Patrick Rattigan on The Vaccination Fraud
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# Vaccination - Assault on the Species

by Pat Rattigan ND

Variolea Vaccinae - the Birth of the Fraud
Measles
Mumps
Rubella
Plague,
Scarlet Fever and Cholera
Influenza
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[From Truth Campaign Magazine 15]

## Variolae Vaccinae – the birth of the fraud

**In May 1796, Edward Jenner, acting upon 'a superstition among the dairymaids of Gloucestershire that a person who had suffered from cowpox would never have smallpox,' [1] inoculated one James Phillips with lymph from a cowpox vesicle on the hand of a dairymaid: in June he inoculated the boy with smallpox.'*...it was on the strength of this solitary experiment that Jenner had launched his discovery upon the world, claiming that cowpox was a prophylactic against smallpox, while to give some sort of scientific colour to the claim he labelled cowpox with the name "Variolae Vaccinae" (smallpox of the cow)...the picture of the whole of the Colleges of Physicians and Surgeons swallowing the theory of an unqualified country apothecary, based on one totally unreliable experiment, seems scarcely credible.'* [2]**

**However, there was a very good reason for the medics' rush to embrace the groundless myth and to lavish praise, credit and cash – £30,000 at late 18th century value, i.e. a large fortune – on the enterprising Jenner. Earlier, the Royal College of Physicians had declared, in an attempt to**

**protect their inoculation from foreign criticism: 'it is now held by the English in greater esteem and practised among them more extensively than ever it was before...the college thinks it to be highly salutary to the human race.'**
**In 1838, however, after the final straw – another fierce outbreak of smallpox due to inoculation – the authorities had, finally, seen enough; the practice was banned under threat of imprisonment in 1840.**

**This left the medical deities with severely dented egos and with a valuable source of income curtailed; a situation they were keen to reverse as soon as possible. Jenner's wheeze provided the opportunity.**

***'The medical authorities who had solemnly recommended inoculation as beneficial had been compelled to admit that it was spreading smallpox and increasing the number of cases of deaths. Doctors were, therefore, glad to welcome what purported to be a non-infectious process for which so much was claimed...from that time the Government protected vaccination from enquiry and criticism. Failures were not considered and misleading statistics were accepted.'*** [3] **Nothing changes.**

**The smallpox vaccine is produced by shaving the bellies of calves and then making long slashes in the skin, into which are rubbed smallpox cultures. Fever sets in and the wounds fester; a scab forms over a reservoir of poison as the increasingly sick, immobilised animal is prevented from licking the wound to try to ease the intense suffering. After six days the calf is bound and strapped to an operating table, the vesicles are clamped and the mixture of skin, flesh, pus, blood and hair is scraped off, mixed, sieved and transferred to containers.**
**After this potion was injected into the blood of the nation's children the largest UK epidemic of smallpox ever known began: with a peak of 42,000 deaths in 1871-2 alone. The graph line of smallpox deaths, which would probably have disappeared around 1870, was still there in the 1920s as isolation eventually defeated the medically-created plague.**
**After the vaccine-induced fiasco, Leicester rejected vaccination and decided to rely on hygiene and sanitation. In 1892-3 Leicester had 19.3 cases of smallpox per 10,000 population; Warrington – 99.2 vaccinated – had 123.3 cases. The Warrington death-rate was over 8 times higher than Leicester. (Wallace: The Wonderful Century , 1898) Dewsbury also rejected vaccination and, with Leicester had the lowest death-rates in the country.**

***'I remember Sheffield and its epidemic in 1887-8. No less than 98 per cent of the population had been vaccinated...the public vaccinators had reaped a richer harvest of bonuses for "successful vaccination" than those of any other town and yet they had 7,000 cases of smallpox. It originated and clung to an insanitary area of 175 acres of cesspits...called The Croft.***

***The medical profession helplessly called "vaccinate" and "re-vaccinate" – as if the public had not already had enough. At last the flood-gates of heaven were mercifully opened and the bountiful rains accomplished***

***what 56,000 vaccinations had failed to effect…***
***I call to mind the case of one adult male I interviewed…He was vaccinated in infancy, had smallpox when eight years old and was subsequently re-vaccinated three times. That man died of smallpox…when the official report was published…owing to his having the eruption so badly as to cover his vaccination marks, he was actually declared to be "unvaccinated".'*** [4]

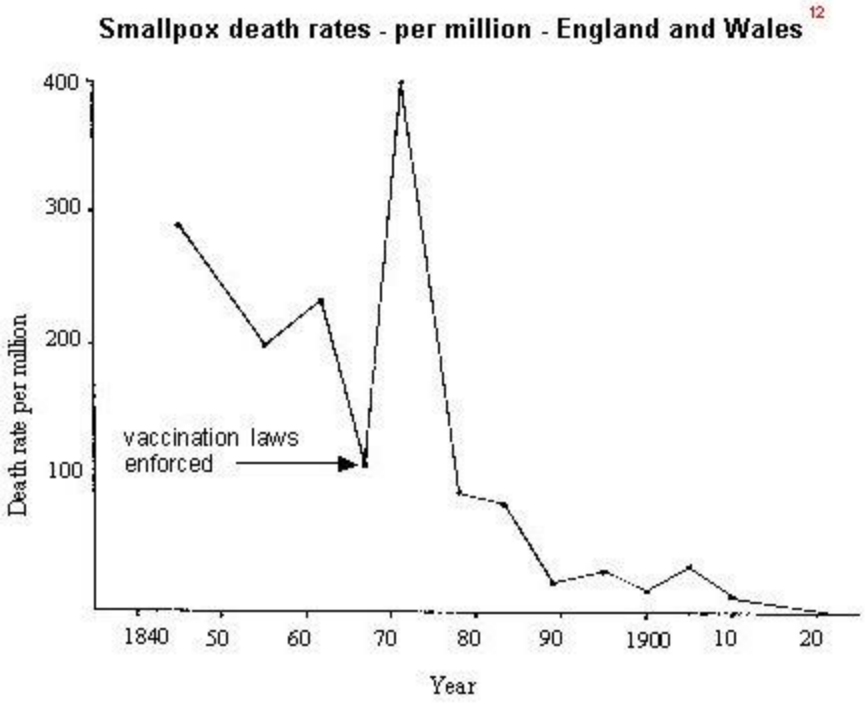
**In 1903 the USA seized the Philippines and set up a military dictatorship. 'The first thing the US regime did was to enforce a country-wide vaccination drive. The Filipinos had been a healthy people living their simple, happy life out in the tropical woodlands with pure air, clean water, natural foods…Smallpox was almost unknown…**

***'They did not want the shots, but they were rounded up…and herded into the vaccination centres for the shots of poison…the first large epidemic was in 1905…a continuous epidemic…to 1923 when General Wood started suppressing reports to make it appear that he had conquered smallpox and 'ended the scourge'…***

***'In the remote islands…the Filipinos had a better chance to hide…in the cities the epidemics reached the point of a major disaster.'*** [5]

**After 15 years of intensive vaccination there were 47,000 cases and 16,000 deaths in 1918 alone.6 Smallpox was not the only effect of the vaccine campaign: '…in 1918-20…Malaria took 93,000, influenza 91,000, tuberculosis 80,000…dysentery, cholera and typhus together…70,000.'** [48]
**As an added bonus: 'there was not one leper in the whole of the Hawaiian Islands before the noble work of Jenner reached them. By the nineties, 10 percent of the natives were lepers.'** [48]

**To test the effectiveness of natural immunity versus vaccination, the non-vaccinated staff of the naturopathic Kingston Clinic in Edinburgh challenged six doctors to join them in a smallpox isolation unit.**
**The medics had the very good sense not to take up the offer.**[7]



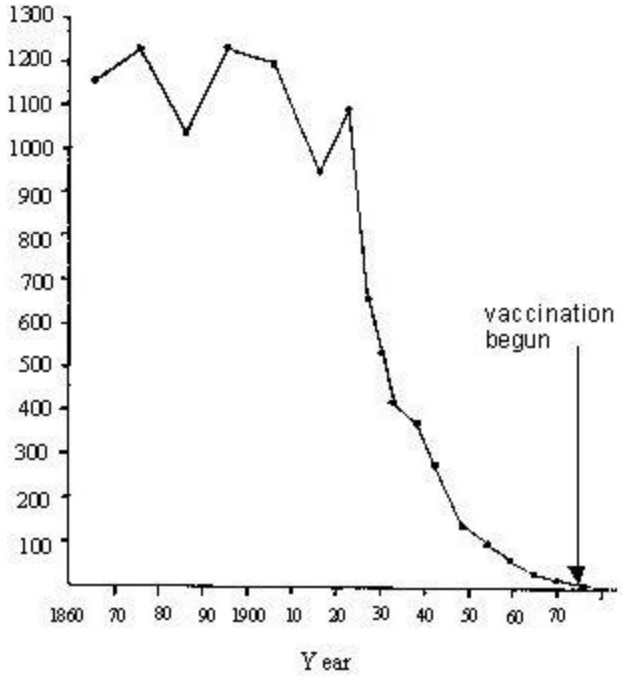

The vaccine-promoters have no problem with this graph.
The 'graph says nothing except that there was a smallpox epidemic in 1870/71.' Dr W F Bynum of the Wellcome Institute for the (Wellcome version of the) History of Medicine.
Smallpox cases 'that did occur were almost always in unvaccinated persons.' Fenner et al 'Smallpox and its Eradication' 1988.

## Measles

**The first measles vaccine was licensed in 1963. The fact that the death-rate was off the graph and that there was no conceivable reason, other than commercial, for the vaccine's existence, made no difference to the vaccine's promotion by the makers, doctors, media etc.**

***'The measles vaccine is a fairly recent innovation of the commercialised blood-poisoning business called vaccination...It was not that it was needed or wanted by the people; it wasn't: nor that measles is a dangerous disease; it isn't: and it was not that the vaccine-promoters had a safe and effective vaccine; they didn't...It was merely that they saw another opportunity to force a different vaccination scheme on the people...The vaccine promoters know the parents...will believe almost anything.' [5]***

**Measles: death rate of children England and Wales**[12]




**In a 1986 outbreak of measles, in Corpus Christi, Texas, 99 percent of the children had been vaccinated.** [8]

**In Nov. 1994 the government launched a £3.5 million 'measles kills' advertising campaign. Outrageous television advertisements, in suitably-stark black and white, were designed to terrify parents into having their offspring jabbed to prevent the coming epidemic of 'life-threatening measles'. The adverts. provoked 40 complaints to the 'Independent Television Commission', which duly dismissed them.**

**Over 7 million children were jabbed in the enterprise, which provoked an investigation by the Bulletin of Medical Ethics:**

> ***'...it is now possible to draw some interim conclusions...there was never going to be an epidemic in 1995...there was no justification for concomitant rubella immunisations...the government knowingly misled parents about the relative risks of measles and measles immunisation...the Dept. of Health broke the European Union's laws on contracts and tendering to ensure that specific pharmaceutical companies were awarded the contract...***
>
> ***The NHS Supplies Authority negotiated with...Merieux UK and SmithKline Beecham. This must have been extremely fortunate for them since the supplies of measles and rubella vaccine which they had been left with in 1992...were soon to go out of date...it is surprising that companies already supplying MMR were not invited to tender...***
>
> ***Virginia Bottomley hoped to make political capital from the campaign. Her fortunes were already at a low ebb in 1994. To recognise a threat to the Nation's children and to take decisive action could only enhance her standing...the DoH has put out numerous Press releases stating what a good example it was of how this government looks after the health of the Nation.***
>
> ***Of the government doctors involved one can say little...many questions may***

***only be answered by an independent inquiry…the campaign's protagonists misled millions of parents into allowing needles to be stuck into their children for purposes other than those given in public.'*** [9]

***'Thousands "at risk" as doctors claim link with deadly illness…as well as the vaccine being linked to Crohn's Disease…it may be associated with autism…Public health officials… have been aware of the research linking the vaccine with Crohn's Disease for four years… if the findings of the alarming new research are confirmed the re-vaccination programme could also add the names of thousands of children to what some doctors believe is an already looming medical disaster…***

***Crohn's Disease…is a terribly debilitating condition in which the lining of the bowel is destroyed. Sufferers almost invariably require major surgery…'*** [10]

**The research is being done by Dr Andrew Wakefield of the London Royal Free Hospital. He believes that live measles vaccine can cause an immune reaction in the gut, provoking illness up to 20 or more years later: 'If it is true…there is no health service in the world which will be able to cope in the year 2020 if we do not prepare now.'**

**After the Nov. '94 scam Dr Wakefield urged the government to set up a side-effect monitoring campaign. 'This wasn't done. One insider said last night: "They told him later they didn't believe him and anyway it wouldn't have made any difference to their plans."'** [10]

**Other known and suspected effects of the measles vaccine include:**

- **multiple sclerosis**
- **SSPE**
- **atypical measles**
- **Guillanne-Barre and Reye's Syndromes**
- **paralysis**
- **meningitis**
- **ataxia**
- **epilepsy**
- **arthritis**
- **ME**
- **…and death.**

**Also, the vaccine programme has caused the peak incidence of measles to occur in adolescents, adults and infants rather than children of primary school age. The risk of pneumonia and liver abnormalities is greater in the older groups.**

***'Before the vaccine was introduced, it was extremely rare for an infant to contract measles. However, by 1993 more than twenty five percent of all measles cases were occurring in babies under a year of age.***

***CDC officials admit this situation is likely to get worse and attribute it to the numbers of mothers who were vaccinated… when natural immunity is denied, measles protection cannot be passed on their babies.'*** [11]

## Mumps

**Mumps is a mild disorder which, as a rule, lasts, at most, 10 days. Contraction of mumps usually brings life-long immunity to the disease – the vaccine does not. Children who are vaccinated and then later develop mumps in adolescence or adulthood, as some do, are much more likely to suffer severe effects including orchitis, a testicular condition. *The Lancet* reported that West German authorities had listed twenty seven neurological reactions to the vaccine. Effects include:**

- **meningitis**
- **febrile convulsions**
- **epilepsy**
- **nerve deafness**
- **encephalitis**

## Rubella

**Rubella is a harmless malaise, about as serious as the common cold, except when contracted by a woman in the earlier stages of pregnancy, when it can lead to foetal defects. Before the vaccine was introduced the large majority of the population had natural immunity. The vaccine denied the women the chance of this and increased the risk of developing rubella during pregnancy.**

The Rubella Credit Card

Debbie and Tracy encourage their school mates to show great social responsibilty.

**In the British Medical Journal, Nov. 16 1987, a report noted thirty two women who, when pregnant, contracted rubella; all the women had been vaccinated or screened and found to be 'immune'. Nineteen chose to have their babies; one child was born with a defect.**
**Hilary Butler, of the Immunisation Awareness Society, commented: 'The reality is that most babies survive rubella "defect-free".'**
**Trials on the vaccine in the USA have shown a failure rate of ninety three percent.[14] Dr Beverly Allan of the Austin Hospital, Melbourne noted a failure rate of army recruits of eighty percent.[15]**
**If there has been an inadequate immune-response to the vaccine, as often happens, according to the Journal of Infant Diseases16 there is a pronounced danger that the person will become a rubella carrier and may develop arthritis and an enlarged thyroid.**

***'In some hospitals all employees, except physicians, are required to receive the rubella vaccine. This may be because doctors are the least likely of all hospital personnel to submit to these shots'.13 According to an article in the Journal of the American Medical Association, ninety percent of the obstetricians and around seventy percent of paediatricians refused the vaccine due to fear of 'unforeseen vaccine reactions'.***

## Plague

**Declined without vaccination**

## Scarlet Fever

**Declined without vaccination**

## Cholera

**'Certain vaccines, such as that given for cholera, are known to be of no value…' GP magazine July 1991 – after countless shots had been sold.**

## Influenza

**According to Dr J Seal, of the National Institute of Allergy and Infectious Diseases: 'any and all flu vaccines are capable of causing Guillane-Barre.' In 1976 over 500 people in the US were paralysed by the disease, with thirty dying, after being injected with the vaccine, which is concocted from material taken from influenza victims and then cultivated on mashed chick embryos.**

**The Post Office dropped its influenza vaccine programme after it showed no improvement in absenteeism. Six hundred elderly vaccinated people in Birmingham showed over double the respiratory disease than a non-vaccinated group. [18] Three people, including a 26-year-old man, died in Chesterfield within 48 hours of being jabbed. [19]**

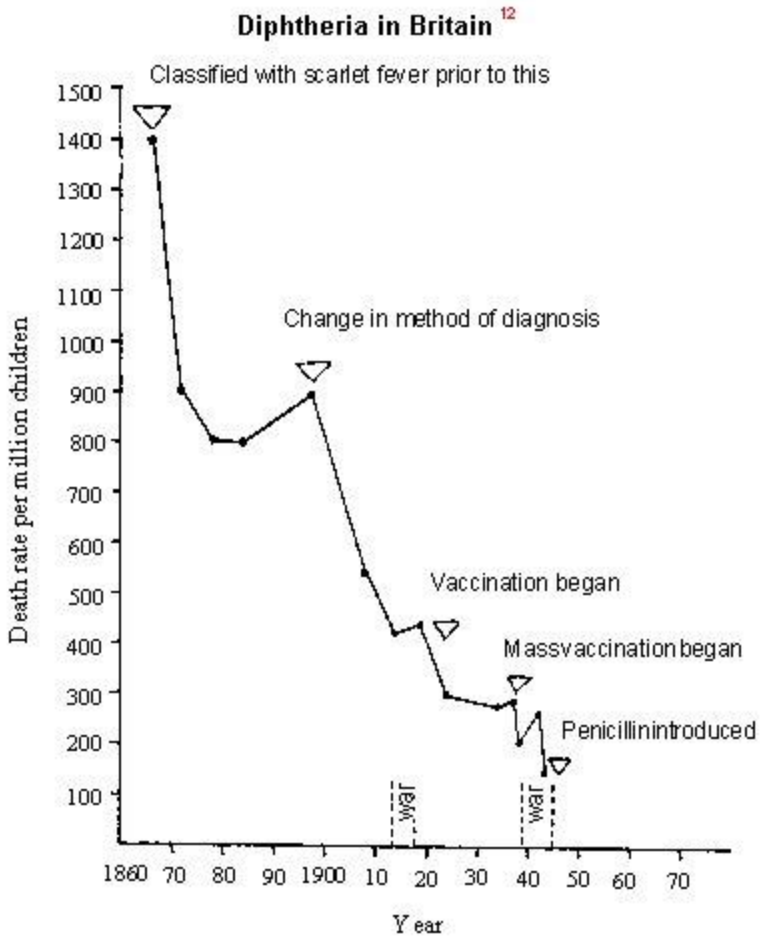
## Diphtheria

**In the thirties, due to the number of cases of diphtheria occurring in vaccinated individuals, it was necessary to introduce the practice of re-diagnosis. Trouble-makers, like the Medical Officer for Wath-On-Dearne, did not help, with comments like: 'Where they have done the most immunising they are getting the most diphtheria.' [20]**

**In 1927, the Ministry of Health, came up with the idea of using the 'guinea pig test' to lessen the embarrassment: patients with obvious diphtheria had to be shown to be harbouring, in the nose or throat, diphtheria bacilli strong enough to kill a guinea-pig.**
**As up to forty percent of diphtheria patients have none of this bacterium and as the rest may well not have sufficiently powerful bugs to kill a guinea-pig and as the guinea-pig test is totally unreliable, the wheeze had the very welcome effect of the re-diagnosing of vaccinated diphtheria victims as 'tonsillitis' or 'sore throat'.**
**Another helping hand was provided by the Schick Test: a diphtheria test developed by the enterprising Bela Schick and then banned in Schick's native Austria due to parents whining that it had killed their offspring. Having had his test banned in Europe, he:**

***'…brought it to America where he knew the unscrupulous medical and drug trusts dominate the healing field. A lush harvest was promised and the customary pressure technique was turned on and the exploitable public was again used and abused…The Schick Test and diphtheria antitoxin continue to take their toll of lives while our elected officials and public protectors (?) look the other way.'*** [21]

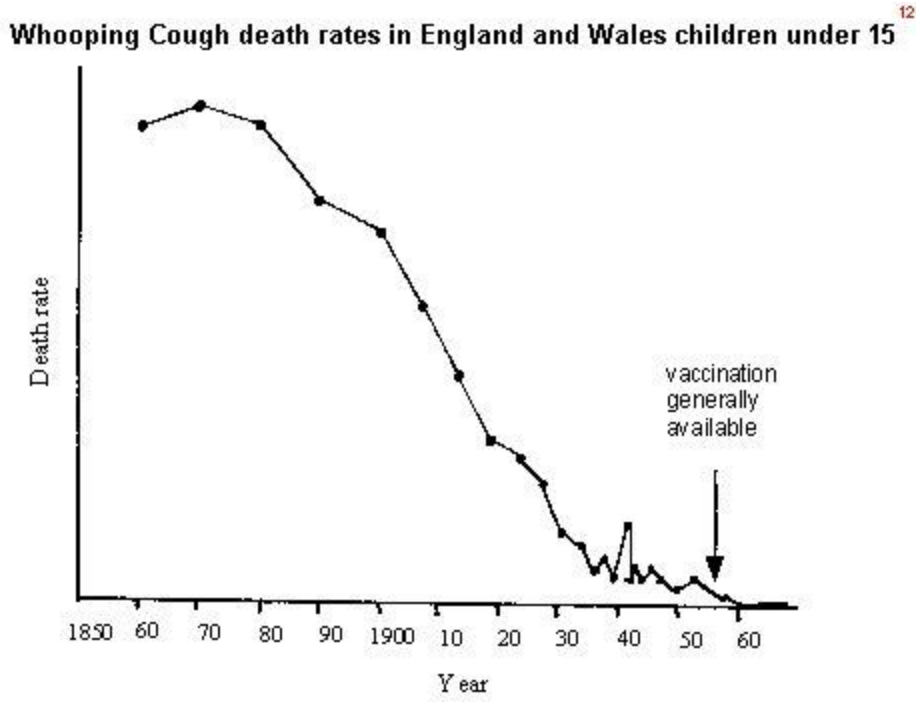
**Having had the dangerous, totally fraudulent and frequently-lethal test laundered by the US drug boys, Schick was able to import it back to the welcoming re-diagnosers in Europe, where, allied to the guinea-pig test it did sterling work for the cause. In Birmingham seventy percent of cases were re-diagnosed. 'Out of 441 sent in as diphtheria in 1933, 285 were finally diagnosed as tonsillitis.' [22]**
**Dr J H Parish, of the vaccine-makers, Wellcome Research Laboratories, suggested that 'apparent' diphtheria should be known as 'Tonsillitis in Schick-negative carriers.' [23] To counter the problem of the diphtheria antitoxin being lethal, the re-diagnosers were again engaged; this time to come up with a revised version of the diphtheria child-death-rate graph.**




**Prior to the introduction of antitoxin in 1895, diphtheria diagnosis was on clinical symptoms alone: i.e. those who had died of diphtheria were recorded as having died of diphtheria. As of 1895, the diagnosis was based on throat swabs. As so many diphtheria victims did not exhibit the required bacteria, they were adjudged to have died of something else and the graph shows a clear reduction in deaths from diphtheria after the introduction of antitoxin in 1895. As an extra boost to the diphtheria industry, healthy people sometimes exhibited diphtheria bacteria in their nose/throat; these people had, of course, 'survived diphtheria' due to the efforts of the dedicated doctors. 'As a result of this change of view, cases of mild sore throat are now classes as diphtheria – cases which would, in any case, recover, whatever the treatment; and the fatality of diphtheria will be reduced accordingly.' [24]**

**Germany began compulsory diphtheria vaccination in 1939. When the vaccine saturation was complete there were 150,000 cases of the disease.25 French resistance to the vaccine was ended by the German occupation, leading to 47,000 cases of the illness.21 Norway refused the vaccine and had 50 cases. [25]**

## Pertussis




**Sweden stopped whooping cough vaccine in 1979. Germany stopped routine use of the vaccine in 1982: the declines of the diseases continued. This vaccine is, arguably, the most dangerous of the current routine jabs, being a whole cell vaccine and, largely unpurified or refined. It has probably done more damage, per shot, than any other, with the obvious exception of the smallpox vaccine.**
**Pertussis vaccine promoters often claim that when uptake levels fall, the disease increases. This happened in the USA after a TV documentary slipped through the censor's net and the punters found out some of the reality on the shot. Vaccination levels fell and the predictable outcome was that the authorities announced an increase of the disease.**
**Dr A J Morris analysed 41 of the cases and found that 5 had real whooping cough and these had all been 'immunised'. A further study, in Wisconsin, on 43 claimed cases, showed that 16 were real and all these had received the vaccine.26 Professor Gordon Stewart, W.H.O. adviser, said in 1980, on the vaccine: 'There is no doubt in my mind that, in the UK alone, some hundreds if not thousands of well infants have suffered irreparable brain damage needlessly, and that their lives and those of their parents have been wrecked.'**

**In 1984, of all cases in the US in children of 7 months to 6 years, 46 percent had been vaccinated.13 In Kansas, in 1986, 1,300 cases were reported. Of those whose vaccine status was known, 90 percent were 'adequately vaccinated'. [27]**
**U.K. vaccination levels fell to 32 percent in 1978 due to the pushers being no longer able to hide the cases of brain damage. An epidemic in 1978/79 was, naturally, claimed to be due to the reduced vaccine uptake. What they did not disclose was that the epidemic affected those in all of the relevant age spectrum and those who had been vaccinated. [28]**

***'My name is Donna Gary. I am a constituent of Senator Edward Kennedy's from Massachusetts. Our family should have celebrated our very first grand daughter's first birthday last month... Lee Ann was just eight weeks old when her mother took her... for her...first DPT inoculation...this lovable, extremely alert baby had never produced such a blood-curdling scream as she did at the moment the shot was given... four hours later, Lee Ann was dead. 'Crib death' the doctor said 'SIDS'.***

***'Could it be connected to the shot?' her parents implored.***
***'No.'***
***'But she just had her first DPT shot.'***
***'No, no connection at all,' said the emergency room doctor, definitely.' [29]***
***'My name is Janet Ciotoli. I am a New York State mother...Our second son, Richie, received his first DPT vaccination at two months of age. Within hours Richie displayed similar symptoms as our first child – a red hot swollen leg, diarrhoea and cat-like screaming...I didn't get my usual baby smiles that day...his hands were so cold...that evening I called the doctor...Richie died in my arms...My husband and our five year old son watched paralysed as I tried desperately to give life back to our baby...***
***My husband and I were led behind a drawn curtain...There our Richie lay on a stretcher, cold and lifeless...***
***Our scream of pain and grief will forever ring in my ears.' [29]***

**In the Northern Territories of Australia, according to Drs A Kalokerinos and G Dettman, vaccination was killing one in two Aboriginal children. In a two year period without vaccination the death rate was nil.**

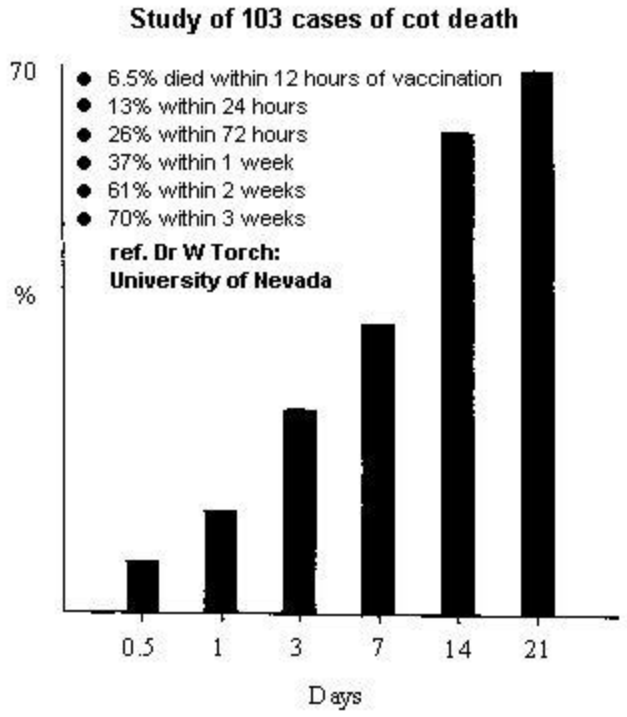
***'One of the easiest ways to prevent cot-death is to prevent multi-factual insults to the body; by not vaccinating.'***

**Dr Dettman**

**Dr Viera Scheibner PhD, arguably the most experienced vaccine researcher in the world, stated:**

***'...vaccination is the single most prevalent and preventable cause of infant deaths.'***

**Japan virtually eliminated cot-death by dropping the whooping cough vaccine for babies.**




## Tetanus

**During World War II there were 12 recorded cases of tetanus, of which, 4 were vaccinated. [30]**

**Persons wishing to contract tetanus, or to endow their offspring with it, should first collect samples from the soil, dustbins, sewers etc.: this should then be sent for analysis to determine the presence of tetanus spores. When the confirmed spores are returned, a deep gash should be made in the arm into which the spores should be placed, the skin pinched to trap the spores and the arm bandaged to exclude the air. Persons not immune to tetanus should then contract the disease.**
**As the above practice is widespread, it is understandable why every child and every hospital case involving broken skin needs to be jabbed routinely with a vaccine whose side effects include seizures, high fever, Guillane-Barre Syndrome, fatal anaphylactic shock, neurological damage...,31 abscess, inner ear damage, myelin damage... [32]**

## Polio

**Even during an epidemic, the wild polio virus produces no discernible symptoms in over 90 percent of those exposed to it. [33] This, of course, has not stopped the vaccine boys et al propagating the myth that whole populations are in grave danger of paralysis if they are not 'protected'.**

***'The number of reported cases of polio following mass inoculations with the killed live virus vaccine was significantly greater than before mass inoculations and may have doubled in the US…'*** [13]

**In the late 1940s it was noticed that diphtheria vaccination was leading to paralytic polio. A government inquiry found that over one third of cases of paralytic polio in children under the age of two occurred within three months of diphtheria vaccination.** [34]

**'Millions of people have been inoculated with the anti-polio vaccine contaminated with the tumoral virus SV 40, which in origin was present in the monkeys.' Prof J Clausen, Institute of Preventative Medicine, Odense, Denmark. Up to 500 million people may have received the vaccine which was cultivated on the kidneys of the green monkey.** [45]

**Dr F Klinner commented: 'Many here voice a silent view that the Salk and Sabin vaccines, being made of monkey tissue, have been directly responsible for the major increase of leukaemia in this country.'**

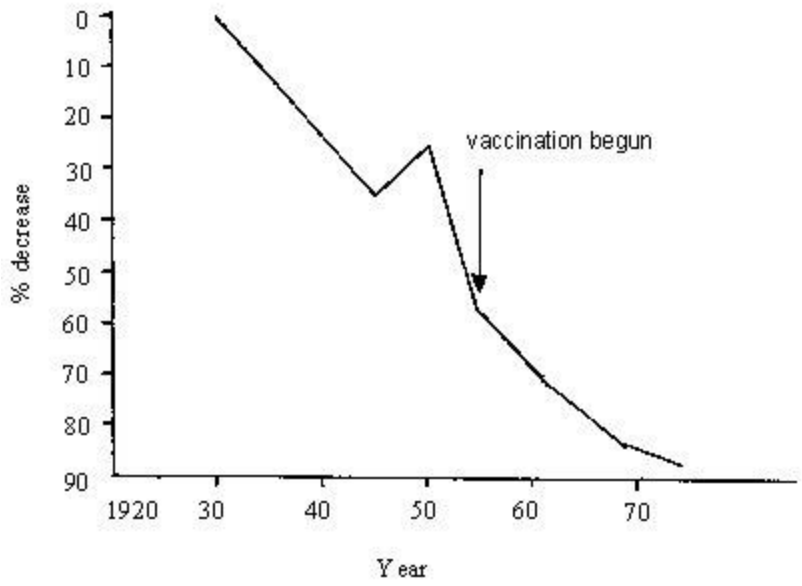
**In the Lancet a report stated 'Outbreak of paralytic poliomyelitis in Oman…among fully vaccinated children.'** [35]

**Whilst the sane mind might expect that the vaccine might be declared harmful or, at least, useless, and withdrawn, the vaccine combine had a better idea. What was really needed was more vaccination. Recommendations were to increase the dose at birth and at 6, 10 and 14 weeks of age with additional doses when other vaccines were given.**

**According to the US Centres for Disease Control, Feb 1992: 'from 1980 thru 1989, every case of polio in the US (excluding imported cases) was caused by the vaccine.'**

**Being near to a polio-vaccinated baby can be a major risk. An English professor at Cornell University, Bernard Reis, was paralysed by polio a month after the vaccination of his child. Kay McNeary was awarded $1.1 million after being crippled by polio after changing her baby's nappy.**

**Polio Decline in Great Britain** [13]



## Tuberculosis

***'The world's biggest trial (conducted in Southern India) to assess the value of the BCG tuberculosis vaccine has made the startling revelation that the vaccine 'does not give any protection against the bacillary forms of tuberculosis'.'***

**New Scientist Nov 1979.**

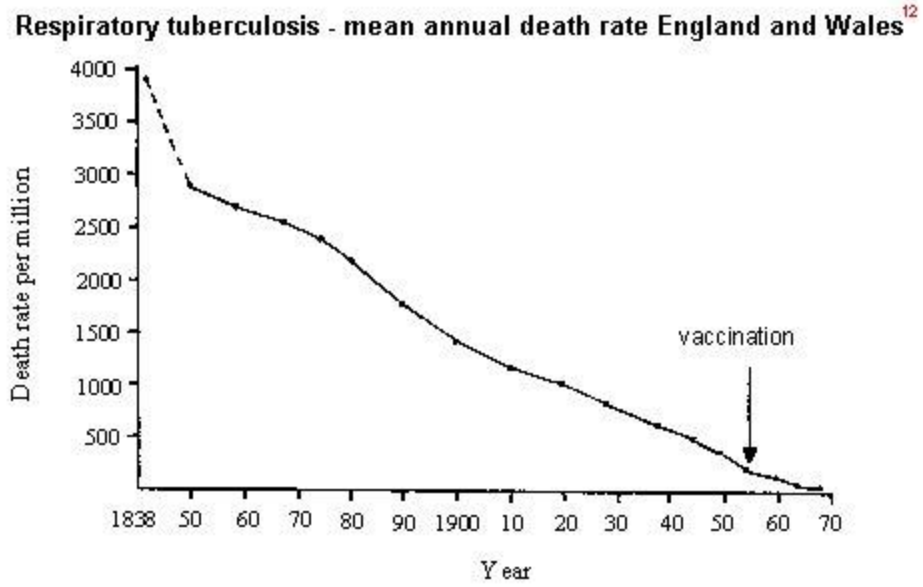
**There was worse to come.**

**The 'exhaustive and meticulous' study, involving 260,000 people, found more TB in the vaccinated group than in the non-vaccinated.**

**After this, scientifically-valid vaccine trials were abandoned.**

**Holland had the lowest death-rate from TB in Europe due to the fact that it rejected the TB vaccine. The French government forced, by law, the vaccine onto all French children: Prof. Mercie, of the Pasteur Institute, who produced and sold the useless shots, explained 'It helps finance the Institute's research.'**

**TB is now making a widespread comeback, particularly in intensively-vaccinated tropical countries.**




## Hepatitis B

**In 1988 New Zealand announced 'the most extensive national immunization programme against hepatitis B in the world.' In seven districts of NZ all the babies were to be jabbed; as were the offspring of selected mothers who had Hep B, in the rest of the country.**

**Within three months all the area co-ordinators of the stunt were informed that the side-effect reports were piling up: asthma, arthritis, Guillane-Barre Syndrome, loss of consciousness, lowered blood pressure, jaundice... Another effect of the shot was to make the other vaccines – DPT, polio – even more dangerous.**

**Breaking with the time-honoured vaccinators' tradition of carry-on-regardless-whatever-the-mayhem, New Zealand decided to cut its losses and suddenly dropped the programme. [36] According to Dr Robert Mendelson, two thirds of doctors eligible for the Hep B jab reject it. [37] Between 1990 and 1994 the US body monitoring the vaccines reported 12.000 'adverse events' including**

**death.** [38]

## A.I.D.S.[39]

**The 'search for a vaccine and cure for AIDS' has become a multi-billion dollar, multi-national enterprise. The obscene scam has two distinct facets – both invented. One is that AIDS is a single disease and the other is that it is 'caused' by the H.I. virus (or the 'HIV virus' as some like to call it – perhaps they think the V stands for volcano). These two total fabrications have created an empire of animal-and human-torturing fraud of impressive proportions.**

**In Japan, AIDS is virtually unknown; yet, in random tests, 25% of people were found to be 'HIV-positive'; a virtually meaningless label which can be produced by a response to a vaccination, malnutrition, MS, measles, influenza, papilloma virus wart, Epstein Barr virus, leprosy, hepatitis b and c, syphillis, glandular fever...over sixty conditions.**
**The 'HIV causes AIDS' hoax was created by Robert Gallo, who was found guilty of 'scientific misconduct'.**

> ***'...instead of trying to prove his insane theories about AIDS to his peers...he went public. Then, with the help of Margaret Heckler, former head of health and human services, who was under great political pressure to come up with an answer to AIDS, the infamous world press announcement of the discovery of the so-called AIDS virus came about. This great fraud is now responsible for the deaths of hundreds of thousands...It was no accident that Gallo just happened to patent the test for HIV the day after the announcement...***
>
> ***Gallo is now a multi-millionaire because of AIDS and his fraudulent AIDS test.'***
> **Dr Robert Willner**

**Wilner injected himself with the blood of Pedro Tocino, a HIV-positive haemophiliac, on live Spanish TV; an event which made the front pages of the Spanish national press but did not arouse any interest in the USA or the UK.**

***'HIV... is one thousandth the size of a regular cell...HIV is simply a harmless piece of dead tissue, not unlike the numerous other retroviruses that exist in our body.'*** **–Willner.**

**By grouping together 25-plus different diseases and other allied factors – tuberculosis, pneumonia, candidiasis, herpes, salmonella, various cancers, infections, vaccine/antibiotic damage, amyl nitrate damage etc. – and calling the whole thing an 'AIDS epidemic', a multi-billion dollar/pound/yen 'AIDS research' and 'treatment' racket has been created.**
**At the same time, a large group of homosexuals, blacks, drug-users, Hispanics, the homeless and the rest of the undesirables have been easy prey for the social-cullers and the drug boys, particularly Wellcome who make the immune-system wrecking amyl nitrate poppers and also the lethal AZT, which is used on the 'HIV-positive' victims of the nitrates!**
**AZT began as a cancer drug but was withdrawn for being too toxic – like being thrown out of the Gestapo for cruelty. 'Side' effects include cancer, hepatitis, dementia, seizures, anxiety, leukopaenia, severe nausea, impotence, ataxia, insomnia and DNA-synthesis termination. i.e. AIDS/death by prescription. AZT eventually kills all who continue to take it.**
**None of which stops the medical trade from pushing it on every trusting sap who is not ill to start with but finds him/herself labelled with the 'HIV-positive' nonsense and is then destroyed by AZT, with AIDS getting the blame and more millions pouring in for the drug boys, vivisectors, animal breeders and their**

**on-the-payroll media pals.**
**The triple combination of the 'HIV-positive' diagnosis, the prognosis – stated or implied – 'You will die of AIDS' and 'treatment' with the deadly AZT is one of the great pieces of Medical Black Magic – Voodoo Medicine at its most impressive.**
**500 of the world's leading scientists are now disputing the HIV/AIDS hoax. Their efforts continually suppressed by the medical establishment, the pharma/vivisection syndicate, the BBC and the rest.**

***'As applied, the HIV theory…is useless as a medical hypothesis.'***

**Dr Kary Mullis Nobel Prize 1993.**
***'The sentences of death accompanying the medical diagnosis of AIDS should be abolished.'***
**Dr Alfred Hassig.**
***'I have seen the constant terror and the programming to get sick and die.'***
**Michael Ellner – medical hypnotist.**
***'I am well convinced HIV is harmless.'***
**Dr Fabio Franchi.**
***'The AIDS epidemic was a mirage.'***
**Prof Hiram Caton.**

## NEWS HEADLINES

### How we boosted earnings by £2,000

***'While we offer children immunisations we also offer parents tetanus and polio boosters'***
**Dr Brendan O'Colmain**
**ORGANISERS of a flu awareness week admitted yesterday it was a stunt to sell more vaccine.**
**A dramatic leap in income from one quarter to the next proved the result when GPs in one Cheshire practice set up an immunisation clinic.**
**The leap in earnings is down to a new immunisation clinic and call-up system.**
**The immunisation programme starts at birth. As soon as the practice receives notification of the birth from the local hospital, it send out a 'congratulations' letter to the mother, also inviting her to bring the baby's registration card to the surgery.**
**79 percent of its 10 to 14 year old girls, for example, have been vaccinated against rubella.**
***'We should be able to get 100 per cent for rubella. We intend to contact people who don't turn up and find out the reason whether they have done it elsewhere or whether they just haven't bothered. Certain areas within Warrington can be difficult and we can get the health visitor to go round and follow up.'***

### Mother's Battle Over Vaccine Cover-Up

### How my healthy, laughing child was turned into a physical wreck

**Measles jabs in suspected autism cases**

**Measles jab and mystery disorder**
**CHILDREN who have been vaccinated against measles are three times more at risk of developing serious bowel disease in later life, a study suggests.**
***'Amy's symptoms started almost as soon as the injection began to go into her system.'***

**Flu jab victim took four years to die**

**AIDS epidemic 'triggered by smallpox vaccine'**
**Tragic jab boy's fight to survive.**
**Have a jab or you're out, GP tells youngsters**

**A doctor has threatened to remove eight children from his list of patients because their parents refuse to have them vaccinated.**
**Jab link to asthma**

**Double jabs 'ruined life'**
**Harmful flu jabs warning**
**Measles jab children collapse at school**
**Parents want action on vaccines**
**The hidden dangers of vaccines**
**Most DPT Lawsuit Settlements Kept Secret**
**Vaccine victim wins judgement**
**NVIC finds doctors are refusing to report vaccine reactions**
**Live virus and genetic mutation**
**City couple awarded $4.5m in DPT case**

## Dog Vaccination

***'I have been breeding for 47 years and showing for 37 years. You could not give me a dog if I knew it had been inoculated.'*** [40]

**Whilst the UK human cancer death rate has long been out of control, the dog cancer rate is, per head of population, fifty times greater: over a million dogs, per year, die of cancer – or the treatment.**

**Interim figures from the Canine Health Census [41] showed that, of those dogs whose owners had reported cancer amongst their animals, 31 percent occurred within three months of vaccination. Of those with a cancerous tumour or other growth at the vaccination site, 67 percent were within three months. Other three month vaccine/disease correlations included:**

- **diarrhoea – 68%**
- **allergies – 55%**
- **auto-immune diseases – 55%**
- **colitis – 57%**
- **epilepsy – 65%**

- **loss of appetite – 80%**
- **nervousness – 55%**
- **skin problems – 46%**
- **vomiting – 72%**
- **weight-loss – 63%**
- **behavioural problems – 55%**
- **encephalitis – 75%**
- **kidney damage – 40%**
- **lameness – 52%**
- **liver damage – 47%**
- **rear-end paralysis – 64%**
- **nasal discharges – 84%**

***'…overall, 55% of all illnesses reported by participants, occurred within the first three months of vaccination. If the vaccine had no bearing on the illness, you would expect to see no more than 25%… 41.75% of all illnesses start within 30 days after vaccination…if vaccination had no bearing…you would expect only 8.2%… 24.56% of illness occurred within seven days, when statistically it should only be 1.92%…'*** [42]

**Where dogs contracted the disease they were supposed to be vaccinated against, the three month figures are:**

- **hepatitis – 63%**
- **parainfluenza – 50%**
- **parvovirus – 68%**
- **distemper-55%**
- **leptospirosis – 100%…**

***'This supports the view that either vaccines don't protect or can cause the disease itself.'*** [42]***'Routine vaccination is probably the worst thing we do to our animals. They cause all types of illnesses.'***

**Christina Chambreau DVM**

***'Acute "diseases" are discharges of toxins and energies…preventing these discharges, vaccines result in chronic disorders.'***

**Russell Swift DVM**

***'…introducing foreign material via subcutaneous or intramuscular injection is extremely upsetting…In response to this violation there has been increased auto-immune disease, epilepsy, neoplasia, behavioural problems.'***

**Mike Kohn DVM**

## Blood Poison

- **The DPT vaccine contains: diphtheria bacterium, pertussis organisms, tetanus toxoid, sodium chloride, sodium hydroxide, formaldehyde, hydrochloric acid, mercury, aluminium…**
- **MMR contains: live measles virus, live mumps virus – both grown in chick embryo cell cultures – live rubella virus – grown in foetus medium, neomycin, sorbitol, hydrolised gelatin…**
- **Polio-live: 3 types of virus grown in monkey cell tissue and calf serum, neomycin, streptomycin, sorbitol…**

- **Polio-inactivated: inactivated viruses as above, formaldehyde, polymyxin B…**
- **Hib: haemophilus influenza type B saccharides, sodium chloride, aluminium, hydroxide, mercury…**
- **Hepatitis B: part of the hepatitis B gene, aluminium hydroxide, mercury, formaldehyde…**

**Until stocks ran out, the Hep B shot was derived from the blood of homosexual men infected with Hep B; the typhoid vaccine derives from human excrement; the whooping cough vaccine is from the mucus of infected children. Until it was quietly changed to pig gelatin, the MMR used cow material. It is not known how many millions of children were injected with gelatin from BSE-infected cattle.**
**Vaccines injected directly into the bloodstream are not subject to the body's total, protective immune response; they bypass most of the system, which begins at the mouth, nose and skin. The animal-derived proteins and viruses, carcinogenic chemicals, toxic metals etc. directly affect the blood, cells, tissues and major bodily organs.**
***'…alien viruses, injected into the body, fuse with healthy cells and continue to replicate along with those cells… the immune system…can no longer differentiate…foreign proteins…injected directly into the bloodstream…are able to change our genetic structure… viral vaccines…contain pure genetic material…from a foreign organism…the new genetic material is incorporated into the invaded cells.'*** **[13]All vaccinated individuals are vaccine-damaged. It would not be possible to carry out such a procedure without some degree of mutation. It is simply a question of time, location and degree.'*Some of the health hazards from vaccination include cancer, leukaemia, multiple sclerosis, autism, lupus, mental retardation, blindness, asthma, epilepsy, cerebral palsy, encephalitis, paralysis, tuberculosis, cot- death, liver, kidney and heart failure, diabetes, arthritis, meningitis, glue- ear. learning difficulties…'* Sue Marston author of The Vaccination Connection which took ten years of intensive research.**

**One of the vaccine disinformation leaflets, which the UK vaccine lobby's bureaucratic wing 'The Health Education Authority', issued was titled:- 'GIVE YOUR CHILD SOMETHING YOU NEVER HAD'!!**

**According to the latest survey of Mortality Statistics from General Practice, in the ten years to 1992, childhood cancer almost tripled, serious illness in children increased by an average of 85%. The asthma plague-like cot-death, due to vaccine-induced damage of the vagus nerve – is rampant. Diabetes in under-5-year-olds, is increasing at a rate of over ten percent per year over the past ten years, corresponding to the introduction of the MMR vaccines. [43]**
**Over 250,000 7-15 year-olds suffer from migraine and almost a quarter of children are suffering some form of mental illness – Observer 19.9.93.**
**Doctors are understandably reluctant to admit that their vaccines are responsible for a child's disease. A diagnosis of the cause as 'genetic', 'congenital' or 'mystery' is much more comforting.**
***'…when the baby is nine months or a year old, the parents at length realise that he cannot see, hear or speak or is mentally retarded. Since no other cause…can be determined, the physician decides that it was present at birth. But by this time the baby will have received three DPT shots…capable of causing blindness, deafness, loss of speech, epilepsy, and mental retardation…'*** **[44]**
**Arguably, the mechanism by which most vaccine damage occurs, is the destruction of the myelin basic protein around the nerves, and the subsequent encephalitis and many other effects.**
***'Almost any…vaccination can lead to a non-infectious inflammatory***

***reaction involving the nervous system…The common denominator consists of a vasculopathy that is often…associated with demyelination.' – Charles M Poser Neurologist. '…when the…vaccination programmes inject harmful toxins into… children, the myelination process is interrupted…and minimal brain damage occurs.'*** [45]

## The Medical Assault on the Brain

**The myriad of chronic conditions – physical and mental – with which the surviving victims of the smallpox vaccine campaign were left, formed the foundation of the huge explosion of national ill-health which followed. Genetic mutations are handed down to successive generations – and are compounded immeasurably with every new vaccine.'*In regions where there is no organised vaccination of the population, general paralysis is rare. It is impossible to deny a connection between vaccination and the encephalitis which follows it.'***

**Journal of the American Medical Association, July 3 1926.**
***'Cases of cerebral symptoms, suggesting encephalitis, following vaccination have been reported from Holland, Czechoslovakia and Germany. From Switzerland there have been reported cases of meningitis.'***
**New York State Journal of Medicine, May 15 1926.**

**According to Dr H L Coulter PhD, [44] the primary cause of encephalitis is vaccination.**
**The connection of encephalitis with innumerable conditions – autism, enuresis, insomnia, severe headaches, paraplegia, stuttering, diarrhoea, night terrors etc. etc. – was not generally publicised even amongst scientific circles until 1982, when Geschwind and Behan published their findings linking several facets of the post-encephalitic syndrome.**
***'Their article caused a bit of a sensation in scientific circles because of the basic inability of the professions to imagine what the connecting thread…could be. We now know that vaccinations are the connecting thread, but for physicians and professionals to openly admit that would mean the loss of their professional licence and livelihood which would, of course, serve them right…It must be strange to be trapped in that vicious circle of professional deceit.'*** [45]
**In the early 1940s a new mental syndrome, which Leo Kanner called autism, was noted. It appeared in the wake of the US pertussis vaccine schemes. After the war the US occupied Japan and forcibly vaccinated the children: their first case of autism was diagnosed in 1945. In England the shot was subject to large scale promotion in the late fifties: a society for autistic children was founded in 1962.** [44]
**In the USA, at first, the malady was noticed in higher income families.**
**This was before the free or forced pertussis vaccine programmes; only the better-off parents could afford the 'latest medical advance'. Later, '…parents from across the socioeconomic spectrum gained equal access… Thus, autistic children were now being discovered within every kind of family and in dreadfully greater numbers than ever before imagined.'** [44]
**According to Coulter: 'A large proportion of the millions of US children suffering from autism, seizures, mental retardation, hyperactivity, dyslexia and other shoots and branches of the hydra-headed entity called developmental difficulties, owe their disorders to one or other of the vaccines.' Coulter also lays the blame for the huge increase in criminal behaviour squarely at the feet of the vaccinators: 'A large body of research has been done on the neurological status of persons involved in violent crime. They seem to have a very high incidence of typical**

**post-encephalitic sequelae…We have produced a generation of neurological defectives. The effects of vaccination have altered the very tone and atmosphere of society.'**
**As UK vaccination levels reach US heights, the same phenomena are increasingly evident here. According to Coulter, these children are alienated, paranoid, have severe ego weakness or low esteem, are anxious, depressed, frustrated, are precociously sexual, have increased tendency towards alcohol and drug dependency…etc.**
**The ever-increasing violence within schoolchildren, the level of 'special needs', the growing permanent exclusions from school, the fascination with fire – leading to ever-more arson attacks – are inevitable.**
**As post-vaccinal encephalitis can affect any area of the nervous system, any disease condition may be created – '…every possible physical, intellectual and personality deviation, and combinations of them are possible,' [13] including, of course, the creation of deviants who, although of primary school age, can torment and kill an infant.**
**On an international scale: 'Rwanda was the site of the mass murder and genocide perpetrated by the mentally-aberrant Tutsi's on the Hutu tribe…250,000 people hacked to death and dismembered in 1994. Could the aggression have been created by generations of virus-laden experimental vaccines producing post-encephalitic problems?' [45]**
**In the wake of the Dunblane and Port Arthur massacres, television discussions on the mental states of the perpetrators, contained comments on the condition, Asperger's Syndrome – a variant of autism. All cases of autism are caused by vaccinosis.**

## Vaccine Promotion

**If Doctor, aided and abetted by Nurse, the receptionist, the surgery cleaner, the 'health-visitor' etc. can cajole, threaten, intimidate and bully 90 percent of the parents of the under-2-year-olds on Doctor's list into having their offspring permanently damaged, Doctor receives – on top of everything else – an extra £2,235. This scheme was brought in by the Conservative government on All Fools Day 1990. The payments were increased to put considerable pressure on the GPs to meet vaccine targets.**
**As there never was an atom of evidence as to the safety or effectiveness of any vaccine, that government's obsession might be explained by a desire to maximise the profits of its very good friends in the petro-pharmaceutical industry – both from the vaccine sales and the 'medication' to treat the huge fall-out of vaccine damage and then more 'medication' for the side-effects of the previous lot and so on.**
**The British Broadcasting Corporation has always played a central role in the promotion of vaccination and the suppression of all information detrimental to the vaccine industry.**
**In 1926, Dr W.R.Hadwen wrote: 'Ever since the BBC has been controlled by government authorities, all questions approaching a medical nature have been submitted to the Ministry of Health and anything which runs counter to the prevailing fashion…has been promptly rejected…Upon the other hand, the Ministry of Health has permitted…medical matters to be broadcast…We have had Pasteur and Pasteurism extolled, vaccination vindicated, the filthy useless and dangerous vaccines and serums…crudely advertised. These things have been worked into lectures in the most subtle way. We have complained again and again, the BBC officials have always been ready with an excuse…It is a burning scandal…' [46]**

**In 1965, Lionel Dole [48] observed, of the BBC World Service: '...a constant stream of vaccine...boosting...kept going in about 72 languages, day and night..'**
**This BBC tradition of bias and disinformation – funded by the captive licence-payer and in blatant contempt for the 1990 Broadcasting Act – has carried on throughout the whole of the relentless rise of the vaccine empire and the inextricably-linked vivisection industry. Transparent 'medical correspondents' or 'science editors' supply a constant stream of false information on vaccine safety: the easily-refuted myth of the conquest of infectious disease by the vaccines is regularly paraded.**
**One of the subtlest ways that the BBC has used to promote vaccination was in a programme on vaccine-damage victims, on BBC Radio 4 'Face the Facts' – 19 June 1997. Here, the presenter stated: 'They suffer so the rest of us may enjoy happy, healthy lives...' This theme was repeated by the parents: 'If he has paid the price with his little life for other people's children...' and 'When the Minister goes home tonight and the MPs go home...and look at their children playing happily...remember my child and our children paid the price.'**
**To add further weight, a totally-in-the-dark MP – they could have chosen from over 600 – was enlisted: 'If, as a community, we embark on a public health programme, and children suffer as a result of that programme, albeit for the best of reasons, then we have an obligation...to those children...' etc.**
**The presenter stated: 'By last year, 1996, 96% of children were immunised against diphtheria, tetanus and polio, 94 % against whooping cough and 92 % against measles, mumps and rubella. The reward was the lowest incidence of childhood diseases in our history.'**
**The political set-up showed its use as a public protector, where vaccines are concerned, in a Parliamentary question in March 1997:**
***'To ask the Secretary of State...if he will list for each of the nine MMR vaccines for which the product licence has been cancelled, the date on which the product licence was granted; whether the licensing of the vaccine was on the advice of the Committee on Safety of Medicines; on what date each cancellation took place; what safety concerns had been identified for each vaccine by the Medicines Control Agency and under whose direction the licence was withdrawn.'***
**The answer was: '...Information regarding the cancellation of product licences is commercially confidential. The recommendations of the Committee on Safety of Medicines are confidential.'**
***'ITN News at Ten filmed and edited a news item about the vaccines, but it was shelved after representations from the Department of Health. One of the leading medical journals...has forbidden us to quote directly...from peer reviewed articles about vaccine safety, again, apparently because of pressure from the Department of Health...despite the fact that these articles are published scientific studies.'*** [47]
**One early attempt at vaccine promotion, using Dr Charles Creighton, went badly wrong. Dr Creighton, whose 'History of Epidemics', '...was justly called "..the greatest medical work ever written by one man."'48 was asked by the Encyclopaedia Britannica to write an article for the ninth edition, on vaccination. Creighton, having previously written for the EB, was considered a safe pair of hands. However, no-one had envisaged him researching the subject before writing the piece.**

> ***'Even though he tried to favour vaccination and please the medical profession in his article, he found he could not, with any honesty and accuracy, state that vaccination had ever had any influence in reducing any disease...it was all too obvious that the practice had caused thousands of deaths plus an unbelievably large number of cases of disease and disability.'5 Having publicly requested the article from the eminent physician, the hapless publishers had to use it...***
>
> ***'...The physicians and vaccine laboratories were shocked but he had the proof of***

***what he said and they knew it was correct…However, in the next edition, his article was left out…'5 and '…was replaced as soon as possible by what was little more than an advertisement for glycerinated calf lymph written by one of its promoters. Creighton, perhaps the greatest medical mind of the last century, was virtually turned out of his profession.'*** [48] ***The ninth edition became a collector's item..' !!*** [5]

## Immunity

***'Lord Lister…speaking to graduates of King's College Hospital…held up a test-tube and declared that it contained enough typhoid to kill the whole of London, whereupon a tweed-clad old country doctor stomped up the aisle, seized the test-tube drank its contents, muttered "What a nonsense" and returned to his seat. Next day…the old man came down to breakfast…enjoyed a hearty meal and lived for many years.'*** [52]

**The old fraud, Louis Pasteur's death-bed recantation: ' The germ is nothing: the soil is everything' came too late. The Germ Theory was born – the bug hunters were up and running towards a multi-trillion dollar empire of vaccines, antibiotics, antiseptics, and disinfectants: all built on the 'germs cause disease' hoax.**

***'…if the germ theory were founded on facts there would be no living being to read what's written.'***

**Dr George White**

**The massive resurgence in strength of the 'conquered' germs – the creation of superbugs which can 'eat' antibiotics; the infestation of hospitals with MRSA; the re-emergence of tuberculosis; the nightmare scenario of a mass invasion of new, irresistible microbes…are all manifestations of the pay-out for the attempts to outflank Mother Nature.**

***'Drug-resistant TB "is likely to kill millions"…Tuberculosis is expected to kill 30 million this decade…the disease is epidemic in Russia and is spreading worldwide…If the multidrug strains become predominant…all we will be able to do is pray…a third of the world's population is infected with TB.*** [50]

***'Why the killer bugs are now biting back. For 30 years doctors thought they had infectious diseases licked. A cocktail of jabs soon after birth, a phial of antibiotics in every doctor's bag and nothing could touch us. But no longer. Super-resistant viruses are spreading – with fatal consequences…Suddenly, the bug that is the most common cause of sore throats in children has grown ambitious…Group A beta-haemolytic streptococcus…infected by a killer virus, produces enzymes which literally eat flesh…In 1968, America's Surgeon General announced, "The time has come to close the book on infectious diseases"…now…America is leading the way on new superbugs.'*** [51]

**All the warnings, from the naturopathic movement, on the fundamental dangers of vaccines, antibiotics and the rest; all the attempts to explain that germs are a result, not a cause, of disease; that asepsis – cleanliness, not antisepsis – was needed; the pleas that a strong constitution and immune system – the product of fresh, organic fruit and veg. etc, – would deal with the 'infective agents' – all ignored, ridiculed, laughed at.**

**Now, Nemesis is at the gate and She is in a very bad mood.**

## The Hidden Hand

**'...the word 'vaccination' numerologically adds up to 666 – the Antichrist...simply assign multiples of six to each letter of the alphabet (A = 6, B = 12, C = 18, and so on ), and add up the numbers relating to the letters, and, hey presto, 666. (spooky, eh?)' [42]**

**Whilst the combination of dollar-lust, arrogance and incompetence – endemic within the medical/pseudo-scientific orthodoxy and their media fronts – could, alone, explain the continued survival and expansion of vaccination, a hidden agenda must be suspected.**

**It is debatable that Jenner's single fraudulent experiment could have evolved into the means by which the destruction and mutation – physical, mental, emotional, spiritual – of homo sapiens could be affected, without a Grand Plan.**

**Although there are other potent, medically-promoted health-wreckers – antibiotics, steroids, fluoride waste dumping, mass mammography, 'radiotherapy', the 'Dept of Health Balanced Diet' etc – vaccination is in a league of its own. For the practice to have continued to the point where 80 percent of the world's newborns are due to be multi-jabbed, it could be speculated that more than the usual greed, crass stupidity and dereliction of duty on the part of the medical trade, the politicians and the mass communications media was needed.**

**Well-informed watchers – and there are more than some think – of the New World Order Plan have long known of an infinitely wealthy, super-criminal Power Elite of bankers, politicians, industrialists etc. who have always pulled the strings behind the world scene and have created as much havoc as they chose to.**

**According to the watchers, the NWO boys have a clear plan for us all; including the creation of a World Government, a central bank, a central food source, and a cash-free, micro-chipped world population, linked to a great central computer. Any dissent or freedom of thought nonsense could be dealt with by exclusion, one way or the other.**

**Central to this type of thinking are several facets: a reduction of world population – especially the 'useless eaters'; more dependence on authority – and less time for questions – through debt or ill health; the instigation of and civil and social unrest and the growth of crime due to the increasingly violent mental states of the underclass.**

**Whilst the U.N./W.H.O. plan for a narcotised world population – via water fluoridation – went, to a large degree, down the drain, the vaccination plan – a far more effective straight-jacket – has been a pronounced success.**

**From the population control angle, there have been the vaccine deaths – directly or indirectly – and the vaccines have been used as vehicles to create sterility [45] and also to produce massive epidemics of encephalitis leading to war and slaughter on a vast scale.**

**From the authority-dependence angle there has been a huge fall-out of physical disease – from asthma, to diabetes, to MS, ME, cancer...etc. all leading to drug-dependence, wheelchairs and permanent hospital beds. Forty percent of adults and a rapidly increasing proportion of children are now reporting chronic illness or disablement**

**The rest of the MBDs – minimally-brain-damaged – have fallen into several categories: the above medically-dependent, the violent underclass and the programmable. An epidemic of lawlessness, seeded in childhood, is an ideal medium to create the cry of 'something must be done.'**

***'Society pays the price when these individuals grow up and begin to exhibit abberant behaviour, affecting social structure, increasing crime and necessitating more authoritarian social control mechanisms.'* [45]**

**Then come public surveillance cameras, Criminal Justice Acts, electronic tagging and whatever follows naturally.**

**The programmable are a vital part of The Plan.**

***'The current education system is based on the storage of facts carefully selected by the System to serve and perpetuate the status quo. The result of this is an increasingly exercised left brain, which is the body's logical and systematic base, often to the neglect of our right brain – the base of our intuitive, creative, instinctive and psychic selves. In this way we become left-hemispherically dominant in order to merely survive the education process...Our true selves, our spiritual and infinitely creative selves, suffer terribly in the process, leaving some with little or no purpose in life save to belong – mind, body and soul – to the status quo and those who serve it.'*** [49]

**If a vaccine-induced encephalitis and cerebral palsy, results in a reduced right brain function or left-right balance and interchange, the scene is set for the creation of the emotionally-void. '...this emotional emptiness is typically what we see today with young people and the preceding several generations subject to vaccines. The longer the problem goes on the worse everything becomes on a social level.'** [45]

**The emotional/spiritual vacuum manifests in a wide spectrum of scenarios, wherever the vaccine-saturated are found: from the military automaton, carrying out atrocities to order, without flinching – to the violent habitual criminal – to the psychopathic inmates of the vivisection laboratories – to the medical personnel constantly repeating the same deadly procedures – to the alienated schoolchild whose soul-less behaviour shocks all around, except those who are just the same.**

## The Fundamental Flaws

Vaccination rests on several self-evident myths:

1. **That Edward Jenner's vaccine saved Britain and the world from smallpox**
   False and diametrically opposed to reality; the vaccine caused countless deaths and illnesses for the vaccinated and massive constitutional problems for successive generations.
2. **That germs cause disease**
   False; lack of immunity causes disease.
3. **That vaccines confer immunity**
   False; immunity is a whole body phenomenon which cannot be conferred by subcutaneous injection.
4. **That vaccines were responsible for the declines of the infectious diseases**
   False; the graphs show clearly that no beneficial effect from vaccination was ever evident.
5. **That vaccines are safe**
   False; vaccination has clearly been shown to be far and away the greatest health-destroyer of all.
6. **That conditions such as measles, whooping cough, etc are dangerous and need to be 'wiped out'**
   False; it would be impossible for any child in reasonable health to be

damaged or killed by these conditions. These illnesses have always been known as health-beneficial, due to the cleansing of inherited and acquired disease tendencies and toxins, and due to enhanced immune-system function.

This has now been lost and replaced by a plague – physical, emotional, mental and psychic. The holocaust grows daily.

**Patrick Rattigan**
**1 Quarry Bank Road**
**Chesterfield**
**S41 0HH**

Mr Frank Dobson M.P.
Ms Tessa Jowell M.P.
Mr Paul Boateng M.P.
Mr Alan Milburn M.P.

date as postmark

Enclosed please find copy of *Vaccination – Assault on the Species.*

The mounting evidence, of which this booklet is one very small part, as to the useless, dangerous and lethal nature of vaccination, has a clear and unequivocal message.

As the Labour Government has, as far as I am aware, no links, financial or philosophical, with the pharmaceutical industry, there is no reason for the practice to continue, let alone for GPs to be paid large sums of taxpayers money to create huge amounts of chronic illness.

On moral, ethical, medical, scientific, environmental and national economic grounds, vaccination must be stopped.

P.Rattigan

copies Labour MPs etc
**NOT ACKNOWLEDGED BY ANY OF THE NEW LABOUR 'HEALTH' TEAM**

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35. Lancet vol 3 Sep 1991
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37. Drive to Immunize adults is on Mendelson Hol. Health News Sep 1985
38. Vaccine News Summer 1995
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40. Mr G Messenger, breeder Fauna Mag. 11
41. Canine Health Census PO Box 1 Longnor Derbys SK17 0JD
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## THE MENINGITIS VACCINE: FACTS AMONGST THE FABRICATIONS

The meningococcus bacterium – Neisseria meningitidis lives in the nose/throat area of human beings and is spread by coughs, sneezes and splutters. It is endemic within society, affecting up to one in six of us, without causing any symptoms unless the carrier is immuno-compromised. The most effective way, for most people, to cause this is to be vaccinated. Antibiotics, analgesics, anti-inflammatories, steroids...also have an important role in damaging the immune system and increasing the risk of meningitis and a vast range of other maladies.

Meningococcal bacterial groups range from A-Z: the ones considered malign are A, B, C, W135 and Y.
When the bacteria leave the nose/throat and invade the bloodstream the result is septicaemia: if the brain/spinal cord is affected the result is meningitis.
'Once you have "carried" any of the meningococci, you develop protective antibodies to ALL of the groups.' [1] This does NOT include people who suffered an invasive process, i.e. disease such as meningitis or septicaemia. These develop immunity to the specific agent ONLY. Nor does it include those who have been vaccinated against any particular strain.
*'Earlier this century a lot of DISEASE was caused by group A. From the 1960s most DISEASE was caused by group B. What has changed dramatically in the last ten years is the percentage of DISEASE caused by group C. It is up from 30% to 40%. It is causing more DISEASE in older age groups, especially 15-24 year-olds in whom the death-rate is higher (15%...compared to 5% in infants...)..and there are more cases of SEPTICAEMIA (up to 70% in one series of deaths)....What has been happening to these people's immune systems over the last ten years or so?'* [1]
In 1988 the MMR vaccine was introduced; three live viral vaccines all by-passing the body's immune system and going straight into the bloodstream.

> *'On top of this we had the Measles Rubella Campaign in 1994 when about seven million 5-16 year-olds were vaccinated – some for the second and third time – against measles. These are some of the people who are going through university now. They will have also had another dose of Tetanus and Polio vaccine just before starting. When I heard about the 14 year-old boy who died of group C meningitis, I remember wondering how soon beforehand he had had his BCG vaccination (another vaccine with a "live" organism)....How can we make it less likely that a meningococcus that our child is "carrying" will invade the blood or brain? By making sure that our child has a good diet, lots of fresh air and love. When our child gets coughs and snuffles, don't let them have unnecessary antibiotics, don't suppress their symptoms with paracetamol or antihistamines...*
>
> *'Instead, nurse them through these illnesses with plenty of fluids, avoidance of dairy products, rest and supportive therapies such as homeopathy. They will then come through the episode stronger and fitter rather than weaker and damaged...WOULD I USE THIS VACCINE ON MY CHILDREN? NO.'* [1]

There is no evidence that any vaccine is safe or effective. The only large-scale trial – on the BCG – resulted in more TB in the vaccinated group than in the controls. Raising levels of antibodies ("immunogenicity") to the meningitis C – or whatever – does not create immunity. Recently, in Switzerland, three mumps vaccines which raised antibody levels failed to show any suggestion of 'immunisation'. [2]
Echoing the 1994 measles/rubella vaccine dumping scam, in September 1999 the government began an 'urgent' campaign to jab university students with a meningitis vaccine.
What the students were not told was that the whole stunt was dreamed up to off-load stocks of old vaccine, developed 20 years ago, which was known to be of no use. This left the shelves clear to stock up on the equally useless, but highly profitable, new meningitis shot.

> *'There are limited supplies of the new vaccines so they are not being offered to students but to 2, 3 and 4-month old babies who really needed them.'*
>
> **DoH spokesman** [3]

This was after the medical/pharmaceutical/political mafia and their media lackeys had hysterically declared that it was the students who 'really needed them'.

1. Dr Jayne M L Donegan MB BS DRCOG DCH MRCGP General Medical Practitioner, South London
2. BMJ 1999 319 352-3

3. Tony Edwards WDDTY Nov 1999

# Information

**Vaccination**

**Health Action Network**
PO Box 43 HULL HU1 1AA
**Dawbarns – solicitors**
Bank House, King's Staithe Square, KING'S LYNN Norfolk PE10 1RD
**Canine Health Census**
PO Box 1 LONGNOR Derbys SK17 0JD
**The Informed Parent**
PO Box 870 HARROW HA3 7UW
**Vaccination Awareness Network**
182 Mansfield Road, NOTTINGHAM NG1 3HW *'Vaccination, Social Violence and Criminality: the Medical Assault on the American Brain'* – Coulter, H L £11.25 post paid from **Minerva Books**
6 Bothwell St Lillie Rd LONDON W6 8DY.

**New World Order etc.**

**Leading Edge Research**

**PO Box 7530 Yelm. WASHINGTON 98597 USA.**
**Animal research**

Vivisection – underpins the lethal vaccination racket: without fraudulent tests of safety and efficiency, the vaccines – and the drugs, pesticides, herbicides, solvents, etc. would not reach the market.
'There is no way in the world to extrapolate animals to human circumstance. Animal research is cruel to the animal, dangerous to the public and misleading to the scientist.' – Dr G Dettman.
'...after more than 40 years of submitting pertussis vaccine to the mouse toxicity test, children are still dying and being brain-damaged after the vaccine has passed this test.' – Dr K Geraghty paediatric immunologist.
'Drug manufacturers and the FDA have known since at least the early 1960s that the mouse toxicity test bears little relation to adverse reactions in children. Knowing that the vaccine was not being properly evaluated for toxicity, they continued to inject it into more than sixty million children during the following 20 years.' – Coulter/Fisher, A Shot in the Dark, 1991
The British Anti-vivisection Association is leading the fight against vivisection: no compromises: no connections with the Home Office: no salaries or office expenses. ALL donations used to fight vivisection on moral, ethical, philosophical, medical, scientific, economic and environmental grounds.

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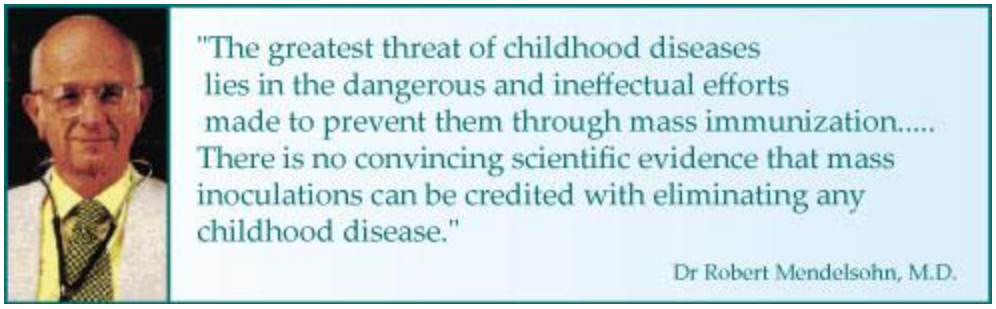
## Dr Robert Mendelsohn, M.D. quotes

Dr Robert Mendelsohn MD  Vaccine quotes




"The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization.....There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease."
--Dr Robert Mendelsohn, M.D.

"Despite the tendency of doctors to call modern medicine an 'inexact science', it is more accurate to say there is practically no science in modern medicine at all. Almost everything doctors do is based on a conjecture, a guess, a clinical impression, a whim, a hope, a wish, an opinion or a belief. In short, everything they do is based on anything but solid scientific evidence. Thus, medicine is not a science at all, but a belief system. Beliefs are held by every religion, including the Religion of Modern Medicine." Robert Mendelsohn MD Preface by Hans Ruesch to 1000 Doctors (and many more) Against Vivisection

"Robert Mendelsohn had a rule: "You never hear about the dangers of a drug unless another drug to replace it is available."--Ted Koren DC
"With the polio vaccine we are witnessing a rerun of the medical reluctance to abandon the smallpox vaccination, which remained as the only source of smallpox-related deaths for three decades after the disease had disappeared. Think of it! *For thirty years kids died from smallpox vaccinations even though no longer threatened by the disease."*
----**Dr Robert Mendelsohn, M.D.**

"The pediatrician's wanton prescription of powerful drugs indoctrinates children from birth with the philosophy of 'a pill for every ill'."... "Doctors are directly responsible for hooking millions of people on prescription drugs. They are also indirectly responsible for the plight of millions more who turn to illegal drugs because they were taught at an early age that drugs can cure anything - including psychological and emotional conditions - that ails them. "
- Robert S. Mendelsohn, M.D., How to Raise a Healthy Child...In Spite of Your Doctor.

"Being a skeptical soul, I have always believed that the most reliable way to determine what people really believe is to observe what they do, not what they say. If the greatest threat of rubella is not to children, but to the fetus yet unborn, pregnant women should be protected against rubella by making certain that their obstetricians won't give them the disease. Yet, in a California survey reported in the *Journal of the American Medical Association,* more than *90* percent of the obstetrician-gynecologists refused

to be vaccinated. If doctors themselves are afraid of the vaccine, why on earth should the law require that you and other parents allow them to administer it to your kids?"--Dr Mendelsohn MD

"Doctors maintain that the (MMR) inoculation is necessary to prevent measles encephalitis, which they say occurs about once in 1,000 cases. After decades of experience with measles, I question this statistic, and so do many other pediatricians. The incidence of 1/1,000 may be accurate for children who live in conditions of poverty and malnutrition, but in the middle-and upper-income brackets, if one excludes simple sleepiness from the measles itself, the incidence of true encephalitis is probably more like 1/10,000 or 1/100,000."------Dr Mendelsohn

"I would consider the risks associated with measles vaccination unacceptable even if there were convincing evidence that the vaccine works. There isn't. While there has been a decline in the incidence of the disease, it began long before the vaccine was introduced. In 1958 there were about 800,000 cases of measles in the United States, but by 1962-the year before a vaccine appeared-the number of cases had dropped by 300,000. During the next four years, while children were being vaccinated with an ineffective and now abandoned "killed virus" vaccine, the number of cases dropped another 300,000. In 1900 there were 13.3 measles deaths per 100,000 population. By 1955, before the first measles shot, the death rate had declined 97.7 percent to only 0.03 deaths per 100,000."--Dr Mendelsohn MD

"There are significant risks associated with every immunization and numerous contra-indictions that may make it dangerous for the shots to be given to your child....There is growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erthematosus, and the Guillain-Barre syndrome." Dr Mendelsohn, M.D.

"Did you know that the whooping cough germ, Bacillus pertussis, when injected into animals, has long been known to lead to the secretion of insulin? In 1979, at the Fourth International Symposium on Pertussis, held in Bethesda, Maryland, it was shown that this same result occurs in those who have received pertussis vaccine. In their publication, "Adverse Reactions after Pertussis Vaccination," Drs. W. Hennessen and U. Quast suggest, "It seemed of interest to examine these reactions in comparison with the hypoglycemia syndrome.. . .There was a close relation between the two.' If your child has juvenile diabetes (a disease characterized by wide swings in blood sugar levels), ask your doctor if he has ever heard of this effect of whooping cough vaccine. Maybe it's time to investigate whether the

pertussis vaccine has anything to do with the rapidly rising number of people with juvenile diabetes, adult diabetes, and hypoglycemic all disorders of insulin metabolism."---Dr Mendelsohn MD (the Peoples Doctor Vol 6 No10)
"Study after study has demonstrated that many women immunized against rubella as children lack evidence of immunity in blood tests given during their adolescent years. Other tests have shown a high vaccine failure rate in children given rubella, measles, and mumps shots, either separately or in combined form."---Dr Mendelsohn

"Because routine immunizations that bring parents back for repeated office calls are the bread and butter of their specialty, pediatricians continue to defend them to the death. The question parents should be asking is: 'Whose death?'" -----Robert Mendelsohn, MD

"For a pediatrician to attack what has become the "bread and butter" of pediatric practice is equivalent to a priest denying the infallibility of the pope.-------Dr Robert Mendelsohn, M.D.

"I'm reminded of a debate the famous pediatrician Robert Mendelsohn, MD had with a psychiatrist. The panelist asked them about the Family Bed (everyone sleeping together). "It's a terrible idea," said the psychiatrist. "I'd never sleep with my children. It fosters dependency, it confuses them sexually, it's just plain wrong."

The moderator asked if Dr. Mendelsohn would care to respond. "I agree with the psychiatrist," said Dr. Mendelsohn. "Psychiatrists should not sleep with their children. But for everyone else, it's just wonderful. I gives infants the warmth and security they seek. It enhances emotional health and it brings the family closer."--Ted Koren DC

Medical students are further softened up by being maliciously fatigued. The way to weaken a person's will in order to mold him to suit your purposes is to make him work hard, especially at night, and never give him a chance to recover. You teach the rat to race. The result is a person too weak to resist the most debilitating instrument medical school uses on its students: fear.
If I had to characterize doctors, I would say their major psychological attribute is fear. They have a drive to achieve security-plus that's never satisfied because of all the fear that's drummed into them in medical school: fear of failure, fear of missing a diagnosis, fear of malpractice, fear of remarks by their peers, fear that they'll have to find honest work. There was a movie some time ago that opened with a marathon dance contest. After a certain length of time all the contestants were eliminated except one. Everybody had to fail except the winner. That's what medical school has become. Since everybody can't win, everybody suffers from a loss of self-esteem. Everybody comes out of medical school feeling bad.

Doctors are given *one* reward for swallowing the fear pill so willingly and for sacrificing the healing instincts and human emotions that might help their practice: *arrogance*. To hide their fear, they're taught to adopt the authoritarian attitude and demeanor of their professors.

Confessions of a Medical Heretic

"Doctors turn out to be dishonest, corrupt, unethical, sick, poorly educated, and downright stupid more often than the rest of society. When I meet a doctor, I generally figure I'm meeting a person who is narrowminded, prejudiced, and fairly incapable of reasoning and deliberation. Few of the doctors I meet prove my prediction wrong."

"The admission tests and policies of medical schools virtually guarantee that the students who get in will make poor doctors. The quantitative tests, the Medical College Admission Test, and the reliance on grade point averages funnel through a certain type of personality who is unable and unwilling to communicate with people." "Medical school does its best to turn smart students stupid, honest students corrupt and healthy students sick. It isn't very hard to turn a smart student into a stupid one. First of all, the admissions people make sure the professors will get weak-willed, authority-abiding students to work on. Then they give them a curriculum that is absolutely meaningless as far as healing or health are concerned."
"I don't advise anyone who has no symptoms to go to the doctor for a physical examination. For people with symptoms, it's not such a good idea, either. The entire diagnostic procedure -- from the moment you enter the office to the moment you leave clutching a prescription or a referral appointment -- is a seldom useful ritual."

"Almost every stage of obstetrical procedure in the hospital is part of the mechanism that enables the doctor to create his own pathology."

"The door to the doctor's office ought to bear a surgeon general's warning that routine physical examinations are dangerous to your health. Why? Because doctors do not see themselves as guardians of health, and they have learned precious little about how to assure it. Instead, they are latter-day Don Quixotes, battling sometimes real but too often imaginary diseases. The disastrous difference is that doctors are not tilting at windmills. Rather, it is people who are damaged by their insistent search for dubious diseases to conquer."

"The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization.....There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease."
"Despite the tendency of doctors to call modern medicine an 'inexact science', it is more accurate to say there is practically no science in modern medicine at all. Almost everything doctors do is based on a conjecture, a guess, a clinical impression, a whim, a hope, a wish, an opinion or a belief. In short, everything they do is based on anything but solid scientific evidence. Thus, medicine is not a science at all, but a belief system. Beliefs are held by every religion, including the Religion of Modern Medicine."

**What does a Catholic do when he decides that his priests are no good? Sometimes he directly challenges them, but very seldom. He just leaves the Church. And that's my answer. Leave the Church of Modern Medicine. I see a lot of people doing that today. I see a lot of**

**people going to chiropractors, for example, who wouldn't have been caught dead in a chiropractor's office a few years ago.**

Confessions of a Medical Heretic

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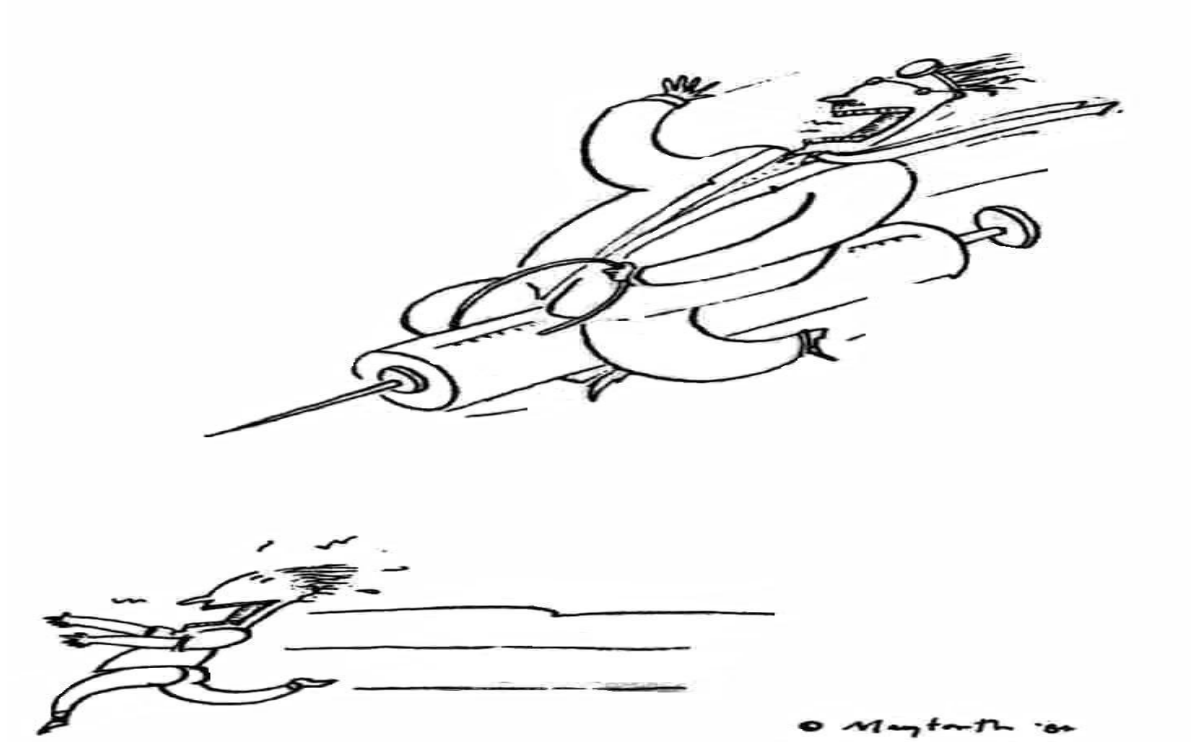
**THE MEDICAL TIME BOMB OF IMMUNIZATION AGAINST DISEASE**

## The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them

BY ROBERT S. MENDELSOHN, M.D.



MUMPS MEASLES RUBELLA WHOOPING COUGH DIPHTHERIA CHICKEN POX

TUBERCULOSIS SUDDEN INFANT DEATH SYNDROME (SIDS) POLIOMYELITIS

I know, as I write about the dangers of mass immunisation, that it is a concept that you may find difficult to accept. Immunizations have been so artfully and aggressively marketed that most parents believe them to be the "miracle" that has eliminated many once-feared diseases. Consequently, for anyone to oppose them borders on the foolhardy. For a paediatrician to attack what has become the "bread and butter" of paediatric practice is equivalent to a priest's denying the infallibility of the pope.
Knowing that, I can only hope that you will keep an open mind while I present my case. Much of what you have been led to believe about immunizations simply isn't true. I not only have grave misgivings about them; if I were to follow my deep convictions in writing this chapter, I would urge you to reject all inoculations for your child. I won't do that, because parents in about half the states have lost the right to make that choice. Doctors, not politicians, have successfully lobbied for laws that force parents to immunize their children as a prerequisite for admission to school.

Even in those states, though, you may be able to persuade your paediatrician to eliminate the pertussis (whooping cough) component from the DPT vaccine. This immunization, which appears to be the most threatening of them all, is the subject of so much controversy that many doctors are becoming nervous about giving it, fearing malpractice suits. They should be nervous, because in a recent Chicago case a child damaged by a pertussis inoculation received a $5.5 million settlement award. If your doctor is in that state of mind, exploit his fear, because your child's health is at stake.

Although I administered them myself during my early years of practice, I have become a steadfast opponent of mass inoculation because of the myriad hazards they present. The subject is so vast and complex that it deserves a book of its own. Consequently, I must be content here with summarizing my objections to the fanatic zeal with which pediatricians blindly shoot foreign proteins into the body of your child without knowing what eventual damage they may cause.

Here is the core of my concern:

*I. There* is *no convincing scientific evidence that mass inoculations can* be *credited with eliminating any childhood disease.* While it is true that some once common childhood diseases have diminished or disappeared since inoculations were introduced, no one really knows why, although improved living conditions may be the reason. If immunizations were responsible for the diminishing or disappearance of these diseases in the United States, one must ask why they disappeared simultaneously in Europe, where mass immunizations did not take place.

2. It is commonly believed that the Salk vaccine was responsible for halting the polio epidemics that plagued American children in the 19405 and 1950s. If so, why did the epidemics also end in Europe, where polio vaccine was not so extensively used? Of greater current relevance, why is the Sabin virus vaccine still being administered to children when Dr. Jonas Salk, who pioneered the first vaccine, points out that Sabin vaccine is now causing most of the polio cases that appear. Continuing to force this vaccine on children is irrational medical behaviour that simply confirms my contention that doctors consistently repeat their mistakes. With the polio vaccine we are witnessing a rerun of the medical reluctance to abandon the smallpox vaccination, which remained as the only source of smallpox-related deaths for three decades after the disease had disappeared.
Think of it! *For thirty years kids died from smallpox vaccinations even though no longer threatened by the disease.*

*3. There are significant risks associated with every immunization and numerous contraindications that may make it dangerous for the Shots to be given to your child.* Yet doctors administer them routinely, usually without warning parents of the hazards and without determining whether the immunization is contraindicated for the child. No child should be immunized without making that determination, yet small armies of children are routinely lined up in clinics to receive a shot in the arm with no questions asked by their parents!

4 *While the myriad short-term hazards of most immunizations are known (but rarely explained), no one knows the long term consequences of injecting foreign proteins into the body of your child.* Even more shocking is the fact that no one is making any structured effort to find out.

5. There is growing suspicion that immunization against relatively harm-less childhood diseases may be responsible for the dramatic increase in auto-immune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia. rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barre syndrome. An autoimmune disease can be explained simply as one in which the body's defense mechanisms cannot distinguish between foreign invaders and ordinary body tissues, with the consequence that the body begins to destroy itself. Have we traded mumps and measles for cancer and leukemia?

I have emphasized these concerns because it is probable that your paediatrician will not advise you about them. At the 1982 Forum of the American Academy of Pediatrics (AAP), a resolution was proposed that would have helped insure that parents would be informed about the risks and benefits of immunizations. The resolution urged that the "ALA? make available in clear, concise language information which a reasonable parent would want to know about the benefits and risks of routine immunizations, the risks of vaccine preventable diseases and the management of common adverse reactions to immunizations." Apparently the doctors assembled did not believe that "reasonable parents" were entitled to this kind of in-formation because *they rejected the resolution!*
The bitter controversy over immunizations that is now raging within the medical profession has not escaped the attention of the media. Increasing numbers of parents are rejecting immunizations for their children and facing the legal consequences of doing so. Parents whose children have been permanently damaged by vaccines are no longer accepting this as fate but are filing malpractice suits against the manufacturers and the doctors who administered the vaccine. Some manufacturers have actually stopped making vaccines, and the lists of contraindications to their use are being expanded by the remaining manufacturers, year by year. Meanwhile, because routine immunizations that bring patients back for repeated office calls, are the bread and butter of their specialty, paediatricians continue to defend them to the death.
*The question parents should be asking is: Whose death?*

*As* a parent, only you *can* decide whether to reject immunizations or risk accepting them for your child. Let me urge you, though-before your child is immunized-to arm yourself with the facts about the potential risks and benefits and demand that your paediatrician defend the immunizations that he recommends. If you decide that you don't want to have your child immunized, but your state laws say you must, write to me, and I may be able to offer suggestions on how you can regain your freedom of choice.

**MUMPS**

Mumps is a relatively innocuous viral disease, usually experienced in childhood, which causes swelling of one or both salivary glands (parotids), located just below and in front of

the ears. Typical symptoms are a temperature of 100-l04 degrees, appetite loss, headache, and back pain. The gland swelling usually begins to diminish after two or three days and is gone by the sixth or seventh day. However, one gland may become affected first, and the second as much as 10-l2 days later. The infection of either side confers lifetime immunity.
Mumps does not require medical treatment. If your child contracts the disease, encourage him to stay in bed for two or three days, feed him a soft diet and a lot of fluids, and use ice packs to reduce the swelling. If his headache is severe, administer modest quantities of whiskey or acetaminophen. Give ten drops of whiskey to a small baby and up to one-half teaspoon to a larger one. The dose can be repeated in one hour and again in another hour, if needed.
Most children are immunized against mumps along with measles and rubella in the MMR shot that is administered at about fifteen months of age. Paediatricians defend this immunization with the argument that, although mumps is not a serious disease in children, if they do not gain immunity as children they may contract mumps as adults. In that event there is a possibility that adult males may contract orchitis, a condition in which the disease affects the testicles. In rare instances this can produce sterility.

If total sterility as a consequence of orchitis were a significant threat, and if the mumps immunizations assured adult males that they would not contract it, I would be among those doctors who urge immunization. I'm not, because their argument makes no sense. Orchitis rarely causes sterility, and when it does, because only one testicle is usually affected, the sperm production capacity of the unaffected testicle could repopulate the world! And that's not all. No one knows whether the mumps vaccination confers an immunity that lasts into the adult years. Consequently, there is an open question whether, when your child is immunized against mumps at fifteen months arid escapes this disease in childhood, he may suffer more serious consequences when he contracts it as an adult.
You won't find paediatricians advertising them, but the side effects of the mumps vaccine can be severe. In some children it causes allergic reactions such as rash, itching, and bruising. It may also expose them to the effects of central nervous system involvement, including febrile seizures, unilateral nerve deafness, and encephalitis. These risks are minimal, true, but why should your child endure them at all to avoid an innocuous disease in childhood at the risk of contracting a more serious one as an adult?

**MEASLES**

Measles, also called rubeola or 'English measles," is a contagious viral disease that can 'be contracted by touching an object used by an infected person. At the onset the victim feels tired, has a slight fever and pain in the head and back. His eyes redden and he may be sensitive to light. The fever rises until about the third or fourth day, when it reaches 103-104 degrees. Sometimes small white spots can be seen inside the mouth, and a rash of small pink spots appears below the hairline and behind the ears. This rash spreads downward to cover the body in about 36 hours. The pink spots may run together but fade away in about three or four days. Measles is contagious for seven or eight days, beginning three or four days before the rash appears. Consequently, if one of your children contracts the disease, the others probably will have been exposed to it before you know the first I child is sick.
No treatment is required for measles other than bed rest, fluids to combat possible dehydration from fever, and calamine lotion or cornstarch baths to relieve the itching. If the child suffers from photophobia, the blinds in his bedroom should be lowered to darken the room. However, contrary to the popular myth, there is no danger of permanent blindness from this disease.

A vaccine to prevent measles is an-other element of the MMR inoculation given in early childhood. Doctors maintain that the inoculation is necessary to prevent measles

encephalitis, which they say occurs about once in 1,000 cases. After decades of experience with measles, I question this statistic, and so do many other paediatricians. The incidence of 1/1,000 may be accurate for children who live in conditions of poverty and malnutrition, but in the middle-and upper-income brackets, if one excludes simple sleepiness from the measles itself, the incidence of true encephalitis is probably more like 1/10,000 or 1/100,000.
After frightening you with the unlikely possibility of measles encephalitis, your doctor can rarely be counted on to tell you of the dangers associated with the vaccine he uses to prevent it. The measles vaccine is associated with encephalopathy and with a series of other complications such as SSPE (subacute sclerosing panencephalitis), which causes hardening of the brain and is invariably fatal.

Other neurologic and sometimes fatal conditions associated with the measles vaccine include ataxia (inability to coordinate muscle movements), mental retardation, aseptic meningitis, seizure disorders, and hemiparesis (paralysis affecting one side of the body). Secondary complications associated with the vaccine may be even more frightening. They include encephalitis, juvenile-onset diabetes, Reye's syndrome, and multiple sclerosis.

I would consider the risks associated with measles vaccination unacceptable even if there were convincing evidence that the vaccine works. There isn't. While there has been a decline in the incidence of the disease, it began long before the vaccine was introduced. In 1958 there were about 800,000 cases of measles in the United States, but by 1962-the year *before* a vaccine appeared-the number of cases had dropped by 300,000. During the next four years, while children were being vaccinated with an ineffective and now abandoned "killed virus" vaccine, the number of cases dropped another 300,000. In 1900 there were 13.3 measles deaths per 100,000 population. By 1955, before the first measles shot, the death rate had declined 97.7 percent to only 0.03 deaths per 100,000.

Those numbers alone are dramatic evidence that measles was disappearing before the vaccine was introduced. If you fail to find them sufficiently convincing, consider this: in a 1978 survey of thirty states, more than half of the children who contracted measles had been adequately vaccinated. Moreover, according to the World Health Organization, the chances are about fifteen times greater that measles will be contracted by those vaccinated for them than by those who are not.

"Why," you may ask, "in the face of these facts, do doctors continue to give the shots?" The answer may lie in an episode that occurred in California fourteen years after the measles vaccine was introduced. Los Angeles suffered a severe measles epidemic during that year, and parents were urged to vaccinate all children six months of age and older-despite a Public Health Service warning that vaccinating children below the age of one year was useless and potentially harmful.
Although Los Angeles doctors responded by routinely shooting measles vaccine into very kid they could get their hands on, several local physicians familiar with the suspected problems of immunologic failure and "slow virus" dangers chose not to vaccinate their own infant children. Unlike their patients, who weren't told, they realized that "slow viruses" found in all live vaccines, and particularly in the measles vaccine, can hide in human tissue for years. They may emerge later in the form of encephalitis, multiple sclerosis, and as potential seeds for the development and growth of cancer.
One Los Angeles physician who refused to vaccinate his own seven-month-old baby said: "I'm worried about what happens when the vaccine virus may not only offer little protection against measles but may also stay around in the body, working in a way we don't know much about." His concern about the possibility of these consequences for his own child, however, did not cause him to stop vaccinating his infant patients. He rationalized this contradictory behaviour with the comment that "As a parent, I have the *luxury* of making a

choice for my child. As a physician... legally and professionally I have to accept the recommendations of the profession, which is what we also had to do with the whole Swine flu business."
Perhaps it is time that lay parents and their children are granted the same luxury that doctors and their children enjoy.

**RUBELLA**

Commonly known as "German measles," rubella is a non-threatening disease in children that does not require medical treatment.
The initial symptoms are fever and a slight cold, accompanied by a sore throat. You know it is something more when a rash appears on the face and scalp and spreads to the arms and body. The spots do not run together as they do with measles, and they usually fade away after two or three days. The victim should be encouraged to rest, and be given adequate fluids, but no other treatment is needed.

The threat posed by rubella is the possibility that it may cause damage to the fetus if a woman contracts the disease during the first trimester of her pregnancy. This fear is used to justify the immunization of all children, boys and girls, as part of the MMR inoculation. The merits of this vaccine are questionable for essentially the same reasons that apply to mumps inoculation. There is no need to protect children from this harmless disease, so the adverse reactions to the vaccine are unacceptable in terms of benefit to the child. They can include arthritis, arthralgia (painful joints), and polyneuritis, which produces pain, numbness, or tingling in the peripheral nerves. While these symptoms are usually temporary, they may last for several months and may not occur until as long as two months after the vaccination. Because of that time lapse, parents may not identify the cause when these symptoms reappear in their vaccinated child.

The greater danger of rubella vaccination is the possibility that it may deny expectant mothers the protection of natural immunity from the disease. By preventing rubella in childhood, immunization may actually increase the threat that women will contract rubella during their childbearing years. My concern on this score is shared by many doctors. In Connecticut a group of doctors, led by two eminent epidemiologists, have actually succeeded in getting rubella stricken from the list of legally required immunizations.
Study after study has demonstrated that many women immunized against rubella as children lack evidence of immunity in blood tests given during their adolescent years. Other tests have shown a high vaccine failure rate in children given rubella, measles, and mumps shots, either separately or in combined form. Finally, the crucial question yet to be answered is whether vaccine-induced immunity is as effective and long lasting as immunity from the natural disease of rubella. A large proportion of children show no evidence of immunity in blood tests given only four or five years after rubella vaccination.

The significance of this is both obvious and frightening. Rubella is a non threatening disease in childhood, and it confers natural immunity to those who contract it so they will not get it again as adults. Prior to the time that doctors began giving rubella vaccinations an estimated 85 percent of adults were naturally immune to the disease.

Today, because of immunization, the vast majority of women never acquire natural immunity. If their vaccine-induced immunity wears off, they may contract rubella while they are pregnant, with resulting damage to their unborn children.

Being a skeptical soul, I have always believed that the most reliable way to determine what people really believe is to observe what they do, not what they say. If the greatest threat of rubella is not to children, but to the fetus yet unborn, pregnant women should be protected

against rubella by making certain that their obstetricians won't give them the disease. Yet, in a California survey reported in the *Journal of the American Medical Association,* more than *90* percent of the obstetrician-gynecologists refused to be vaccinated. If doctors themselves are afraid of the vaccine, why on earth should the law require that you and other parents allow them to administer it to your kids?

**WHOOPING COUGH**

Whooping cough (pertussis) is an extremely contagious bacterial disease that is usually transmitted through the air by an infected person.

The incubation period is seven to fourteen days. The initial symptoms are indistinguishable from those of a common cold: a runny nose, sneezing, listlessness and loss of appetite, some tearing in the eyes, and sometimes a mild fever.
As the disease progresses, the victim develops a severe cough at night. Later it appears during the day as well. Within a week to ten days after the first symptoms appear the cough will become paroxysmal. The child may cough a dozen times with each breath, and his face may darken to a bluish or purple hue. Each coughing bout ends with a whopping intake of breath, which accounts for the popular name for the disease. Vomiting is often an additional symptom of the disease.

Whooping cough can strike within any age group, but more than half of all victims are below two years of age. It can be serious and even life-threatening, particularly in infants. Infected persons can transmit the disease to others for about a month after the appearance of the initial symptoms, so it is important that they be isolated, especially from other children.
If your child contracts whooping cough, there is no specific treatment that your doctor can provide, nor is there any you can apply at home, other than to encourage your child to rest and to provide comfort and consolation. Cough suppressants are sometimes used, but they rarely help very much and I don't recommend them. However, if an infant contracts the disease, you should consult a doctor because hospital care may be required. The primary threats to babies are exhaustion from coughing and pneumonia. Very young infants have even been known to suffer cracked ribs from the severe coughing bouts.
Immunisation against pertussis is given along with vaccines for diphtheria and tetanus in the DPT inoculation. Although the vaccine has been used for decades, it is one of the most controversial of immunizations. Doubts persist about its effectiveness, and many doctors share my concern that the potentially damaging side effects of the vaccine may outweigh the alleged benefits.

Dr. Gordon T. Stewart, head of the department of community medicine at the University of Glasgow, Scotland, is one of the most vigorous critics of the pertussis vaccine. He says he supported the inoculation before 1974 but then began to observe outbreaks of pertussis in children who had been vaccinated. "Now, in Glasgow," he says, "30 per-cent of our whooping cough cases are occurring in vaccinated patients. This leads me to believe that the vaccine is not alt that protective."
As is the case with other infectious diseases, mortality had begun to decline before the vaccine became available. The vaccine was not introduced until about 1936, but mortality from the disease had already been declining steadily since 1900 or earlier. According to Stewart, "the decline in pertussis mortality was 80 percent before the vaccine was ever used." He shares my view that the key factor in controlling whooping cough is probably not the vaccine but improvement in the living conditions of potential victims.

The common side effects of the pertussis vaccine, acknowledged by *JAMA,* are fever, crying bouts, a shock-like state, and local skin effects such as swelling, redness, and pain. Less frequent but more serious side effects include convulsions and permanent brain damage

resulting in mental retardation. The vaccine has also been linked to Sudden Infant Death Syndrome (SIDS). In 1978-79, during an expansion of the Tennessee childhood immunization program, eight cases of SIDS were reported immediately following routine DPT immunization.
Estimates of the number of those vaccinated with the pertussis vaccine who are protected from the disease range from 50 percent to 80 percent. According to *JAMA.* reported cases of whooping cough in the United States total an average of 1,000--3,000 per year and deaths five to twenty per year.

**DIPHTHERIA**

Although it was one of the most feared of childhood diseases in Grandma's day, diphtheria has now almost disappeared. Only 5 cases were reported in the United States in 1980. Most doctors insist that the decline is due to immunization with the DPT vaccine, but there is ample evidence that the incidence of diphtheria was already diminishing before a vaccine became available.

Diphtheria is a highly contagious bacterial disease that is spread by the coughing and sneezing of infected persons or by handling items that they have touched. The incubation period f6r the disease is two to five days, and the first symptoms are a sore throat, headache, nausea, coughing, and a fever of l00-l04 degrees. As the disease progresses, dirty-white patches can be observed on the tonsils and in the throat. They cause swelling in the throat and larynx that makes swallowing difficult and, in severe cases, may obstruct breathing to the point that the victim chokes to death. The disease requires medical attention and can be treated with antibiotics such as penicillin or erythromycin.

Today your child has about as much chance of contracting diphtheria as she does of being bitten by a cobra. Yet millions of children are immunized against it with repeated injections at two, four, six, and eighteen months and then given a booster shot when they enter school. This despite evidence over more than a dozen years from rare outbreaks of the disease that children who have been immunized fare no better than those who have not. During a 1969 outbreak of diphtheria in Chicago the city board of health reported that four of the sixteen victims had been fully immunized against the disease and five others had received one or more doses of the vaccine. Two of the latter showed evidence of full immunity. A report on another outbreak in which three people died revealed that one of the fatal cases and fourteen of twenty-three carriers had been fully immunized.

Episodes such as these shatter the argument that immunization can be credited with eliminating diphtheria or any of the other once common childhood diseases. If immunization deserved the credit, how do its defenders explain this? Only about half the states have legal requirements for immunization against infectious diseases, and the percentage of children immunized varies from state to state. As a consequence, tens of thousands-perhaps millions-of children in areas where medical services are limited and paediatricians almost nonexistent were never immunized against infectious diseases and therefore should be vulnerable to them. Yet the incidence of infectious diseases does not correlate in any respect with whether a state has legally mandated mass immunization or not.
In view of the rarity of the disease, the effective antibiotic treatment now available, the questionable effectiveness of the vaccine, the multimillion dollar annual cost of administering it, and the ever-present potential for harmful, long-term effects from this or any other vaccine, I consider continued mass immunization against diphtheria indefensible. I grant that no significant harmful effects from the vaccine have been identified, but that doesn't mean they aren't there. In the half century that the vaccine has been used no research has ever been undertaken to determine what the long-term effects of the vaccine may be!

## CHICKEN POX

This is my favourite childhood disease, first because it is relatively innocuous and second because it is one of the few for which no pharmaceutical manufacturer has yet marketed a vaccine. That second reason may be short-lived, though, because as this is written there are reports that a chicken pox vaccine soon may appear.
Chicken pox is a communicable viral infection that is very common in children. The first signs of the disease are usually a slight fever, headache, backache, and loss of appetite.
After a day or two, small red spots appear, and within a few hours they enlarge and become blisters. Ultimately a scab forms that peels off, usually within a week or two. This process is accompanied by severe itching, and the child should be encouraged not to scratch the sores. Calamine lotion may be applied, or cornstarch baths given, to relieve the itching.
It is not necessary to seek medical treatment for chicken pox. The patient should be encouraged to rest and to drink a lot of fluids to prevent dehydration from the fever.
The incubation period for chicken pox is from two to three weeks, and the disease is contagious for about two weeks, beginning two days after the rash appears. The child should be isolated during this period to avoid spreading the disease to others.

## TUBERCULOSIS

Parents should have the right to assume, and most do assume, that the tests their doctor gives their child will I produce an accurate result.

The tuberculin skin test is but one example of a medical test procedure in which that is definitely not the case. Even the American Academy of Pediatrics, which rarely has anything negative to say about procedures that its members routinely employ, has issued a policy statement that is critical of this test. According to that statement,
*Several recent studies have cast doubt on the sensitivity of some screening tests for tuberculosis. Indeed a panel assembled by the Bureau of Biologics has recommended to manufacturers that each lot be tested in fifty known positive patients to assure that preparations that are marketed are potent enough to identify everyone with active tuberculosis. However, since many of these studies have not been conducted in a randomized, double-blind fashion and/or have included many simultaneously administered skin tests (thus the possibility of suppression of reactions), interpretation of the tests is difficult.*
That statement concludes, "Screening tests for tuberculosis are not perfect, and physicians must be aware of the possibility that some false negative as well as positive reactions may be obtained."

In short, your child may have tuberculosis even though there is a negative reading on his tuberculin test. Or he may not have it but display a positive skin test that says he does. With many doctors, this can lead to some devastating consequences. Almost certainly, if this happens to your child, he will be exposed to needless hazardous radiation from one or more x-rays of his chest. The doctor may then place him on dangerous drugs such as isoniazid for months or years "to prevent the development of tuberculosis." Even the AMA has recognized that doctors have indiscriminately over prescribed isoniazid. That's shameful, because of the drug's long list of side effects on the nervous system, gastrointestinal system, blood, bone marrow, skin, and endocrine glands. Also not to be overlooked is the danger that your child may become a pariah in your neighborhood because of the lingering fear of this infectious disease.

I am convinced that the potential consequences of a positive tuberculin skin test are more dangerous than the threat of the disease. I believe parents should reject the test unless

they have specific knowledge that their child has been in contact with someone who has the disease.

**SUDDEN INFANT DEATH SYNDROME (SIDS)**

The dreadful possibility that they may awaken some morning to find their baby dead in his crib is a fear that lurks in the mind of many parents. Medical science has yet to pinpoint the cause of SIDS, but the most popular explanation among researchers appears to be that the central nervous system is affected so that the involuntary act of breathing is suppressed.

That is a logical explanation, but it leaves unanswered the question: What caused the malfunction in the central nervous system? My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the United States each year are related to one or more of the vaccines that are routinely given children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others.

Dr. William Torch, of the University of Nevada School of Medicine at Reno, has issued a report suggesting that the DPT shot may be responsible for SIDS cases. He found that two-thirds of 103 children who died of SIDS had been immunized with DPT vaccine in the three weeks before their deaths, many dying within a day after getting the shot. He asserts that this was not mere coincidence, concluding that a "causal relationship is suggested" in at least some cases of DIPT vaccine and crib death. Also on record are the Tennessee deaths, referred to earlier. In that case the manufacturers of the vaccine, following intervention by the U.S. surgeon general, recalled all unused doses of this batch of vaccine.

Expectant mothers who are concerned about SIDS should bear in mind the importance of breastfeeding to avoid this and other serious ailments. There is evidence that breastfed babies are less susceptible to allergies, respiratory disease, gastroenteritis, hypocalcaemia, obesity, multiple sclerosis, and SIDS. One study of the scientific literature about SIDS concluded that "Breast-feeding can be seen as a common block to the myriad pathways to SIDS."

**POLIOMYELITIS**

No one who lived through the 1940s and saw photos of children in iron lungs, saw a 'President of the United States confined to his wheel-chair by this dread disease, and was for forbidden to use public beaches for fear of catching polio can forget the fear that prevailed at the time. Polio is virtually nonexistent today, but much of that fear persists, and there is a popular belief that immunization can be credited with eliminating the disease. That's not surprising, considering the high-powered campaign that promoted the vaccine, but the fact is that no credible scientific evidence exists that the vaccine caused polio to disappear. As noted earlier, it also disappeared in other parts of the world where the vaccine was not so extensively used.
What is important to parents of this generation is the evidence that points to mass inoculation against polio as the cause of most remaining cases of the disease. In September 1977 Jonas Salk, the developer of the killed polio virus vaccine, testified along with other scientists to that effect. He said that most of the handful of polio cases which had occurred in the US since the 197Os probably were the by-product of the live polio vaccine that is in standard use in the United States.

Meanwhile, there is an ongoing debate among the immunologists regarding the relative risks of killed virus vs. live virus vaccine. Supporters of the killed virus vaccine maintain that it is the presence of live virus organisms in the other product that is responsible for the polio cases that occasionally appear. Supporters of the live virus type argue that the killed virus

vaccine offers inadequate protections and actually increases the susceptibility of those vaccinated.
This offers me a rare opportunity to be comfortably neutral. .I believe that both factions are right and that use of either of the vaccines will increase, not diminish, the possibility that your child will contract the disease.
In short, it appears that the most effective way to protect your child from polio is to make sure that he doesn't get the vaccine!

East West Journal November 1984.
[Vaccination] [Dr Mendelsohn]

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