the arguments presented by proponents of better sanitation, nutrition, and living conditions, but the population density correlation discovery of Dr. Adolf Vogt also became readily explainable. Furthermore, if smallpox is more severe among those in the worst health, then the more severe cases of post-vaccinal smallpox noted by Chauven implicitly proves that vaccination was actually *detrimental* to their health, which is also in line with Vogt’s findings about repeated contractions. Worst of all, it revealed the grave injustice of the penal enforcement of vaccination that took place in Europe over the last century.

The mythology surrounding Edward Jenner and his cowpox vaccine should now be apparent to anyone, as should the reason why the tribes of the Upper Congo tried to use vaccination to prevent syphilis. The alarming rise in syphilis rates amongst vaccinated populations is also

explainable, as is the increased severity of smallpox outbreaks. As for the increased incidences of other diseases, such as the tuberculosis cases evident even from Jenner's early cases, we must once again turn to BÉchamp's microzymian theory.

BÉchamp discovered that the functions of the microzymas varied greatly and were dependent upon a number of factors. Their functioning may vary from one organ or tissue to another, from one person to another, from one species to another, and by age of the host organism. As an example of his keen observations of microzymatic activity, BÉchamp was the first to discover that platelets are the mechanism of blood clotting, and that they are a product of microzymas.

BÉchamp pointed out the existence of microzymas in vaccine matter and in syphilitic pus. Since vaccines were derived from diseased animals, injecting them into people would essentially contaminate them with animal microzymas. Injecting microzymas from one species into another would have varying and unpredictable consequences, including the inducement of a variety of diseases. Hence, the many diseases that increased in the era of vaccination were a direct consequence of vaccination! This is essentially equivalent to saying that people are damaged on a genetic level with vaccination. As was the case with the microzymian theory, this phenomenon would be corroborated with subsequent research.

Nevertheless, vaccination and the Germ Theory of disease remain prominent features of medicine, and if anything have become emblazoned on the medical mentality. Critics have persisted, but one of the best comments I have found originates from one of the earliest, nurse Florence Nightingale, who said, "The specific disease doctrine is the grand refuge of weak, uncultured, unstable minds, such as now rule in the medical profession. There are no specific diseases: there are specific disease-conditions." Were it not for the gender prejudices of the nineteenth century, Nightingale might have become a fine doctor.

Let us now look at how vaccination has manifested itself from the twentieth century onward, beginning with World War I. This is the first war in which vaccination was practiced on a large scale. One of the principle vaccines used was against typhoid. The result was to have outbreaks of the disease on unprecedented levels. In an attempt to mask the effects of the vaccine, the many typhoid cases which the vaccine helped to create were diagnosed as different diseases, including a "new disease", paratyphoid, which was actually an exaggerated form of typhoid induced by vaccination.

Similarly, the tetanus vaccine gave rise to a new phenomenon, localized tetanus which never left the area of the wound. This new form of tetanus was found only in those who received the tetanus vaccine. When comparing the tetanus attack and death rates in the Boer War, where the vaccine was unknown, versus World War I, we have:

(Per 1,000) Attacks Deaths

Boer War .28 .14

World War I 1.22 .49

When comparing the statistics of the Boer War versus those of the Gallipoli campaign, the toll of disease proportional to time and number of troops was nearly six times greater among the

“protected” men of World War I! The following table also speaks for itself:

Killed 25,270

Wounded 75,191

Missing 12,451

Sick 96,684

Those who have heard about World War I know that many of the troops suffered from a mysterious illness which prevented them from fighting. Doctors would give the condition such names as “trench fever” or “shell shock,” despite the fact that many of them never even saw combat. What these cases actually represent are the reactions to the vaccines given to them, such as for yellow fever and typhoid. There was a wide variety of reactions which baffled doctors, including fever, hepatitis, influenza, and encephalitis. My own grandfather was one of the victims of these vaccine-induced illnesses, which was diagnosed as pneumonia. He spent the entire war gravely ill in the hospital and was released just in time to help clean up the battlefields.

The problems from the wartime vaccines would not end with the war, however. Because the war had ended sooner than anticipated, there was a large stockpile of vaccines left over which needed to be administered before they expired. The solution was to foist them upon the ever-trusting public with a massive vaccination campaign. As shown in Eleanor McBean’s 1976 book, *The Swine Flu Expose*, the result was the Great Influenza Pandemic of 1918-1919, also known as the Spanish Flu. The pandemic would ultimately claim 22,000,000 lives across the globe, including 500,000 in the U.S.A. All the while, doctors remained clueless as to effective treatment.

This would be the largest and perhaps the most infamous iatrogenic epidemic to date, but it would not be the last. Doctors have played their role in perpetuating the big business of disease many times since, though few have been acknowledged as such and properly prosecuted. Below are two rare examples of convictions which took place in U.S. courts:

In the fall of 1921, the city of Kansas City, Missouri was in a state of good health, which was not good for the health care business. As recorded in the minutes of the meeting, the Jackson Medical Society resolved to create an epidemic in the city with a vaccination campaign. Shots would be administered “free,” but as most intelligent adults know, there is no such thing as “free shots” because they are paid by taxpayers. The mass media would be used to scare people into getting vaccinated, complete with the publication of horrific photos of the “smallpox victim.” The subsequent investigation into the “epidemic” failed to uncover the alleged smallpox cases which triggered the need for the vaccination campaign. The desired results were accomplished, however, as hospitals became filled with people over the winter who were diseased by vaccination. The records indicate that doctors made \$500,000 in vaccination administration fees from the campaign, plus what was made from the subsequent hospital health care.

This same procedure was repeated in Pittsburgh, Pennsylvania in 1924. The records show that from July 1 to September 30, the death rate rose 22%. All of these extra deaths were among the recently vaccinated. The doctors made \$2,000,000 from this campaign.

The only reason these two incidents were exposed and brought to trial is because of the persistence of two local non-medical health groups. The sad fact is that these frivolous local vaccination sweeps have been and continue to be conducted all across the country with no investigation and no accountability of the results. Not only do these events prove that the medical community understands and acknowledges the consequences of vaccination as explained by Béchamp, but that they actively encourage them simply because it is good business.

In mentioning the role of the mass media in these events, it is now time to mention the next nefarious character in the history of vaccination, Edward Bernays. As discussed in the book *Trust Us, We're Experts: How Industry Manipulates Science and Gambles With Your Future* by Sheldon Rampton and John Stauber, Bernays created what is known as the Public Relations, or PR, industry in the 1920's.

Operating under the principle that "perception is reality," the PR industry's purpose is to use the mass media to mould the thinking of the masses. This is supposedly for their own good because most people are too ignorant or emotional to make sound decisions for themselves. This pseudo-fascist thinking conveniently ignores the fact that the PR industry is hired by clients with their own interests in mind.

Another whose self-promoting personality was like that of Jenner or Pasteur, Bernays followed in the footsteps of his uncle, Sigmund Freud, in that his new business would use psychology, but in a completely different manner and for a completely different purpose. Rather than bring problems to the surface so they could be resolved, as was the case with Freud's psychoanalysis, Bernays' psychological techniques were designed to mask the motives of his clients while keeping the public unconscious of the forces that were constantly at work to mould their thinking. Incidentally, the principles laid down by Bernays would inspire the work of Joseph Goebbels as Minister of Propaganda under the Nazi reign of Adolf Hitler.

An array of techniques are used to try to present the appearance of legitimate information sources. The most popular is what is known as the "third party" technique. Here, an allegedly independent and therefore objective third party is bought in to evaluate and give an assessment of the given topic. However, the so-called independents are actually funded indirectly by big business through a number of channels, including bogus organizations. These third parties are often "scientists for hire" who make a living as pawns for big business by doing biased studies or making unsubstantiated claims which favor the actions or products of the business. In many cases, these "experts" will be paid just to allow their name to be used in press releases, which may be completely written by PR people, the "scientific research" included!

Don't think the involvement of video in any way legitimizes a given news piece. Some PR companies specialize in what are known in the industry as VNR's, or Video News Releases. Like their non-video counterparts, these segments are usually passed on by the mass media with little or no alteration. Voice-overs with the station's news anchors are usually done, and these

are often verbatim from the original VNR statements.

Today, PR is a multi-billion-dollar-per-year industry. In fact, fully 40% of what is published in the mass media as “news” is really the product of PR, with little or no verification of information done by journalists. The mass media has very little in the way of sound information, and the content of their news is often dictated by their advertisers. Thus, any information which is contrary to big business is quietly censored from publication. This has the net effect of dynamically rewriting history in the minds of the masses, as is the case with the “scientific revolution” of vaccination.

One of the biggest advertisers is the medical industry, which permeates everything these days. It is no coincidence that the segments presented related to medicine are among the most inaccurate and slanted in the entire news industry. By this same token, the medical and pharmaceutical industries are the second largest contributors to political campaigns. This has the natural consequence of making legislation slanted towards these industries. The influence of this, as well as that of PR, on the history of vaccination over the last century will soon be painfully obvious.

The twentieth century would see a number of additions to the contents of vaccines. These adjuvants, or “helpers,” would serve varying purposes in vaccines, including acting as a killer for the germs, or acting as a preservative. These include formaldehyde, monosodium glutamate (MSG) phenoxyethanol (antifreeze), and thimerosal, to name only a few.

Thimerosal was first added to vaccines in the 1930's. A few years later, the first case of autism was diagnosed in the United States of America. This is probably because thimerosal is a known neurotoxin which contains 49% ethylmercury, an organic form of mercury, the third most toxic element on the planet. Naturally, both history and science have been rewritten to show that thimerosal is “harmless,” despite all evidence to the contrary. The effects of thimerosal are still being buried today, which will be explored further shortly.

As proven in the 1976 book, *The Swine Flu Expose*, by Eleanor McBean, history would be rewritten by those with their own interests to protect. Even from before the time of the Royal Commission, doctors have falsified death certificates to shield the effects of vaccination. Doctors often assign as a cause of death one of the leading symptoms, rather than the root cause of vaccination. Incidentally, falsifying death certificates used to be considered a crime punishable by imprisonment, since such an action could be used to mask guilt in a homicide. Thanks to the obliging government, this law has since been overturned. Can anyone think of a reason why a death certificate should be falsified other than to mask guilt in a homicide?

McBean also provides notarized statements from health care professionals that death certificates and other hospital records have been falsified under direct orders from superiors to hide vaccination damage. Deaths from post-vaccinal smallpox could be called erysipelas, pustular eczema, or whatever else they chose. This policy helped to hide the simple fact that the number of deaths due to vaccination was far greater than the number of deaths from smallpox, especially in the twentieth century.

In McBean's 1957 book, *The Poisoned Needle*, she helps to show the effects of vaccination

beyond stale medical records and statistics. The following images from her book graphically illustrate one of the effects most directly attributable to vaccination, cancer. The quote from the book for the left picture is, “Mrs. Helen Goates of Bolivar, Missouri was a strong, healthy woman with no skin trouble or chronic disease when she was persuaded, during a vaccination drive, to submit to vaccination. Almost immediately after the injection, an inflamed swelling started to develop around the vaccination. It continued to increase in size and intensity until it covered her entire arm and hand. After a period of time it spread over her back and breast as is shown in the photograph. She was treated by more than a dozen doctors and cancer specialists but the condition grew steadily worse until death relieved her of her agony. Before her death she requested that a photograph be taken of the cancer in order that others might see the results of vaccination and be warned, in time, against this ever present danger of vaccine poisoning. The cancer does not always start immediately. It usually takes months or years for the poisons to degenerate enough tissue for a cancer to form.”

The right picture is an example of a moderately delayed reaction. The quote from the book is, “Benjamin F. Olevine of Altoona, Pennsylvania, was vaccinated when in good health. Two months later a sarcomatous (tumorous) growth began to develop where the vaccination sore had not healed. The growth reached enormous proportions, as may be seen from the photograph, and caused intense pain and untold suffering not only in the arm, but throughout the entire body. No cure was possible and his misery was relieved only by death.”

Most cases of cancer, including systemic forms like leukemia, will take two to twenty years, if not more, to develop. Naturally, no matter what timeframe is involved, doctors will blindly deny the causal relationship of vaccination which could not be more obvious, especially in light of the research evidence which has existed from BÉchamp’s time, and has become all the more evident with the increased understanding of genetics.

Doctors who go so far as to acknowledge any causal relationship will make unfounded claims that such reactions are a “one-in-a-million” chance occurrence. Such statements are among the many medical myths surrounding vaccination. There is no such thing as any drug or injection which is that safe. The arguments used to protect such claims are based on the limited research of the manufacturers as well as medical records which, as we have just seen, are often falsified to protect vaccination.

McBean also notes the increase in various diseases in the United States over the last seventy from the time of the book’s publication, which would be from the 1880’s to the 1950’s. The following table reflects these unnatural increases, and is eerily reminiscent of the numbers presented by Wallace to the Royal Commission in England:

Insanity	400%
Cancer	308%
Anemia	300%
Epilepsy	397%

Bright's Disease 65%

Heart Disease 179%

Diabetes 1800%

Polio 680%

This last statistic leads to the next subject of discussion, polio. As the Germ Theory thinking of disease dictates, polio is a disease caused by any of a few strains of viruses, and was eliminated with the introduction of the polio vaccine beginning in the 1950's. We shall soon see that this statement is about as accurate as that of Jenner and his cowpox vaccine eliminating smallpox from the world.

As you probably know, the first polio vaccine distributed on a wide scale was the one made by Jonas Salk. Interestingly enough, Salk didn't share his research data. As Surgeon General Dr. Scheele said in 1955, "Salk vaccine is hard to make and no batch can ever be proved safe before it is given to children." When it was discovered a few years later that millions of doses of the vaccine were contaminated with the SV-40 virus, a monkey virus with carcinogenic properties, the FDA decided it was better not to erode public confidence in vaccination by a recall! Of course, this virus is only one of many in the vaccine. Most vaccine contaminants have yet to be identified, let alone studied.

Even today, there is no such thing as any vaccine of any kind which can be guaranteed safe. Even if the technology existed (which it doesn't), the money to manufacture and test vaccines properly is not in place, leaving it up to the manufacturers to "test their own stuff." The effectiveness of this scheme is obvious when you consider the fact that to date, vaccine manufacturers have yet to voluntarily recall any contaminated batch of any vaccine ever made! Furthermore, this can only take into account the problems with vaccines which are known and acknowledged.

As Dr. F. H. Haines said, "It is impossible to say what remote after-effects may be caused by the introduction of alien substances into the blood stream. Many nervous and other disorders of unknown origin are too often met with. Products which alter metabolism, change the nature of fundamental secretions, cause profound change in the fluids of the body, allergy and anaphylaxis, are the negation of nature's own methods, and must be viewed with grave misgivings and cautious suspicion."

The idiocies of vaccination continue to be discovered, even in recent years. One such example is that of nanobacteria, or nanobacterium sanguineum, which are slow-growing microbes which have been shown to kill human cells and bacteria. On the same size-scale as viruses at about 20-200 nanometers, nanobacteria have been linked to a number of conditions, including calcification in: coronary artery disease, atherosclerotic plaque buildup, kidney stones, cataracts, glaucoma, psoriasis, eczema, lichen planus, breast and prostate calcification, dental plaque, arthritis, and certain cancers, to name only a few.

Nanobacteria are pleomorphic, meaning they assume different physical forms throughout their

life cycle. They are also extremophiles, meaning they can survive in extremely harsh conditions. They can create a calcific lipopolysaccharide (LPS) biofilm around themselves as a form of protection, and can group together to mimic calcium deposits in the body. They are also impervious to most forms of antibiotics, at least in levels which are nonlethal to humans. Because of their small size, they must be photographed through an electron microscope or other high-resolution equipment, such as Nearfield Optical Analysis (NOA) and Atomic Force Microscopy (AFM).

Nanobacteria are now know contaminants of the polio vaccine, gamma immunoglobulin injections, and fetal bovine serum, which has been used in vaccines going back to the smallpox vaccine. Because of the unusual characteristics of nanobacteria, they remained undiscovered until 1988 when the Finnish scientists, Neva Ciftcioglu, PhD and Olavi Kajander, MD, PhD, found them as a culture-killing contaminant.

Back to the polio vaccine. In a diversionary technique still commonly used today, one vaccine manufacturer, Cutter, became the scapegoat for the adverse Salk polio vaccine reactions based on “improper filtering“ of the vaccine, at least until the reactions from the other manufacturers could no longer be hidden. This “contamination blame game” falls in line with the Germ Theory of disease while conveniently ignoring the fundamentally flawed thinking behind vaccination and its complications known from BÉchamp’s time. The fact remains that there is no such thing as a safe and effective vaccine!

As Mr. Peterson, State Health Director of Idaho, said when he stopped further vaccinations, “We have lost confidence in the Salk Vaccine,” and that he, “holds the vaccine, together with the instructions for its manufacture, directly responsible for the outbreak of polio and the deaths that had occurred.” Many cases of post-vaccinal polio paralysis would center around the point of injection, which should remind us of those post-vaccinal cancer photos.

Although Cutter’s stock value suffered from the reports, the other five manufacturers began to suffer as well. “Then,” as McBean observes, “suddenly the deaths from Salk vaccine ceased to be reported. In a letter published in *Defender Magazine*, the writer stated: ‘I am informed by someone who works in a newspaper office that much of the bad news concerning the results of the Salk Program is being censored and deleted out of the news to keep people complacent and acquiescent.’” Enter the beloved influence of the medical and pharmaceutical industries and their PR lackeys on the mass media.

Here is a case in point. The worst polio outbreak on record occurred in Massachusetts in 1955 after a major vaccination campaign when 130,000 children received the Salk vaccine. Paralytic polio increased tenfold over the previous year, until the Salk vaccine was finally banned there. The publicized reason for this outbreak was, “no children were inoculated there.” A letter from the Massachusetts State Health Department, along with a copy of the vaccination figures, was sent to the newspaper as proof against this falsehood, but no retraction was ever printed. Edward Bernays would have been proud.

Despite the deaths and polio cases that resulted from the vaccine, and despite the total lack of scientific or factual evidence, the media reported that the vaccine was considered “safe.” All of this would support a product which grossed over \$5,000,000,000 in its first wholesale year!

Meanwhile, other countries rejected the vaccine, which should say something about their scientific objectivity compared to the United States.

When the effects of the Salk vaccine became too obvious, it was replaced by Albert Sabin's "inactivated" polio vaccine, so called because the viruses were attenuated, or "half-killed," to supposedly prevent them from giving disease while still able to stimulate an immune response. Naturally, research has disputed the safety claims for the "inactivated" vaccines like Sabin's. It is impossible to control the growth of viruses once they are injected into someone. Furthermore, these attenuated viruses have been shown to have the ability to mutate into a virulent form once in the blood stream. Thus, the many levels of idiocy for vaccination continue.

The only new cases of polio in the United States over the last generation have been caused by the "safe" polio vaccines. They also redefined the symptoms of polio more narrowly so that many cases would be diagnosed as "new diseases." As was the case with smallpox, the vaccines are credited with eliminating polio, thanks in no small part to the machinations of the medical community. However, the situation obviously demands more scrutiny. As we did with smallpox, we must look at the actual causes of the spread and decline of the disease beyond what is given by medical dogma. This is perhaps best illustrated by looking at the following graphs of U.S. Vital Statistics, keeping in mind the limited accuracy of these for the previously mentioned reasons.

The first graph shows the incidences of polio in the United States from 1870-1998. Paralytic polio was non-existent before this time. Then dichloro-diphenyl-trichloroethane, or DDT, the infamous organochlorine pesticide, was invented in 1874. Outbreaks of paralytic polio would coincide with the deployment of DDT and other organochlorines in different parts of the world. Finally, DDT was acknowledged as a cause for paralysis in a 1952 U.S. study, which was corroborated by the Swiss in 1953. DDT was phased out of use, and polio rates dropped. As the graph clearly indicates, this happened well before the introduction of the vaccine. DDT would reemerge in these same polio victims in the 1980's in what was diagnosed as "post-polio." Again, this took place just months after DDT was reintroduced as a mixture in pesticides.

The second graph is a more detailed version of the first, focusing on the period of 1912-1970. As is obvious from this graph, the polio rates started to increase after the Salk vaccine became widely distributed in 1957. This is despite all of the obvious attempts to cover-up the polio cases. Then the Salk vaccine was supplanted by the Sabin version after most of the damage had already been done. Naturally, increases in other diseases accompanied the polio vaccines as they did with the smallpox vaccine.

In 1977, Salk testified along with several other scientists that the polio vaccine was responsible for virtually all new polio cases since 1961. Some thirty years after the introduction of his vaccine, Sabin admitted that the vaccine program was a failure after looking at the statistics in retrospect. Is anyone reminded of Jenner and Pasteur here?

Research was never able to prove conclusively that polio is a contagious disease. For that matter, that causative relationship between polio and the identified viruses could never be

proven by direct evidence. In fact, 90% of the people carrying a polio virus never developed polio symptoms, and only 1% developed paralysis. Furthermore, the polio virus could not be identified in all polio victims. Once again, we see the logical fallacies of Koch's Postulates, not to mention the Germ Theory. Despite all of this, it was actually written into law that polio is a contagious viral disease, and it was made illegal to discuss it as being otherwise! This gives you an idea of the level of confidence in the "contagious virus" explanation. Meanwhile, polio still rages in underdeveloped countries where DDT is still in use. Is this a case of sound science, or a corporate cover-up?

It was during this period that much more money began to be invested in medical research for different conditions, including the traditional childhood diseases. Like smallpox, these diseases were already declining well before the twentieth century thanks to the improvements in sanitation, nutrition, and living conditions. In fact, these diseases were already upwards of 95% resolved before vaccination!

Thanks to the beloved PR industry, these diseases became "marketed" as being deadly anyway, and therefore were demanding vaccination. The truth is that a childhood disease should prove fatal or result in permanent damage for only one of two reasons:

- 1) The child is already on his last legs from other health problems.
- 2) The child succumbs from incompetent medical treatment.

Nevertheless, a huge new market had been fabricated, and much research and development went into the many new vaccines. It was also during this time that the fallacy of "antibodies equals immunity," a belief which is still commonly believed and perpetuated, was conclusively confirmed as a lie. A 1950 British study on diphtheria showed that not only do antibody levels not correlate to "immunity," but that in fact the *reverse* is often the case! Many of the diphtheria patients had the highest antibody levels, while those who remained well had the lowest antibody levels. This pattern has been corroborated by countless studies for different diseases, which have been conveniently ignored.

Inane enough, even today the post-vaccination antibody levels are almost the sole criterion by which vaccine efficacy is judged. It also continues to be the reason publicly given for why vaccines are administered. *This means that vaccination is knowingly done under completely false pretenses!*

In commenting about antibodies, Dr. Shelton said, "it is impossible to separate them from the proteins of the animal's blood (in making vaccines), and these proteins, when injected directly into the blood of another animal (or human being), are very poisonous. Besides this, there is no evidence that the anti-toxins of one species can be made use of by another species. Where vaccines are employed, it constitutes the introduction of actual disease matter into the blood. That is, the supposed causative germs or some product of the disease is introduced into the body. The consequences are often terrible. Real benefits are never observed."

Again, this points to what Béchamp said the previous century about the specialization of microzymas and the hazards of indiscriminately injecting them from one species to another. It

also points to the fallacies of the simplistic antigen and antibody thinking behind vaccination. As Béchamp said about people's thinking on the subject, "The leukocytes are even held to be so much alive that they are represented as pursuing the microbe to swallow and devour him. The droll thing is that they believe it!"

Here is one final note about antibodies. In 1972, Dr. Gerald Edelman won the Nobel Prize for his research in immunology. This research proved that antigens are not necessary for the production of antibodies. Children have this capacity from birth, which is developed naturally over time, and the antibodies are stored for use as needed. This only partly supports the statement that people already have an immune system, and that it is absurd to say that vaccines are necessary to produce a properly functioning one. It is not fully equivalent because true health is determined on a multi-systemic level.

This antibody capacity naturally develops throughout infancy. Interestingly enough, the reason they stopped testing vaccines on infants is that they realized that odds are it won't produce the "golden antibody response" desired. Yet, by this same "vaccine logic," parents nowadays are coerced into getting their children fully 75% of their vaccines by eighteen months of age! Is anybody seeing the Machiavellianism here?

Here is an interesting tie-in to the transfer of microzymas and genetic material between species. Beginning in the 1960's, vaccine manufacturers started using human diploid cells in vaccine production. These cell lines originate from *aborted human fetuses*! The two predominant human cell lines originated as follows:

WI-38: A female fetus aborted for "psychiatric reasons" in the 1960s.

MRC-5: The lung tissue taken from a 14 week male fetus aborted for "psychiatric reasons" from a 27 year old woman in the UK in the 1970s.

Allegedly, these abortions were not done for the express purpose of vaccine manufacturing. You can use your imagination about these known facts, let alone how the manufacturers got the fetuses in the first place. Evidently, in getting fetuses from mental patients, the manufacturers were looking for the best genetic material available.

Here is the even more interesting part. The stated reasons given by the manufacturers for using human cell lines are as follows:

- 1) The human stem cell lines replicate more rapidly, thus making the manufacture of the vaccines easier and cheaper.
- 2) There are known dangers in using animal tissues in vaccine manufacturing.

In what is yet another example of "vaccine logic," these same manufacturers continue to use animals in the manufacturing of half of their vaccines, while they are finally acknowledging the dangers of doing so as known from the time of Béchamp! Furthermore, using parts from human beings for medical purposes without consent was determined to be illegal at the Nuremburg trials after World War II. We'll have more about Nuremburg shortly.

The effects of these childhood disease vaccinations are well documented and too numerous to explicitly list. The adverse reactions and damages caused the costs of these vaccines to multiply tenfold by the 1980's. The "scapegoat" method of deflection by the manufacturers has reduced the number of manufacturers from over twenty in the 1960's to only a few today. All of this is despite the fact that no official vaccine tracking system even existed in the United States until 1991!

Thanks to the obliging U.S. government, the National Childhood Vaccine Injury Act (NCVIA) was passed in 1986. This effectively gave vaccine manufacturers their "get out of jail free card" by indemnifying them against lawsuits as a result of vaccine damage. This did not indemnify the government itself, so this had the net effect of transferring vaccine injury compensation expenses to the taxpayer!

Another consequence of the NCVIA was the creation of the Vaccine Adverse Effect Reporting System (VAERS) in 1991. This database records reactions ranging in severity from requiring hospitalization to causing death. This is the first official vaccine tracking system in the United States after over a century of vaccination! The efficacy of this system is most succinctly demonstrated by the following facts:

In a typical Food and Drug Administration (FDA) "phantom" guess unsubstantiated by legitimate studies, less than 10% of doctors report adverse reactions to vaccines. One National Vaccine Information Center (NVIC) study found this number to be closer to 2%. This means that the average of 11,000 *reported* adverse reactions per year translates to 110,000 to 550,000 *actual* adverse reactions per year!

This reporting percentage can be boosted only slightly by the fact that people can report to VAERS themselves because fewer people know that they can report to it themselves than are told about the existence of VAERS in the first place. This is also less than the number of people who are given any legitimate safety information about vaccines. People who demand that doctors report the reaction to VAERS are often met with refusal. *All of these points are direct violations of the law!*

The limitations for reporting an adverse reaction are arbitrarily narrow. The reaction must take place within seven days of the vaccination, after which any event is automatically assumed to be from some other cause. Furthermore, parents must report the event within a couple of years, which is absurd considering most are not even told they can do so!

Parents often end up in prolonged legal battles under VAERS or the Vaccine Injury Compensation Program (VICP), which involves huge amounts of red tape, harassment from the system, and oftentimes denied payments for no legitimate reason. Even today, with all of the cases reported, only about 2,000 have received *any* VAERS compensation!

No matter what is reported through VAERS, the results are meaningless because absolutely no follow-up was incorporated into the plan. Hence, neither the FDA nor anyone has done anything about it!

As can be seen, the effect of the NCVIA, VAERS, and VICP was not only to shield the

manufacturers, but also to provide a bureaucratic bottleneck to compensation. All of this was done under the pretense of providing a systematic means of gaining compensation for vaccine victims, and to track the true results of vaccination!

All of this opened the floodgates for the newest and most frivolous vaccines to date. These would be added to the mandatory childhood immunization schedule despite the fact that they are for conditions which are almost unheard of among children, like hepatitis B, or are harmless, like chickenpox.

The aggregate effect of all of these childhood immunizations has resulted in one of the most horrific increases in childhood illness in human history. The increased rates in autism, attention deficit disorder, asthma, diabetes, and other conditions defy any other possible explanation than the protean effects of vaccination. The end result is to have third world health care standards in the wealthiest nation in the world, and all because we can afford to have unprecedented levels of vaccination.

The scariest part of all still awaits us. A number of other vaccines are in the works, some of which could become mandated for adults. Furthermore, in light of the recent terrorism scares, more vaccines could be forced on people in violation of their human rights thanks to the virtually unchecked power on this matter granted to the Health and Human Services Secretary under the Homeland Security Act of 2002. We have already seen the dubious consequences of the government's attempt to resurrect the smallpox vaccine, which even the health care industry has largely rejected.

One of the upcoming vaccines is the AIDS vaccine, which could become universally distributed. AIDS in the United States formed largely in communities with high-risk lifestyles, including the sexually promiscuous and drug abusers. This did not occur, however, until the hepatitis B vaccine had been tested on these communities. Similarly, the outbreak in AIDS in Africa followed the intensive vaccination program by the World Health Organization (WHO). Beginning in the late 1980's, people began to make the observation that the distribution of AIDS in Africa tightly corresponds to those areas with the most intensive vaccination programs! Once again, we see the detrimental effects of vaccination on people's health.

The vaccination industry has evolved into a multi-billion dollar industry in the United States, while most other countries, including those in Europe, are actually *reducing if not eliminating* mandatory vaccines because of the results they produce! In order to understand what makes the United States so unique in this respect, we shall take an inside look at the situation in the vaccination industry, and its governmental regulatory agencies. Dr Horowitz has said that, "the vaccine industry perpetuates the greatest conflict of interest in earth's history," and not without justification. Let us take a look at the process from a vaccine's creation and development to its mass distribution.

All vaccines are researched and developed by the manufacturers. All of the research is closed, in complete defiance to the universal scientific standard of peer-reviewed research. All studies are extremely limited in scope, with a small number of test subjects in a limited time frame (long-term vaccine studies are almost nonexistent), and involve no true control comparisons or double-blind measures. The new vaccines are often tested in combination with other vaccines

without any isolated vaccine tests. Any adverse reactions during the studies are dismissed without justification as being “unrelated” to the vaccines, and omitted from the research data; in any other scientific field, this would be considered data tampering.

The Vaccines and Related Biological Products Advisory Committee (VRBPAC), an offshoot of the FDA, makes licensing recommendations for the new vaccines. The Advisory Committee on Immunization Practices (ACIP), an offshoot of the Centers for Disease Control (CDC), makes recommendations for which vaccines are included on the Childhood Immunization Schedule. The CDC is in turn an offshoot of the Department of Health and Human Services (DHHS), the wealthiest and most powerful branch of the federal government.

Both of these committees have people with financial ties to the industry, and who are routinely given waivers to sit on them. Historically, many of these committee members have had stock in the vaccine manufacturers or own patents for the vaccines under consideration! They are often being paid by manufacturers to give lectures on the new vaccines, receive research funding from the manufacturers, are paid to testify on behalf of manufacturers in vaccine lawsuits, or represent organizations and universities which receive grants from the manufacturers. Certain members are sometimes excluded from voting, and may be replaced by people who vote in favor of the vaccine. Furthermore, portions of these meetings are completely closed to the public, thus shielding the alleged reasons for the changes to the vaccination program, and members are forbidden to discuss these hidden segments publicly. In essence, these allegedly objective and independent government committees are little more than rubber stamps.

The American Academy of Pediatrics (AAP) weighs in on the action by receiving millions of dollars in grants from the manufacturers to endorse the new vaccines and to make recommendations for adding them to the Childhood Immunization Schedule (CIS). Similarly, the National Institute of Health (NIH) and the American Medical Association (AMA) work closely with manufacturers and have very tight financial interests. In essence, all of the organizations connected with vaccination, including the governmental organizations, are little more than satellite organizations for the pharmaceutical industry because their incomes are determined largely by the success and growth of the vaccine industry. Any claims of objectivity for any of these organizations is laughable at best, and fraudulent at worst.

Drug companies have often stated in meetings that if a vaccine they produce is not mandated to be used on a mass basis, they do not recoup their research and development costs, and don't make the profit they want. This translates into the phenomenon we see today of every new vaccine being produced becoming mandated! Considering the 200 or so vaccines which are currently at some level of research and development, the potential is daunting to say the least.

With recommendations from the VRBPAC, ACIP, AAP, NIH, and AMA, vaccine manufacturer lobbyists may get the new vaccines put into law with state legislators. As I previously mentioned, the medical and pharmaceutical industries are the second largest campaign contributors. However, most states bypass elected representative because the state health departments can write regulations for the new vaccines, which automatically translate into law!

To encourage high vaccination rates, the federal government gives state health departments and

educational agencies grants and other financial incentives, or withhold them. Additionally, a grant program awards the state health departments up to \$100 for each fully vaccinated child. Furthermore, in 1993 the Clinton Administration started the "Immunization Initiative," which set up a \$400,000,000 slush fund for states which enforce mandatory vaccination, and tracks children by their social security numbers. Similarly, doctors are given financial incentives to maintain certain vaccination rates in their clinics.

As previously mentioned, the manufacturers are largely responsible for testing the safety of their own vaccines. Allegedly, one of the reasons for this is that the FDA has insufficient funds to properly test the vaccine lots. The government can afford to spend hundreds of millions of dollars on bribes to make sure that children are vaccinated, yet by this same logic they cannot even be bothered to test their safety! Furthermore, if vaccines are so safe and effective, why must so much money and effort be put into their enforcement? Is anybody seeing a problem with this situation?

Most people are not aware that they have the legal right to refuse vaccination for themselves and their children. Most states, including Texas, allow religious exemptions for vaccination with which schools are legally required to comply, as stated under Texas Administrative Code Title 25 Part 1 Chapter 97 Subchapter B Rule 62, "A signed affidavit must be presented by the child's parent or guardian stating that the immunization conflicts with the tenets and practices of a recognized religious organization of which the applicant is an adherent or member. This exemption does not apply in times of emergency or outbreak declared by the commissioner of health or local health authority." This last statement is a state version of the federal version under the Homeland Security Act of 2002.

No proof of these religious conflicts is required. In fact, such restrictions have been determined unconstitutional through similar situations in other states by the U.S. Supreme Court because they implicitly put the government in the inappropriate role of determining what is or is not a true religious belief.

Nevertheless, people are systematically lied to about their rights as much as they are about vaccination for the previously mentioned reasons. Parents who dare to defy the "sacred cow" of vaccination are often put in the dubious situation of having to sue to have their children's basic human rights enforced. Furthermore, doctors or health officials will call the police or Child Protections Services (CPS) to act as a strong-arm on the grounds that the parents are "not protecting their children." Doctors will testify against parents, quoting bogus statistics from the CDC about how great vaccines are at preventing disease and how negligent the parents are for not vaccinating their children, while these statistics directly contradict public records!

The introduction of the hepatitis B vaccine to infants is a classic example of how this quasi-governmental conflict of interests manifests itself. Berkeley trained statistician Michael Belkin worked in the financial world until his own daughter was killed by the vaccine. Since then, he has discovered a great deal about what goes on behind the scenes.

Belkin discovered that the statistics used to justify the distribution of the hepatitis B vaccine to children beginning in 1991 were hypothetical guesses from the CDC which were passed off as actual cases. As Belkin points out, if this were done in the financial world, this would be known

as *statistical fraud*, a crime which would land you in jail once you're caught. However, in medicine, in particular with regard to vaccination, this conduct is considered part of the status quo, even within the government! In this context, I can't help but to think of the Royal Commission in England a century earlier.

Similarly, the CDC estimates for how the disease would spread among the general population were completely fictitious, and have been revised downward. The morbidity and mortality numbers they quote don't even come close to their own records. By this same logic, however, the timeframe of alleged protection given by the hepatitis B vaccine is *decreasing*, and therefore demands more frequent revaccination!

As Dr. Sherri Tenpenny has revealed, what the CDC says publicly is diametrically opposed to what their own internal documents and research prove about vaccination:

The lack of proper vaccine research, especially in the long term.

The fallacy of the "antibodies equals immunity" thinking.

The fact that even today there is no such thing as a vaccine which has actually been proven to be safe and effective.

That most people don't die from the allegedly deadly diseases for which they are being vaccinated, but actually die from complications arising from incompetent medical treatment.

These are just a few of the highlights. The glaring nature of these scientific observations, as well as the level of governmental understanding and participation, should be even more obvious considering the following fact. The National Vaccine Information Center (NVIC) has as one of its responsibilities the task of keeping track of all of the lies and disinformation fed to the public regarding vaccination. Attorney General John Ashcroft has instructed the NVIC not to comply with public requests for this information in complete defiance of the Freedom of Information Act!

The level of understanding within the medical community is equally obvious. As health care professionals, doctors work under what are allegedly "high-risk" conditions for the vaccinated diseases. However, numerous recent studies show that at least 33% of doctors violate the law by refusing to have themselves vaccinated. For some vaccines, such as the MMR and hepatitis B vaccines, this number is upwards of 66%! One of the primary reasons cited for the refusal is fear of contamination with animal DNA.

By this same logic, they are perfectly willing to lance everyone else in sight. An obvious question to ask a doctor is, "If it's not good for you, then why is it good for the rest of us?" This proves that doctors are just as much aware of the idiocies of vaccination today as they were during the 1920's when they orchestrated the iatrogenic disease outbreaks in Kansas City and Pittsburgh! Once again, the Machiavellianism in this situation is obvious, as is the role of Edward Bernays' "child," the PR industry, in vaccination, not to mention the scientific wisdom and foresight of Antoine Béchamp.

This is not to say that vaccination is not without its critics today, even within the medical

community, though the criticisms are usually limited in scope for those few who are bold enough to voice them. The AAPS has independently researched the vaccine statistics in recent years, and has finally come to the realization that they are not they're cracked up to be. For example, they determined that most children are 100 times more likely to suffer a serious adverse reaction to the hepatitis B vaccine than they are to contract hepatitis B at all. The idiocies of this vaccine are even more glaring considering that only five percent of hepatitis B victims develop chronic liver problems, and these are predominantly among those same adults with the high-risk lifestyles that are most likely to contract the disease in the first place.

In their November 2000 annual meeting, the AAPS voted *unanimously* to end mandatory vaccination, citing many of the problems observed here, as well as non-compliance with the Nuremburg Code, the international law which deals with human experimentation. Because no vaccine has ever been proven to be safe and effective, all vaccines are experimental. The Nuremburg Code states that in order to be used as a human research subject, a person must:

Give voluntary, informed consent without fraud, deceit, duress, or ulterior form of constraint or coercion.

Have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

Be informed of all inconveniences and hazards reasonably to be expected, and the effects upon the health or person which may possibly come from his participation in the experiment.

Participate in what yields fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

Protected, by proper preparations, against even remote possibilities of injury, disability, or death.

Not participate where there is an a priori reason to believe that death or disabling injury will occur.

Not participate where the degree of risk to be taken exceeds that determined by the humanitarian importance of the problem.

As everything presented in this overview proves, vaccination fails miserably on all of these points! Nazis, such as the infamous Karl Brandt, were executed as war criminals after the Nuremburg trials for such ethics violations, yet these same crimes are routinely and openly committed by the medical and pharmaceutical industries, as well as the government!

With this sort of thinking in mind, Dr. Jane Orient, Executive Director of the AAPS, has gone on record as saying, "vaccines... use school children as research subjects... without informed consent, in violation of the Nuremburg Codes. School administrators and government bureaucrats could be... prosecuted as war criminals. We suspect financial ties between vaccine manufacturers and medical groups such as the AMA and the American Academy of Pediatrics." This does not address the willing participation of the medical community and the government in all of this, however, nor has it resulted in any change in vaccination procedures, let alone with

the whole corrupt bureaucracy behind it. This therefore comes across as another form of obfuscation, much like the aforementioned “contamination scapegoat” method used by the vaccine manufacturers to defend vaccination, or the death certificate and hospital record falsifications used in the medical community.

The truth is slowly coming out, but of course is noticeably absent in the PR-driven mass-media; it may be widely known within the industry and the government, but it is a taboo subject for discussion for obvious reasons, even if the information can be uncovered by those who are persistent. Perhaps this whole conflict of interests situation has been described best by Kris Gaublomme, MD, who said, "I always said that private interests were hidden behind official vaccination policy making. I was wrong. It is not hidden, it happens in the open. The powers concerned do not even feel the need to be secret about it. They feel so almighty they can publicize their malicious intentions in ‘official’ reports without any significant opposition to it. The vaccination lobby shamelessly takes all the children of this world as hostages to still their greed for money and power. They relentlessly abuse our compassion for the weaker and our concern about health to promote their giga-business. No matter what. No matter how many more vaccine victims will suffer death or side-effects. No matter how many financial resources this strategy devours at the expense of essential social investments like housing and employment. No matter what. Shocking! There is no excuse for this crime. Just as shocking is the observation that (health) policy is no longer under local, democratic control. Everything is set up and organized with scrutiny at the highest, international level by those who take profit from it: the pharmaceutical industry, the financial world, politicians."

The Rockefeller family is, of course, one of the great powers behind the medical industry, and has been for the last century. As David Rockefeller was quoted in the Feb 1st, 1999 edition of Newsweek International, "...somebody has to take governments' place, and business seems to me to be a logical entity to do it." Some would consider this statement to be the writing on the wall, while others would consider it to be historical hindsight!

There are many interesting quotes to be found in vaccination history, but what has become my favorite was actually spoken by a late nineteenth-century physician, Dr. E. M. Ripley. Although it was said at the time when the smallpox vaccine was the only one available, it is sadly just as relevant to vaccination in general today as it was then. Having been exposed to all of the information in this overview, you can now appreciate it on as many levels as I do. Ripley said, "Never in the history of medicine has there been produced so false a theory, such fraudulent assumptions, such disastrous and damning results as have followed the practice of vaccination; it is the ultima thule of learned quackery, and lacks, and has ever lacked, the faintest shadow of a scientific basis. The fears of the people have been played upon as to the dangers of smallpox and the sure prevention by vaccination, until nearly the whole civilized world has become physically corrupted by its practice." Even if you remember nothing else from this overview, you should remember this statement. Ethical, legal, and monetary issues aside, it well encapsulates in a few sentences everything presented here.

If you are, on the other hand, interested in exploring further about vaccination, here is a short list of internet resources:

www.homeopathicvillage.com - This is my own website, which contains a great deal of information related to vaccination, including information not presented here, as well as a good list of references. Also included is information on how to medically deal with vaccine-induced disease.

www.vaccineinfo.net - An Austin-based website by Parents Requesting Open Vaccine Education (PROVE). Included is legal information on vaccination exemption, as well as sample exemption letters. They have recently added a downloadable file which documents the harassment given to people who exercise their exemption rights.

www.whale.to/vaccines.html - Affectionately known as the “whale website,” this site has one of the widest ranges of vaccine-related information of any I know. It also has online the two McBean books that I have referenced here, which you are unlikely to find elsewhere since they were illegally forced out of circulation. The only downside to this site is that it can be difficult to find the information you want out of everything that is there!

This is only a starting point. These places will give you literally hundreds of references in turn, so you can research to your heart’s content.

It’s time for some concluding thoughts. The reason I am giving this presentation to you like this today is because it would obviously be a waste of time going through official channels, as what I have just said indicates. Vaccination isn’t just a lie; it is a *murderous* lie which has been perpetuated, expanded, and enforced by a corrupt, quasi-governmental profiteering network whose actions routinely and flagrantly violate both domestic and international law in the process. There is no mechanism for accountability or control for this network, which is a direct violation of democratic principles. Attacking this network individually would be futile, and historically has landed people in jail without a fair trial, in violation of the United States Constitution.

The only possible solution is to properly educate people en masse so they can begin to resist vaccination as they should. This may ultimately lead to a domestic legal confrontation. Otherwise, it may be necessary to appeal to the newly formed International Criminal Court (ICC), whose purpose is to deal with crimes against humanity, under which heading vaccination so clearly belongs.

I have searched in vain for a single legitimate reason why any sane person would blindly go against any of the facts presented here, let alone all of them, by submitting themselves or their children to vaccination; that is, unless on a subconscious level they are still following their primitive polytheistic roots and the “sacred cow,” which itself has mutated into the “cash cow,” thanks in no small part to the people who are supposed to be responsible for overseeing vaccination in the first place.

Therefore, I say we must begin the process *immediately*. Otherwise, the mounting danger presented to ourselves and our posterity may soon be too great to overcome. I will now open the floor to discussion, and welcome the questions and input from the audience.

[This concludes the content of the original presentation. The following are a few key

questions (Q) which were asked following the original presentation, followed by my responses (A), which have been paraphrased. Given the context of these questions within the presentation, the implications of my answers are obviously profound.]

(Q): In light of BÉchamp's explanation for the nature of the origin of most bacteria, what are the implications of treatment with antibiotics?

(A): Because most germs are a product and an effect of the diseased body, attacking them crudely with antibiotics will obviously impact the host body. The most commonly stated problems of antibiotics are that they produce endotoxins, that they often attack both useful and harmful bacteria indiscriminately, and that they give rise to mutated strains of bacteria which the antibiotics can no longer handle. The continued process of bacterial mutations is what I refer to on my website as Intropy. However, since we are talking about products of the body mutating, what we implicitly must also take into consideration is the mutation of the parent organism (e.g. the patient receiving the antibiotics). The fact that antibiotics often must be used repeatedly shows that the root cause of the disease is not being treated, but rather one of the symptoms of disease. This is typical allopathic methodology. This, like vaccination, will simply cause the disease to develop over time and possibly re-manifest itself in a new and possibly more dangerous manner. Furthermore, many types of antibiotics eat mitochondria, which are an important part of energy production in the body. Cells produce energy in two different ways: through anaerobic fermentation (one of the subjects of BÉchamp's research, as you may recall), and through what is known as oxidative respiration. A man called Otto Warburg won his first Nobel prize in the 1940's for successfully demonstrating the oxidative respiration process, which is essential for all higher life functions. This is because oxidative respiration produces 20-30 times as much energy per sugar molecule than anaerobic fermentation. When you kill off the mitochondria in the body's cells, you cut off the primary mechanism of the body's energy production. The result you often have is cellular death, resulting in inflammation. This is why inflammation is a common side-effect of antibiotics treatment, a phenomenon with which I had frequent first hand experience before I discovered homeopathy.

(Q): How has vaccination contributed to the rise of cancer and AIDS?

(A): This answer requires some more science history background. Remember that I mentioned Otto Warburg won his first Nobel Prize in the 1940's for demonstrating the oxidative respiration process? Well, he won his second Nobel prize for demonstrating that cancer is tied to energy deficiency. As I said, if you have a severe lack of energy, the cells will die off, resulting in inflammation. If you have anaerobic fermentation without the much more productive oxidative respiration, you have cancer. This has been known for the last sixty years, yet it has been ignored by the allopathic community. The full reasons why cancer forms this way would not be revealed for several decades. This is where a little historical background on virology and genetics is necessary. A researcher named Stefan Lanka, who has varied backgrounds in biochemistry, marine and evolutionary biology, and virology, observed some logical inconsistencies with the mainstream paradigm concerning areas like cancer and AIDS. So he did what I essentially have done with vaccination in this presentation: he researched virology from the ground up to find out what went wrong and where. As people may or may not know, molecular genetics was originally founded by physicists, who originally tried to explain cellular

processes by assuming that the cell nucleus was the central control mechanism of the cell, and that it remained static. This was an extension of their thinking regarding the nuclei of atoms in physics. As would eventually become obvious, this was a major error which would carry over into the field of molecular genetics even after it became its own field of specialization. It was assumed that DNA could be converted into RNA in the cell organelles (i.e. Béchamp's microzymas), a process known as transcription, but that RNA could never be reverse transcribed into DNA. This static view of DNA in cell nuclei was and continues to be the central dogma of molecular genetics, despite its naiveté. This continued into the 1960's, when it was observed that cellular DNA did undergo changes. They initially assumed it was a sign of cancer. When they finally discovered the existence of an enzyme which triggered reverse transcription, called reverse transcriptase, they did not do the scientifically correct thing by rethinking the dogma. Rather, they improvised a patch to it by postulating the existence of what they called retroviruses, which supposedly caused genetic mutations in the DNA. This was despite the fact that neither then nor today has so much as a single retrovirus been proven to exist! The best that they can do is construct a model of what they "think" they look like based on the DNA changes they observe. They then blamed cancer on retroviruses, and started the beloved chemotherapy, including the highly toxic AZT, to interfere with the reverse transcription process. Although chemotherapy slows the cancer production rate or (sometimes by some miracle) reverses it, the damage done to the body in the process can't begin to justify it because it effects the body cells almost indiscriminately. This is because, as it soon became obvious, that reverse transcriptase could be found everywhere, and therefore was not inextricably linked to cancer or, for that matter, retroviruses. As evolutionary biologists would discover, reverse transcription is not merely a part of life processes, it is an essential function for such things as repairing chromosomal breaks and other genetic damage. When the much touted chemotherapy failed to live up to its promise, they quietly slipped from the retroviral explanation for cancer and tried to explain it in terms of an immunological disorder. This claim was, of course, wrong as soon as they announced it because cancer cells have no differentiating markers to stimulate an immune response. The body essentially recognizes them as stem cells. As Warburg, and later evolutionary biologists, explained, this is because the lack of energy in the cell forces it to revert to a unicellular state since it is dependent upon anaerobic fermentation only. This essentially makes it function as a stem cell, which grows haphazardly out of control. Naturally, the DNA replication process is inhibited by the lack of energy, which causes DNA defects to arise. People naturally assumed that these DNA defects were the *cause* of the cancer, when in fact it is another *effect* of cancer. This confusion of cause and effect is reminiscent of Pasteur's Germ Theory of Disease, not to mention allopathic medicine in general. When what they call "AIDS" came along in the 1980's, they came up with an inane hybrid of the two explanations, saying that the observed symptoms were due to autoimmune disorder caused by a sexually transmitted retrovirus. Robert Gallo was credited for "discovering" HIV, the retrovirus that supposedly causes AIDS, despite the fact that the sole rationale behind his claim was that he observed reverse transcription! Neither then nor today has actual proof been provided that HIV exists, let alone the mechanism by which it causes AIDS. This doesn't even mention the reason why the prophecies of doom for AIDS as predicted by the HIV theory have yet to come to fruition. They try to work around this problem using the circular arguments which are essential to retrovirology, which is to virology what ether was to cosmology a century earlier. They also try to deflect the problem by saying that HIV mutates so quickly that it cannot be

identified anymore, which naturally does not explain why it was never identified at all! At the same time he announced his "discovery," Gallo applied for a patent to the AIDS test, which could not possibly test for HIV because, by the standards of virology (and common sense), an antibody test cannot be created without first having identified and isolated an antigen. I can't help but to think of the likes of Jenner and Pasteur here. As should now be obvious, the whole HIV/AIDS reasoning used today is, to date, the most blatant and irrational way to justify Pasteur's Germ Theory versus Béchamp's Microzymian (i.e. genetics/energy) Theory. As Lanka observes, what is called AIDS should more properly be called AEDS, Acquired Energy Deficiency Syndrome. Many of the symptoms associated with AIDS are actually a direct consequence of the allopathic treatment (e.g. chemotherapy, protease inhibitors) because these interfere with the reverse transcription process and, by extension, the genetic repair process in the long term. This in turn contributes to the severe hypercatabolism associated with AIDS, followed by death. Some of the things which interfere with the oxidative respiration process, and therefore contribute to cancer and AIDS, are to be found in vaccines, including heavy metals and other adjuvants. As we saw in those cancer pictures in the presentation, the connection was obvious because the cancer radiated from the point of injection. However, most people will see their troubles metastasize, sometimes for years, before problems reveal themselves. As I also mentioned in the presentation, the animal DNA fragments in many vaccines ultimately integrate with people's DNA, providing another potential source of damage. The reason why many people originally objected to the autoimmune disorder explanation of AIDS was that people did not suffer from the same problems as others with suppressed immune systems, like chronic colds or opportunistic infections. These have never been a part of the clinical definition of AIDS, which varies from one country to the next, and one month to the next, as does the idea of what HIV looks like. As I mentioned in the presentation, AIDS rates in Africa correspond tightly to vaccination rates. This is because the people there are most prone to suffer the effects of vaccination due to their poor nutrition, sanitation, and living conditions, making their tolerance level for oxidative respiration interference lower. Doesn't this remind you of nineteenth-century Europe?

(Q): What makes the hepatitis B vaccine so dangerous?

(A): The full answer to this question also requires some historical background, beginning with the blood industry. This area is another source of scandal because much of the blood supply comes from people who most need the money for donating blood, including the homeless, drug addicts, and people from impoverished areas. This blood is naturally not what you would want to have coursing through your own blood vessels because of all of the contaminants. The hemophiliac community began to undergo blood transfusions to treat them prophylactically. It turned out to be just another way to make money, however, as they had to gradually increase the size of the injection in order to compete with the antibodies being generated against the clotting factors. One source of blood contamination is certain proteins with which the body produces an autoimmune response. Naturally, having all of this contaminated blood pumped into them stressed the liver to the point of inflammation, resulting in hepatitis. This is why so many hemophiliacs develop hepatitis, as do other risk groups such as intravenous drug users and the sexually promiscuous, whose lifestyles are begging for trouble anyway. Then they came up with the same idea that they had for the polio disease, as I explained in the presentation, namely to "blame" hepatitis on some viruses, and then develop a vaccine for it. Naturally, blood sera from

homosexuals and others have been used in the development of the vaccine. The whole thing is bogus, as Alfred Hässig and others proved when he filtered the protein contaminants out of the blood stream of people and thus stopped their hepatitis. Nevertheless, the new vaccines were distributed to the hepatitis victims, which naturally made their conditions worse over time. Eventually, the result was to have many of them come down with what they call "AIDS". In fact, the AIDS test which Gallo patented tests for a whole series of antibodies, some of which correspond to these hepatitis antibodies! Hence, what they are really doing with the AIDS test is looking for people with certain conditions like hepatitis. As I mentioned in the presentation, the vaccine was then mandated for children, with disastrous consequences. Even for those who do not suffer immediate reactions, others will develop chronic hepatic problems over time. Hence, the standard by which people will test positive for "AIDS" will be lowered to the general population. This is setting up an obvious purpose: a universal AIDS vaccine! With the alleged increase in AIDS cases caused by the hepatitis B vaccine, the AIDS vaccine will no doubt soon be made mandatory for everyone, despite the many problems and lawsuits that have resulted so far during its testing. As I mentioned in answering a previous question, the AIDS vaccine will work on a principle which will no doubt interfere with the reverse transcription process. This means everyone will end up on a form of chemotherapy! People will gradually lose their natural ability to repair genetic defects, which is one of the most important functions of chronic healing. Who knows how many other problems will arise in the general population in the process, which will no doubt lead to other "diseases" to supplant AIDS, and which will perpetuate the mass-vaccination process that started two centuries ago. Many people fear that some day man will destroy himself with the technology he has now, usually referring to the insanity of nuclear weapons. However, the insanity of allopathic medicine is much more likely to accomplish this, if only more slowly and insidiously.