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Are Vaccines Generally Detrimental to the Human Defense System?

Author's Note:

The sequela of vaccinations is not being recorded by most physicians because of a prejudicial attitude that immediately dismisses any connection between the symptoms and the noxillations.

I have four clients with epileptic-type seizures that are due to noxillations (my coinage) who are represented by an attorney preparing a class action suit against the government. This letter (not a scientific treatise) to the attorney (name deleted) was written in September of 1991 by me in response to a request by one of the parents. Their little girl became spastic 3 hours after her third DPT and yet the physician refused to look at the connection and so it was never reported to the proper authorities (CDC). This is not an isolated case as you can well imagine.

By keeping accurate records of post-immunization sequela we are thus capable of learning more about the internal and external environment of children who absolutely must detoxify in their different ways: some acutely, some chronically. By negating the idea that symptoms exist after being "shot" we are losing valuable data on a daily basis, let alone lives.

Because of the political tidal wave in favor of more and more vaccinations and other obvious reasons, I wish to remain anonymous.

The purpose of this brief is to ascertain whether or not vaccinations generally are detrimental to the human defense systems: i.e. do the benefits outweigh the risks?

Let me begin by saying that, as a Biochemist (MS) and Physiologist (PhD) I am no expert in the area of infectious disease but I am familiar with and personally witnessed the results of vaccinations over the past 25 years traveling all over the world and for the past 12 years with my clientele in private nutritional practice – both on the west and east coasts. During a 2-year stint with "La Cruz Roja" and under the direction of a physician in Guatemala, I personally inoculated close to 3,000 Mayan Indians. Many of them suffered from the sequela that we see here in the United States: inconsolable crying due to pain, high fever, redness, swelling, ulcerations, high-pitched (CNS) screaming, convulsions, coma, and occasionally, death – with a declining frequency in that order. So for me the time has come to go beyond distorted perceptions and sometimes outright lies, to entertain truth. Truth really needs no discoverer nor authority and exists apart from our mental gymnastics and scholarly palaverings.

We are presently in an epidemic that has global implications and that has infected the minds of those normally seen as giants in the field of medicine and politics. It is known as "vaccinitis." Vaccinitis is a time bomb that has already gone off and most professionals have,

so far, ignored it or remain ignorant about it. We must wonder if the statistics of any disease, at any time, anywhere in the world have ever been so significantly reduced in frequency that by improving the quality of treatment, it has simply given up and disappeared. Treatment, as important as it is, does nothing to reduce the prevalence of disease.

But as a touted preventative – neither do vaccinations. Ethyl Douglas Hume in her classic book *Béchamp or Pasteur* (1923) said: "The whole theory (of vaccinations) is rooted in a belief in the immunity conferred by a non-fatal attack of a disease. The idea arises from the habit of regarding a disease as an entity, a definite thing, instead of a disordered condition due to complex causes; the germ theory of disease, in particular, being the unconscious offspring of the ancient faith in specific demons, each possessing his own special weapon of malignity. Thus the smallpox inoculation introduced into England from Turkey by Lady Mary Wortley Montague in the 18th century (1717) and its substitute of cowpox inoculation, were based on the ancient Indian rite of subjecting people to an artificially induced attack of smallpox to propitiate Sheetula-Mata, the goddess of that torment."

But generations of vaccinated human beings has never been able to eradicate disease. Unbiased research that would preclude immunological impairment (which may be the cause of many new and more virulent conditions) has been systematically rejected. There has been no incentive to rule out the long-term, aberrant, mutagenic effects of programs that force massive amounts of antigens into the relatively new and immature defense systems of children. Such abuse is forcing their defense complex to commit a much higher percentage of its total capacity to foreign antigens and thus leave little or no reserve for later, more pernicious challenges. This is supported by the fact that "during the first 26 weeks of 1989, local and state health departments reported a provisional total of 7,335 measles cases to the Centers for Disease Control – a 380% increase over the 1,529 cases reported for the same period in 1988. An increase of over 5 times! Interestingly enough, more than "51% of these patients had been vaccinated on or after their first birthday and 80.6% of the school children infected had been appropriately vaccinated." This taken from the *Morbidity and Mortality Weekly Report* of the CDC (12/22/89). Anticipating this "epidemic" the CDC's wish-list included inoculating more and more children and adults over 65 (*Newsweek*: Oct. 12, 1987).

Today we are standing at the brink of another epidemic abyss and the "cure" will be the same as before: more vaccinations. The problem is not that the immunizations do not work – they do. But the sequela of denying a child the illness which balances its human nature with Mother Nature is the cause for

concern. It often forces the organism to express itself in another (more chronic) form in order to arrive at the same objective or find an aspect of an already existing condition and potentize it – or worse: the child grows up never having balance between the physical and the mental/emotional/social environment. It seems that we have not given Mother Nature her due: we continue to deny her ability to contribute through normal evolutionary channels.

A more "natural" lifestyle might be capable of preventing the current epidemics and the new conditions. Good health, reduced violence and a return to a better quality of life will be the inevitable result if our living conditions include peace of mind. This rarity comes about by releasing the "struggle for survival" mentality and providing everyone with basic shelter, clothing and unpolluted, fresh food – conditions that, with few exceptions, existed for millions of years and are still basic rights in some Western European countries.

The War Against Nature

When missionaries decided to "improve" indigenous cultures to their own white, male, militant lifestyle by starting vaccination programs in places where microorganisms had acclimatized differently, they swept away thousands of years of symbiosis, independence and freedom from disease. Entire nations were wiped out in a very short time with white man's overwhelming toxicity. Lacking the natural resistance to many infectious conditions to which the Europeans had had numerous exposures, being fed white man's "white" food and inoculated with every virus known to "civilization," thousands of Native Americans, Australian Aborigines, and Alaskan Eskimos were exterminated in a relatively short time. By the same token hundreds of Spanish mercenaries brought back an organism that had evolved in the New Americas and was no more troublesome to the natives than the common cold. Yet when this strain of organism intermixed with the European Conquistadores the resultant *Treponema Pallidum* spirochete brought about the greatest pandemic of syphilis the world had ever encountered. This expansion had little to do with the "virility" of the organism, and everything to do with the human reservoir and its relationship to the earth.

Now we are trying to impress Nature with our "authority" again. Upon the horizon is an arsenal of vaccines that threatens the integrity of the defense system of every woman, man and child. Also in the pipeline is the mother of all vaccines known as the new "Apollo Project" (*New Jersey Star Ledger* 7/28/90) – a futile attempt to provide a one-shot "protection" for a legion of ailments. Still in the embryonic stages, this "universal childhood vaccine" entitles the bearer to be insidiously infected for an entire lifetime while the defense system, bound and gagged silently pleads for a period

of rest and relaxation. While such programs may, with regular booster shots, "protect" individuals whose defenses have been compromised by their genetic heritage, (like cocaine-addicted infants) or those who suffer from parental ignorance, (Golden-Arch toddlers) or even children who are exposed to other environmental trauma – it unquestionably weakens the defense system of the entire human race, generation after generation.

What finally happens when the defense system is denied its struggle to attain maturity and is forced to carry out its goals "underground"? No one knows for sure but speculation has it that an analogous process takes place in a different arena – at a later time – and that these conditions require less fever, express themselves more chronically, degeneratively, and more tenaciously, lethally.

Vaccinations are incapable of imprinting and transferring the necessary skills of the defense complex to the organism. Only a full-blown generalized involvement of all the defensive organs is effective in passing on the acquired information. Because mothers were vaccinated as children and therefore denied the fulminating, generalized inflammatory response, (AKA "healing crisis" among some doctors), childhood conditions are now affecting a much younger infant population that has less immunocompetence and fewer natural antibodies. Many professionals believe that when a disease is allowed to exist for a number of generations it will eventually become weaker – especially if the environmental conditions it needs for survival are knowingly thwarted. But if infants, the subjects of more and more vaccinations, are inoculated at a time when their defensive organs are still in their formative stages, and are never allowed to experience the maturation process of their full immune faculties, we will continue to witness plagues of diseases as yet unnamed. Immunological events are the mainstay of the human organism and serve the integrity of homeokinetics: an equalization process. Childhood diseases are absolutely essential in the developmental process of the defense complex – both individually as well as globally.

Investigation is a continuous process of assimilating new data and modifying hypotheses to fit the "known facts" which are often "proved" wrong – after having been the shared perceptions of an influential group solidified into a (agenda based?) consensus – by another influential group. We call it learning. Or we call it processing. Or research. In marketing it is manipulation. In Congress, lobbying. Unfortunately it's what we think we already know (or makes us a living?) that prevents us from looking at alternative, adjunctive hypotheses or gives us the insight to reflect on our own experience. Often we distrust our intuition in the face of technical or "scientific authority." John Stuart Mill once said: "It often happens that the universal belief of one age – a belief from which no one was free, nor without extraordinary effort of genius could, at that time, be free – becomes to a subsequent age so palpable an absurdity that the only difficulty is to imagine how such a thing can ever have appeared credible."

In the wholistic medical establishment it is generally opined that relationships between

mind/body/spirit are as real as the neurotransmitters upon which they travel. This field of study has recently been coined psychoneuroimmunology. It is unfortunate that the word placebo has traditionally been used to describe these powerful mind/body/spirit altering agents, leaving us with the connotation that this medium is less than worthy of further discussion.

The War Against Disease

Thinking our motivations to be pure and our research infallible we march as if to war. It is during a time of "knowing the facts" that the passion to regulate the lives of others becomes a deep-seated need. Unfortunately, ignorance is most adequately protected by sincere emotionalism especially when carried on by the highest "authorities." If the curative procedures were satisfactory and there had never been a case of vaccinated children getting the disease (or worse) for which they were inoculated, no compulsory laws would be necessary. Parents all over the world would be eager to stand in line for them. Because we are continually being told that the old vaccines (which "eliminated" disease from the ranks) were "relatively ineffective," and we must get re-infected with the "new and improved" version, it seems that the structure upon which this theory is erected proves fragile enough as to be sustained only through expensive public educational efforts, extravagant propaganda and tenacious pharmaceutical advertising by "health departments." But the *freedom to choose* is becoming insidiously eliminated.

The language we use always shapes our concepts, especially of disease. The words we use to describe the symbiotic relationships we all share with other (especially micro)organisms must be modified to reflect our inability to survive without them. In this patriarchal, hierarchical era we view the body as a battlefield in which an (in)efficient bungling soldier slugs it out with a battalion of powerful, invisible "beasties" and, with the help of our trusty hypodermic, manages to survive all odds. So thick is the arena with military metaphors that we have fostered an attitude that every person is a victim unable to trust Mother Nature, or their own mind/body system and thus their own healing power (spirit). Never mind that the pathogenic role of bacteria, fungi and viruses has been grossly exaggerated by the medical profession. Never mind that these organisms fulfill an important biological duty and we would be unable to complete our biological cycles without their continuous presence. But because we allowed the soil, the terrain to become contaminated with man-made toxins, and opted for a (Feel Better FASTER) antibiotic lifestyle, we think we need "immunity." What we really need is immunity from coercion, immunity from interference and immunity from governmental "education."

We are an alkaline entity that through the act of building up and breaking down (anabolism & catabolism) create friction that results in waste materials (acids). When in disarray and the load reaches critical mass one method of reducing body waste material is to "invite" bacteria. These little transmutators are called out of the natural body balance and gather where deteriorating materials have

accumulated to decompose, recycle and sanitize. This is a natural phenomenon of acute physiological self-purification over and above the capacity of our excretory systems. Pathology is the study of how these wastes are eliminated. When the skin is used we call them poxes, eruptions, rashes, infections, eczema, psoriasis, warts, cysts, fibroids, and neoplasms. The vast majority of pathologists still believe that viruses, fungi, and bacteria are the cause of these conditions. Wholistic practitioners know bacteria do not *cause* the problem. They merely make (sometimes futile) attempts to clean it up. Spiritual, mental, emotional, nutritional and hygienic imbalances are always the first stage of disease – while inflammation and/or infections occupy subsequent roles as compensatory methods. The basic building blocks of micro-organisms can be found in diseased as well as non-diseased tissue and are only called into organization when the need arises. According to the work of Prof. Dr. Gunther Enderlein and his many collaborators such as Drs. William Frederick Koch, Royal Raymond Rife, Wilhelm Reich, Rudolph Steiner, Béchamp and their modern-day counterparts Gaston Naessons, Emanuel Revici and George Lakhovsky – the field, the environment, the tissue is so much more important in the health/disease process than the pathogens which are found therein.

Modern medicine has never been able to prove that fungi, virus or bacteria are the cause of disease and not just a result. Local malnutrition generates the specific bacteria which thrive in the environment that is most favorable to their needs. This was studied in 1914 by Dr. Rosenow and reported in the *Journal of Infectious Disease* of that same year. Dr. Rosenow took a variety of bacterial strains from different disease sources and put them all in the same medium using separate petri dishes. In a short period he found no difference between them at all. Upon returning them to their individual diseased tissue their offspring once again resumed the original morphology. This simple experiment can be repeated with the same results today. His conclusion that bacteria are so undifferentiated on the evolutionary scale that they retain the capacity to transmutate and adapt to whatever their environment demands, remains unchallenged. Thus there is no "streptococcus" for the throat or a "pneumococcus" for the lungs. They are the same bacteria feeding on (and being modified by) the substance they are breaking down. This is pleomorphism and, while once ridiculed, is now being reconsidered in light of improved microscopic techniques.

Most establishment physicians still use anti-bio-tics (against-life) medications to eradicate bacteria (some use it even in inflammation). In a book entitled *Endogenous Origin of the Tubercular Bacillus*, Dr. Henry Bernard says: 'The term 'Stapholoccoccus' as a designation for one species, is no longer valid. For, under the influence of a suitable milieu and physical conditions, a great number of molds can produce coccoid forms very much

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like *Staphylococcus*. To obtain such transformations, unfavorable (or depending on the case, favorable) conditions must be created in the cultures.... The celebrated 'impurity' of the *Staphylococcus* culture that led Fleming to the discovery of penicillin, which is antibiotic to *Staphylococcus*, was seemingly no more than an accidental return...." In plain English that means that antibiotics do not work by "killing" the germ but by simply forcing it to dismantle and return to a pleomorphic pool. Antibiotics sterilize the area by disassembling most of the bacteria but do nothing to help revitalize the tissue-milieu. Soon after their administration, stronger, fast-reproducing reorganized bacteria develop to occupy the terrain until the tissues are so debilitated – by continued denial of proper nutrition and healing factors – that the environment becomes conducive for the organization of "higher" organisms as well (parasites, fungi). At which time the doctor usually orders a more powerful antibiotic or worse, places the child on a prophylactic schedule. This habitude, along with the dangerous practice of injecting diphtheria, pertussis, tetanus, measles, mumps, rubella and polio into already compromised tissue lowers immunocompetence to the point where the absence of clinical (acknowledged) symptoms are considered a sign of good health.

Immunity is defined as being able to indulge in an act and not be subject to the consequences. An exemption from liability. Much like the Pope granting a dispensation for wrong-doing. This perception is against every principle of Nature. The whole concept of physiological and biochemical "immunity" is

employed in order to win our cooperation. Subconsciously we all know the piper must be paid. "Immunity" is but a grand medical delusion. We are molecularly, emotionally, mentally, biochemically, physiologically, anatomically, spiritually responsible and accountable for our genetic pool, mutations, environment and situations – both long and short-term, both for ourselves and our progeny. This responsibility and accountability is directly proportionate to our increased awareness (personally and globally) of evolution and how our environment and lifestyle plays a part in it. We should know by now that scientific "advances" that still attempt to bypass and trick Mother Nature cannot long exist without serious repercussions that take generations to undo.

"Defense complex," instead of the more common term "immunity," implies that we ward off baneful factors – but at a price. Sometimes, as in many premature babies, the price is a natural death. At times we even have to pay for "friendly" fire. The medical paradigm that suggests vaccinations confer "immunity" upon us, is, at best an economic conspiracy or at worst, a hoax. The promoters are primarily focusing on antibody production which is but a minor aspect of the natural "immunization" process. Inevitably new diseases with long names shadowed by drugs with longer names follow in the wake of their widespread use. Statistics illustrate that the hunt for this "world without disease" panacea is like Jason's search for the Golden Fleece. The hope for a wonder drug is just as evanescent – not "just around the corner" as many would have you believe. There is no magic pill or potion, however potent, that will lock us into a safe sanctuary.

Consequences of the Disease Paradigm

Infections are usually introduced through the mucosal barrier. In natural immunity the IgA (secretory) antibodies coat this surface and become a primary defense tactic setting off a host of sequences that eventually allow the antigen to be removed in the same manner in which it arrived – through the mucosal barrier – as seen in coughing, sneezing, and exudations. Vaccinations bypass this carefully designed evolutionary system by introducing toxic matter directly into the bloodstream. This gives the body no warning, no generalized inflammatory response, no chance to recognize, duplicate or defend itself against future challenges from typical antigens. Instead, often fatal or paralytic forms of the condition(s) follow the inoculation.

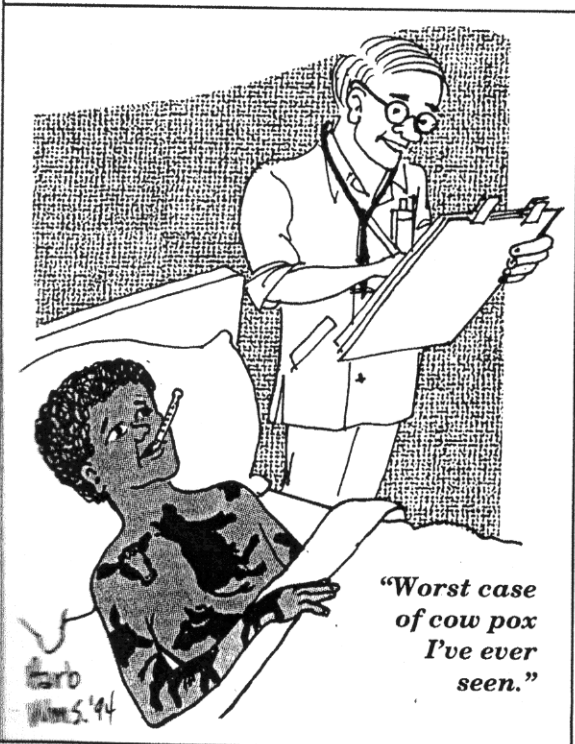
Statistics also tell us that medical doctors are the least inoculated group in the United States. The reluctance of MDs to take their own medicine (*Peds. News* 8/81) presents a formidable obstacle to convincing non-physicians that such a program is safe, useful and necessary. It may be that they know the thymus gland in vaccinated children atrophies much more, much faster, than in countries whose

children are allowed to initiate a generalized inflammatory response.

There are already many models in virology that allow us to make some determination as to what happens when a virus is allowed long-term (chronic) residence in the cell. To be sure this is not a natural state of affairs. The body does not usually tolerate viruses unless they have been weakened (so as not to awaken a strong response) or tricked through a route (usually injection) that bypasses many organs and functions that would inevitably lead to normal, natural, expulsion. But synthetically weakened and directly introduced into the bloodstream, these bits of aberrant nucleoproteins are capable of remaining latent toxicants for many years without continually provoking acute illness, yet keeping the defense system restless and "on guard" almost indefinitely. Coupled with the genetic material in the nucleus, these mobile genes replicate with every division incorporating themselves in all the cells they touch. Once these bits of heredity fall into an appropriate chromosome and start the production of non-self proteins, the only proper response from the organism must be to make antibodies – against its own cells. We recognize this as "friendly" fire. Unfortunately, this accomplishes what the entire defense system seems to have evolved to prevent: difficulty in recognizing (and therefore tolerating) self – with all its mental, emotional, psychological and social implications.

Unable to distinguish between friend and foe the confused organism violates itself. Diseases with this characteristic we call auto-immune disorders. The following conditions are considered well-established auto-immune diseases: hemolytic anemia, granulocytopenias and thrombocytopenias, immune thyroiditis, sympathetic ophthalmopathy, and chronic active hepatitis. Other candidates with elements of auto-immune pathogenesis are polyarthritis, rheumatic fever and endomyocarditis, periarteritis nodosa, Addison's disease, atrophic gastritis, pernicious anemia, immune pancreatitis, primary biliary cirrhosis and ulcerative colitis – but you can be sure there are many more as yet unrecognized. Suffice it to say that some of the major killers in the U.S. are among them. Many more just make life a living hell. I suspect that while partial "immunity" for certain individuals in a limited number of diseases may purchase protection for a restricted period of time, wholesale vaccinations will, over several generations, bring about major susceptibilities to, as-yet unknown, faster-killing, but more generally, chronic degenerative diseases.

"Immunization programs against flu, measles, mumps, polio, and so forth, may actually be seeding humans with RNA to form latent proviruses in cells throughout the body. These latent proviruses could be molecules in search of a disease: when activated under the proper conditions, they could cause a variety of disease...." So said Prof. Robert Simpson of Rutgers in a 1976 seminar for science writers sponsored by the American Cancer Society. He then listed a number of conditions like rheumatoid arthritis, multiple sclerosis, systemic lupus erythematosus, Parkinson's



"Worst case of cow pox I've ever seen."

disease and "perhaps cancer." One wonders whether he would have included AIDS in this category if he had spoken a decade later. These are the conditions related to a deficiency of the immune system.

Statistical Evidence

While it is inescapable that laws must be passed for the group that may not be required or even appeal to some individuals, the case with compulsory vaccinations is nothing more than a massive experiment on a global scale with the high potential for a deadly backlash. Since most vaccines are grown in poisonous formaldehyde, aluminum, infectious animal tissue and mercury, the eventual injury from these combined substances should at least raise some theoretical inquiries from the professionals. A prerequisite to such an experiment should be sufficient research so as not to cause further insult to an already virulent body/world. Unfortunately such a search has never been done by anyone. Most of the current "evidence" for the effectiveness of vaccinations comes from epidemiologic studies which are, by their very nature, extremely variable and as fluid as the people they victimize. In addition, smaller organisms are capable of changing surface molecules spontaneously and instantly, leaving children without subsequent "protection" but with a lifetime of crippling consequences in the form of allergies, hormonal imbalance and adrenal exhaustion – to name just a few.

It is a little-known but historical fact that virtually all contagious diseases were in sharp decline before the use of mass vaccinations and antibiotics had begun. The unsupported assumption that dwindling cases of whooping cough, diphtheria, tetanus, tuberculosis, cholera, typhoid, brucellosis and other "contagious" diseases were directly attributable to advances in vaccine distribution is no longer a question in the minds of most historians and eminent statisticians. Indoor plumbing, engineering, cleaner storage facilities, adequate clothing, food distribution, sociological help and transportation devices are known to have contributed a great deal to the reduction of diseases, which were bred from filth and ignorance, than just inoculations. I could quote many a statistic here: from the streets of a stenching inner-city during the Middle Ages, and ravages of disease during earthquakes, tidal waves, famine or other such disasters to the washing of hands before doing surgery. All a triumphant testament that the environment creates the epidemic – not the germs.

Records from around the world testify that *devastating epidemics followed mass vaccinations again and again*. After 10 years of compulsory inoculations against smallpox (25 million shots) the people in the Philippines suffered the worst disaster in vaccination history. Over 170,000 got smallpox and 75,000 deaths were recorded between 1911 and 1920. These facts can all be found, neatly compiled, in the scientific literature. It is only fair that the public should be advised of these self-incriminating details before the government and the drug companies start another round of deadly roulette. That vaccines are definitely not responsible for the eradication of disease

was published in a 1973 issue of *Scientific American* where it documents that over 90% of all contagious disease was eliminated by vastly improved water systems, sanitation, living conditions and transportation of food. Mass vaccinations and antibiotics did not appear on the scene until a century after that decline started (1850-1940). Unfortunately, inoculations were (and still are) given full credit.

It is of interest to note that most of the epidemiological statistics come from State Health Departments as regulated by their "Sanitary Codes" – a tacit admission that internal hygiene and external, environmental clean-ups are infinitely more important to the miasmatic influences than the pathogens themselves. More important perhaps, is the insurance and pharmaceutical companies' refusal to accept indemnity and defense costs for such high-risk interventions as vaccinations, and, upon the advice of our trusted medical doctors, hoodwinked the federal government into (another) financial fiasco by accepting responsibility. Because parents of deceased children can never be compensated – no matter what the government proffers – our leaders are doing their level best to absorb (with our taxes) lawsuits that would, under usual circumstances, bankrupt vaccine manufacturers. So by creating the National Vaccine Injury Compensation Program, sporting a no-fault system designed to limit the amount of monies parents are entitled to receive upon the death of their child, the federal government cleverly side-stepped the issue of benefits vs. risk. Most parents, emotionally and financially devastated by the loss of their child, take the \$250,000 bribe to keep quiet –

the maximum allowed by law. And if this isn't ghoulish enough, a larger problem hovers above our legislators when they need to pay for those who are still living with the consequences of synthetic "immunity." The burden of proof that the mental/physical state of a child is a direct result of the noxiliations, is upon the helpless parent. The real issue is that our government – designed to protect general welfare and not vaccine patent holders – is not able to respond to the thousands of parents with these compromised children: at least not within a reasonable time frame and with the proper amounts of money. And for an even larger number of inoculated children, who will never fall within the ranks of recognition (let alone compensation), living with a compromised defense system is a never-ending exercise in progressive deterioration.

The federal govern-

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ment, in order to remain financially solvent and accept limited culpability, agreed to statistically designate the damage to diseases almost immediately noticeable after an injection: Sudden Infant Death Syndrome, Mental Retardation, Epilepsy, Guillain-Barre Syndrome, and Viral Meningitis. Most damage and deaths are never acknowledged as "vaccine related" and thus are never entered into the child's medical record nor relayed to the CDC – whose function it is to compile and report adverse reactions. This, despite the fact that the DPT vaccine insert reads "Sudden Infant Death Syndrome has been reported following administration of DPT. The significance is unclear...85% of SIDS cases occur in the period 1 through 6 months of age, with the peak incidence at age 2 to 4 months." This insert is rarely, if ever, shown to parents who would think twice about having their infants inoculated at 2, 4 and 6 months. Obviously, deaths from vaccinations are being grouped under many different classifications to obscure the actual cause. But, then, if you can't trust the federal government with your children's lives – who can you trust?

Good Intentions

Well, the International Rotary Club, of course. This well-meaning group of executives is doing its level best to "immunize all the children of the world against polio by our centennial" (A.D. 2005). First announced in

The Triumph of Medical Science Over Politics & Greed

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REVOLUTION

It's going to take more than PAC-funded politicians in smoke-filled rooms to reform health care.

It's going to take ordinary citizens just like you who believe in freedom of choice and a commitment to medical approaches *that work* — as opposed to those that only make money. That's why we're announcing the opening of our **Montana Alternative Health Care Center** located in Great Falls, Montana. Our new health care center consists of a 135,000 square foot convention center, with a 30,000 square foot parking lot. Even though these are **out-patient** facilities, there are 90 double room (modern), two large dining areas, kitchen, 500 seat meeting room, beauty shop, health food and herbal products sales area, a radio station, another 15 meeting areas. Additional room to expand another 300 rooms or facilities as needed. A staff of 3 ND's, 3 MD's, 3 chiropractors, D.O.'s, therapists, acupressure, acupuncture, **wholistic** and homeopathic treatments, mid-wife lessons, counseling, and other **alternative** methods. For information on our opening date, employment, appointment scheduling, please contact:

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➤ 1985 and quickly dubbed "Polio 2005" the programs' success is measured by the number of vaccines that have been distributed and inserted into the mouths of Third World babes. Vector control by improving the infrastructure of these poverty-stricken children has been given mostly lip service, and for practical purposes, totally ignored – "mainly due to insurmountable problems of geography, technology and politics." No such problems are encountered when these starving, pest-infected children are used as living pin cushions. Little mention is made of the fact that polio disappeared in Europe without mass immunization, and of the 25 or so cases of polio that have turned up in the past few years, virtually all were vaccine-induced. Still millions of Rotary dollars have been extracted from thousands of executives who have no idea that the rules of the game had been changed midstream: in order to cover up the fact that in nearly every state where the Salk vaccine was administered the polio rate leaped by 400-600%. The then U.S. Public Health Service (now the Center for Disease Control – or CDC) saved the day by issuing new guidelines for the diagnosis of the disease (just as they recently did with AIDS – *Science News*: Vol. 132, page 136). From statistics we note that polio ceased to be a big problem almost immediately but that suddenly aseptic or viral meningitis (sometimes spinal meningitis or multiple sclerosis) were seen in epidemic proportions in approximately the same number that polio was diagnosed in prior years. In fact, a California State Communicable Disease report for 1971 shows that between 1955 and 1966 polio cases dropped from 273 to 50 while viral meningitis rose from 5 to 256 cases. A separate report lists "0" cases with an asterisk leading the reader to the statement "all such cases now reported as meningitis." In *Archives of Pediatrics* (1950), Dr. Ralph Scoby lists not less than 170 diseases with "polio-like symptoms and effects, but with different names." So today there wouldn't be any polio even if there were thousands of cases a year because of a few small changes in diagnostic criteria. But it is admittedly better than in 1927 when Michigan's Department of Health Commissioner Guy L. Kiefer proclaimed that an important aid in ruling out the diagnosis of smallpox "is a successful vaccination within the past five years."

Many Rotarians I've interviewed are under the false impression that polio and paralysis are synonymous. Very few cases of polio without vaccination (if any at all) result in paralysis. When due to accumulation of drugs, narcotics, contaminated/processed foods, and tissue disintegration, the condition is most likely to be named according to the place where there is the least resistance and the most toxic reaction. When there is inflammation of the kidneys we call it Bright's disease and when infected, nephritis; if it's in the joints – arthritis; stomach – ulcers; lungs – pneumonia or T.B.; pancreas – diabetes. But when there is inflammation of the central nervous system

affecting the musculature, we dub it polio. Paralysis in polio is the result of surgically eliminating defense system complexes (tonsils, appendix, spleen, etc.), lack of having been breast-fed, the advent of sugar (esp. in baby food), and finally, multiple vaccinations. In 90 to 98% of the illnesses associated with polio viruses it is similar to the common cold, flu or "48-hour virus" – accompanied by a sore throat, headache, nausea and abdominal pain. Some may even get a paralysis checkmated by a change in diet as in the case of John Robbins – author of *Diet for a New America*. These minor bouts of the condition have historically provided ample protection for the majority of the population.

The polio virus was already in its natural cycle of decline (while omnipresent in all city sewage in the nation) when fear was fueled by the creation of the vaccine. It would have been unconscionable to let the "epidemic" die out on its own when so many authorities believed that the cure could be found in the syringe. Nevertheless most Rotary Club members rallied to pay for inoculations without confirmation of its imminent success. Most don't question that if the Salk vaccine killed-virus wiped out polio, why the "superior" live-virus Sabin oral vaccine replaced it. It is not superior, of course...just less lethal. Today the drug companies still make tremendous profits from the sale of the Sabine vaccine, which, when taken orally in the "improved" version was thought to be relatively innocuous. We know it doesn't do much good. The illusion that the vaccine is wiping out polio is just that: an illusion. Now an M.D. at Harvard's School of Public Health reveals that STL-3, one of many AIDS-type viruses, has been found in a monkey whose renal cells are routinely used to culture the oral polio vaccine. If this is true, millions of children who have been vaccinated with the oral polio vaccine may be at incredible risk.

Long-Term Sequelae

There is evidence that every vaccine may have both its short and long-term effects. Tetanus has been identified with allergic reactions, laryngeal paralysis and peripheral neuropathy. Rubella with arthritis, arthralgia and the Epstein-Barr Virus. Smallpox inoculations have been associated with AIDS outbreaks in 7 African nations.

The defense of the body is not just relegated to a finite number of cells, cooperative systems, plans or programs that only spring into action when the need arises. Far from it. Our entire organism consisting of body, mind and spirit (which includes the will to live) is constantly, moment by moment enacting decisions that fulfill our legitimate right to live on earth among all other creatures, whether internal or external. By being able to rest and relax between exposures we slowly rebuild the necessary internal defenses for the external challenges. Vaccinations robs the body of this function and weakens its right to exercise, rest and defend with vigor.

Vaccinations are capable – especially in children whose defense systems prior to puberty are always "premature" – of so distorting and lowering the Vital Force that it may be weakened beyond the ability to

recover. During a time when children are introduced to the world with a harsh slap on the rump; boys are obliged to donate part of their reproductive anatomy by a painful and bloody procedure, subjected immediately to several sharp needle punctures in tender, nerve-dense feet; denied the comfort of the mother's heartbeat for 3-5 or more days while tranquilized in a brightly lit, sterile hospital nursery; often force-fed calf's milk through a rubber nipple and then, the coup de grace, introduced to a battery of foreign agents the likes of which should never be injected directly into the bloodstream. It is no wonder that these emotionally and physically depressed children are often hyperactive, violent, incapable of studying and lack the Vital Force to reproduce and recreate when they come of age.

Many viruses (like polio) make their exit in the diapers of infants. Many more through the skin. The defense system is merely carrying out its design when it escorts highly toxic substances, quickly expelling them through the pathway of minimal resistance. Poisons in the form of vaccinations which include viruses, heavy metals, antibiotics, toxic animal tissues, and formaldehyde, (AKA "shots") injected into a perfectly healthy newborn results in a wide range of blood diseases, central nervous system inflammations, skin disorders and autoimmune conditions. This physiological/biochemical condition often shapes their future personality and the way they respond to stimuli.

The "Morbidity and Mortality Weekly" report of July 1985 lists all the adverse reactions to DPT vaccination occurring within 48 hours. Long-term sequelae is so far removed from the situation that it is totally ignored even though children are becoming more hyperactive, hypoglycemic and then hypothyroid with every injection and every piece of junk food. These insidious biochemical conditions are not of themselves dangerous but are merely compensatory mechanisms to intolerable conditions.

Much like the person who is looking for their car keys under the lamppost (because that's where the light is), not down the block where they lost them (because that's where the dark is), most doctors in the medical sciences fixate on the signs and symptoms of pathology rather than on the underlying cause.

Today such a paradigm is ill-advised, especially in the face of biochemical, and physiological individuality and the fact that we are helping a subject and not dealing with objects. The extended, wholistic literature, especially from other cultures, and other times, contains much information that is too important to be ignored. It is high time that we started to accumulate and publish all the anecdotal experiences that point the finger at vaccinations and their sequelae and re-name them according to their origin. Vaccinitis must not be allowed to destroy the hard-won biological integrity and genetic immunocompetence of the human race.

Article published anonymously