

VACCINATION

An injection of common sense?

Vaccination is heralded as the means of keeping us protected from the major diseases known to man. This particular medical intervention has also been credited with bringing an end to a number of supposedly 'killer epidemics'. Because of the largely supportive press that vaccination has received, the practice is rarely questioned, as vaccine critic Dr Richard Moskowitz states:

*"Vaccines have become sacraments of our faith in biotechnology in the sense that (1) their efficacy and safety are widely seen as self-evident and needing no further proof; (2) they are given automatically to everyone, by force if necessary, but always in the name of the public good; (3) they ritually initiate our loyal participation in the medical enterprise as a whole. They celebrate our right and power as a civilization to manipulate biological processes ad-libitum and for profit, without undue concern for or even any explicit concept of the total health of the populations about to be subjected to them."*¹

In the short essay *Modern Medicine: The New World Religion*, Oliver Clerc makes the point that our faith as such – the 'religious side' to humanity – isn't really dying away; our worship is merely being given over to another god:

*"The facts show clearly - for anyone taking the time to study them - that medicine today enjoys an astonishing degree of undeserved credit that is out of all proportion to its actual results or promises. Real health keeps regressing, while the great medical 'miracles', such as vaccines and antibiotics, are now clearly showing their limitations, which some had foreseen and warned of right from the start. This undeserved credit comes mostly from the fact that medicine and science have replaced religion as the only certain belief in an uncertain world. And the doctors and scientists are seen as the priests of the new religion, delivering through the certainties of science what the old discredited gods were not able to deliver. If we can no longer believe in the miracles, cures and curses of the old religions, we can certainly believe in the miracles, the cures and the destructive powers of the new science."*²

'JUST KEEP ON KEEPIN' ON'

From smallpox to TB, from meningitis to the flu, the vaccines being injected to 'protect' us from these diseases are accepted by the great majority without question. With the advent of the Internet however, valid arguments against vaccination began to filter through. But so deep-rooted is our faith in vaccination, that we tend to shut our eyes and minds from objective examination of the subject, and *'just keep on keepin' on'*, believing that the experts know best. At what point do we finally draw the line and start to investigate for ourselves?

NOT SO GLOWING

A dispassionate examination of the true history of vaccination reveals a very different picture to the glowing falsehoods presented to us by the vaccine industry. The following statement from Gerhard Buchwald, a long-time critic of the vaccine industry, is quite illuminating:

"I have lectured all over the world and I have always had a special interest in newspapers. All of them have one thing in common, there is always some reference made to some epidemic in some part of the world. For instance, two years ago, one paper referred to a polio epidemic in Holland. For the past three years, our newspapers have commented on the diphtheria epidemic in Russia. By these means, the population is constantly threatened with epidemics, they have been made to fear them, and the reports always conclude: 'Go and get vaccinated.'" ³

¹ **Moskowitz, Richard**, 'Vaccination – A Sacrament of Modern Medicine', at <http://www.healthy.net/asp/templates/Article.asp?PageType=Article&Id=1121>

² **Clerc, Olivier**, *Médecine, Religion et Peur; l'influence cachée des croyances* (The hidden influence of beliefs and fears), Editions Jouvence, France, 1999

³ **Buchwald, Gerhard**, 'Vaccination: Business Based on Fear' at <http://www.whale.to/vaccines/buchwald9.html>

THE FAMOUS EDWARD JENNER

At this stage, readers might well be saying, “*What about Edward Jenner, the founder of vaccination? What about smallpox, TB, etc? Didn’t these diseases decline with the introduction of Jenner’s vaccination programme?*” The popular accounts of the founder of vaccination and especially the story on smallpox eradication, to which all advocates of vaccination point as an example of ‘success’, differ greatly from what actually occurred.⁴

Edward Jenner was born in Berkeley, Gloucestershire on 17th May 1749. He was the eighth of the nine children born to the vicar of Berkeley, the Reverend Stephen Jenner, and his wife Sarah. By the time Edward was five years old, both of his parents had died and he was left in the care of his older sister, Mary, who was soon to marry the incoming vicar, the Reverend G. C. Black. Jenner went to school in Wotton-under-Edge and Cirencester.

JENNER: A VACCINE-INJURED CHILD?

It is sad to report that Jenner himself may well have been a vaccine-injured child. When he was eight years old, he was deemed to have come in contact with a smallpox-infected person and was subsequently variolated for smallpox. Variolation entailed the physician making a subcutaneous cut into the skin, into which human smallpox pustules were inserted. This barbaric treatment is reported to have had a lifelong effect upon Jenner’s general health. In attempting to discover more on this particular matter, I am grateful to David Mullin, the curator of The Edward Jenner Museum in Berkeley, Gloucester. He quoted from a manuscript in his possession, entitled *The Berkeley Papers*, written by Thomas Dudley Fosbroke, who had known Edward Jenner personally. According to Fosbroke, six months after this treatment, Jenner still had not recovered. One does not need to ponder too hard the reasons why:

“He was a fine, ruddy boy, and at eight years of age, was, with many others, put under a preparatory process for Inoculation with the Smallpox, by the late Mr. Holbrow, of Wotton Underedge. This preparation lasted six weeks. He was bled to ascertain whether his blood was fine; was purged repeatedly, till he became emaciated and feeble; was kept on very low diet, small in quantity, and dosed with a diet-drink to sweeten the blood. After this barbarism of human-veterinary practice, he was removed to one of the then usual inoculation stables, and haltered up with others in a terrible state of disease, although none died. The effect of the preparation and inoculation just mentioned was this – as a child, he could never enjoy sleep and was constantly haunted by imaginary noises; and a sensibility too acutely alive to these and sudden jars has ever since subsisted.”⁵

One can hardly begin to imagine what a catastrophic effect, physically, mentally, emotionally and spiritually, this treatment would have had on the young Jenner. And the wounds seemed to have lasted a lifetime. Jenner was 71 at the time of Fosbroke’s writings.⁶

At the age of 14, Jenner was apprenticed for seven years to Mr Daniel Ludlow, a surgeon of Chipping Sodbury, where he gained most of the experience needed for his future occupation as a surgeon.

THE CUCKOO PAPERS

In 1770, Jenner moved to St. George’s Hospital in London to complete his medical training under the surgeon, John Hunter. At 23, he returned to his native village of Berkeley, staying there for 17 years, to practice as an unqualified surgeon and apothecary, as yet unknown to the world at large. In real terms, there was little difference between a qualified or unqualified surgeon. The ministrations from either were nothing less than barbaric. The particular surgical ‘skills’ that Jenner brought to his home town high street consisted of bloodletting, either by cutting veins or by applying leeches, and

⁴ The word ‘pox’ is the plural form of pock (‘pocke’ meaning sac). Smallpox left pock marks over the body. The name ‘small pox’, which first occurs in Raphael Holinshead’s *Chronicles* from 1571, was given to this disease to distinguish it from syphilis, which was then known as ‘great pockes’.

⁵ Fosbroke, Thomas, Dudley, *The Berkeley Manuscripts*, John Nichol and Son, London, 1821

⁶ Mr Mullin also made mention of personal correspondences in Jenner’s later life, in which Jenner expressed that his mind may well have been causing *hysterical* physical manifestations.

rapid amputation - without anaesthetics - of limbs that were gangrenous with infection after injury. The operation that Jenner performed most frequently was 'cutting for the stone' - the removal of kidney stones. There was no pain relief or anaesthesia in those days, and the death rate was extremely high for almost all major surgical operations. This was primarily due to the scant attention paid to cleanliness and general hygiene in the operating 'theatre'.

In 1787, Jenner sent a paper on *'The Natural History of the Cuckoo'* to the Royal Society and, with Hunter's influence, was elected a Fellow of The Royal Society (F.R.S.). Three years later he applied to St. Andrew's University for an M.D. and became Dr. Jenner for the modest outlay of £15. Later on in life, after several applications, he was also granted an M.D. by the University of Oxford, though this was not until after his vaccination theory had been generally adopted. Addressing an anti-vaccination crowd during the late 19th century, this whole period was summarised by a Dr Walter Hadwen thus:

"Now this man Jenner had never passed a medical examination in his life. Jenner looked upon the whole thing as a superfluity, and he hung up 'Surgeon, Apothecary' over his door without any of the qualifications that warranted the assumption. It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he then communicated with a Scotch University and obtained the degree of Doctor of Medicine for the sum of £15 and nothing more.

*Then he sent to the Royal College of Physicians in London to get their diploma, and even presented his Oxford degree as an argument in his favour. But they considered he had had quite enough on the cheap already, and told him distinctly that until he passed the usual examinations they were not going to give him any more. This was a sufficient check in Jenner's case, and he settled down quietly without any diploma of physician."*⁷

The apparent ease with which Jenner gained his medical qualifications was also noted by vaccine historian A. W. Hutton:

*"His professional acquirements were but slender; his medical degree was the outcome of no examination or scientific work, but merely of a fee of fifteen guineas paid to the University of St. Andrews; while his other and more important distinction, his Fellowship in the Royal Society, was obtained by what even Dr. Norman Moore, his latest biographer and apologist, is constrained to admit was little else than a fraud."*⁸

MIND YOUR OWN BEESWAX

Jenner was particularly interested in looking at ways of treating smallpox. This was considered a very serious condition, not least because of the pock marks left on the skin of the survivors, especially on the face. In higher circles, ladies (and sometimes gentlemen) took to bees-waxing their faces to improve their 'pocked' appearance. Today, if you visit houses of the early 19th century, you are likely to see adjustable fire screens to each side of the fireplace. This shield-shaped furniture was commonplace. Since the only source of heat was by the fireplace, ladies were known to inadvertently melt their facial beeswax. The screens were put there to avoid this embarrassment. Since no real lady would call attention to another lady to attend to that which she was not supposed to be wearing in the first place, the admonition to *"Mind your own beeswax!"* came into general use.

In 1796, with smallpox ravaging towns and cities in the UK, Jenner was seeking ways of treating this condition. Based on an age-old folklore remedy at the time, he formulated a particular mixture from cowpox sores and, via two cuts made into the arm, introduced this mixture into an 8 year-old boy named James Phipps. Phipps never contracted smallpox. Was this the breakthrough the world was waiting for? Was this remedy more than just folklore? It seemed that Jenner was on to something. In fact, Jenner's 'pox' remedy was based loosely on the age-old medical theory of 'like cures like' - a pox cures pox. Not surprisingly, variations of the 'like cures like' theme had been in existence for many centuries.

⁷ 'The Case Against Vaccination' at <http://www.whale.to/v/hadwen.html>

⁸ **Shelton, Herbert M**, *Vaccine and Serum Evils*, Health Research Books, republished 1996

A BRIEF HISTORY OF 'LIKE CURES LIKE'

Earliest medical records contain numerous accounts of tribes using animals and birds of various colours in healing rituals. Diseased individuals with, let us say, jaundice or yellow fever would have incantations said over them. The disease would be commanded to leave, and at the same time a yellow bird would be released, flying away with the similarly coloured symptoms and hopefully the disease. Many books make reference to Hippocrates, famed for stating: "*Where there is illness there also is the cure.*" While this statement might appear profound, it actually contains very little information that could be considered meaningful.

In the 15th century, the alchemist and physician Paracelsus popularised another derivative of '*like cures like*' - 'the doctrine of signatures'. This is the belief that plants, flowers and leaves of a certain shape are medicinally beneficial for human organs of a similar shape, hence the names of plants such as heartsease, eyebright, lungwort, spleenwort, liverwort, etc. Again, references to this idea are found in earliest recorded medical history, but it was Paracelsus who gathered all the strands together to present what he claimed to be his doctrine.

As early as the 10th century, Chinese medical texts refer to variolation for the treatment of smallpox, whereby powdered scabs from smallpox pustules were inserted into the nose or under the skin, via cuts to the body, a tradition that was to last for many centuries and formed the basis for the young Jenner's treatment.⁹ In 1755, a certain Mr. Porter, English Ambassador to Constantinople, wrote the following:

*"It is the tradition and opinion of the country that a certain angel presides over this disease [smallpox]. That it is to bespeak his favour and evidence their confidence that the Georgians take a small portion of variolous matter, and, by means of scarification [cutting], introduce it between the thumb and fore finger of a sound person. The operation is supposed to never miss its effect. To secure beyond all uncertainty, the good will of the angel, they hang up scarlet clothes about the bed, that being the favourite colour of the celestial inhabitant they wish to propitiate."*¹⁰

A Dr Henry Lindlahr offers a more contemporary assessment:

*"Jenner, an English barber and chiropodist, is usually credited with the discovery of vaccination. The doubtful honour, however, belongs in reality to an old Circassian woman who, according to the historian Le Duc, in the year 1672 startled Constantinople with the announcement that the Virgin Mary had revealed to her an unfailing preventive against the smallpox. Her specific was inoculation with the genuine smallpox virus. The Circassian seeress cut a cross in the flesh of people and inoculated this wound with the smallpox virus. Together with this she prescribed prayer, abstinence from meat, and fasting for forty days. But even with her [or the Virgin Mary] the idea was not an original one, because the principle of isopathy (curing a disease with its own disease products) was explicitly taught one hundred years before that by Paracelsus, the great genius of the Renaissance of learning of the Middle Ages. But even he was only voicing the secret teachings of ancient folklore, sympathy healing and magic dating back to the Druids and Seers of ancient Britain and Germany."*¹¹

PUS, BLOOD AND HAIR

Minus the scarlet threads, Jenner was simply building on medical theories that had been in existence for centuries previously. The poor unfortunates injected with Jenner's 'mixture' received a combination of bovine pus extracted from lacerated calves' bellies, plus bovine skin, flesh, blood and hair.¹² To create this concoction, calves were strapped down to a table, their bellies were lacerated and then rubbed with various toxins, including pustules from smallpox victims. This caused the cuts to become infected and fester, the resultant pus forming the basis for Jenner's smallpox vaccine.

⁹ 'How was vaccination invented?' NHS Immunisation Education Page at <http://www.immunisation.org.uk/history.html>

¹⁰ *Gentleman's Magazine*, October 1755, quoted from Shelton, Herbert M, *Vaccine and Serum Evils*, op. cit.

Available at <http://www.addall.com/Browse/Detail/078730784X.html>

¹¹ **Lindlahr, Henry**, *Nature Cure: Philosophy and Practice*, Nature Cure Publishing Company, 1922

¹² **Rattigan, Pat**, *Assault on the Species*, Nemesis, 1997

Jenner's own particularly poisonous concoctions introduced nothing new to the barbaric and largely ineffective 18th century conventional medical cabinet.

What then of Phipps and others who had been vaccinated by Jenner in those experimental years? After all, Phipps lived, but not for very long, dying of TB at aged 20. During this time, Jenner had also been inoculating his son with swine-pox matter, from aged 18 months, and he continued to do so intermittently over the years. He too died of TB, aged twenty one. Several vaccination historians have argued that the toxic assault caused by the smallpox vaccine weakened the immune system to such an extent that TB was more easily contracted by the vaccine recipients.¹³ Dr A Wilder, Professor of Pathology and the former editor of *The New York Medical Times*, stated:

*"Consumption (TB) follows in the wake of vaccination as surely as effect follows cause."*¹⁴

And a Dr. William Howard Hay, addressing the Medical Freedom Society, reminds us of the inevitable ill-health that must surely follow Jenner's 'ministrations':

*"It is nonsense to think that you can inject pus - and it is usually from the pustule end of the dead smallpox victim - it is unthinkable that you can inject that into a little child and in any way improve its health. The body has its own methods of defence. These depend on the vitality of the body at the time. If it is vital enough, it will resist all infections; if it isn't vital enough, it won't. And you can't change the vitality of the body for the better by introducing poison of any kind into it."*¹⁵

These unsavoury facts are of course omitted from today's glowing conventional vaccination fables.

THE LIFE-PRESERVING FLUID!

In 1798, after several unsuccessful attempts to find the right formula, Jenner mixed a combination of horse-grease and cowpox matter, 'horse grease' being the general term used for the by-product derived from seborrhoeal lesions - a scaling disorder of the skin, found on the lower limbs of the horse, due to unclean stable conditions. This new variation superseded his original concoction, which he admitted had "...no protective virtue."¹⁶ Dr Walter Hadwen, from whom we have already heard, was a notorious vaccine critic at the end of the 19th century. In Goddard's Assembly Rooms, Gloucester, on January 25th 1896, during the height of the Gloucester smallpox crisis, Hadwen gave a remarkable speech to the people on the failures of Jenner and the ideas he proposed. On the matter of horse grease, Hadwen notes:

"I had better, at the outset, state to you distinctly the position I occupy on the subject. I stand here not only as a medical man, but as a father and a citizen. As a medical man I look upon vaccination as an insult to common sense, as superstitious in its origin, unscientific in theory and practice, and useless and dangerous in its character; while as a father and a citizen I view the Compulsory Vaccination Acts as demoralising in their tendencies, degrading in their character, cruel and unjust in their enactments, and an unwarrantable interference with parental responsibility and liberty - (cheers) - such as ought not to be tolerated in a country like England, which has boasted of her civil and religious freedom for generations past. (Renewed cheers.)"

It seems that a man had been seeing to the grease upon a horse's heels, and had gone to milk the cows without washing his hands. The result was that it produced that peculiar kind of disease known by the name of horse-grease cowpox. "This," said Jenner, "is the life-preserving fluid!" and he went home to write about the wonderful virtues of horse-grease cowpox. However, it was necessary to perform an experiment, and he inoculated a boy named John Baker with horse-grease, direct from the horse's heels. He intended later to inoculate him with smallpox in order to see whether it

¹³ **Yurko, Alan**, 'Vaccines - Injections of Death', The Vaccine Liberation Organisation at <http://www.vaclib.org/basic/crusade.htm>

¹⁴ Rattigan, Pat, op. cit.

¹⁵ **Sinclair, Ian**, 'The History of The Smallpox Vaccination', December 2002 at <http://www.country-spice.com/webpages/healthreports/smallpoxhistory.htm>

¹⁶ **Miller, N Z**, *Vaccines: Are They Really Safe And Effective?* Sante Fe, New Atlantean Press, 1993

would take, but the poor boy died in the workhouse directly afterwards from a contagious fever contracted from the inoculation.”¹⁷

And extracts from a kindly biography even, written by Jenner’s good friend Dr John Baron, sensitively attest to the uselessness of Jenner’s cowpox mixtures:

*“Many years elapsed before he had an opportunity of completing his projected experiments in vaccination, and he encountered numerous difficulties in carrying on the preliminary part of his inquiry. In the first place, he had found from his own observation, as well as from that of other medical gentlemen in the county, that what was commonly called cow pox, was not a certain preventive of smallpox. This fact damped, but did not extinguish, his ardour.”*¹⁸ (Emphasis mine)

And further in the same biography:

“He learned that there were well-authenticated instances to prove that when the true cowpox broke out among the cattle at a dairy, and was communicated to the milkers, even they had subsequently had smallpox. Tidings of this kind, which seemed to render further investigation useless, checked for a season his fond hopes; but resistance and difficulty only augmented his energy, and he resumed his labours with redoubled zeal.”

Despite the fact that his founding theory had floundered twice-over, Jenner pressed on regardless. In 1802, Jenner’s misguided zeal was given a considerable boost when the UK government gave him £10,000 (equivalent to roughly £250,000 today) to explore his ideas further – a sobering reminder that there’s no accounting for some government grants. With smallpox still considered the most pressing disease at that time, Jenner accepted the generous state gift. He took some of his horse-grease cowpox mixture and inoculated six children and, without waiting to see the result, took his experimental paper to London to get it heard and hopefully printed. Dr Hadwen again:

*“And in that paper he had the audacity to assert that it was not necessary to wait to see the result because the proofs he already had were so conclusive, and time experiments had told such an extraordinary tale - although he had completed but one experiment in his life, and that did not prove it at all. As soon as the paper was published the outcry was tremendous. “What?” said the people, “Take horse-grease? Filthy grease from horses’ heels, take that and put it into the blood of a child?” No, they would have nothing to do with it. They did not mind having cowpox without the horse, but they could not think of having the cowpox with the horse in it. Dr. Pearson wrote to Jenner, telling him he must take the horse out or “it would damn the whole thing.” Consequently - there is no accounting for taste - they denounced horse-grease cowpox, but were prepared to accept spontaneous cowpox.”*¹⁹

LARGE REVENUES

In 1807, Jenner convinced the Royal College of Physicians and the British Parliament that his original vaccine was safe and effective, having dutifully reverted to his original cow-pus mixture. Moreover, he stressed that the latter could also produce large revenues. In a manner not too dissimilar to the way in which today’s UK Medicines Control Agency is in the lap of the pharmaceutical industry, the mention of those two words *large revenues* sealed the matter. Despite there being no evidence that Jenner’s vaccination worked, vaccination began in earnest.

Throughout his smallpox years, Jenner was convinced that he had been ‘called’ as some kind of saviour for mankind and that God had tasked him to find the cure for smallpox:

¹⁷ **Hadwen, Walter**, ‘The Case Against Vaccination’. An address given at Goddard’s Assembly Rooms, Gloucester, on 25th January 1896. Full text available at <http://www.whale.to/v/hadwen.html>

¹⁸ **Baron, John**, *The Life of Edward Jenner*, Henry Colburn Publishers, London, 1838

¹⁹ Hadwen, Walter, ‘The Case against Vaccination’, op. cit.

*“The joy I felt at the prospect before me of being the instrument destined to take away from the world one of its greatest calamities was so excessive that I have sometimes found myself in a kind of reverie.”*²⁰

JENNER THE FREEMASON

Jenner’s reverie was soon to be interrupted with yet another government grant, this time for £500,000 in today’s terms. Jenner’s belief that he had been divinely called to solve the smallpox crisis may well have been reinforced in his mind and spirit through his heavy involvement in freemasonry. He held the position of Worshipful Master of his local freemason’s lodge – The Royal Faith and Friendship Lodge No. 270, Berkeley, where he led many esoteric meetings with assorted titled gentry. Anyone who has studied freemasonry from a spiritual perspective however, will note that there is a clear demarcation between the ‘divinity’ of freemasons and their craft and the divinity of God, as described in Scripture, which expressly forbids such occultist involvement.

Supporters of freemasonry described lodge meetings as a means of conveying to the individual the upright principles of brotherly love, equality, truth and of the ‘divinity’ within. Opposition to freemasonry stemmed from the fact that masonic rituals and teachings demonstrated occult influence and that meetings were always conducted behind closed doors, inviting the very reasonable question - why should knowledge considered beneficial to mankind be kept from the great majority of mankind?

Titles, prestige, position and money in abundance, but still, Jenner could not present one iota of evidence for the efficacy of vaccination. His belief that he had been divinely called, coupled with grant monies now totalling £750,000, allowed him to provide his vaccination ‘service’ free of charge to the poor, a service he dispensed from a thatched hut he called his Temple of Vaccinia. Goodness knows how much ill-health and death Jenner dispensed during those years. Sadly, as is so often the case with prestigious individuals ‘*wanting only to help humanity*’, the finer details of their methodologies are generally accepted *a priori*. Who are we to nit-pick and question such honourable and philanthropic intentions?

By the time of his death in 1823, Jenner had witnessed none of the miraculous reversals of smallpox, such as those falsely reported in today’s conventional medical texts. The people continued to die at a very high rate, and not only from smallpox. Even among the unvaccinated, there was consumption, typhoid, cholera and a number of other seemingly indiscriminate killers. Why was this?

LIES, DAMN LIES AND STATISTICS

The simple statements we read today, such as *“In the 19th and early 20th century, over 10,000 people a year died from such and such a disease, before the advent of mass-inoculation,”* are very misleading. The rote repetition by today’s journalists of these death rates leads the reader to conclude that vaccines were instrumental in halting the epidemics. This is simply not the case. Never are the death rates contextualised in their reports. The decline in the overall death rate in the populations across the UK at that time was the direct result of much-needed improvements to city and urban sanitation conditions.

DON’T DRINK THE WATER!

By far the biggest human killer, especially in inner-city areas, were the unsanitary conditions in which so many thousands of people lived. In London for instance, between 1800 and 1850, the population rose from 1,100,000 to 2,200,000 without any great investment in the sanitary infrastructure required to support such a growth. *“As the teeming rookeries became further overcrowded, cholera, typhoid, the white plague (TB) and typhus cast a necrophagous shadow over the capital.”*²¹ A Dr Hector Gavin visited Bethnal Green, London, in the 1840s. He noticed that a new terrace of houses had been constructed within ten feet of an enormous stagnant lake, *“...of thickened, putrefying matter, containing dead dogs and cats in every stage of decomposition, from which bubbles of pestilential exhalation were being given off.”*²² During the Industrial Revolution, poorer families often lived in squalid, dark, airless rooms, perhaps 30 families sharing a basic communal

²⁰ Baron, John, op. cit.

²¹ **Davies, Philip**, *Troughs and Drinking Fountains*, Chatto and Windus, 1989

²² *ibid.*

lavatory which connected to an open cesspool, overflowing into the street. Some households simply emptied chamber pots out the window into the street below. The 18th century London artist Hogarth has a famous print depicting this very act.

FOLLY DITCH

Charles Dickens had a long association with the London area of Southwark, both personal and literary, and particularly with the area known as *The Borough*. He first came to Southwark at the age of 12, when his parents and all the Dickens children, except for Charles and his sister Fanny, were imprisoned at Marshalsea Debtors Prison in Borough High Street. In his writings, Dickens described many places in Southwark he had known as a child. A particularly 'colourful' account of London living is found in Dickens' famous work, *Oliver Twist*:

*"Near to that part of the Thames on which the church at Rotherhithe abuts, where the buildings on the banks are dirtiest and the vessels on the river blackest with the dust of colliers and the smoke of close-built, low-roofed houses, there exists the filthiest, the strangest, the most extraordinary of the many localities that are hidden in London, wholly unknown, even by name, to the great mass of its inhabitants.... Rooms so small, so filthy, so confined, that the air would seem too tainted even for the dirt and squalor which they shelter; wooden chambers thrusting themselves out above the mud, and threatening to fall into it – as some have done; dirt-besmeared walls and decaying foundations; every repulsive lineament of poverty, every loathsome indication of filth, rot, and garbage; all these ornament the banks of Folly Ditch."*²³

People would simply draw household water straight from the Thames, or from whatever decaying river flowed through the particular town or city. But London was by no means the dirtiest place. When it came to sanitation and cleanliness, all densely inhabited areas in the UK were nothing less than vile in the poorer quarters. The urgent need in 1830s Bristol, for instance, to provide the city with clean water, had become a pressing public question, according to John Latimer, author of *The Annals of Bristol in the 19th Century*:

*"The state of the poor in many districts was lamentable in the extreme and the high rate of mortality, which generally prevailed, was held to be largely attributable to the consumption of impure water and to the dirt and squalor that prevailed amongst the labouring classes."*²⁴

Dirt and squalor are the most frequently recurring words in descriptions of the living conditions of poorer classes of the period and with all the usual references to the failure of the authorities to do anything to remove them. These were the conditions surrounding Edward Jenner, when he introduced his particular cowpox 'salve'. And what benefit would be gained by injecting an already compromised immune system with a vaccine containing poisonous cow pus?

NEW YORK

American cities were no different. In the mid-19th century, New York City had a higher mortality rate than most cities in the United States and western Europe. Members of the New York Sanitary Association were convinced that the diseases contributing to this high rate were primarily due to the absence of proper sanitary practices and could be prevented. Sanitarians wanted to improve public health law and educate the public about proper hygiene.

In 1864, New York physician Stephen Smith organised and directed a sanitary survey of New York City, a landmark event in the history of American public health. Many students of public health still consider this survey to be among the most comprehensive ever made. It contains vivid descriptions of living conditions unimaginable to contemporary Americans. The inspectors wrote about overflowing privies, slime-covered streets filled with horse manure, and slaughterhouses and fat-boiling establishments dispersed among overcrowded tenements. One inspector reported that blood and liquid animal remains flowed for two blocks down 39th Street from a slaughterhouse to the river. It

²³ **Dickens, Charles**, 'Oliver Twist', 1837

²⁴ **Barty-King, Hugh**, *Water - The Book*, Quiller Press, 1992

was common knowledge that youngsters “could earn nickels by standing along Broadway and sweeping a path through the muck for those who wanted to cross the wretched boulevard.”²⁵

The New York survey was responsible for immediate sanitation improvements. Smith testified before the New York Senate and Assembly and, just over a year later, New York passed the first comprehensive health legislation in the nation. The newly established Metropolitan Board of Health was the first government agency dedicated to truly professional sanitary reform in the United States, and New York’s sanitary legislation served as a model for other local and state bills. Smith’s work in New York City also led to the formation of the American Public Health Association, on whose board he served.

CHICAGO

In the 1850s, Chicago endured a succession of cholera and dysentery epidemics, incited primarily by the city’s random waste disposal methods. In response, the Illinois legislature appointed Boston city engineer Ellis Sylvester Chesbrough to be chief engineer of the Chicago Board of Sewage Commissioners. Chesbrough immediately submitted a plan for a sewage system designed to solve Chicago’s waste disposal problems. At that time, not one U.S. city had a comprehensive sewage system, although most had sewers. In devising a system that would best serve Chicago, Chesbrough visited several major European cities and studied their sewage systems. Chesbrough’s innovations decreased illness and death and greatly improved public health.²⁶

EDWIN CHADWICK

In the UK, surrounded by the same general decay and stench, social reformer Edwin Chadwick, along with Benjamin Disraeli, Lord Shaftsbury and a Dr Southwood-Smith, created the Health of Towns Association. Visiting 50 towns, the HTA agreed that something needed to be done and urgently. Over the next thirty years, and with much opposition facing them, (all to do with expenditure) improvements were gradually made to town water supplies across the UK. The London cholera outbreaks of 1847 and 1854 killed 58,000 people. The common belief that the cholera was caused by a poisonous vapour was totally disproved in 1854 by Dr John Snow, who traced the source of the outbreak to the stagnant, filthy waters of The Broad Street Pump in Soho. With the introduction of The Metropolis Water Act of 1852, filtration systems were enforced on all water supply companies. Water supplies were monitored regularly by chemical and microscopic analysis. By 1859, several provincial cities enjoyed the luxury of a constant and drinkable water supply. SE Finer, the biographer of Edwin Chadwick, wrote:

*“The suddenness with which the people of England appeared for the first time to acquire a sense of sight and smell, and realise that they were living on top of a dung heap, was due to the impact of industrial change. By the 1840s, the slow procession of piecemeal alteration in modes of production had produced a qualitative change, visible to all. England was rich. England lived in towns... Engineering skills and new riches made a sanitary science possible and necessary.”*²⁷

AS SIMPLE AS ABC!

Needless to say, the impact upon the health of the cities was considerable. In October 1970, Dr. Edward H. Kass, Professor of Medicine at Harvard Medical School, delivered the presidential address to the Infectious Disease Society of America. In commenting on a number of other diseases, all supposedly ‘infectious’, he stated:

“It was not medical research that had stamped out tuberculosis, diphtheria, pneumonia and puerperal sepsis. The main credit went to public health programmes, sanitation and general improvements in the standard of living brought about by industrialisation. All the data showed that

²⁵ Pizzi, Richard, ‘The Apostles of Cleanliness’, *Modern Drug Discovery*, Vol 5, May 2002 at <http://pubs.acs.org/subscribe/journals/mdd/v05/i05/html/05ttl.html>

²⁶ Pizzi, Richard, ‘The Apostles of Cleanliness’, op. cit.

²⁷ Barty-King, Hugh, *Water - The Book*, op. cit.

mortality rates from infectious disease had been in steady decline since the middle of the 19th century, that is, before medicine had become scientific and interventionist."²⁸

And it is against this backdrop that all stories pertaining to the worth of vaccination must be weighed. The myriad glowing *'history of vaccination'* essays out there make little mention of these matters. Commenting on the need for intellectual rigour when seeking to establish cause and effect, Geoff Watts, presenter of *Medicine Now*, says:

*"Another trap for the unwary lies in the failure to distinguish between association and causation. The fact that two things repeatedly happen at the same time doesn't mean that one is necessarily the consequence of the other. Both may be the result of some third event of which the observer is unaware."*²⁹

In all the pro-vaccination papers, the authors fail to distinguish between association and causation. They would have us presume that A (improved health) is believed to be the result of B, (vaccination) while taking no account of C, (all-round improvement in social conditions). The enforcement of long-overdue and much-needed sanitation laws coherently explains the downward trend in illness and death rates in the mid to late 19th century. Yes, people appeared to be getting better at the same time as people were being injected with cow pus. But in no way was this intervention the trigger for better health! Vaccination was merely a coincidental act, against a much larger backdrop of eminently sensible sanitation measures.

DUTIFUL RECITALS

But you wouldn't think so, reading the Student BMJ *History of Medicine* page. Described as, "A *fascinating exploration of the history of medicine, showing just how far medicine has come from ancient times to the present day,*" the following text gives us the conventional history of vaccination:

*"Jenner was a country doctor who observed that milkmaids who had contact with cowpox did not catch smallpox. Suspecting that it may be possible to induce this immunity medically, Jenner inoculated James Phipps with pus from a dairymaid in May 1796. Six weeks later he unsuccessfully inoculated the same boy with smallpox, proving his theory. He published his work in 1798 and attracted immediate attention. By 1799 thousands of people had been vaccinated across the world and by 1979 the World Health Organization had successfully completed a programme eradicating smallpox from the world. Enthusiasm for the eradication of smallpox stems from the fact that it was one of the greatest killers in history, responsible for thousands of deaths in the old world and significantly also responsible for wiping out 90% of native Americans in the 1600s, facilitating, in part, the colonisation of the New World."*³⁰

How much has been left out of this *fascinating exploration* is painfully obvious. It is not an exploration. It is merely the rote repetition of historical, medical myths by naïve underlings, dutifully reciting their way up the conventional medical ladder. The enormous part which the environment plays in human and animal health has been entirely avoided in the BMJ essay, but is a theme which will repeat itself more and more, the deeper we examine the nature of health and disease in this book. The vaccine industry of course promotes no discussion on such matters.

LEICESTER GETS SICK

Leicester, with nearly 200,000 inhabitants at the time, affords good evidence for the uselessness of Jenner's smallpox vaccination programme. At the commencement of the 1870s, Leicester was one of the most completely vaccinated towns in the UK. In 1871, at the very height of its 95% vaccination record, public records revealed that Leicester's smallpox deaths were higher than that of the less-vaccinated London. Says Pat Rattigan:

²⁸ **Tracy, Michael**, 'AIDS and the making of the public mind' at

http://www.thewizardofpoz.com/mission_det.php?missionid=4

²⁹ **Watts, Geoff**, *Pleasing The Patient*, Faber and Faber, 1992

³⁰ 'An A-Z of Medical History, Part 1', *Student BMJ* at

http://www.studentbmj.com/back_issues/0902/education/317.html

*“After this potion was injected into the blood of the nation’s children, the largest epidemic of smallpox ever known began, with a peak of 42,000 deaths in 1871-72 alone.”*³¹

Faced with this simple mathematical equation, Leicester inhabitants realised that vaccination was only adding to the death toll. As a result, there grew a steady refusal to vaccinate. Coupled with the already-mentioned sanitary reforms, this refusal to vaccinate meant that Leicester began to witness less death. Pat Rattigan again:

*“After this fiasco, the towns of Leicester and Dewsbury rejected vaccination. In 1892-3 Leicester had 19.3 cases of smallpox per 10,000 population. Warrington, with 99.2% vaccinated had 123.3 cases of smallpox per 10,000 population. Leicester and Dewsbury had the lowest death-rates in the country.”*³²

TRYING TO CREATE PANIC

The injection of pus and other detritus into the collective bloodstream of the Leicester inhabitants ceased. The news soon spread that Leicester was refusing vaccination and had subsequently witnessed a drop in the death rate. As a result, vaccine refusal spread right across the UK, despite the predictable dire warnings from the conventional establishment doctors who prophesied that death and destruction would reign as vaccination ceased and smallpox returned. The following quotation, dating back 120 years to 1882, demonstrates quite clearly the pharmaceutical forces at work then as are at work today:

*“The persistent attempts that are now being made to create panic over the increase of smallpox in London have so far met with little success. What evidently is wanted is to drive the people in flocks to the doctors for re-vaccination. The ‘roaring trade’ that was done during the epidemic of 1871 is remembered with fervour, and such another ‘good time’ is earnestly prayed for. It is lucrative work vaccinating troops of terrified middle and upper class Londoners. They hear of ‘carefully selected vaccine’ with touching simplicity; drop their guineas with grateful alacrity; and retire, persuaded that they are fortified for at least seven years from possibility of infection. Here we see old sorcery and witchcraft under new forms without essential difference.”*³³

There are also examples of Jenner’s medical contemporaries who, formerly accepting vaccination as a matter of course, were led, after careful investigation of the matter, to reject it entirely. A Dr W. J. Collins, a public vaccinator in London, who, in twenty-five years, had vaccinated many thousands of persons, eventually realised that vaccination had never diminished smallpox, but on the contrary, had often produced it. He expressed the conviction that *“cowpox inoculation, whether performed with matter originating in the greasy heels of the consumptive horse or in the running sores of human smallpox, is a practice dangerous to the community at large.”* and he was so convinced of this that he abandoned vaccination altogether, thereby giving up an income of at least £2,500 a year.³⁴ And similarly, across the pond in the USA, a Dr J.W. Hodge, ex-Public Vaccinator of Lockport, New York, wrote:

*“After a careful consideration of the history of vaccination gleaned from an impartial and comprehensive study of vital statistics, and pertinent data from every reliable source, and after an experience derived from having vaccinated 31,000 subjects, I am firmly convinced that vaccination cannot be shown to have any logical relation to the diminution of cases of smallpox. Vaccination does not protect; it actually renders its subjects more susceptible by depressing vital power and diminishing natural resistance, and millions of people have died of smallpox which they contracted after being vaccinated.”*³⁵

³¹ Rattigan, Pat, *Vaccination: Assault on the Species*, op. cit.

³² *ibid.*

³³ ‘The Fable of the Smallpox Hospital Nurses Saved from Smallpox by Re-Vaccination’, London Society for the Abolition of Compulsory Vaccination, 1882. Full commentary at <http://www.whale.to/vaccine/nurses.html>

³⁴ **Collins, W J**, *Have You Been Vaccinated, And What Protection Is it Against The Smallpox?* London Publishing, 1868

³⁵ **Hodge, J W**, *The Vaccination Superstition*, Niagara Falls Publication, New York, 1902. A summary of this book and other works at

Moving on a few decades, and we read this from Dr. J. C. Ward:

*"I believed that vaccination prevented smallpox. I believed that if it did not absolutely prevent it in every case, it modified the disease in some cases, and I believed that re-vaccination, if only frequent enough, gave absolute immunity. Experience has driven all that out of my head; I have seen vaccinated persons get smallpox, and persons who had been re-vaccinated get smallpox, and I have seen those who had had smallpox get it a second time and die of it."*³⁶

According to the official figures of the Register General of England for 1933, only 109 children under 5 in England and Wales died of smallpox in the twenty-three years previously, but 270 children had died of vaccinations in the same period. Between 1934 and 1961, not one smallpox death was recorded, and yet during this same period, 115 children under 5 years of age died as a result of the smallpox vaccination. This grisly toll ultimately forced the government to repeal the Vaccination Act for smallpox. And from that day to this, the unvaccinated (and, as our health officials would stalwartly proclaim, *unprotected*) UK has had a negligible smallpox mortality rate. Well, of course that would be the case. The UK enjoys all the public amenities that prevent such an illness. Not good news for today's £multi-million vaccine industry that desires us to believe the hype and 'get vaccinated' for all diseases.

The last recorded death, supposedly from smallpox in the UK, was in 1978. Janet Parker, a medical photographer from the Medical School of the University of Birmingham, was apparently contaminated with smallpox while working at the laboratories of Professor Henry S. Bedson, head of the Department of Medical Microbiology. As a result of her unusual and much-publicised death, Bedson committed suicide, slitting his throat with a pair of scissors.

PROMOTIONAL DISASTER

One early attempt at vaccine promotion went disastrously wrong over at the print office of *Encyclopaedia Britannica*. This publication had called upon the services of a Dr Charles Creighton to write an article for its 1888 edition on the benefits of vaccination. Creighton had written for EB previously and was presumed a sound candidate for the project, having authored a book entitled '*History of Epidemics*' - a book described as by some as '*... the greatest medical work ever written by one man.*'³⁷ He was considered a *safe pair of hands*. However, no-one had envisaged him critically researching the subject before writing the piece. His article began:

*"It is right to say that the views expressed in the present article diverge in many points from the opinions generally received among medical men, and must be regarded not as the exposition of established and undisputed doctrine, but as the outcome of an independent and laborious research."*³⁸

As a result of his research, Creighton was unable to list any actual benefits of vaccination. As a 'promotion' for vaccination, Creighton's piece was a disaster. The Vaccine Awareness Network Takes up the story:

"Even though Creighton 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. 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, and was replaced as

<http://www.whale.to/vaccines/smallpox14.html>

³⁶ 'Smallpox Vaccine Failure Quotes' at

<http://www.whale.to/vaccine/quotes10.html>

³⁷ Vaccine Awareness Network, 'Vaccination' at www.van.org.uk/other/asault.htm

³⁸ Ninth Edition, *Encyclopaedia Britannica*, 1875-1889

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. The ninth edition became a collector's item."³⁹

AND ALL THANKS TO A NEW NEEDLE? HMMM...

So much for *Encyclopaedia Britannica* as a vanguard of truth. The Virtual Museum of Bacteria shows the same simple disregard for truth. Not once in its history of vaccination pages does it mention sanitation or hygiene. Here is a snippet from its *glowing* vaccination references:

*"Jenner had first proposed the idea of worldwide eradication of smallpox by vaccination in 1801. In 1950, the World Health Organization proposed a programme to eradicate smallpox from the Americas. This was achieved in 8 years. In 1958, the W.H.O. proposed a worldwide eradication campaign, but this did not really get under way until 1965. Between 200 and 300 million doses of a standardized vaccine were produced and administered annually. Smallpox vaccination was greatly helped by the development of the bifurcated needle in 1968, making administration of the vaccine simpler and more effective. Even in the best-organised campaigns, it was not possible to vaccinate 100% of the population, so a new strategy was adopted in addition to blanket vaccination campaigns - early detection and vigorous containment of outbreaks. This proved to be highly effective."*⁴⁰

Highly effective nonsense.

LEARNING BY COMPARISON

On the matter of a populace being given only one side of the story, Joyce Marshall, a long-standing critic of vaccination, says this:

*"Upon limiting access to information, the medical-industrial complex is able to maintain its authority mystique. Isolation is a well-known technique of brainwashing. Choices that challenge the position of the authority are limited and often times hidden. Because the intellect learns by comparison, when it is presented with only one point of view or other points of view are denigrated, it loses its capacity to discriminate and ultimately its capacity for fully rational thought."*⁴¹

And on the validity of vaccination in general, Dr. James A. Shannon, of the US National Institutes of Health, stated: *"The only safe vaccine is the vaccine that is never used."*⁴²

AN UNNATURAL POINT OF ENTRY

It would seem reasonable to suggest that introducing a toxic vaccine directly into the bloodstream is a dangerous intervention. Surely, if a child gets a naturally-occurring illness such as measles, (not generally a serious condition, as discussed later), the body reacts to that condition in its own natural way. But when you inject a vaccine into the body, you're actually performing an unnatural act because you are injecting a toxic substance directly into the bloodstream. In the case of measles and smallpox, or any disease for that matter, this is not the natural port of entry. In fact, the whole immune system in our body is geared to prevent this from happening. The body has several defence mechanisms to prevent the entry of poisonous and toxic material and takes a lot of care to ensure the purity of the bloodstream. A toxin will smell or taste bad and the nose and mouth should reject them. If it is nevertheless swallowed and not vomited out, the liver and stomach will do their best to neutralise it and the kidneys eliminate it.

Vaccination bypasses all our natural defence mechanisms. How long does this toxic material from the vaccine stay in the bloodstream? How overloaded does the immune system become from such an

³⁹ *Vaccination - An Assault on the Species*, excerpted from **Dole, L.**, *The Blood Poisoners*, 1965 at <http://www.van.org.uk/other/assault.htm>

⁴⁰ 'Eradication of Smallpox How did they do it?' The Bacteria Museum at <http://www.tulane.edu/~dmsander/Tutorials/Pox/Pox16.html>

⁴¹ **Marshall, Joyce**, 'The Non-Voluntary Vaccination of Akha Women' at <http://www.akha.org/health/tetanustoxoid.htm>

⁴² **McBean, Eleanor**, 'Swine Flu - Another Medically-Made Epidemic' at <http://www.whale.to/vaccine/sfla.html>

unnatural attack? And could this overload prolong the original illness? And could it also increase the chance for an *apparently* unconnected and potentially even more serious illness to manifest as a result? Again, these issues are never discussed in standard vaccine promotions.

RB Pearson is the author of *Pasteur, Plagiarist, Imposter: The Germ Theory Exploded*. (Pasteur's germ theory is looked at in more detail later in this book.) Pasteur's own experiments with vaccination - his infamous rabies experiments, for instance - were actually responsible for causing rabies in his patients, not curing the condition.⁴³ Pearson argues against any form of vaccination thus:

*"...But when nature's coat of mail, the skin, is violated, and the drug inserted beneath the skin, nature's line of defence is taken in the rear, and rarely can anything be done to hinder or prevent the action of the drug, no matter how injurious, even fatal it may be. All the physicians of the world are incompetent either to foresee its action or to hinder it."*⁴⁴

MMR FOR INSTANCE

Those persons not wishing to know the products used in the development of the standard measles, mumps and rubella vaccine, look away now. MMR contains neomycin, sorbitol, hydrolysed gelatin medium and human diploid cells, originating from aborted human foetal tissue. The tuberculosis vaccine uses a medium composed of glycerin, asparagine, citric acid, potassium phosphate, magnesium sulphate, and iron ammonium citrate. This mixture is used as the medium to help to grow what is then injected directly into the human system. Tetanus vaccine is produced using aluminium phosphate, formaldehyde, ammonium sulphate, washed sheep red blood cells, glycerol, sodium chloride, thimerosal medium (49% mercury) and pig pancreas derivatives.⁴⁵ Both MMR and TB are covered in a later chapter.

THIMEROSAL

Lawsuits are continually being filed by parents of autistic children, who believe their children's autism was caused by vaccines containing thimerosal, the mercury-based preservative made by pharmaceutical giant Eli Lilly. The incidence of autism has increased considerably over the last two decades, and many parents report that their children's autistic symptoms appeared shortly after receiving vaccines containing thimerosal. Quite worryingly, a recent report in the US *Boston Herald* asked why it was that a provision shielding vaccine manufacturer Eli Lilly from literally \$billions of lawsuits had been inserted, at the last minute, into the recently passed Homeland Security Bill.

INSIDER TIES

Thimerosal had been added to many common children's vaccines in the 1930s supposedly to prevent infections from fungus and bacteria. It was used, unnoticed, for many years until the late 1990s when researchers realized that, due to the increased number of vaccinations given, children could be exposed to unsafe levels of mercury. Mercury can accumulate in the body, impairing brain development, which, some researchers say, could lead to autism. With the recent provision, however, Lilly is exempt from all such lawsuits. People are asking whether Lilly's \$1.6 million contribution to the past election, coupled with the Bush administration's close ties to Lilly, (the White House budget director Mitch Daniels is a former Lilly executive; Lilly's CEO Sidney Taurel is a member of the Homeland Security Advisory Council; and former President George Bush Sr. once belonged to the company's board) may have influenced the passing of the provision. Officials at Lilly, however, say that neither the company nor its connections had anything to do with the inserted provision.⁴⁶

DO DOCTORS PRACTICE WHAT THEY PREACH?

⁴³ Pearson informs us of some 3,000 persons in the UK who died after being bitten by dogs and taking Pasteurian treatment. In 1902 a British commission investigated the issue of rabies and, consequently, Pasteur Institutes were abolished. Following this ruling, a London hospital did *not* use Pasteur's method in treating 2,668 persons bitten by dogs - and not one developed hydrophobia.

⁴⁴ **Pearson, R B**, 'Pasteur, Plagiarist, Imposter: The Germ Theory Exploded' at <http://www.sumeria.net/dream.html#contents>

⁴⁵ Vaccine ingredients. 'What's in a Vaccine?' at

<http://www.whale.to/vaccines/ingredients1.html>

⁴⁶ *Boston Herald*, 8th December 2002

According to conventional medical wisdom, doctors are among the highest risk population groups and therefore should require multiple vaccinations for all the diseases they encounter. Many hospitals and practices make it mandatory for physicians to be vaccinated. Vaccine researcher and author Neil Z. Miller reports that in one study, approximately 66% of paediatricians and obstetricians refused the MMR shot.⁴⁷ An equal percentage of doctors also refused the hepatitis B shot, mostly citing safety concerns because of rumours of animal contamination.⁴⁸ The American Medical Association's *Archives of Paediatrics and Adolescent Medicine* cite a 1994 study where approximately 1/3 of doctors were working without the mandatory flu vaccine, yet these same doctors followed national recommendations to vaccinate every child - sometimes with as many as five vaccines in one visit.⁴⁹

The 20th February 1981 issue of the *Journal of the American Medical Association*, contained an article entitled '*Rubella Vaccine in Susceptible Hospital Employees, Poor Physician Participation*'. The report stated that the lowest vaccination rate among medical personnel for the German measles vaccine occurred among obstetricians and gynecologists and the next lowest rate occurred among paediatricians. The authors conclude, "*The fear of unforeseen vaccination reactions was the main reason for the low uptake rate of physicians to be vaccinated.*"

Dr. Robert Mendelson wrote a report about a Los Angeles physician who refused to vaccinate his own 7-month-old baby. According to Dr Mendelson, this doctor stated, "*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 that we don't know much about.*" Yet the doctor was still vaccinating his patients and justifying his actions: "*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.*"⁵⁰

In the *British Medical Journal*, an article entitled '*Attitudes of General Practitioners Towards their Vaccination against Hepatitis B*' tells us that, of 598 doctors questioned about hepatitis B vaccine, 86 percent believe that all general practitioners should be vaccinated against hepatitis B. Yet 309 of those practitioners had not been vaccinated themselves.⁵¹ This less than enthusiastic response by physicians is further noted in another *British Medical Journal* article on hepatitis B vaccination and surgeons:

"Infection with hepatitis B virus is a serious hazard for health workers. Surgeons are particularly at risk with potentially devastating consequences to their well-being and a major threat to their livelihood if they become carriers." Despite good evidence of an increased risk of infection, a high percentage of surgeons in this study had not been immunised. Clearly, there is a failure by all surgeons to protect themselves and to insist that junior staff are protected."⁵²

The alarmist reporting on the 'condition' known as hepatitis B bears uncanny resemblance to the hysteria surrounding HIV, which is discussed in more detail in another Credence title *World Without AIDS*.

VACCINATION – AN ICON OF MODERNITY

Kevin Dew teaches applied social science research to Masters students at the Victoria University of Wellington. Part of his report, *Epidemics, Panic and Power*, considers the psychological and political mechanisms at work, which keep vaccination from falling from grace. Dew states:

"Another element that feeds into the way in which vaccines can be regarded as icons of modernity relates to the eradication of smallpox. The elimination of this disease is seen as a successful model

⁴⁷ *Journal of the American Medical Association (JAMA)*, 20th February 1981, reported in 'Five Baffling Vaccination Facts' at <http://www.vaccines.bizland.com/lkj.htm>

⁴⁸ **Mendelsohn, R**, 'The Drive to Immunize Adults', *Herald of Holistic Health Newsletter*, September-October 1985

⁴⁹ 'Five Baffling Vaccination Facts', op. cit.

⁵⁰ **Null, Gary**, 'Vaccines: A Second Opinion' at

http://www.garynull.com/Documents/Vaccines/vaccines-2ndopinion_excerpt.htm

⁵¹ *ibid.*

⁵² *ibid.*

for universal disease-prevention strategies. The successful campaign offers incredibly powerful imagery that encourages efforts to re-create this success in other domains. It can be suggested that the hope of emulating this achievement and thus, wiping deadly diseases from the face of the earth, establishes goals that allow for no dissension, and that if there is a price to pay for some in terms of adverse reactions, then this is ultimately for the good of the whole community, and the whole world.

At a much broader level, concern has been expressed over the way in which the World Health Organization and UNICEF have imposed programs on nations, with such an imposition being eagerly accepted by governments despite the lack of 'scientific' evidence to support them.”⁵³

FEAR AND PRESSURE

If it is reliable, long-term solutions to long-standing human and animal health dilemmas we are seeking, vaccination can never be the answer. We must break free of the current thought-pattern in this regard. But such is the pressure put upon us by the conventional establishment and media that tremendous guilt assails us if we do not vaccinate, vaccinate, vaccinate. This from Dr John Keller:

“Since people cannot be vaccinated against their will, the biggest job of a health department is always to persuade the unprotected people to get vaccinated. This we attempted to do in three ways, education, fear, and pressure. We dislike very much to mention fear and pressure, yet they accomplish more than education because they work faster than education, which is normally a slow process. During the months of March and April, we tried education and vaccinated only 62,000. During May we made use of fear and pressure and vaccinated 223,000 people.”⁵⁴

An elderly lady contacted me recently, concerned that her local health authority was scaring their patients into the surgery to receive a flu vaccine. Her two appointment letters began thus, “Dear Miss C, on behalf of the Scottish Health Department, I urge you to take up the offer of your influenza vaccine this year.” And “Dear, according to our medical records, there is a risk of you catching a serious infection.... Please make an appointment to discuss this important vaccination.” One of the letters was sponsored by Aventis Pasteur MSD Ltd, the foremost flu vaccine manufacturer in the world today.

200 NEW VACCINES IN THE PIPELINE

What began as a false premise has now turned into an industry of massive proportions. The World Health Organization confirms that some 12 billion injections are being carried out across the world annually. Vaccination is big, big business. According to a Yahoo News bulletin, dated 7th January 2003, vaccine sales are expected to reach nearly \$10 billion in 2006, up from \$5.4 billion in 2001. Flu vaccines are thought to be the fastest growing section of the market, with sales projected to more than double to \$2 billion in the next five years. The infant section of the vaccine market had sales of \$2.5 billion in 2001, and currently makes up the largest section of the vaccine market. Four large pharmaceutical companies - Aventis, GlaxoSmithKline, Wyeth and Merck & Co - currently account for 85% of all vaccine sales.⁵⁵

There are currently some 200 human vaccines in the pipeline, including Epstein Barr, cholesterol, diabetes, ulcer, multiple sclerosis, SV40, asthma, arthritis, allergy, clostridia, psoriasis, nicotine, gonorrhoea, syphilis, chlamydia, cocaine, anti-marijuana, lumpy skin disease(!), STD, PCP, shingles, osteoporosis, Parkinson's Disease, anti-fertility, *Candida*, warts, herpes, periodontal, dental caries, RSV, diarrhoea, peanut allergy, fifth disease, *E Coli*, leptosporosis, malaria, fungal disease, Alzheimer's, ebola, penicillin-resistant infection, West Nile virus, HIV, Lyme disease, rhinovirus, rotavirus, TB, anthrax, smallpox, yellow fever, typhoid, cholera, and another 170 besides.⁵⁶

⁵³ Dew, Kevin, *Epidemic, Panic and Power*, Sage Publications, Vol 3 (4): 379–398; 009703, 1999 at <http://www.sagepub.co.uk/journals/details/issue/sample/a009703.pdf>

⁵⁴ 'Vaccines and Fearmongering' at: <http://www.whale.to/m/fear1.html>

⁵⁵ 'Vaccines Seen a \$10 Billion Market by 2006', Yahoo News, 7th January 2003 at http://story.news.yahoo.com/news?tmpl=story&u=/nm/20030107/bs_nm/health_vaccines_dc_1

⁵⁶ Vaccination News at http://www.vaccinationnews.com/vaccines_in_the_pipeline.htm

The pharmaceutical industry has proven itself a consummate master at keeping up appearances and making extraordinary amounts of money from our misplaced faith that its glittering technology (as opposed to our own common sense) will eventually eradicate disease.⁵⁷ These companies are the master weavers. They have successfully spun a garment without substance, a cloth without thread. Breaking free from the mummifying wrap of these *silken vaccine garments* frees us from the biggest enemy to human and animal health – toxic medicines and the corporations promoting and selling them - Big Pharma, Big Business and their biggest supporters - Big Government.

Wherever there is a great deal of money being made by powerful corporations, there will always be difficulties in bringing to light any hidden dangers within those industries and the underhand means they use to boost income. Readers are encouraged to research this subject for themselves.⁵⁸ There are also many texts which attest to the wide choice of non-toxic approaches available to prevent and reverse disease. The list of Credence titles covering some of these treatments is found in the appendices to this book, along with a special section on animal vaccination. But enough of this. Have you had your flu jab yet?

⁵⁷ **Scheibner, Viera**, *Vaccination: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*, Scheibner Publications, New South Wales, Australia, 1993

⁵⁸ Books available from Think Twice Global Vaccines Institute include **Miller, Neil Z**, *Vaccination, Theory vs Reality*, **Coulter, Harris**, *A Shot in the Dark*, **Murphy, Jamie**, 'What Every Parent Should Know About Childhood Immunisation' at www.thinktwice.com, 'Vaccine Bookshelf'. See also Vaccine Awareness Network at www.van.org