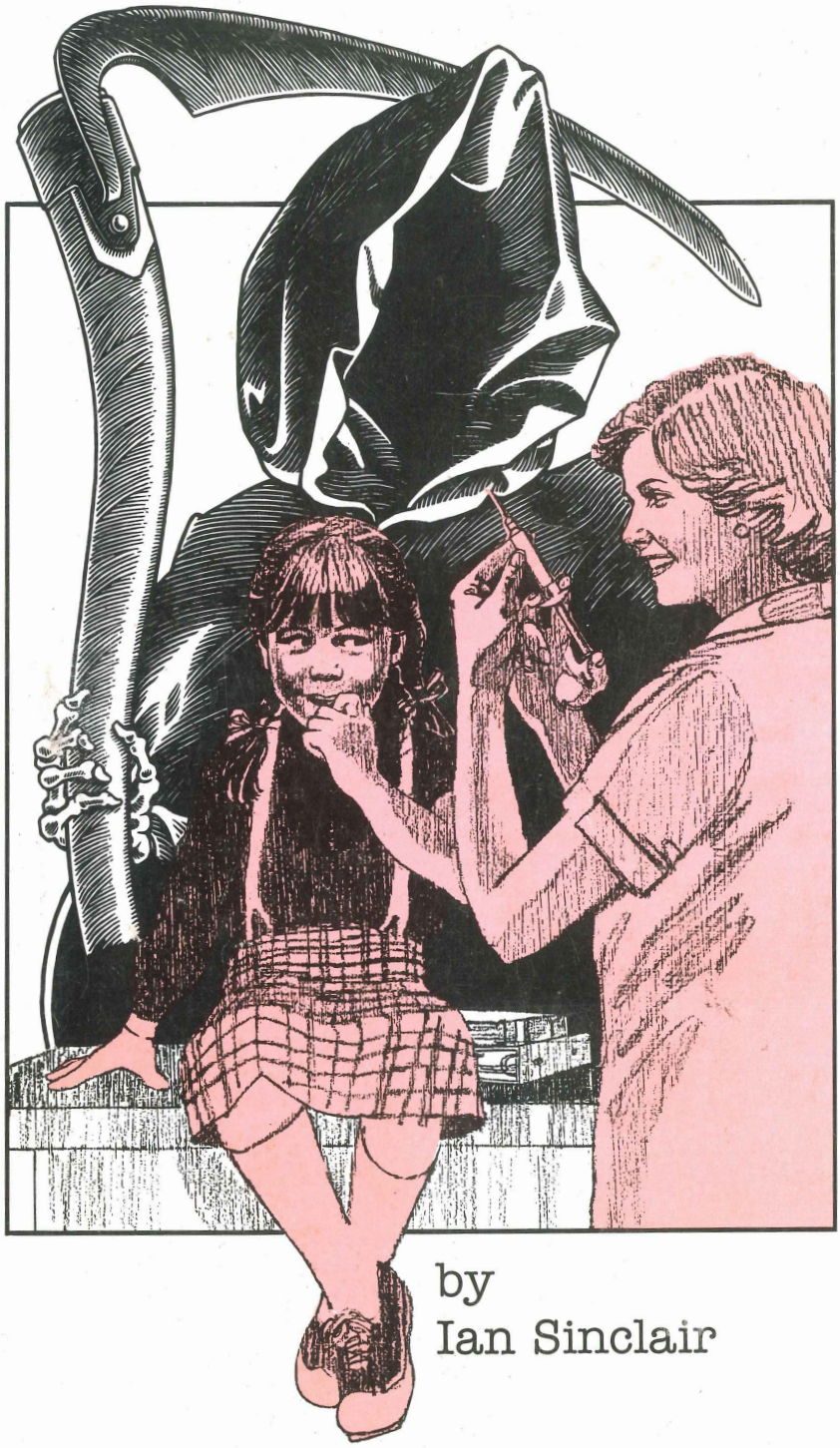
VACCINATION

The "Hidden" Facts



by
Ian Sinclair

Foreword by Dr Archie Kalokerinos
Author of *Every Second Child*

VACCINATION

THE HIDDEN FACTS

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To those doctors who have had the wisdom to know and the courage to speak out, this book is dedicated

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A great big thanks to Annemarie for the many hours she spent preparing the manuscript and her enthusiasm for the project, and Liz for the final polish.

Finally, I should not forget my Mum who has stood by me all these years and has encouraged me to publish this book.

"Our greatest difficulties in life aren't caused by what we don't know, but by the things we know - and that aren't so"

an American humorist.

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FOREWORD

by

DR ARCHIE KALOKERINOS

To immunize or not to immunize is a question that, today, is often asked. To answer is difficult. So much knowledge is required for even partial understanding that one would almost find it necessary to complete a university course in medicine before even the basic facts could be grasped logically. There is, therefore, a need for a comprehensive text on the subject. Ian Sinclair has filled that gap.

Like most physicians, I spent my training and early post graduate years totally believing in the miracle of vaccines. I remember, only too clearly, the last polio epidemics that swept through Australia. Several infants, children and adults died under my care. One of my colleagues suffered almost total paralysis. When a vaccine was introduced I almost cried with relief and accepted it blindly.

It was the same with diphtheria. I struggled to save a few and lost a few. The suffering of those little children is something I will never forget. Neither will I forget how a tiny boy died in violent spasms due to tetanus.

And so I was totally and firmly on the value of vaccines.

The first change in attitude came ten years after graduation when I observed that routine vaccinations and immunization made some children sick and could even lead to death. I must stress that this was an observation - not a "theory".

So I changed my attitude and realised that children who were ill - even with a trivial 'cold' should not be immunized. To me this was a simple and important 'fact'. To my surprise, my colleagues not only disagreed, they became hostile - a hostility that killed two infants in the area under my partial control. In this way I was forced to think and study more deeply. What I found was a minefield which was really a conspiracy to hide the truth from the people on this earth.

I well remember, some years ago, listening to a knighted medical researcher as he spoke, on the radio, about vaccines. He told two classical stories form the history books. The first concerned Edward Jenner who, according to history, watched as the milkmaid caught cowpox and this protected her from smallpox. So Jenner got some of the 'cowpox' and inoculated it into someone's arm - it fostered and the pus was then inoculated into someone else - 100% success was claimed. 100% !! How absurd - complete with all sorts of germs including hepatitis, syphilis and whatever. If one did that today, without antibiotics, the death rate would be huge.

Worse still, the genetic make up of smallpox vaccine is known today. It is not cowpox. Where it came from is unknown. Now this does not prove that the vaccine is inefficient. It simply means that the history is wrong. So do not let it be used as a basis for supporting vaccination.

Then we have Louis Pasteur and his four dogs. Two were given his rabies vaccine - two were not. On exposure to rabies the two vaccinated dogs survived. The two non-vaccinated dogs died. TRIUMPH!! So it seems, but what rubbish.

First, Pasteur tried to get that result many times and failed. The two vaccinated dogs would die - or one would die. Eventually, by chance he got the "right" result and this is what is told in history (only that).

Even today a rabies vaccine cannot be made that gives such protection. With tetanus I can tell a personal story. At University we were taught that no cases of tetanus occurred during World War II amongst Australian Service men because they were all vaccinated against tetanus. I believed this until I suffered an injury after being fully immunized. I received a booster shot and got tetanus. The cultural shock was enormous. When I reviewed the literature I found many such cases. In civilian practice it is impossible to totally protect against tetanus. Under near ideal conditions, there were in fact, cases in the army. They were kept well hidden.

Three outstanding fiascos during recent years demonstrate how the entrenched attitudes of medical authorities lead to enormous loss of life and suffering. All three I personally tried to stop and was soundly abused. The first is the immunization campaigns in Africa where dirty needles were used. It is thought by many that this is what spread AIDS so rapidly.

The second was the swine flu fiasco in the USA 1976. The history of that should be studied by all.

The third is the use of AIDS loaded hepatitis B vaccine by the Canadian Health Authorities in the 1980s.

If doctors like myself are to be regarded as "ratbags" - then how does one explain these three massive tragic events?

Only after realising that routine immunizations were dangerous did I achieve a substantial drop in infant death rates. It is, therefore, with a sense of gratitude, that I welcome the contribution made by Ian Sinclair.

Dr Archie Kalokerinos

INTRODUCTION

In 1985, prompted by the local health authorities, I decided to have my one year old son vaccinated. Within one month of his first vaccinations, he developed an acute skin complaint, eczema, which required hospitalisation. Whether his condition was caused by the vaccinations, I do not know. During his hospital stay, a young doctor approached me and requested that my son be given the whooping cough vaccine, which he still had not received. After he explained to me the dangers of this disease and the importance of vaccination, I gave him my permission.

Whether it was fate, I do not know, but the next day I came across a British magazine; Here's Health, March 1980, which contained an article on the dangers of whooping cough vaccine by a Scottish Professor of Medicine, Gordon Stewart. Apart from the fact that it had a failure rate of around 30-50%, Professor Stewart warned that this vaccine could result in severe adverse reactions including brain damage and death. What concerned me was that the young doctor who advised me to vaccinate my son against whooping cough made no mention of these risks whatsoever.

From that moment onwards, I began to collect information on vaccines generally, and it seemed that the more I looked, the more I found, particularly in regard to the dangers and risks associated with vaccinations. I also found a large body of evidence showing that vaccines were not responsible for the decline in infectious diseases over the preceding 100 years. I finally reached a point where I became so alarmed at what I had learned, that I felt the information should be passed on to other parents.

That is the sole purpose of this book. It is not my purpose to tell parents or anyone else for that matter whether they should vaccinate or not. I believe the information in this book will enable people to reach their own decisions and I feel that is how it should be.

In writing this book, I have chosen not to reference it in the normal 'scientific' manner, for the simple reason that it has not been written for scientists, but for laymen. Those who wish to verify any of the information not specifically referenced should consult those books listed under bibliography. In particular, however, I would point to Hannah Allen's: Don't Get Stuck; Walene James': Immunization - Reality Behind The Myth; Leon Chaitow's: Vaccinations And Immunizations, and Dr Robert Mendelsohn's: How To Raise A Healthy Child In Spite Of Your Doctor.

Whilst I have endeavoured to provide relevant information on vaccination in Australia, the truth is that there is little available data covering the efficacy or dangers of vaccines in this country. As a NSW Health Official has stated: *"We rely on overseas studies. We haven't the money to spend on this kind of research. In Australia, we take it on trust that vaccinations are good for us. Our State and Federal Health Departments can't work out a co-operative policy for the gathering of information. We're not doing detailed studies: we're not even collecting decent statistics. We are still following the obsolete principle that if they do it overseas, it's all right. Even though there's massive doubt overseas."* It is for this reason that the bulk of the information in this book will relate to the USA or the UK, for this is where most studies and reports on vaccinations emanate from. This should make little difference, however, for I believe that if a vaccine can be proven to be safe and effective overseas, then surely that vaccine will be safe and effective here. On the other hand, if a vaccine is shown to be both dangerous and ineffective overseas, is there any reason to believe that the same will not apply in Australia?

Finally, I should point out that in Chapters 5-8, I have critically examined the medical theories behind vaccination as well as presenting alternative theories as taught by Natural Health Science. I would therefore ask you to keep in mind the words of Thomas Huxley, who over 130 years ago wrote:

> *"Theories of science must be judged on the basis of fact and reason, not by the authority of dogma".*

Ian Sinclair
January 1992

CHAPTER ONE

DID VACCINES REALLY SAVE US?

> *"Immunization against the common childhood infections - diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella has been the single most effective action of modern medicine in reducing overall morbidity and mortality rates".*
>
> Essentials of Infectious Disease, Mandell & Ralph

Medical science claims that its world-wide vaccination programs are almost entirely responsible for the decline in incidence and mortality of infectious diseases. In an immunization leaflet published by the Department of Health and Community Services, it is claimed that:

> *"Immunization has prevented more suffering and saved more lives than any other medical intervention this century".*

To verify such claims, all we need do is examine statistical and graphical evidence which reflects the decline in mortality from infectious diseases over the last one hundred years, and compare it with the commencement of vaccinations.

Tuberculosis

In Australia, the tuberculosis death rate fell from 68 per 100,000 of mean population in 1921 to 49 per 100,000 in 1931 to 18 per 100,000 in 1951. Drug therapy was the first medical measure aimed at eliminating tuberculosis in Australia and did not commence until 1950. Commenting on the decline of tuberculosis (Medical Journal of Australia (18/11/1967), Dr Lancaster writes:

> *"... a study of the trend of mortality from tuberculosis shows that the greater part had already disappeared before the coming of these agents (drugs) in Australia."*

In England, up until the mid 19th Century, tuberculosis was one of the biggest killers and during the 1850s claimed 3,000 persons per million population. Yet the decline in mortality from tuberculosis commenced around 1850 and by the time the BCG (tuberculosis) vaccine was introduced in 1954, the death rate had declined by 95 per cent. According to Thomas McKeown, Professor of Social Medicine at Birmingham University, UK,

> *"The advent of BCG vaccination made little or no difference to the decline in mortality from TB in England and Wales."*

In the USA there has never been vaccination against tuberculosis yet the decline in this disease paralleled that of England and other European countries.

Measles

In Australia, measles deaths for the period 1911-1915 were 1,505; 1931-1935 were 391; 1951-1955 were 181; 1966-1970 were 99. Vaccination campaigns against measles did not commence in Australia until 1970. In the Australian Medical Journal (23/8/1952) Dr Lancaster says:

> *"It is of importance to note that the fall in Australia in the mortality rates from measles occurred in the absence of any improvements in therapy or active measures in prophylaxis."*

At the turn of the century in England and Wales the measles death rate was 318 per million population. By 1956, seven years before vaccination against measles commenced, this figure declined to less than 1 per million population.

In USA in 1900 there were 13.3 measles deaths per 100,000 population. By 1955, without any vaccination against measles, the death rate had declined to 0.03 deaths per 100,000, a decrease of 97.7 per cent.

Smallpox

Before Edward Jenner introduced his smallpox vaccine around 1800, smallpox deaths in England had fallen from 500 to 200 per 100,000 population over the preceding two centuries. By the time compulsory vaccination was introduced in 1852, the mortality had fallen to 40 per 100,000 population. It is significant to note that between 1867 and 1880, the period when compulsory vaccination was strictly enforced, the death rate leapt from 28 to 45 per 100,000 population.

A report appearing in Medical History, 1983 concluded that vaccination could not have been solely responsible for the decline of smallpox in Britain:

> *"The history of smallpox in the later years of the 19th century does not support the contention that vaccination was fully or finally responsible for the eventual disappearance of the disease in Britain."*

Leon Chaitow, in his book Vaccination and Immunization points out:

> *"The credit for the decline in the incidence of smallpox could not be given to vaccination. The fact is that its incidence declined in all parts of Europe, whether or not vaccination was employed."*

Consider the following statistics as provided by Herbert Shelton (Hygienic Care of Children p401) for the UK.

Period	% of births Vaccinated	Smallpox Deaths
1872 - 1881	85.5	3,708
1882 - 1891	82.1	923
1892 - 1901	67.9	437
1902 - 1911	67.6	395
1912 - 1921	43.3	12
1922 - 1931	43.1	25
1932 - 1941	34.9	1

Appropriately the Vaccination Inquirer, London, February 1947, asked "*How could an operation that was declining be responsible for the extermination of smallpox?*"

Australian doctor, Dr Glen Dettman states in Health Consciousness, October 1986:

> "*It is pathetic and ludicrous to say we vanquished smallpox with vaccines, when only 10 per cent of the population were ever vaccinated*".

Whooping Cough (Pertussis)

In Australia, whooping cough deaths for the period 1911-1915 were 1,657; 1931-1935 were 1,186; 1946-1950 were 321; 1956-1960 were 42; 1966-1970 were 23. Vaccination against whooping cough did not commence in Australia until 1948, by which time the major decline had already occurred. Regarding the decline of whooping cough in Australia, Dr Lancaster says (Medical Journal Australia 9/2/1952): "*The causes for this decline are by no means certain. There has been no efficient prophylactic immunization nor can changes in therapy have had much effect, since the decline appeared before 1931*".

In England during the 1860s the death rate from whooping cough was about 1,372 per million children under 15 years. By 1901-1910 it had fallen to 815 per million children and by 1940 to 140 per million. By the time a nationwide vaccination program had commenced in the late 1950s, the rate was down to 5 children per million. In his article on whooping cough which appeared in Here's Health, March 1980, Professor Gordon Stewart, a central figure in vaccination campaigns in the UK since 1947, wrote:

> "*... there was no extensive vaccination against whooping cough until 1958, by which time mortality was very low indeed and prevalence decreasing.*"

Diphtheria

In Australia, diphtheria deaths for the period 1911-1915 were 3,677; 1921-1925 were 2,565; 1926-1930 were 1990; 1931-1935 were 2,083. Diphtheria vaccination commenced around 1932-1935 by which time a major reduction in the death numbers had already occurred. Dr Lancaster, referring to the decline in diphtheria, says:

> "*... when the decline in mortality from diphtheria is compared with the decline in mortality rates from other childhood infections, it is seen that its relative decline has been no better than those of measles or pertussis (whooping cough) for which there was no specific treatment or prophylaxis up to the end of the period considered here*".

In England in 1860 diphtheria claimed annually over 1,000 deaths per million children, yet by 1870 this figure had fallen to around 400 deaths per million, even before the diphtheria germ had been isolated. By 1940 when diphtheria vaccination commenced, the annual death rate was down to less than 300 per year. From his book, Beyond The Magic Bullet, Bernard Dixon states:

> "*Immunization against diphtheria, introduced on a large scale around 1940, appears to have had a dramatic effect on the incidence of the disease. The number of cases in Britain fell by between fifty and sixty thousand each year, until 1955, since when there have been only sporadic outbreaks. However, if we take a longer time scale, over the past century, and alter the criteria, we see a different picture. Diphtheria deaths in children went down continuously from 1300 per year in 1860, to under 300 per year in 1940, with a particularly*

> *large drop around 1900, the year when antitoxin was first used. Yet the steepest decline was between 1865 and 1875 - before the diphtheria bacillus had even been isolated".*

Throughout Europe and America, diphtheria commenced its decline well before the introduction of diphtheria antitoxin, let alone vaccination. In Denmark, Sweden and Norway, deaths from diphtheria declined rapidly without vaccination. In Norway diphtheria had virtually disappeared by 1939 when only 18 cases per million were recorded.

Poliomyelitis

In Australia, polio deaths for the year 1950 were 113; 1951 - 346; 1952 - 109; 1953 - 165; 1954 - 80; 1955 - 30; 1956 - 57; 1957 - 8; 1958 - 4; 1959 - 5; 1960 - 2; 1961 - 21; 1962 - 25. The Salk polio vaccine commenced in July 1956 at which time deaths were at a record low. It is therefore doubtful that polio vaccination had much to do with the decline in death rates. Dr Lancaster, writing in the Medical Journal of Australia, (18/11/1967) states:

> *"Although great epidemics of poliomyelitis have been reported from Australia, it has not been a great cause of mortality, and so inoculation or feeding with living attenuated virus cannot have greatly affected the mortality from all causes".*

In Britain the major decline in polio mortality occurred between 1950 and 1956, still two years before widespread vaccination commenced. The number of deaths went from a high of 755 in 1950 to 137 in 1956, a reduction of 82 per cent. Europe also experienced a similar decline without extensive vaccination. From his book, How To Raise A Healthy Child In Spite Of Your Doctor, Dr Robert Mendelsohn writes:

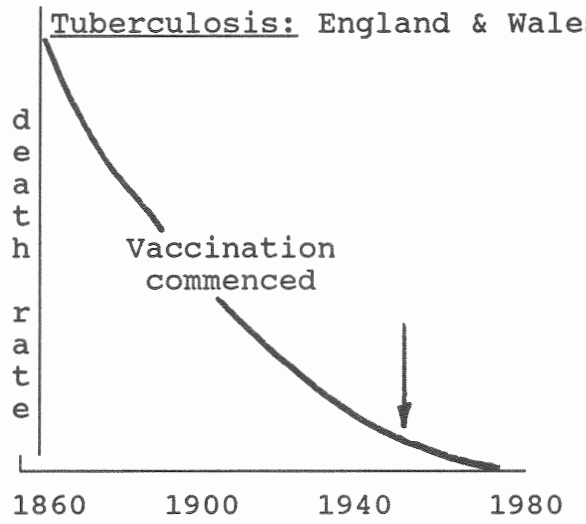
> *"... the fact is that no credible scientific evidence exists that the vaccine caused polio to disappear ... it also disappeared in other parts of the world where the vaccine was not so extensively used".*

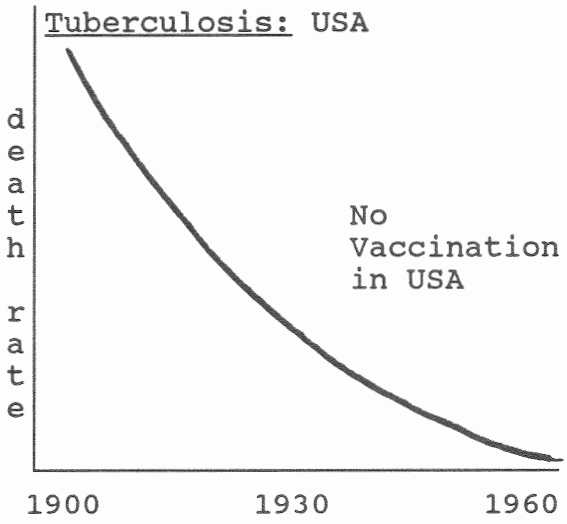
Scarlet Fever

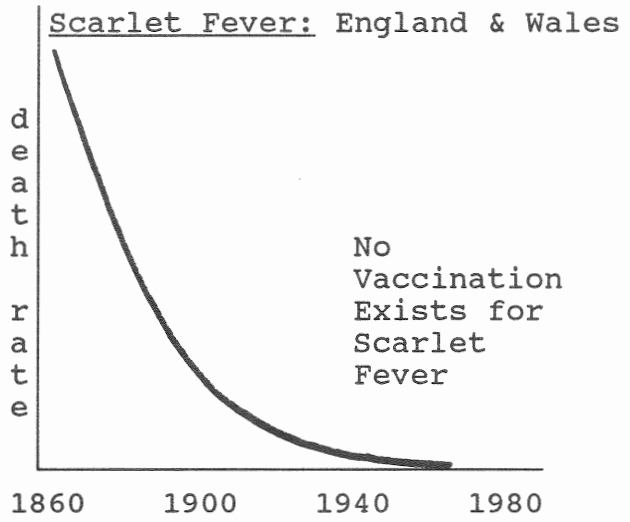
Around 1900 there were 4,000 to 5,000 deaths per annum in England. By 1923, deaths were down to less than 1,000 and by 1950, down to less than 33 per annum, in spite of the fact that no vaccine for scarlet fever has ever been developed. Commenting on this decline, Leon Chaitow (Vaccination And Immunization) states: *"This was achieved without any immunization and the decline has been steady and dramatic for most of this century, long before antibiotics were introduced".*

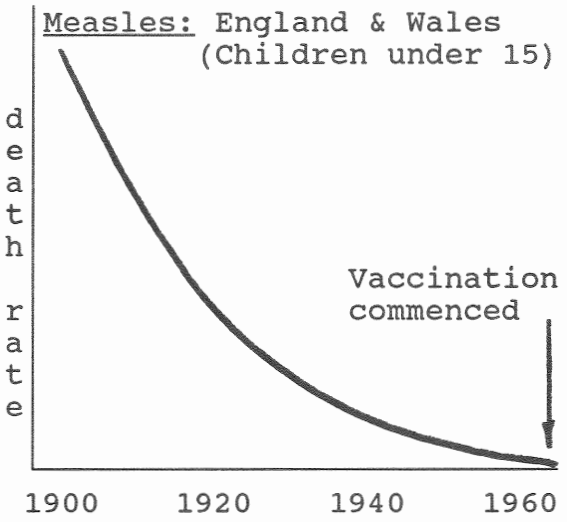
In New York City, USA, mortality from Scarlet Fever went from 155 per 100,000 population to 2 per 100,000 without the aid of vaccines, serums or antitoxins. Similar reductions occurred in other US states. (Hygienic Care of Children, H Shelton).

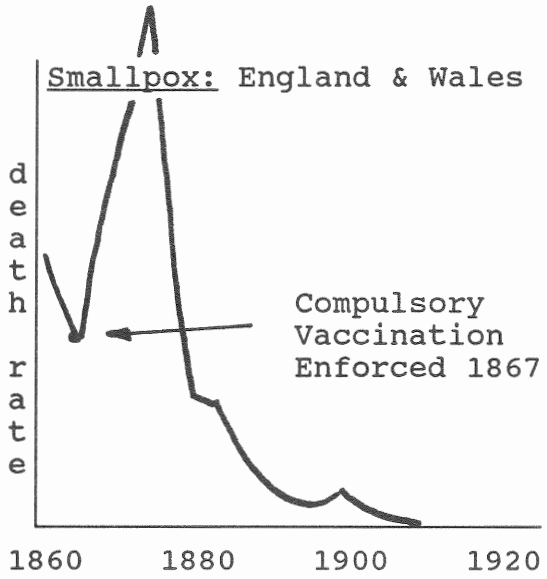
The following graphs provide clear evidence that the major decline in mortality from infectious disease occurred BEFORE vaccination commenced, and what's more, that the introduction of widespread vaccination had virtually no impact on the rate of decline thereafter.

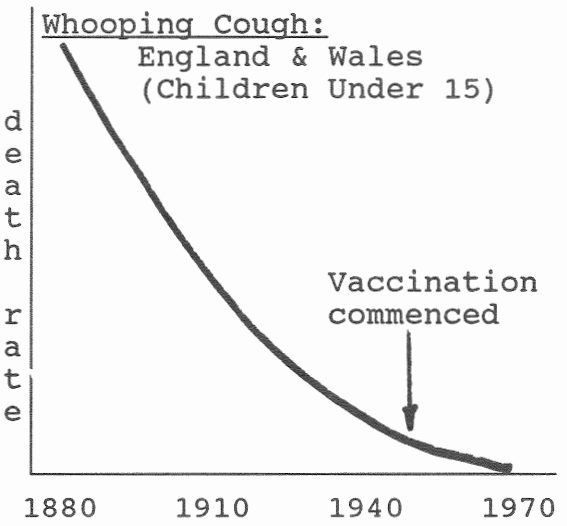

Tuberculosis: England & Wales
death rate
Vaccination commenced
1860
1900
1940
1980

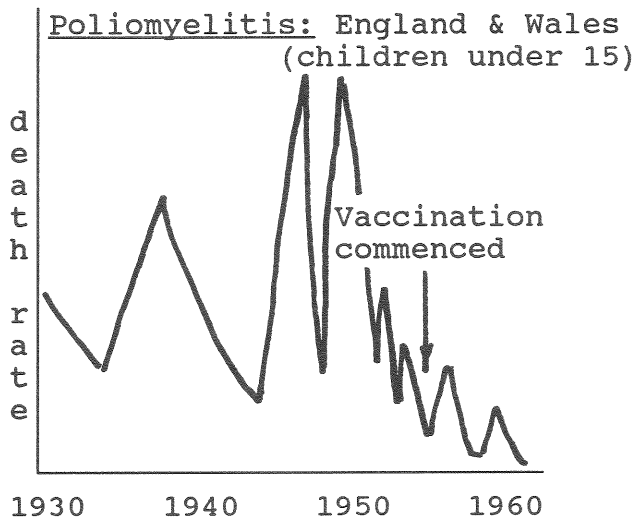

Tuberculosis: USA
death rate
No Vaccination in USA
1900
1930
1960

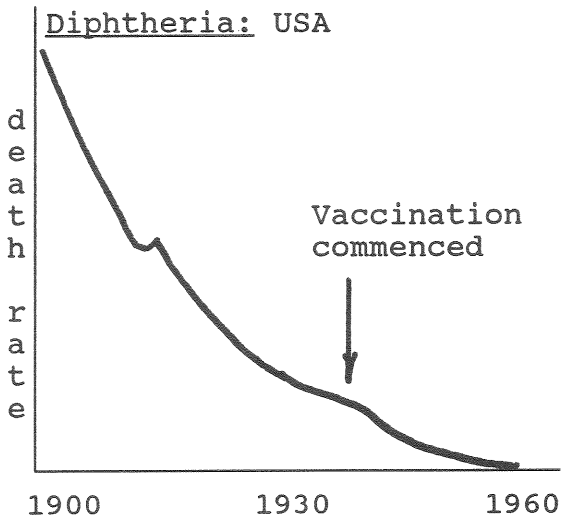

Scarlet Fever: England & Wales
death rate
No Vaccination Exists for Scarlet Fever
1860
1900
1940
1980

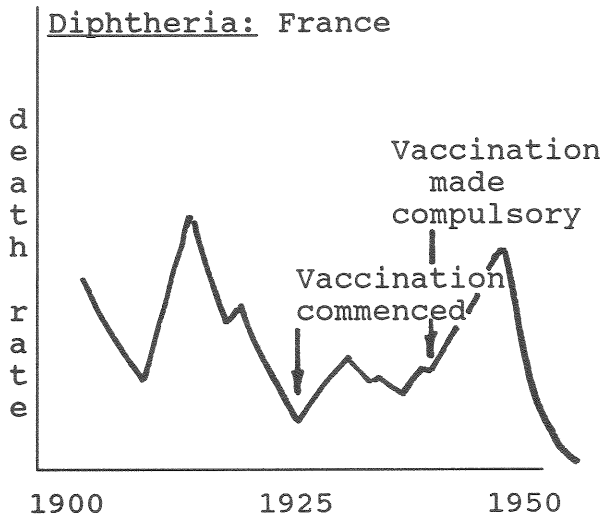

Measles: England & Wales (Children under 15)
death rate
Vaccination commenced
1900
1920
1940
1960

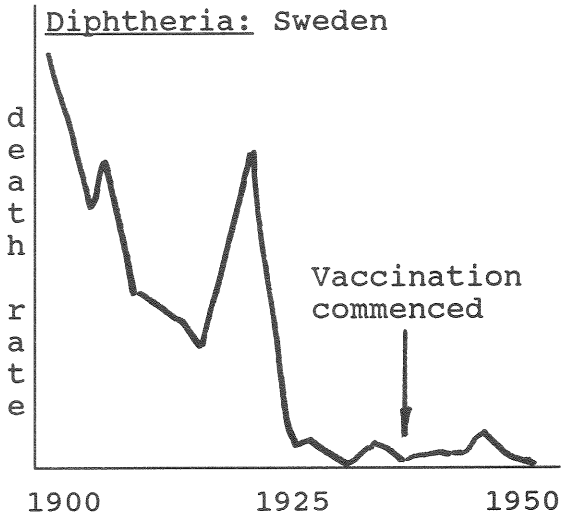

Smallpox: England & Wales
death rate
Compulsory Vaccination Enforced 1867
1860
1880
1900
1920

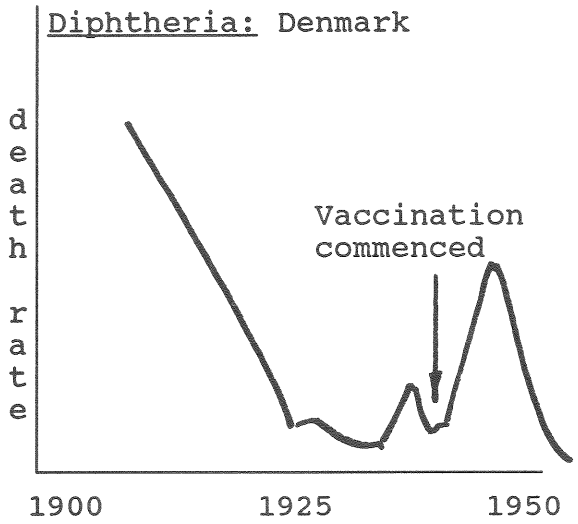

Whooping Cough: England & Wales (Children Under 15)
death rate
Vaccination commenced
1880
1910
1940
1970

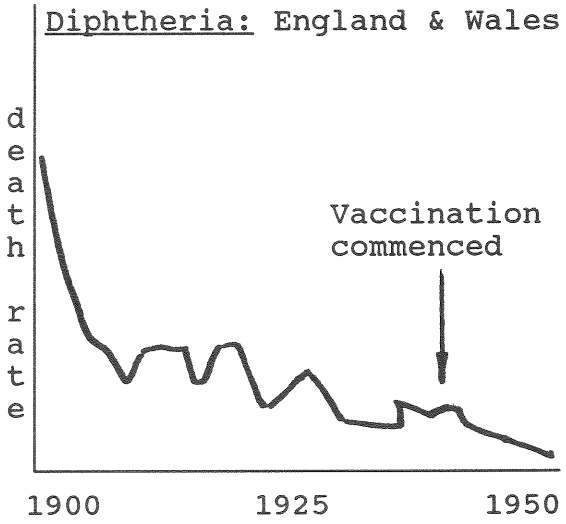

Poliomyelitis: England & Wales
(children under 15)
death rate
Vaccination commenced
1930
1940
1950
1960

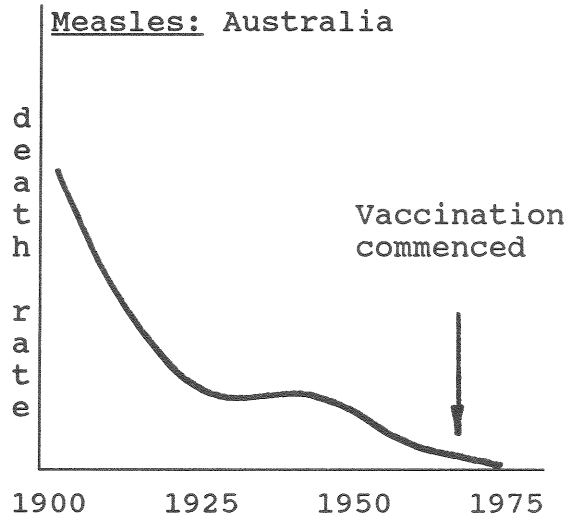

Diphtheria: USA
death rate
Vaccination commenced
1900
1930
1960

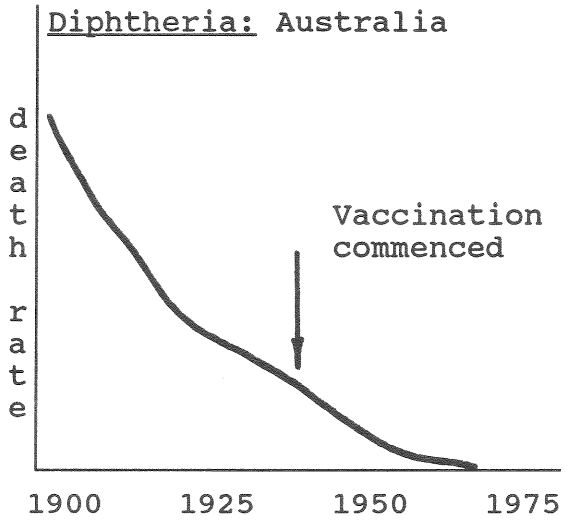

Diphtheria: France
death rate
Vaccination made compulsory
Vaccination commenced
1900
1925
1950

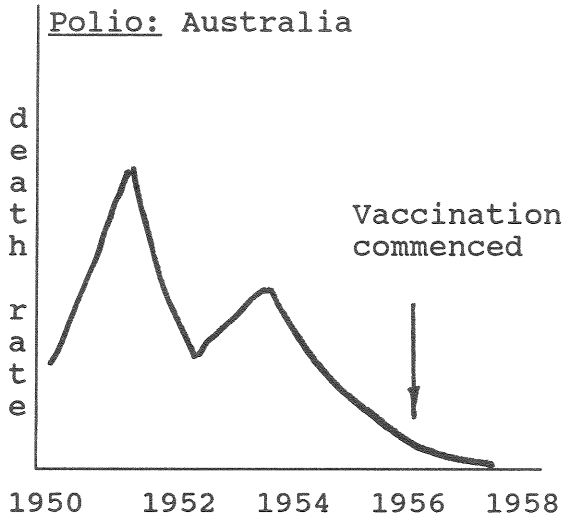

Diphtheria: Sweden
death rate
Vaccination commenced
1900
1925
1950

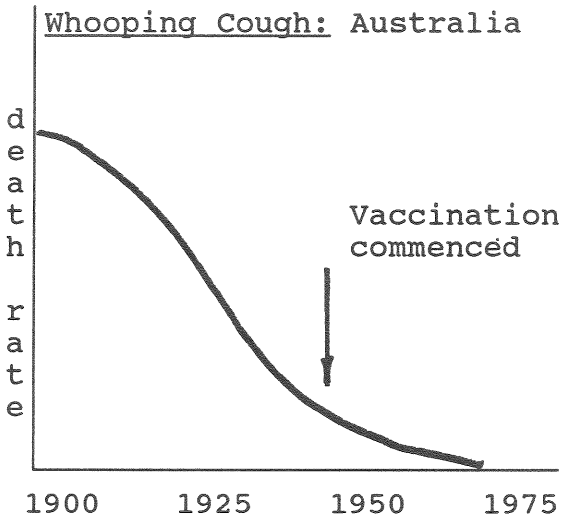

Diphtheria: Denmark
death rate
Vaccination commenced
1900
1925
1950

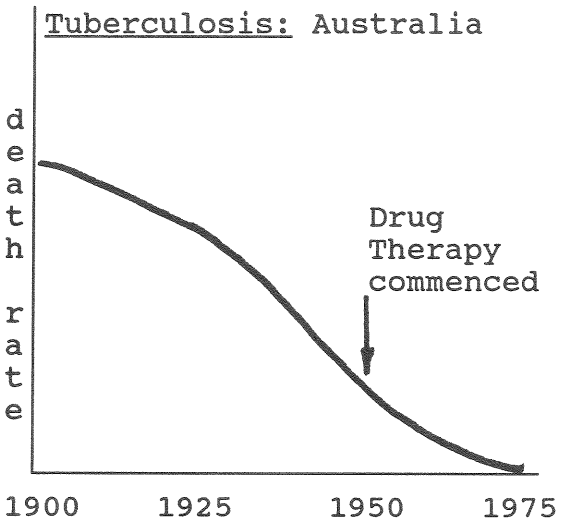

Diphtheria: England & Wales
death rate
Vaccination commenced
1900
1925
1950


Measles: Australia
death rate
Vaccination commenced
1900
1925
1950
1975


Diphtheria: Australia
death rate
Vaccination commenced
1900
1925
1950
1975


Polio: Australia
death rate
Vaccination commenced
1950
1952
1954
1956
1958


Whooping Cough: Australia
death rate
Vaccination commenced
1900
1925
1950
1975


Tuberculosis: Australia
death rate
Drug Therapy commenced
1900
1925
1950
1975

The aforementioned graphs and statistics clearly refute medical claims that vaccination was responsible for the decline in incidence and mortality from infectious disease. World renowned microbiologist, Professor Rene Dubos has acknowledged that the decline in mortality caused by infections *"began almost a century ago and has continued ever since at a fairly constant rate irrespective of the use of any specific therapy. The effect of antibacterial drugs is but a ripple on the wave which has been wearing down the mortality caused by infection in our communities".*

Professor Dubos has further stated:

> *"Modern Science's role in defeating infectious diseases has been greatly exaggerated. Many of the most terrifying leprosy, plague, typhus, - had all but disappeared from Europe before serums, vaccines, and drugs were developed to combat them".*

Ivan Illich in his book, Medical Nemesis, writes:

> *"The study and evolution of disease patterns provides evidence that during the last century doctors have affected such patterns no more profoundly than did priests during earlier times. Epidemics came and went, imprecated by both and untouched by either. They are not modified any more profoundly by the rituals performed in medical clinics than by the exorcisms customary at religious shrines.*
>
> *"The combined death rate from scarlet fever, diphtheria, whooping cough, and measles among children up to fifteen, shows that nearly 90 per cent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization."* (in reference to the UK).

Professor Gordon Stewart of Glasgow University, Scotland, comments on the decline of infectious diseases (Here's Health, March 1980).

> *"In assessing the rise or fall of any infectious disease, it is essential firstly to look critically not only at its prevalence now, but also at what has been happening in the past. When this is done, it becomes clear that most of the major infectious diseases, especially those of childhood, have decreased in prevalence and mortality in all developed countries more or less continuously for 50 years or more.*
>
> *"The essential fact is that the decline in prevalence and severity of these major infections, and several others, occurred before there was any national vaccination programme."*

A report by Dr H O Lancaster which appeared in the Medical Journal of Australia, Nov 1967, showed that the major declines in death rates occurred in Australia from 1860 onwards, and that most of these gains in the health of the population have been independent of medical or surgical intervention. In the Medical Journal of Australia (9/2/1952), Dr Lancaster has written:

> *"It is well known that mortality rates in general have tended to fall over the last 50 years ... the explanations usually given emphasize the effects of sulphonamide drugs, the antibiotics and better medical care ... the antibiotics have come into general use in Australia only since 1945, and their effect on mortality before that year must be considered as negligible. Nor were the sulphonamide drugs in common use before 1940. It is probable that only*

> *minor changes in the treatment of the acute infectious diseases took place over the years 1908 - 1945".*

John and Sonja McKinlay, Boston University, USA, have researched the decline of infectious disease in the USA and report:

> *"In general, medical measures appear to have contributed little to the overall decline in mortality in the USA since about 1900 - having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most cases".*

Graphical evidence also reveals that the introduction of vaccination made no impact on the rate of decline for the different infectious diseases, and in the cases of smallpox (UK) and diphtheria (France and Denmark), there was an actual increase in the death rate after compulsory vaccination was enforced. This raises the questions: are vaccines 'effective' and more importantly, are vaccines 'safe'?

Before we find the answers to these questions, it is important to establish the true reasons for the decline in incidence and mortality from infectious disease over the last one hundred years.

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1. *Australian graphs and statistics are based on the official death numbers as recorded in the Official Year Books of the Commonwealth of Australia. It is also worth noting that between 1860 and 1915 the death rate declined from 20.86 (1860) to 10.66 (1915), mostly in relation to the infectious diseases.*

2. *Remaining graphs and statistics extracted from the books, The Cruel Deception, by Dr Robert Sharpe, and How To Raise A Healthy Child In Spite Of Your Doctor, by Dr Robert Mendelsohn.*

CHAPTER TWO

THE TRUE REASONS FOR THE DECLINE IN INFECTIOUS DISEASES

"The chief credit for the conquest of the destructive epidemics ... ought to have been given to the social reformers who had campaigned for purer water, better sewage disposal and improved living standards. It had been their efforts, rather than the achievement of the medical scientists, which had been chiefly responsible for the reduction in mortality from infectious disease".

Brian Inglis, Medical Historian

Throughout history the occurrence of contagious disease in both plague and epidemic proportions has been associated with poor living conditions, poverty and malnutrition. Since Hippocratic time it has been recognised that the health of the community is largely dependent on the physical environment.

In Rome, 6th Century BC, great attention was given to hygiene which included proper sanitation, drainage and the provision of clean water supplies. Aqueducts were built and burial grounds were situated outside built-up areas. Strict precautions were taken against pollution and filth. Roman statesman Pliny maintained that the Romans were so healthy because of their scrupulous attention to hygiene.

The first great epidemic to strike Rome coincided with the decline of its Empire in 6th Century AD. Referring to the great plague of Justinian 541 AD, the declining years of the Roman Empire, medical historian Brian Inglis writes:

"Incessant warfare at the frontier, political oppression within its boundaries, and civil disaffection in and around the seat of government, all lead to the kind of inefficiently run, disorganised and dissatisfied society of a kind which is custom made to encourage the spread of an infectious disease, when one is introduced".

Commenting on the plague and smallpox outbreaks that afflicted England between the 14th and 18th centuries, Arthur Mowle (Australasian Nurses Journal, May 1981) states:

"The plague reached England in 1348 arriving from the Crimea. Some have suggested that as many as one-third of the inhabitants of England died of plague in the years 1348-9. It was noticed at the time that the Black Death appeared to ravage the larger towns more so than rural areas afflicting particularly the poorer inhabitants.

"During the plague of 1665, it again was noted by contemporary writers that the more well to do were less afflicted than the poor who lived for the most part in the maze of alleys and courts outside city walls ....

> *"... it had been noted that plague had difficulty in spreading where there was a relatively healthy living environment and people were better nourished".*

Regarding smallpox, Arthur Mowle says:

> *"The early history of smallpox in England is obscure, but certainly it was becoming more noticeable about the time of James I. Over the succeeding centuries it adopted unusual patterns as to where it would strike next, but as time passed it was found to leave the more well to do classes, then the villages and provincial towns to centre itself in London".*

In London, around 1800, fifty per cent of children died before the age of five. Investigations into their living conditions revealed poor housing conditions, malnutrition, polluted water supplies and inadequate sewage disposal. In 1842, Edwin Chadwick, a lawyer with a keen interest in social problems published a report on the health of London's citizens. Chadwick stated:

> *"That the various forms of epidemic, endemic and other disease caused, or aggravated, or propagated chiefly among the labouring classes by atmospheric impurities produced by decomposing and vegetable substances, by damp and filth, and close and overcrowded dwellings prevail among the population in every part of the Kingdom, whether dwelling in separate houses, in rural villages, in small towns, in the larger towns - as they have been found to prevail in the lowest districts of the metropolis.*
>
> *"That such disease, wherever its attacks are frequent, is always found in connection with the physical circumstances above specified ... and where the removal of the noxious agencies appeared to be complete, such disease almost entirely disappears".*

As a result of Chadwick's recommendations, which included major clean-up campaigns, sanitary reform, bold new housing policies and improvement in living standards and working conditions, the British government introduced a Public Health Act (1848) aimed at creating a more healthy environment. This proved to be the first of many subsequent legislative measures all designed to improve the health and living standards of the community. Such improvements resulted in a gradual decline of the major infectious diseases and by the time vaccination and specific drug therapy commenced, the death rate from infectious disease was at an all time low.

During the building of the Panama Canal, Major William Gorgas, US Army sanitary officer eradicated yellow fever among whites by the improvement of hygiene and sanitation. In the black population where no such improvement occurred, the death rate from yellow fever and other diseases remained high.

Remembered as the high priest of hygiene, German hygienist Max Von Pettenkofer regarded hygiene as an all-embracing philosophy of life. Not merely concerned with sanitary reform, he also encouraged the growth and care of trees and flowers throughout Munich, feeling that they contributed to man's well-being by satisfying his aesthetic longings. His efforts resulted in a major cleaning-up of Munich, with fresh water being provided to all the houses and an effective system of sewage disposal being introduced. As a result of these steps, the mortality of typhoid fell from 72 per 1,000,000 population in 1880 to 14 per 1,000,000 population in 1898, a direct consequence of improved hygiene and sanitation.

From the article, Infectious Diseases, (Australasian Nurses Journal, May 1981) Arthur Mowle says of smallpox:

> *"Smallpox died out of England as a result of a change in the social, environmental, as well as nutritional status of the population as a whole. It appears unlikely that vaccination played a significant part at all in the demise of the disease".*

Speaking of cholera, Mowle writes:

> *"It is a disease that rapidly spreads whenever there is a serious breakdown in sanitary services .... During an epidemic in 1854, Snow was able to prove that areas of London supplied by water from the relatively clean upper Thames were much freer from incidences of cholera that those sections of the city supplied with water from the human sewage fouled lower Thames. By 1866, much of the main drainage scheme of the London metropolis was established and water companies were supplying much of the city with water from the uncontaminated upper Thames. With sanitary reform cholera was very much wiped out of England".*

In his book, Hygienic Care of Children, Shelton states:

> *"It is now everywhere admitted that the decline of typhoid fever, along with typhus, cholera, bubonic plague, yellow fever etc has been due to hygiene and sanitation. The serum is pushed for commercial reasons only".*

In the British Medical Journal (20/1/1990, p177) Stella Lowry writes:

> *"Sanitation has had, and continues to have more impact on health than any advance in medical science ... in 19th century Britain epidemics of cholera and typhoid were common until the introduction of clean drinking water and safe sewage disposal".*

The Medical Journal of Australia (18/11/1967 p940) states:

> *"Bad water supplies, and consequently typhoid, had been common on the goldfields and under pioneering conditions in the country areas generally. The possibility of frequent washing of the hands is an hygienic landmark, important in the control of typhoid and other gastro-intestinal infections".*

In an article on 'Childhood Tuberculosis' in the Australian Paediatric Journal (1989 25 pp31-34) it states:

> *"At the turn of the century, tuberculosis was a major cause of morbidity and mortality in the Australian community, with 1.8 persons in 1000 dying from the disease every year and many more incapacitated by it. During this century there has been a steady decline in the incidence of tuberculosis in all developed countries. The decline has more to do with improved standards of nutrition and housing than with specific anti-tuberculosis measures. This point is well illustrated by the high rates of tuberculosis in many cities in developing countries despite the ready availability of anti-tuberculosis therapy".*

Commenting on the decline of tuberculosis, Professor Rene Dubos says:

> *"It must never be forgotten that tuberculosis is not an inevitable accompaniment of human life, as is shown by the fact that it has long remained practically non-existent in many primitive societies and that it is disappearing as an important medical problem from some limited sections of*

> *the most highly evolved modern communities. It is only through gross errors in social organisation and mismanagement of individual life, that tuberculosis could reach to catastrophic levels that prevailed in Europe and North America during the nineteenth century, and that still prevail in Asia and much of South America today".*

Regarding the causes of the decline in death rates for infectious diseases in Australia, Dr H Lancaster (Medical Journal Australia 18/11/1967) writes:

> *"Australian mortality rates have been relatively low over the last 100 years and have declined greatly at the lower ages. The declines have been due to many causes. The diminished rate of passage of infective organisms from one member of the population to another has been very important; important factors here have been geographical, social and prophylactic isolation of cases, improved water supplies, and a general improvement in the standard of living. Surgery has played some part in the decline of mortality from violence. Medical therapy had few active drugs until the introduction of chemotherapeutic and antibiotic agents quite recently. Active immunization has played some part but passive immunization has been unimportant. Endocrine therapy has been unimportant. Nutrition has been at a high level. Public health measures against insects have been important. Social factors are difficult to separate but have been of great importance. Genetic measures have been quite unimportant".*

Medical Researcher Dr Andrew Weil states in his book, Health And Healing:

> *"Scientific medicine has taken credit it does not deserve for some advances in health. Most people believe that victory over the major infectious diseases of the last century came with the invention of immunizations. In fact, cholera, typhoid fever, tetanus, diphtheria, whooping cough, and the others were in decline before vaccines for them became available - the result of better methods of sanitation, sewage disposal, and distribution of food and water."*

The Lancet, one of the most traditional medical journals, acknowledges that:

> *" ... public health legislation and related measures have probably done more than all the advances of scientific medicine to promote the well-being of the community in Britain and in most other countries".*

Further evidence linking infectious disease to environment and living conditions comes from studies on the incidence of disease amongst the different social classes. It has been found that people living in the lower classes have a higher incidence of respiratory and infectious disease than people living in the upper classes. In England, 1977, the Labour Government established a working group chaired by the then Chief Scientist at the Department of Health and Social Security, Sir Douglas Black, to investigate the inequalities in health. At the time, the Secretary of State for Social Services, said:

> *" ... in 1971 the death rate for adult men in social class V (unskilled workers) was nearly twice that of adult men in social class I (professional workers), even when account has been taken of the different age structure of the two classes. When you look at death rates for specific diseases the gap is even wider. For example, for tuberculosis the death rate in social class V is ten times that for social class I; for bronchitis it was five times as high and for lung cancer and stomach cancer three times as high.*

> *"Social class differences in mortality begin at birth. In 1971 neonatal death rates - deaths within the first month of life - were twice as high for children of fathers in social class V as they were in social class I. Death rates for the post-neonatal period - from one month up to one year - were nearly five times higher in social class V than in social class I".*

The results of this investigation, published in 1980, showed that poverty, poor living and working conditions and general deprivation were the major causes of ill health.

Professor Gordon Stewart, Department of Community Medicine, University of Glasgow, states in The Lancet, February 28th 1976:

> *"In Glasgow, and probably the UK as the whole, the persistence of whooping cough in some areas is more strongly correlated with adverse socio-economic conditions than with lack of immunization".*

Professor Stewart points out that whooping cough is significantly higher in crowded households and in areas with an adverse socio-economic valuation. He has stated that a child's social class is three times more important than vaccination in influencing whooping cough outbreaks. Professor Stewart states:

> *"In the epidemic of 1974, notifications of whooping cough were significantly higher in crowded households".*

In Australia, infant mortality is also directly related to social conditions. In an article, Social Influences in Health and Diseases (Medical Journal of Australia, February 6th 1960), the social classes are divided into I professional, II intermediate, III skilled tradesman, IV intermediate, V unskilled labourer. An examination of these categories reveal an increased mortality level in social class V.

Clearly, the true reasons for the decline in death rates from infectious disease are associated with improved nutrition, better living and working conditions, introduction of hygienic and sanitary practices and other social measures designed to uplift the health and living standards of the community.

To conclude this chapter, I quote the words of one of the most prolific writers on the subject of health and disease; Herbert M Shelton, from his article, 'Why We Have Epidemics'. Shelton writes:

> *"Scarlet fever was always every bit as fatal as diphtheria. That it declined in every way, both in incidence and in so-called virulence, as rapidly as did diphtheria, and all without a vaccine or an anti-toxin, should have vital meaning for every truth seeker. When a number of epidemic or so-called infectious diseases all decline together and immunizing agents are available for but one or two of these, it means that some common factor is responsible for the total decline, although credit for the decline in one or two diseases is given to the immunizing agent for commercial reasons. If cholera, bubonic plague, English sweat and typhus fever decline and, ultimately disappeared from Europe and America at the same time that smallpox declined and disappeared, while there was a vaccine for smallpox only, what had the cause of the decline of other diseases to do with the concomitant decline of smallpox? ... If yellow fever disappeared from New Orleans after General Butler cleaned up the city and no vaccine was used, what has sanitation had to do with the disappearance of other epidemic diseases? Is vaccination a medical substitute for personal and community cleanliness?*

CHAPTER THREE

VACCINES - HOW SAFE AND EFFECTIVE?

"Only after a vaccine is found to be safe and effective is it licensed for use".

Principles and Practise of Infectious Diseases,
Mandell, Douglas and Bennett

Here are some facts and opinions on those licensed vaccines that are supposedly "safe and effective".

Whooping Cough (Pertussis) Vaccine

The vaccine against whooping cough is combined with vaccines for diphtheria and tetanus and is known as the DPT or triple antigen vaccine. Professor Gordon Stewart, in an article on whooping cough (Here's Health, March 1980) comments on the history of this vaccine in Britain.

"Introduced in 1957, this vaccine had been administered to 70 per cent of infants by 1960 and over 70 per cent of all children by 1969.

"The national programme was monitored from 1957 - 1968 by the Public Health Laboratory Service. In 1969 they reported that the vaccines were 'not very effective' in that they had failed to control outbreaks or to protect fully-vaccinated children from infection. During this time the proportion of children vaccinated rose to 80 per cent or more and it is a matter of record that whooping cough continued to decline in prevalence and severity. But, equally, it is firmly on record not only that whooping cough occurred in fully-vaccinated children, but also that severe adverse reactions to the vaccine were causing problems and concern.

"If reference be made to events at the time of the earlier trials of pertussis vaccine when given alone (ie not as part of triple vaccine) in the USA and UK, it becomes clear that the inclusion of pertussis vaccine makes triple vaccine much more likely to be followed by adverse reactions involving the heart and nervous system. Such reactions include shock, collapse, convulsions and screaming fits, all of which had been recorded in some of the children who received pertussis vaccine alone in the earlier trials. Such signs were extremely infrequent or altogether absent in the earlier usage of the other two components of triple vaccine.

"More light was thrown on this problem when Professor W Ehrengut in Hamburg, and Dr John Wilson with colleagues at the Hospital for Sick Children, Great Ormond Street, London, reported independently that signs of severe brain damage began to appear in some children soon after adverse reactions to triple vaccine. At about the same time, a number of reports appeared in the Press from different parts of the UK about children who were previously well but had become mentally retarded or paralysed soon after receiving triple vaccine. The Government, on the advice of its advisory committees, responded to these reports by re-affirming the efficacy

and safety of pertussis vaccine and by insisting that this component be retained in triple vaccine. They insisted also that a high level of vaccination among children of all ages must be maintained if epidemics were to be averted.

"At that time in 1974, vaccination levels generally were about 80 per cent, seldom below 70 per cent and often above 90 per cent. The last outbreak of whooping cough had been in 1970-71 and, as epidemics are currently liable to occur every three to four years, another epidemic was expected and did in fact occur in 1974-75. This provided an opportunity for reviewing the efficacy of pertussis vaccine. It soon became apparent that protection was again incomplete and at best temporary, in that in all reports published at that time, a considerable proportion (30-50 per cent) of cases occurred in fully-vaccinated children.

"Meanwhile, reports about brain damage continued to circulate, leading to debates between experts and in Parliament about the safety of the vaccine. The main advisory committee (The Joint Committee on Immunization and Vaccination) stuck firmly to its view (first expressed in 1964) that the vaccine was safe as well as effective and that brain damage, if it occurred at all, was excessively rare, affecting no more than 1:300,000 infants vaccinated. They did, however, emphasise the need for caution, and recommend that the vaccine be withheld from children who showed signs of disorder in the nervous system, or had a family history of same, or who reacted badly to a first or second injection. There was by this time considerable doubt in many quarters, to which the government responded by setting up, through the Committee on the Safety of Medicines, a special expert panel to review the suspected toxicity of the vaccine. They also introduced in 1978 a scheme for compensation of parents of vaccine-damaged children.

"Between 1974 and 1978 acceptance of pertussis vaccine had been falling. Health authorities were offering a double vaccine (diphtheria plus tetanus) instead of a triple vaccine and this, together with poliomyelitis vaccine, was proving itself to be acceptable and unquestionably safe. But the Government's advisers were predicting a disastrous epidemic of whooping cough in the unprotected population. On the three to four year cycle, the next epidemic was due to begin in 1977, and it has to be acknowledged that notifications of whooping cough, which began to increase, then continued through 1978 and 1979 and amounted in total to what appeared to be the biggest epidemic since 1967. The mortality rate, however, was the lowest ever, and there was no doubt that the general pattern of previous epidemics was being followed, in that a high proportion of cases were observed among fully-vaccinated children. For the first time, there was a sharp differences in reports from different parts of the country. Some observers reported a low or even zero incidence in vaccinated children, while others found little difference between the vaccinated and unvaccinated.

"Internationally, the situation was equally confusing. In some countries like the USA and Canada, pertussis vaccine was used intensively and it was claimed that whooping cough was a disappearing disease. Nevertheless, in both of these countries outbreaks had been reported since 1974 in which (as in the UK) 30-50 per cent of cases were fully-vaccinated. In West Germany, largely as a result of Professor Ehrengut's work on toxicity, pertussis vaccine had been under suspicion for years and had been abandoned in Hamburg without any increase in incidence or mortality from

whooping cough. Similar decreases, without extensive use of vaccine, had occurred in Egypt and Italy.

"There is no doubt in my mind that in the UK alone some hundreds, if not thousands, of well infants have suffered irreparable brain damage needlessly and that their lives and those of their parents have been wrecked in consequence.

"There are also, to my certain knowledge, a number of deaths after vaccination in the UK and the USA which await explanation. I see no use or justification for this kind of medical policy, and I think that the use of pertussis vaccine should be discontinued until, by better research or a better vaccine, these doubts are resolved".

The following table which appears in Infectious Diseases, (WHO) clearly shows the ineffectiveness of whooping cough vaccine.

Pertussis in England and Wales 1970-1982

Year	Cases Notified	Percentage Vaccinated	
		England	Wales
1970	16,597	79	
1971	16,846	79	
1972	2,069	79	
1973	2,441	79	
1974	16,230	72	
1975	8,910	60	44
1976	4,278	39	23
1977	18,717	41	24
1978	67,008	31	16
1979	33,197	--	23
1981	21,261	--	--
1982 (first 9 mths)	47,508	50	--

Source: Community Disease Surveillance Centre

According to the Morbidity and Mortality Weekly Report (MMWR) July 5, 1985, a pertussis outbreak occurred in Washington, USA between January 1 to October 1, 1984 involving 162 cases. 69 of these cases occurred in children between 3 months old and 6 years. The report states: *"Of the 69 patients 3 months through 83 months (6 years) of age with known immunization status 34 (49%) were appropriately immunized for their ages with diphtheria and tetanus toxoids and pertussis vaccine".*

On September 2nd 1978, NBC News, Florida, USA, made the following announcement: *"The Atlantic Centre for Disease Control has asked doctors to stop using vaccines for diphtheria, tetanus and whooping cough because a number of children have been getting bad reactions".* Such "bad reactions" may include Sudden Infant Death Syndrome, commonly known as SIDS. According to Dr Alan Hinman, director of the Centre for Disease Control, Atlanta, USA: *"Since the CDC instituted its monitoring system in 1978, we have received reports of 44 deaths occurring within four weeks of DTP immunization. Thirty-two of the deaths were SIDS".* Leon Chaitow (Vaccination And Immunization) points to a study

undertaken in 1979, at the University of California, Los Angeles (UCLA), under the sponsorship of the Food and Drug Administration, and which has been confirmed by other studies, indicates that in the USA approximately 1000 infants die annually as a direct result of DPT vaccination, and these are classified as SIDS deaths.

Dr William Torch of the University of Nevada, Reno, USA, has undertaken studies of SIDS cases. In one study, Dr Torch found that two thirds of 103 children who died of SIDS had been immunized with the DPT vaccine in the three weeks prior to their deaths. Many died within one day of vaccination. In 1982, Dr Torch, a noted pediatric neurologist said that the DPT vaccine *"may be a generally unrecognized cause of SIDS"*.

From her book, I Had No Say, Sister Joyce Lubke writes:

> *"When immunizations were given commencing at 3 months old, the peak of cot deaths was from 3-4 months. We are now told that the peak is 2-3 months, and this has happened since the immunizations commenced at 2 months. I feel there is some connection between cot deaths and immunization".*

In Health Report, Volume 6, No.12, December 1986, Dr H Buttram and J Hoffman tell of a study conducted by the Department of Paediatrics, University of California School of Medicine on 145 SIDS victims. Of this number, 53 had received DPT immunization shortly before their deaths. Of these 53, 27 died within a month of being vaccinated, 17 within a week and 6 within 24 hours.

From his book, How To Raise A Healthy Child In Spite Of Your Doctor, Dr Robert Mendelsohn writes:

> *"My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the US each year are related to one or more of the vaccines that are routinely given to children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others".*

Doctor Archie Kalokerinos has also observed the link between SIDS and immunization, noting that a number of apparently healthy aboriginal children, upon being vaccinated, would go into shock and die. Speaking at a Natural Health Convention in Stanwell Tops, NSW, May 24th 1987, he had this to say about the whooping cough vaccine:

> *"The worst vaccine of all is the whooping cough vaccine ... it is responsible for a lot of deaths and for a lot of infants suffering irreversible brain damage. In susceptible infants, it knocks their immune systems about, leading to irreparable brain damage, or severe attacks or even deaths from diseases like pneumonia or gastro-enteritis and so on".*

In their well researched 470 page book, DPT - A Shot in the Dark, co-authors H Coulter and B Fisher list potential side-effects and reactions to the DPT vaccine. They include skin reactions, fever, vomiting and diarrhoea, screaming and persistent crying, collapse, convulsions, infantile spasms, inflammation of the brain, blood disorders, diabetes, hypoglycaemia and SIDS.

In the USA, 1984, Edward Brandt Jnr, Assistant Secretary for Health, stated in a congressional testimony, that each year, the DPT vaccine will be associated with an estimated:

- 150 cases of brain inflammation or injuries, 50 with permanent damage;
- 9,000 cases of convulsion;
- 9,000 cases of collapse - a shock like state in which a child becomes limp, pale and unresponsive;
- 17,000 cases of unusual high-pitched screaming;
- 25,000 cases of fever of at least 105 degrees;
- 450,000 cases of inconsolable crying lasting from one to more than 20 hours.

In 1985 in the USA, an ABC Television research team, known as 20/20 uncovered massive amounts of documented evidence revealing the disastrous effects of DPT vaccine. 20/20 said that much of this information had been concealed by the drug companies, and that much of it was known by both Government and medical authorities who failed to take any action. 20/20 counted in excess of 2,500 cases of serious reactions, including brain damage, and over 60 deaths, all linked to the whooping cough vaccine. Evidence on the dangers of this vaccine went as far back as 1948. 20/20 found that government officials, doctors and vaccine manufacturers had held high level meetings on the dangers of this vaccine, without ever providing appropriate warning to the public!

FOOTNOTE: In the USA, the cost of a single DPT shot had risen by 1,000% from 11 cents in 1982 to $11.40 in 1987. The manufacturers of this vaccine were putting aside $8 per shot to cover legal costs and damages they were paying out to parents of brain damaged children and children who had died after immunization.

Polio Vaccine

Dr Jonas Salk, referring to his polio vaccine in 1955:

> *"The vaccine is safe, and you can't get safer than safe".*

The first large scale trial of the Salk (polio) vaccine commenced in the USA on April 26th, 1954 where 440,000 children were vaccinated. After almost a year of analysis, the results were presented on April 12th 1955. The Foundation for Infantile Paralysis announced to the world that the vaccine devised by Dr Jonas Salk was "safe, potent and efficient". The announcement to the American public of a successful polio vaccine resulted in ceremonious rejoicing throughout the nation. Dr Jonas Salk was declared a national hero, and Hollywood even wanted to make a movie of his life.

Within two weeks of this announcement, a major disaster occurred. On April 24th, 1955, a case of paralytic polio occurred in a recently vaccinated child. Two days later, the Californian State Health Department advised the National Institute of Health that 6 children had developed polio a week to 10 days after the first shot. In what would become known as the Cutter Disaster (Cutter being the company who prepared the vaccine) investigations found that there were about 250 vaccine associated cases, 150 of which were partially or totally paralysed. Eleven died. The following account of this tragedy was written by Dr M Beddow Bayly and published by the National Antivivisection Society, in 1956.

> *"It was on April 12th 1955, the tenth anniversary of President Franklin Roosevelt's death, that the Foundation of Infantile Paralysis told the world, using every possible means of publicity, that the vaccine devised by Dr Jonas E Salk was 'safe, potent and efficient'.*
>
> *"At a meeting of 500 doctors and scientists at Ann Arbor, Michigan, Dr Salk and Dr Francis made such sweeping claims for the vaccine that nearly every American newspaper declared that Dr Salk had abolished poliomyelitis.*

"Only thirteen days after the vaccine had been acclaimed by the whole of the American press and radio, as one of the greatest medical discoveries of the century, and two after the English Minister of Health had announced he would go right ahead with the manufacture of the vaccine, came the first news of disaster. Children inoculated with one brand of vaccine had developed poliomyelitis. In the following days more and more cases were reported, some of them after inoculation with other brands of the vaccine. Then came another, and wholly unlooked for complication. The Denver Medical Officer, Dr Florio announced the development of what he called "satellite" polio, that is, cases of the disease in the parents or other close contacts of the children, who had been inoculated and, after a few days' illness in hospital, had returned home; they communicated the disease to others, although not suffering from it themselves.

"On June 23rd, 1955 the American Public Health Service announced that there had been 168 confirmed cases of poliomyelitis among the vaccinated, with six deaths, and 149 cases among the contacts of children given the Salk vaccine, with six deaths.

"But with regard to the "satellite" cases the situation is far worse. According to Dr Florio, children when inoculated with a faulty vaccine may become carriers of the virus. He estimated (Daily Express, May 16, 1955) that all of the 1,500 vaccinated Denver children had become carriers. "We have created a group of carriers", he said, "and then there will be another group and so the cycle will go on. It is very distressing". Some of the contacts acquired the disease in its deadliest form.

"The interval between inoculation and the first sign of paralysis ranged from 5 to 20 days, and in a large proportion of cases it started in the limb in which the injection had been given. Another feature of the tragedy was that numbers developing polio were far greater than would have been expected had no inoculations been carried out. In fact, in the State of Idaho, according to a statement by Dr Carl Eklund, one of the Government's chief virus authorities, polio struck only vaccinated children, in areas where there had been no cases since the preceding autumn; in 9 out of 10 cases the paralysis occurred in the arms in which the vaccine had been injected. (News Chronicle, May 6 1955).

"An article in Time (May 30, 1955) commented: 'In retrospect, a good deal of the blame for the vaccine fiasco also went to the National Foundation, which, with years of publicity had built up the danger of polio out of all proportion to its actual incidence, and had rushed into vaccinations this year with patently insufficient preparation".

This disaster proved to be the first link in the chain of events that eventually banished the Salk vaccine from the U.S.

On October 15, 1955, The American Capsule News, published in Washington D.C., issued the following statement:

"REPORT ON SALK VACCINE. Those who hopefully believed the sales talk of Salk Vaccine vendors and the National Foundation for Infantile Paralysis are disillusioned and disappointed. Far from wiping out polio, it has apparently increased it in many states and cities".

In Massachusetts, the worst polio epidemic in its history occurred after 130,000 children were vaccinated with the Salk polio vaccine. Compared with the 1954 level of 273 polio cases, in 1955, 2,027 polio cases were reported, whereupon the authorities immediately banned its use. Similar increases occurred in other states, in Connecticut the number of reported polio cases went from 144 in 1954 to 275 in 1955; New Hampshire - 38 to 129; Rhode Island - 22 to 122; New York State - 469 to 764; Wisconsin - 326 to 1655.

In Idaho, public health experts found that (i) the disease struck in areas where there had been no previous polio cases; (ii) only children who had received the vaccine had become ill; and (iii) the first signs of paralysis occurred in the arm where the children were vaccinated.

During an AMA convention that same year, the man who supervised the country's largest polio vaccine drive, Surgeon General Leonard Scheele, admitted that:

"No batch of vaccine can be proved to be safe before it is given to children".

In 1958, mass vaccination campaigns triggered a disastrous increase in polio incidence in the USA and Canada. The highest increase was 700% in Ottawa, Canada. The highest incidence in the USA occurred in those states which had been induced to adopt compulsory polio shots. Here are the figures as shown in Hannah Allen's book, Don't Get Stuck.

State	1958 (before compulsory shots)	1959 (after compulsory shots)
North Carolina	78 cases	313 cases
Connecticut	45 cases	123 cases
Tennessee	119 cases	386 cases
Ohio	17 cases	52 cases

Following the nationwide polio campaigns of 1954 and 1955, Dr Langmuir of the US Public Health Service and in charge of polio surveillance, stated, *"I predict by 1957 there will be less than 100 cases of paralytic polio in the US"*. According to Hannah Allen, in 1957 in the USA, *"nearly half of the paralytic cases of polio in children between 5 and 14 occurred in vaccinated children. It was admitted that the vaccine had been causing paralysis"*. In 1958, of 6,029 cases, 3,122 were paralytic. In 1959, of the 8,577 polio cases reported, 5,694 were paralytic of which around 1,000 occurred in persons vaccinated three times or more.

It is noteworthy that four of the five Salk vaccine companies ceased producing this vaccine due to its failure, and because of the law suits being filed against them. American Cyanamid (Lederle) was the only company left producing it and they would give no guarantee as to its safety or effectiveness. (It was also reported that the staff of American Cyanamid were not vaccinating their own children against polio!)

In 1960, a new polio vaccine, known as the Sabin vaccine, was licensed for manufacture in the USA, and this quickly consigned Salk's vaccine to oblivion. In that same year, a frightening defect was discovered in both the Salk and Sabin vaccines. Two virologists, Dr B H Sweet and Dr M R Hilleman found that both polio vaccines were contaminated with a virus (known as SV 40) that induced malignant tumours in newborn hamsters. By this time millions of children had received polio vaccines contaminated with SV 40 virus. The Medical

Journal of Australia (17/3/1973 p555) contains the following information on such contamination:

> *"This reasoning was rudely shaken in 1958 when the first warning came that all was not well with monkey kidney cells most widely used as primary tissue, particularly for poliomyelitis vaccine. To date more than 40 separate simian viruses have been isolated from this tissue. They include virus B, known to cause encephalitis in man, and SV 40, which can produce cancer in hamsters, as well as changes in human cell tissue cultures.*
>
> *"There has been no sign so far that vaccines grown on primary monkey kidney tissue produce alarming symptoms; but symptoms may not appear for 20 years or more".*

Dr Eva Snead, in her article, Immunization Related Syndrome, which appeared in Health Freedom News, July 1987, speculates that the contaminated polio vaccines may be responsible for the current epidemics of leukemia, childhood cancer, birth defects and immune deficiency diseases. A similar view is held by Dr Frederick Klenner M.D. of the USA who has condemned both the Salk and Sabin vaccines as not only worthless, but also dangerous. Dr Klenner has stated:

> *"Many here voice a silent view that the Salk and Sabin vaccine, being made on monkey kidney tissue has been directly responsible for the major increase in leukaemia in this country".*

In 1961, the US Public Health Service reported that 11 persons who received the Sabin oral vaccine in a mass immunizing campaign in Syracuse, New York had developed polio. In 1964, following many instances of vaccine associated paralytic polio, the US Public Health Service recommended that the Sabin vaccine be discontinued for adults.

In 1977, Dr Jonas Salk, the man who introduced the original polio vaccine in the 1950s, testified along with other scientists that mass inoculation against polio was the cause of most polio cases throughout the USA since 1961. Dr Salk also stated that most of the polio cases that occurred in the USA since the early 1970s were the by-product of the live polio vaccine used throughout the USA. Dr Salk has stated in "Science" (4/4/1977 Abstracts):

> *"Live virus vaccines against influenza and paralytic polio, for example, may in each instance cause the disease it is intended to prevent; the live virus vaccines against measles and mumps may produce such side-effects as encephalitis .... The live polio virus vaccine is now the principle cause of polio in the US and in other countries .... Contrary to previously held beliefs, about poliovirus vaccines, evidence now exists that the live virus vaccine cannot be administered without risk of inducing paralysis .... The live poliovirus vaccine carries a small inherent risk of inducing paralytic poliomyelitis in vaccinated individuals or their contacts".*

The US Centre for Disease Control reported that 1982 and 1983 were the first years in which all reported cases of paralytic polio were vaccine associated. The MMWR (31/12/1986) reports that in the USA between 1980-1985, there were 55 cases of paralytic poliomyelitis of which 51 were "vaccine associated".

Responding to the ongoing debate among immunologists regarding the relative risk of killed virus (Salk vaccine) vs live virus (Sabin vaccine), Dr Robert Mendelsohn, East-West Journal, Nov 1984, says:

> *" ... I believe that both factions are right, and that use of either of the vaccines will increase, not diminish, the possibility that your child will contract the disease. In short it appears that the most effective way to protect your child from polio is to make sure that he doesn't get the vaccine".*

In her book, The Untold Dangers, Ida Honorof says:

> *"The damage to children taking the polio vaccine is well documented ... deaths and paralysis from both the Salk and Sabin vaccine".*

Yet in spite of all the evidence which condemns both the Salk and Sabin vaccines, the standard medical text, Essentials of Infectious Disease, by Mandell and Ralph, contains the following information on polio vaccines:

> *"The inactivated (Salk) vaccine has not been reported to produce any adverse effects. Oral live polio virus vaccine (Sabin) has rarely been associated with paralytic disease in recipients or in close contact of recipients".*

As Ross Horne, author of Health Revolution would say, *"The mind boggles".*

Measles Vaccine

In the USA, the history of measles vaccine campaigns has been nothing less than one of outright failure. According to Dr Robert Mendelsohn:

> *"In 1978 a survey of 30 States (US) showed that more than half of the children who contracted measles had been adequately vaccinated".*

In what turned out to be a prophetic statement, or should I say 'understatement', Science News (13/9/1986) stated: *"The war against measles isn't going according to plan".* According to Morbidity and Mortality Report (MMWR) October 1990: *"Of all persons who acquired measles in college settings from 1986 through 1989, 49% had no evidence of measles vaccination".* Or in other words 51% <u>had</u> evidence of measles vaccination. In the MMWR July 27, 1990 edition, it states: *In 1989, 170 measles outbreaks in the US involving predominantly school-age persons accounted for 32% of all reported cases. As many as 89% of patients in these outbreaks had been vaccinated on or after their first birthday".* In 1989, of the 17,850 measles cases reported, 7,149 were appropriately vaccinated and 6,033 had evidence of previous vaccination (MMWR June 1, 1990).

The Journal of the America Medical Association (21/11/1990) contains an article on measles which states:

> *"Although more than 95% of school-aged children in the United States are vaccinated against measles, large measles outbreaks continue to occur in schools, and most cases in this setting occur among previously vaccinated children".*

In Hungary between December 1988 - May 1989, there were 19,000 measles cases of which 77% aged between 17 and 21, had histories of receiving the live measles vaccine. The editorial accompanying this report (MMWR October 6, 1989) said: *"The high age specific attack rates in this age group in which vaccine coverage was at least 93% suggest that vaccine failure played a major role in this epidemic".*

Despite high levels of measles vaccination among Australian children (approximately 80%) outbreaks still occurred in several states during 1990. According to Dr Michael Levy of the

NSW Health Department, 50% of measles cases in NSW occurred in children between 6-10 years in which it was 'uncertain' whether these children had even been immunized. In Victoria, Hunter Area Health Service Medical Officer, Dr John Stephenson said that about 20% of children affected by the Hunter's measles outbreak had received the measles vaccine.

In 1963 both the USA and Canada began using a killed measles vaccine. Over 600,000 children received this vaccine of which a vast number became subject, as young adults, to what is known as 'atypical measles', a condition characterised by severe pneumonia and other life threatening conditions. In a paper published in the Journal of the American Medical Association, Dr Haas and his colleague, Dr Vernon Wendt, warned that the illness could appear in as many as 400,000 persons. The worrying thing is that this condition may not emerge until many years later. Dr Haas treated a 17 year old female patient with atypical measles who received the killed vaccine 14 years earlier. As Dr Haas stated, *"The age of our patient and the 14 year delay suggested that there was no certain time limit between immunization and the onset of atypical measles".*

Dr Marshall Horowitz, a noted virologist at the Albert Einstein College of Medicine, and among the first to identify atypical measles, made the following statement on this disaster. *"There is no way to predict when this will stop. I will not predict that it will get milder as we get further away from the initial vaccination. Not all the cases of atypical measles have been reported but probably hundreds (or thousands) of cases have occurred".*

The killed measles vaccine was eventually abandoned and replaced by a live vaccine. The Australian Medical Journal (17/3/1973, p552) states:

> *" ... 46% of individuals who were vaccinated with live vaccine following a course of killed measles vaccine developed erythema and induration at the site of the injection. Reactions have also been reported in children exposed to natural measles who had previously been vaccinated with killed vaccine. These have taken the form of atypical measles with urticaria, petechial and purpuric lesions and sever pneumonia and fever".*

Dr Mendelsohn states that the live measles vaccine is associated with encephalopathy and subacute sclerosing panencephalitis which causes hardening of the brain and is invariably fatal. Secondary complications include multiple sclerosis, Reye's syndrome, blood clotting disorders and juvenile onset diabetes to mention just a few. Dr Mendelsohn has warned:

> *"I would consider the risks associated with measles vaccination unacceptable even if there were convincing evidence that the vaccine works. There isn't".*

Dr Archie Kalokerinos in his talk at the Natural Health Convention, Stanwell Tops, NSW in May 1987, comments on the measles campaign in Africa:

> *"It was similar with measles vaccination. They went through Africa, South America and elsewhere and vaccinated sick and starving children .... They claimed they wiped out measles, but they can't substantiate that claim. Measles is a disease that is changing. Most of those susceptible to measles died from some other disease or other that they developed as a result of being vaccinated. It reduced their immune levels and acted like an infection and knocked them out. They might have got septicaemia, gastro-enteritis, etc, or made their nutritional status worse and they died from malnutrition. So there were very few susceptible infants left alive to get measles. It is one way to get good statistics, kill all those that are susceptible, which is what they literally did".*

German Measles (Rubella) Vaccine

Rubella vaccinations on a large scale commenced in Australia in 1971. The Australasian Nurses Journal (Nov 1981) contains an article titled 'Rubella Immunization, a Tangle of Absurdities and Some Comments' by Dr Archie Kalokerinos and Dr Glen Dettman. These doctors wrote:

> *"After years of vaccinating in the UK, the USA and Australia, there is no encouraging evidence to demonstrate that maternal rubella antibodies, either naturally occurring, or vaccine induced, will provide the protection we had hoped for.*
>
> *"The mass rubella immunization campaign has only been going for about seven years, so by and large the first batch of vaccines have not yet reached the age at which most women have their first child, about 22 years. Not till then will we know for certain whether the Rubella Immunization program has been successful.*
>
> *"Note first of all that nobody knows if this much publicised campaign will bring forward the success so dishonestly promoted, indeed we already know the program failed in the UK....*
>
> *"CENDEVAX" was going to solve the problems associated with rubella but after a decade of vaccinating it is now conceded in the UK that the program has failed. Teratogenicity is still as much a problem now as it was 10 years previously when the scheme was introduced, to say nothing of the side effects caused by the 'harmless life conferring immunity' promised by the medical profession".*

The failure of the rubella vaccination campaign in the UK has been confirmed in both the British Medical Journal and The Lancet. According to the British Medical Journal (2/4/1983 p1083):

> *"No scientific defence is possible of the current British approach to rubella vaccination. It has failed to protect women of childbearing age ...."*

The Lancet (1/1/1983 p39) states:

> *"Current rubella vaccination programs devised when knowledge of vaccine characteristics was still incomplete, have not been fully successful in protecting those at maximum risk of the sequelae of rubella vaccination.*
>
> *"In the UK, there has been, as predicted, little change in the secular trend of rubella occurrence. Two sizeable epidemics occurred in 1969-81 with substantial increases in the number of infants born with congenital rubella syndrome and in the number of therapeutic abortions for rubella infections. These events suggest incomplete compliance with the rubella vaccination tragedy...."*

Dr Beverly Allen, a medical virologist at the Australian Laboratory of Microbiology and Pathology in Brisbane, Queensland has conducted studies on the effectiveness of the rubella vaccinations. These studies provide overwhelming evidence that rubella vaccinations provide no protection whatever. Army recruits received the rubella vaccine and were then sent to a camp which usually had an annual epidemic of rubella; 80% of those recruits vaccinated became infected with rubella. (Australasian Nurses Journal, May 1978).

In 1971, in Casper, Wyoming, USA, a rubella epidemic occurred one year after 83% of the city's school children had been vaccinated against the disease; 91 of the 125 cases occurred in vaccinated children.

Dr Mendelsohn has written:

> *"Study after study has demonstrated that many women immunized against rubella as children lack evidence of immunity in blood tests given during their adolescent years. Other tests have shown a high vaccine failure rate in children given rubella, measles and mumps shots, either separately or in combined form".*

The Lancet, contains an article on Rubella which states:

> *"Immunity to infection by rubella virus, whether the result of natural infection or from attenuated vaccine, is by no means absolute. Subclinical infections may ensue and this is more likely in those whose immunity is vaccine-induced than in those who acquired it from natural infection".*

In April 1971, a report by Merch, Sharp and Dohme, USA, revealed that 5-10% of teenage girls and in excess of 30% of women experienced adverse reactions to the rubella vaccine. Such reactions include arthritis, arthralgia, neuritis and polyneuritis. These symptoms may last for several months and may not occur until as long as two months after the vaccination.

Dr Aubrey Tingle, a pediatric immunologist at Children's Hospital in Vancouver, British Columbia, Canada has found that 30% of adults who had been exposed to rubella vaccine suffered arthritis two to four weeks after vaccination, ranging from mildly aching joints to severe crippling. As reported in Maclean's Magazine, (8/2/1982) Dr Tingle and fellow researchers found live rubella virus in one-third of patients - both children and adults - with rheumatoid arthritis. What's more, Dr Tingle stated that some patients had recurrent episodes of arthritis for up to 10 years after their immunizations. Referring to children who received rubella shots, Dr Tingle warns: *"The long term effects are the major unresolved issue that we have to face".*

The Magazine, Australian Wellbeing Annual 1991 contains an article 'Jab Happy' by Leon Chaitow, in which he writes:

> *"On top of this danger (referring to arthritis from rubella shots), Nobel Prize winner Dr John Enders, also writing in the New England Journal of Medicine, suggests that rubella vaccination of young girls actually makes it more likely that they will contract rubella when they grow up, rather than less likely, as vaccination only offers partial protection, unlike the full protection gained by having the illness".* He then goes on to say, *"To cap it all, if there has been an inadequate immune response after immunization (and this it seems is all too common), there is a great danger that such a person may then become a carrier of rubella along with the development of arthritis and enlargement of the thyroid".*

An article in the journal "Science" (March 26, 1977) reports:

> *"The HEW reported in 1970 that as much as 26% of children receiving rubella vaccination, in national testing programs, developed arthralgia and arthritis. Many had to seek medical attention and some were hospitalized to test for rheumatic fever and rheumatoid arthritis. In New Jersey this same testing program showed that 17% of all children vaccinated developed arthralgia and arthritis".*

The Lancet (1/8 - January 1983 p40) says:

> *"Arthralgia and arthritis are the most troublesome reactions seen in large-scale vaccination programs, the occurrence of both increasing with age. Arthralgia occurs in approximately 25% and frank arthritis in about 1% of adult female vaccinees".*

Commenting on rubella vaccination, Mendelsohn says:

> *"There is no need to protect children from this harmless disease, so the adverse reactions to the vaccine are unacceptable in terms of benefit to the child .... In Connecticut, a group of doctors, led by two eminent epidemiologists, have actually succeeded in getting rubella stricken from the list of legally required immunizations".*

Flu Vaccines

On the 23rd June 1979, the Australian Newspaper published a letter from Dr A O'Rourke, Medical Superintendent of the Toowoomba General Hospital, which contained the following remarks:

> *"A recent editorial in the British Medical Journal points out that influenza is widely distributed among animals and birds throughout the world. The journal goes on to suggest that the manufacture, even the concept, of an effective vaccine is a will o' the wisp. No successful product exists and trials of those available have not disclosed any advantage in use. For many years there has been a gut feeling among the public and doctors alike that the influenza vaccine was not only useless but made you sick".*

The Lancet, August 10, 1974 contains details on a study involving 50,000 postal workers and influenza vaccinations. The study found no evidence to support vaccine efficacy. The article stated:

> *"No evidence was obtained of a saving in sickness absence in the "vaccinated" units compared with the control units .... In these circumstances the results so far available show that the annual offer of an injection of influenza vaccine in a large industry has not resulted in a significant reduction in sickness".*

The Morbidity & Mortality Report, August 9, 1985 discusses vaccine failure amongst residents of Nursing Homes. It states:

> *"In February and March 1985, three separate outbreaks of influenza-like illness among nursing home residents were investigated by the Connecticut Department of Health Services and the Department of Epidemiology and Public Health, Yale University School of Medicine. Influenza type A(H3N2) appears to have caused all three outbreaks. Investigators found that, in each outbreak, residents who had recently received currently recommended influenza vaccine were just as likely as unvaccinated residents to become ill.*

The British Medical Journal (29/9/1990) contains an article, 'Influenza Vaccination and the Elderly' in which it states:

> *"Whereas the vaccine can offer 60-80% protection to normal healthy adults when vaccine and epidemic strains are closely related, a review of 16 studies*

> *in geriatric homes since 1972 showed a mean protection against influenza-like illness of only 27% for influenza A (H_3N_2) vaccines. Influenza B vaccines fared even worse, with a mean protection of only 21% in seven studies. Moreover, Feery et all found no protection against virologically proved cases of influenza A/Victoria/3/75 in elderly people in residential homes in Australia".*

In what has become known as the Great Swine Flu Fiasco, a mass vaccination campaign against a swine flu epidemic in the USA in 1976, resulted in 565 cases of Guillain-Barre paralysis and over 40 deaths. Dr J Anthony Morris, who was fired from his government health post for calling the campaign "a senseless fiasco", stated that for 10 years it was known that flu vaccine was associated with the paralysing Guillain-Barre Syndrome.

Even Dr Albert Sabin, the developer of the oral polio vaccine, suggested that the program be abandoned and that the odds of a swine flu epidemic were in the order of 1 in 10,000. According to the St Petersburg Times (July 1st 1976), Dr Sabin predicted that for every one million children receiving an effective dose, about 190,000 would become sick with such symptoms as fever, headaches, muscle pains and nausea within about 24 hours after vaccination. In 1977, The Centre for Disease Control in Atlanta, USA, after obtaining evidence on GBS, announced:

> *"Evidence suggests that persons who are vaccinated are approximately 10 times more likely to get Guillain-Barre than those that are not vaccinated".*

Dr Kalokerinos comments on the flu vaccine, (May 1987, Natural Health Convention):

> *"In 1976 I was working in the Gulf Country around Cape York, in an aboriginal community of about 300 people. The Health Department sent around a team and vaccinated about 100 of them against 'flu'. Six were dead within 24 hours or so and they weren't all old people, one man being in his early twenties. They threw the bodies in trucks to take to the coast where autopsies were done. It appeared they had died from heart attacks".*

According to Dr William Frosehaver (Scipps Howard News Service, 5/11/1986):

> *"The risk of suffering serious complications from the flu vaccines is far greater than the flu."*

Tuberculosis (BCG) Vaccine

There is widespread disagreement within the medical ranks as to the value and safety of the BCG vaccine. Controlled trials have found extremely variable immunity in vaccine recipients. In a major trial in Southern India involving 260,000 people, not only was the vaccine shown to be totally ineffective, but more cases of TB occurred in the vaccinated group than in the placebo group. A report of this failure appears in The Lancet (12/1/1980 p73), under the heading BCG: Bad News from India. It states:

> *"The history of immunization against tuberculosis is a story of set-back, controversy, and surprise. And so it continues, with the revelation that a major trial of BCG in Southern India - the largest controlled field trial ever done with this vaccine - has shown no evidence of a protective effect. Though the 7½ year follow-up results reported in the Indian Journal of Medical Research are incomplete, they are negative - in fact, slightly more tuberculosis cases have appeared in vaccinated than in equal-sized placebo control groups. It looks like another zero effect".*

Believe it or not, this article goes on to say:

> *"Notwithstanding these problems, BCG remains one of the most widely used vaccines in the world today. The World Health Organisation has vigorously encouraged its use for many years, and the Indian Government has recommended its continuation, despite the recent findings".*

The man most responsible for the introduction of the BCG vaccine into Sweden, Professor Walgen, became disillusioned with the vaccine after learning that four people died following BCG vaccination. Professor Walgen stated:

> *"We have hitherto encouraged by publicity as many as possible to have themselves BCG vaccinated, even if there was no obvious risk of exposure. We can no longer accept the non-dangerousness of our propaganda .... Most of the BCG vaccinations, in countries like Sweden, never had any opportunity of exciting any protective action during childhood. In a word they were unnecessary".*

In the book, Infectious Disease (Maude) it is mentioned that up to 5% of BCG recipients develop persistent or spreading skin ulcers inflamed regional lymph nodes or keloid formation. In his book, Attenuated Infection (1960), Harold Simon MD, says:

> *"Some strains of BCG do produce morbidity, if not actual progressive tuberculosis in man. A report from Holland indicates that a significant number of infants developed lymphadenitis, phlyctenular conjunctivitis and draining sinuses, following BCG vaccination".*

According to Doctors Archie Kalokerinos and Glen Dettman, tuberculosis vaccines in Australia have resulted in over 600 deaths in children (Let's Live, December 1976 p57).

It is interesting to note that The Netherlands had the lowest death rate from respiratory TB for any European country in 1957-59 and 1967-69 despite having no national BCG program.

Tetanus Vaccine

In 1960, at the age of 6 years, I was given my first tetanus injection after piercing my leg on a piece of rusted barbwire. The previous year, the Australian Medical Journal contained a number of letters on Tetanus Prophylaxis written by concerned doctors. Some excerpts from these letters follow:

Dr W F Hunter, Medical Journal Australia 18/7/1959:

> *"Press (1948) also quotes a number of references which testify to what is generally known - that practically any study of the illness reveals many cases in which tetanus antitoxin failed to prevent tetanus; and this author gives an average of figures quoted in the literature showing that 33.4% of cases which had developed tetanus had received prophylactic antiserum (the average in non-military cases was 6.8%). Thus it is seen that antiserum is by no means efficacious in the prevention of tetanus in humans; also, in these cases the patient not only has the risk of contracting tetanus, but has the added risk of the complications of therapy.*
>
> *"The complications of horse serum injections range from minor local reactions through reactions of gradually increasing severity such as generalised urticaria, arthralgia, signs and symptoms of heart, lung and*

kidney involvement to neurological complications, some of which are of considerable danger to the patient, with cases of radiculitis, brachial plexus neuritis, polyneuritis, Guillain-Barre syndrome, myelitis and cerebral and meningeal reactions (Miller and Stanton, 1954; Woolling and Rushton, 1950).

"It would seem that if the figures quoted are correct, then a doctor who gives tetanus antitoxin should rather be sued for exposing the patient to unnecessary risk should serious complications of therapy arise. In fact large sums of money have been paid by insurance companies to patients suffering from the complications of serum therapy (Bennett, 1939).

"Is it possible that A.T.S., like typhoid vaccine, has been used for so many years with no real proof of its value?"

Dr K D Murray, Medical Journal Australia 31/10/1959:

"I had occasion a few years ago to review a great bulk of literature in the English language, and some selected German translations on the subject.

"No evidence was found by me to suggest that tetanus antiserum had any value as a prophylactic agent against the development of tetanus following accidental trauma to humans. If any persons, or the manufacturers of this dangerous material, have evidence to the contrary, the time is ripe to present that evidence for evaluation.

"In the absence of such evidence, tetanus antitoxin should be classed as both dangerous and useless, and its continued manufacture and prescribing as a Pharmaceutical Benefit for the purpose of prophylaxis against tetanus in humans, a waste of public money."

Dr Taylor, Medical Journal Australia (18/4/1959):

"When presented with a break in the skin, recent or old, superficial or penetrating (including impetigo, otitis media, whitlow, etc) the risk of tetanus infection is explained to the patient - that he has approximately a one in 250,000 chance of contracting the disease from his existing lesion (11 cases per annum in Victoria - population 2,700,000 - assuming each person contracts one potentially tetanic lesion per year). If tetanus is contracted he would have a 40% to 60% chance of recovery. Now if an A.T.S. injection is given he has a one in 50,000 to 200,000 chance of dying of anaphylactic shock. He has a three in 100 chance of developing moderately severe urticaria. After this explanation the patient usually has second thoughts about receiving an injection of A.T.S."

I wish I knew all that when I was six years old!

The incidence of tetanus is now extremely rare. In the UK, a mere 20-30 cases are recorded annually and in the USA, the incidence is about double. According to the Medical Journal of Australia, (23/9/1978): *"The decline of tetanus as a disease began before the introduction of tetanus toxoid to the general population"* The reasons for this decline are the same as for the decline in all the other infectious diseases: improved hygiene and sanitation, better nutrition, healthier living conditions, etc.

It is interesting to note that the British Medical Journal, August 1964 carried a statement by Dr H K Bourns which reads:

> *"Thorough wound toilet is the only treatment for a wound and when it is carried out correctly, antibiotics are not necessary unless either the circumstances under which the wound was obtained, or the general condition of the patient make the development of infection either likely or unlikely. Thorough wound toilet makes the use of either tetanus antitoxin or prophylactic antibiotics unnecessary".*

Hepatitis B Vaccine

According to the New England Journal of Medicine (9/11/1989 p1333), in the USA the first commercial vaccine became available in 1982. Yet the incidence of acute hepatitis B in the USA increased from 55 per 100,000 in 1981 to 63 per 100,000 in 1987 - hardly convincing evidence of its efficacy.

Consultant Paediatrician, Dr S Hartman (J Paediatric Child Health 1990 26, 65) had this to say on the Hepatitis B vaccine:

> *"There have been some side effects reported following Hepatitis B vaccinations. There is a report of a patient with pruritus, dyspnoea, urticaria and infraorbital oedema. There have also been reported six serious illnesses in a series of 200,000 hepatitis B vaccinations, including erythema multiforma, aseptic meningitis, grand mal seizure, a possible transverse myelitis and 2 cases of Guillain-Barre syndrome, as well as 56 minor illnesses considered likely to be due to the vaccine. These minor illnesses include neurological (tremors, recurrent Bell's palsy), skin (hives, herpes zoster, psoriasis), musculoskeletal (generalised myalgia, arthralgia and joint inflammation), hepatitis-like illness, influenza-like syndrome, injection site reaction, diarrhoea, vomiting and headaches.*
>
> *"Until further evidence can be gathered on possible side effects or complications form the hepatitis B vaccine, it may be worth considering only giving the vaccination to people at high risk, rather than to all the population."*

Diphtheria and Smallpox

Although diphtheria is now extremely rare and smallpox has virtually disappeared from the globe, the disastrous history of their respective vaccine campaigns provides dramatic and conclusive evidence as to the dangers and ineffectiveness of widespread vaccination.

Diphtheria Vaccine

In England and Wales in the 15 years following the introduction of diphtheria anti-toxin (1894), the number of deaths from diphtheria was 20% greater than it had been for the 15 years prior to anti-toxin treatment. What's more, between the years 1895 and 1907, there were 63,249 cases of diphtheria treated with anti-toxin, of which 8,917 died, giving a fatality rate of 14.09%. Yet in those same years, of the 11,716 cases 'not' treated with anti-toxin, only 703 died giving a fatality rate of 6%.

On January 1st, 1926 in the USA, the American Medical Association started a drive to abolish diphtheria by 1930 with the use of anti-toxin, the same serum that Austria and other European countries banned over 20 years earlier. Yet by 1930, in those states that pushed anti-toxin the hardest, there was an increase in the death rate. Detroit, one of the most inoculated states in the USA, recorded the highest death rate.

In France, the incidence of diphtheria rose steadily from 1924-1930 despite it being the most inoculated country in Europe (refer graphical evidence, Chapter 1).

A Royal Commission into childhood fatalities in Bundaberg, Australia, 1928, reports that of 21 children who received the diphtheria toxin anti-toxin, 18 became ill and subsequently 12 died.

In his book, Hygienic Care of Children, Shelton says:

> *"Anti-toxin does not remedy the disease and toxin - anti-toxin does not prevent it. Both these foreign proteins are responsible for many deaths in both the well and the sick and for much other injury short of death".*

In 1935 Dr C K Millard, Medical Officer of Health for Leicester, England, made a report on 'Inoculation against Diphtheria' to the Health Committee of the City Council in which he advised against *"any action ... encouraging inoculation of the general public"*. Dr Millard believed that inoculation was responsible for the increased death rate.

In the UK, over 30,000 cases of diphtheria have been recorded in fully immunized children. In Scotland during the four years 1941-1944, the Ministry of Health admitted that over 23,000 cases of diphtheria occurred in vaccinated children with over 180 proving fatal. In Germany, compulsory mass immunization commenced in 1940 and by 1945 diphtheria cases were up from 40,000 cases to 250,000. In Hungary, where immunization had been compulsory since 1938, there was a 35% increase in the number of diphtheria cases. In Geneva, where compulsory vaccination had been in force since 1933, the number of cases trebled from 1941 to 1943.

(Information on Diphtheria Vaccine extracted from Pasteur, Plagiarist or Impostor?, R B Pearson)

Smallpox Vaccine

In England, compulsory vaccination against smallpox was first introduced in 1852, yet in the period 1857 to 1859, a smallpox epidemic killed 14,244 people. In 1863 to 1865, a second epidemic claimed 20,059 lives. In 1867, a more stringent compulsory vaccination law was passed and those who evaded vaccination were prosecuted. After an intensive four year effort to vaccinate the entire population between the ages of 2 - 50, the Chief Medical Officer of England announced in May 1871 that 97.5% had been vaccinated. In the following year, 1872, England experienced its worst ever smallpox epidemic which claimed 44,840 lives. Between 1871-1880, during the period of compulsory vaccination, the death rate from smallpox leapt from 28 to 46 per 100,000 population.

Writing in the British Medical Journal (21/1/1928 p116) Dr L Parry questions the vaccination statistics which revealed a higher death rate amongst the vaccinated than the unvaccinated and asks:

> *"How is it that smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated?*
>
> *"How is it that in some of our best vaccinated towns - for example, Bombay and Calcutta - smallpox is rife, whilst in some of our worst vaccinated towns, such as Leicester, it is almost unknown?*
>
> *"How is it that something like 80 per cent of the cases admitted into the Metropolitan Asylums Board smallpox hospitals have been vaccinated, whilst only 20 per cent have not been vaccinated?*
>
> *"How is it that in Germany, the best vaccinated country in the world, there are more deaths in proportion to the population than in England - for example, in 1919, 28 deaths in England, 707 in Germany; in 1920, 30 deaths in England,*

> *354 in Germany. In Germany in 1919 there were 5,012 cases of smallpox with 707 deaths; in England in 1925 there were 5,363 cases of smallpox with 6 deaths. What is the explanation?"*

In Scotland, between 1855-1875, over 9,000 children under 5 died of smallpox despite Scotland being, at that time, one of the most vaccinated countries in the world. In 1907-1919 with only a third of the children vaccinated, only 7 smallpox deaths were recorded for children under 5 years of age.

In Germany, in the years 1870-1871, over 1,000,000 people had smallpox of which 120,000 died. 96% of these had been vaccinated. An address sent to the governments of the various German states from Bismarck, the Chancellor of Germany, contained the following comments:

> *"... the hopes placed in the efficacy of the cowpox virus as preventative of smallpox have proved entirely deceptive".*

In the Philippines, prior to US takeover in 1905, case mortality from smallpox was about 10%. In 1905, following the commencement of systematic vaccination enforced by the US Government, an epidemic occurred where the case mortality ranged from 25% to 50% in different parts of the islands. In 1918-1919 with over 95% of the population vaccinated, the worst epidemic in the Philippine's history occurred resulting in a case mortality of 65%. The highest percentage occurred in the capital Manila, the most thoroughly vaccinated place. The lowest percentage occurred in Mindanao, the least vaccinated place owing to religious prejudices. Dr V de Jesus, Director of Health, stated that the 1918-1919 smallpox epidemic resulted in 60,855 deaths. The 1920 Report of the Philippines Health Service contains the following comments:

> *"From the time in which smallpox was practically eradicated in the city of Manila to the year 1918 (about 9 years) in which the epidemic appears certainly in one of its severest forms, hundreds after hundreds of thousands of people were yearly vaccinated with the most unfortunate result that the 1918 epidemic looks prima facie as a flagrant failure of the classic immunization towards future epidemics".*

In Japan, 1885, 13 years after compulsory vaccination commenced in 1872, a law was passed requiring re-vaccination every seven years. From 1886 to 1892, 25,474,370 re-vaccinations were recorded in Japan. Yet during this same period Japan had 156,175 cases of smallpox with 38,979 deaths representing a case mortality of nearly 25%. In 1896, Japanese Parliament passed another act requiring every Japanese resident to be vaccinated and re-vaccinated every 5 years. Between 1889 and 1908, there were 171,611 smallpox cases with 47,919 deaths, a case mortality of 30%. This case mortality exceeds the smallpox death-rate of the pre-vaccination period when nobody was vaccinated. It is noteworthy that Australia, one of the least vaccinated countries in the world for smallpox had only three smallpox cases in 15 years, in comparison with Japan's record of 165,775 cases and 28,979 deaths in only 6 years of compulsory vaccination and re-vaccination.

In an article, 'Vaccination in Italy' which appeared in the New York Medical Journal, July 1899, Chas Rauta, Professor of Hygiene and Material Medical in the University of Perguia, Italy, points out:

> *"Italy is one of the best vaccinated countries in the world, if not the best of all, ... for twenty years before 1885, our nation was vaccinated in the proportion of 98.5%. Notwithstanding, the epidemics of smallpox that we have had have been something so frightful that nothing before the invention of vaccination*

could equal them. During 1887, we had 16,249 deaths from smallpox; in 1888 - 18,110 and 1889, 13,413".

Professor Rauta has stated:

"Vaccination is a monstrosity, a misbegotten offspring of error and ignorance; it should have no place in either hygiene or medicine .... Believe not in vaccination, it is a world-wide delusion, an unscientific practise, a fatal superstition with consequences measured today by tears and sorrow without end".

From his book, The Vaccination Superstition, Dr J W Hodge writes:

"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 3,000 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".

In the USA, June 25th, 1937, Dr William Howard Hay addressed the Medical Freedom Society on the Lemke Bill to abolish compulsory vaccination. He stated:

"I have thought many times of all the insane things we have advocated in medicine, that is one of the most insane - to insist on the vaccination of children, or anybody else, for the prevention of smallpox, when, as a matter of fact, we are never able to prove that vaccination saved one man from smallpox ....

"I know of one epidemic of smallpox comprising nine hundred and some cases, in which 95 per cent of the infected had been vaccinated, and most of them recently ....

"It is now thirty years since I have been confining myself to the treatment of chronic disease ... I have run across so many histories of children who had never seen a sick day until they were vaccinated and who ... have never seen a well day since ....

"In England, where statistics are kept a little more frankly and accurately and above board ... than in this country, the actual official records show 3 times as many deaths directly from vaccinations as from smallpox for the past twenty-one years ... I will guarantee you that there are 3 times as many deaths that were not recorded, that are directly traceable to vaccinations. That doesn't take into account the many, many cases of encephalitis or sleeping sickness, and of this or that form of degeneration, that occurs as the result of vaccination ....

"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. What is true of vaccination is exactly as true of all forms of serum immunization, so called ...

> *if we could by any means build up a natural resistance to disease through these artificial means, I would applaud it to the echo, but we can't do it ....*
>
> *"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".*

According to the official figures of the Register General of England only 109 children (under 5) in England and Wales died of smallpox in the twenty-three years ending December 1933, but 270 died of vaccinations in the same period in these two countries. 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 ultimately forced the government to repeal the Vaccination Act for smallpox.

The situation was just as bad in the USA. An article in the July 1969 issue of Prevention Magazine stated that 300 children in the USA died from the complications of smallpox vaccine since 1948. Yet during that same period there was not one reported case of smallpox in the country. In October 1971, Dr Samuel Katz, Duke University Medical Centre, speaking at the annual meeting of the American Academy of Pediatrics said that an average of six to nine individuals die each year from smallpox vaccinations. Authorities eventually abandoned the vaccine as Dr Archie Kalokerinos points out:

> *"About 10 - 15 years ago some of my colleagues in the United States gave me some very interesting information. They said that smallpox vaccination had been stopped, not because smallpox had been wiped out, but because they were having trouble with the vaccine. They would vaccinate an individual and that individual would give active smallpox to a contact. The whole thing was out of control and they weren't game to use it".*

This is probably why Professor Ari Zuckerman, a member of the World Health Organisation's advisory panel on viruses has stated, *"Immunization against smallpox is more hazardous that the disease itself".* Even the British Medical Journal (1/5/1976) states: *"It is now accepted that the risks of routine smallpox vaccination outweigh those of natural infection in Britain".*

On May 11th 1987, the London Times ran a front-page story, headlines, "SMALLPOX VACCINE TRIGGERED AIDS VIRUS". The gist of the story was that, somehow, the World Health Organisation (WHO) in its efforts to eradicate smallpox in the third world, had triggered millions of AIDS cases in Africa, Haiti, and Brazil. A WHO adviser said:

> *"I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by Vaccinia. Now I believe the smallpox vaccine theory is the explanation to the AIDS explosion".*

Health statistics from WHO reveal that the greatest spread of HIV (AIDS virus) infection coincides with the areas having the most intensive vaccination programs. It has been speculated that smallpox vaccine given to millions throughout Africa, Haiti and Brazil has the potential to weaken the immune system of susceptible individuals. This can result in the dormant AIDS viruses present in such people to become activated and assume virulent powers. Dr Robert Gallo, America's number one AIDS researcher has stated:

> *"I have been saying for some years that the use of live vaccines such as that used from smallpox can activate a dormant infection such as HIV (AIDS)".*

VACCINE FAILURES IN THIRD WORLD COUNTRIES

If there is one way to determine whether vaccines work or not, that is to vaccinate those most susceptible to disease, ie third world countries, and then examine the results. As the following will show, vaccine campaigns in third world countries have failed to protect.

In the Journal for the Doctors' Reform Society, December 1982, Dr Julie Clift, referring to measles in Mozambique reports:

> *"Devastating measles epidemics with high case fatalities still occur frequently despite the implementation of the expanded programme on immunization".*

According to The Lancet (31/3/1990 p774):

> *"The measles campaigns in West Africa had shown clearly that, although the disease could be controlled in the short term by mass campaigns, the gains were not sustained and a continuous service was necessary"*
>
> *"Poliomyelitis vaccine has been the most disappointing of the vaccines originally included in EPI .... Injectable polio vaccine gives equally good seroconversion rates in the developed and developing world but it still failed to provide complete protection during a recent epidemic in Senegal".*

An article on Polio in The Lancet (8/12/1984) states:

> *"Oral poliovaccine often gives disappointingly poor immunity and protection in tropical countries ...."*

The value of the BCG (tuberculosis) vaccine is highly questionable. The Lancet (12/1/1980), reporting on the failure of the vaccine in India, says:

> *"... the effectiveness of BCG vaccination against tuberculosis remains, for most populations and for most areas of the world, unpredictable .... Despite three major trials in Puerto Rico and India, BCG has yet to prove its worth in those areas of the world where tuberculosis control is most needed, the developing countries".*

VACCINATION AND PROVOCATION DISEASE

Probably one of the most hazardous and insidious effects of vaccination lies in its potential to provoke other forms of disease. This phenomenon, known as 'provocation disease' has been reported in many journals and books authored by medical doctors.

The causal relationships between cases of paralytic polio and diphtheria/pertussis vaccines in the late 1940s and early 1950s has been well documented. In April 1950 both The Lancet and The Medical Officer reported that infantile paralysis had followed inoculation with diphtheria toxoid, whooping cough vaccine and the combined diphtheria whooping cough vaccine.

Their report revealed that there was a definite connection between vaccination and the paralysis that occurred within a month of the inoculation. In 1950 Dr Bertram McCloskey, working in Melbourne investigated the vaccination history of 340 cases of poliomyelitis that occurred during the 1949 epidemic in Victoria. Dr McCloskey found that of the 340 cases, 31 had received an injection of diphtheria toxoid or pertussis vaccine, alone or in combination, within three months of the onset of their symptoms. McCloskey subsequently

discovered 23 similar cases occurring from 3 to 12 months after vaccination and 121 cases occurring more than a year after vaccination.

In the BMJ (1/7/1950 p4669) Doctors Hill & Knowelden report of a statistical investigation into polio cases in 1949 in the UK and their relationship to pertussis and diphtheria vaccinations. They write:

> *"Whichever way we choose to set out the statistics collected in this inquiry they reveal clearly an association between recent injections and paralysis .... We must conclude, therefore, that in the 1949 epidemic of poliomyelitis in this country cases of paralysis were occurring which were associated with inoculation procedures carried out within the month preceding the recorded date of onset of the illness".*

The Lancet (15/12/1956) contains an article titled 'Poliomyelitis and Prophylactic Inoculation Against Diphtheria, Whooping Cough and Smallpox'. It states:

> *"In 1951-53 perhaps 170 of the 1308 paralytic cases in England and Wales in children between 6 months and 2 years of age were causally related to the injection of diphtheria or pertussis prophylactics".*

This article also states that out of 355 paralytic cases that had a history of vaccination against diphtheria, whooping cough and smallpox, 132 had developed paralysis 1-28 days after vaccinations. The report acknowledged that these figures could well be an underestimate.

A major vaccine tragedy occurred in Naples, Italy in July 1978. A number of children were vaccinated with diphtheria tetanus toxoid and within 24 hours were admitted to hospital. Five of these children died and 59 additional deaths occurred between October 1978 and February 1979. Reported in the book Infectious Diseases (WHO) it states: *"In spite of all the efforts of the Italian authorities and a team of international experts, this outbreak, eventually suspected to be caused by vaccination associated with simultaneous respiratory syncytial virus infection, remained unexplained."*

The mechanism by which vaccination provokes other diseases is not clearly known, but it is thought by many doctors that if a latent virus or incubating illness already exists within a person, then vaccination can be enough to trigger into activity that particular illness. Vaccination may therefore not always be the sole cause, but there can be little doubt that it is often the final 'trigger' for such illness. Unfortunately, as Leon Chaitow points out in his book Vaccinations and Immunizations, *"There is no way of knowing when such latent or incubating situations may be operating, and therefore no way of knowing when a vaccination may produce this sort of provocation".* As we have already seen, many diseases thought to be caused by vaccination do not surface until at least 10 years after the vaccination, by which time it is difficult to prove the connection. Modern Medicine of Australia (1/7/1974 p60) contains an article, 'Severe Complications of Measles Vaccination', in which it states:

> *"Subacute sclerosing panencephalitis, a rare complication of measles, has also been reported to occur months or years after vaccination with live virus measles vaccine. It is a progressive crippling infection of the central nervous system.*
>
> *"Subacute sclerosing panencephalitis occurred in one child two years after vaccination with live measles virus and, in another eight and a half years after an attack of measles. Both exhibited delayed hypersensitive reaction to killed measles virus".*

As Leon Chaitow warns:

> *"Provocation of latent viruses is seen to be a potentially dangerous eventuality of all and every vaccination procedure".*

The following quotes appeared in an article, 'Inoculations - Friend or Foe', Health Science, July/August 1983.

Professor L C Vincent, Founder of Bioelectronics, has said:

> *"All vaccination has the effect of directing the three values of the blood into or toward the zone characteristics of cancer and leukemia .... Vaccines DO predispose to cancer and leukemia".*

Professor Leon Grigorski, Athenian Faculty of Medicine stated:

> *"We are ourselves creating the diseases, and we are heading toward general cancerization and mental defectives through encephalitis, by the use of vaccines".*

Dr Supperat, Chief Doctor at St Louis Hospital, USA has said concerning diphtheria and smallpox vaccines:

> *"It provokes an explosion of leukemia".*

Doctors Kalokerinos and Dettman (Australasian Nurses Journal June 1981) point out:

> *"A careful study of the decline in disease will show that up to 90% of the so called 'killer diseases' had all but disappeared when we introduced immunizations on a large scale during the late thirties and early forties. Since the introduction of routine immunizations we now have an ever alarming increase of degenerative diseases and maladies, but worse still the diseases we are supposed to be protected from still occur, probably in larger numbers than we might have expected them to, had we simply allowed the declining disease rate to continue".*

VACCINE LINK TO DISEASES IN CHILDREN

Many doctors have linked vaccines with the increasing incidence of chronic and acute disease amongst children including arthritis, juvenile diabetes, multiple sclerosis, allergies, eczema, Reye's syndrome, cancer and many others.

In 1979 at the Fourth International Symposium on Pertussis (whooping cough) in Maryland USA, evidence was presented which showed that pertussis vaccine could lead to disorders of insulin metabolism. Could this have anything to do with the rising incidence of juvenile diabetes and hypoglycaemia, both conditions involving insulin disorder?

In both Europe and the USA, many physicians have observed that allergic and immunological disorders in children are rapidly increasing. The May 1983 edition of Modern Medicine contained a review of an international allergy meeting in London which stated:

> *"There is little doubt that the incidence of allergic disorders has increased in recent years".*

The British Medical Journal (September 1983) describes a survey which showed that of the 13,500 children born in a single week in 1970, over 12% developed a topic eczema by the time they were 5 years old. This was twice the number reported in a similar survey 12 years earlier. As one prominent pediatrician has commented:

> *"There may be a relationship between immunization as a stress and the onset of some of the devastating array of symptoms I am seeing all the time in younger and younger children".*

The cancer-producing effect of vaccinations has been well demonstrated in many animal studies; whether the same risk applies to humans is subject to debate. Yet as Dr Carlton Fredericks, renowned American nutritionist says: *"For children, at least, this possible risk certainly outweighs any preventative benefit".*

RISKS TO IMMUNE SYSTEM

One of the most serious consequences of routine vaccination is the potential risk to a child's immune system. In their book, Vaccinations and Immune Malfunctions, Doctors Buttram and Hoffman warned of *"the probability of widespread and unrecognized vaccine-induced immune system malfunction and the need for scientific investigation of these effects".* They identified *"the lowering of the body's resistance resulting from vaccinations. Since this effect is often delayed, indirect and masked its true nature is seldom recognized".* As reviewed in their book, a partial list of vaccine related diseases and/or immunologic disorders reported in the medical literature include brain damage from vaccine induced encephalitis, SIDS, Guillain-Barre syndrome, lupus erythematosis, multiple sclerosis, arthritis (following rubella vaccine) and allergic disorders. Buttram and Hoffman state:

> *"It is possible that many of the nervous, mental, behavioural and sociological problems occurring today among the younger generation in America may represent a counterpart of the malnutrition-immunization interaction observed by Dettman and Kalokerinos among the Australian Aborigines".*

Dr Archie Kalokerinos who worked among aboriginals during the 1960s and 1970s attributed the increased death rate of aboriginal infants to the expanded immunization program. He postulated that malnourished infants had a weakened immune system, and that the injection of vaccine only worsened the situation resulting in many deaths. Dr Kalokerinos, speaking at the Natural Health Convention, Stanwell Tops, NSW on Sunday May 24th 1987, stated:

> *"My original introduction to the problems of vaccination was in the field of aboriginal health. At the time, we had one of the highest infant mortality rates in the world, higher than in rural India. In some aboriginal communities, every second baby was doomed to die in infancy, but the medical authorities didn't seem to have an answer to this.*
>
> *"On the invitation of the then Minister for the Interior, I went to the Northern Territory to investigate and found that the infant death rate had doubled in one year, and looked as if it was going to double again. I couldn't explain it. Things hadn't changed, the seasons hadn't changed, everything seemed to be basically the same. So I went to America to discuss the problem there with colleagues, but no one seemed to have an explanation.*
>
> *"Back in Australia, I sifted through the various factors that I knew could make a child sick. One factor was that under certain circumstances, routine immunization could do harm. I remembered that the Minister had said to me*

> *"Amongst other things that we have done, we have stepped up the immunization campaign". I said to myself, "Eureka, that is it, that's what has happened!". Next day I caught a plane back to the Northern Territory, but in Alice Springs it was just a waste of time. My colleagues didn't want to hear about my ideas, yet I saw doctors and health workers chasing aboriginal mothers with babies through the scrub on foot and in Land Rovers and forcefully taking the babies and vaccinating them against the mother's will. Many of the aboriginal mothers, when they saw the health team coming, would grab their babies and flee into the scrub. Mainly because they could count. They knew what would happen every time the doctors came around with their needles. But the doctors forgot to note the children that died after routine immunization. They put it down to gastro-enteritis or pneumonia, and made no association whatsoever with immunization. And half of the deaths they never heard about, because the babies were buried in the scrub anyway. Also, their methods of keeping statistics were not very good.*
>
> *"The reception I got was extremely hostile, but in typical Kalokerinos style, when I got a hostile reception I looked into it further, and the more I looked into it the more horrified I became. I realised that a great deal of harm was being done, not just in Australia but throughout the world by faulty immunization campaigns".*

Further comments by Dr Kalokerinos on the deaths of these aboriginal infants after immunization come from his book, Every Second Child:

> *"If some babies and infants survived, they would be lined up again within a month for another immunization. If some managed to survive even this, they would be lined up again. Then there would be booster shots, shots for measles, polio and even TB. Little wonder they died; the wonder is that any survived ....*
>
> *"The excitement of this realisation is difficult to describe. On one hand I was enthralled by the simplicity of it all, the 'beautiful' way by which the pattern fitted everything I had been doing. On the other hand, I almost shook in horror at the thought of what had been, and still was going on. We were actually killing infants through our lack of understanding".*

In an article entitled 'Immunization Can Harm, Says Professor' published in the Age Newspaper (4/12/1975), Professor Ronald Penny warned that children with deficient immune systems could be harmed or even killed by routine immunization. Professor Penny believed that immunization in such children could result in harmful side-effects and even the disease which was being immunized against. According to Professor Penny, measles, polio, rubella and vaccina vaccines were the most dangerous because they were live and stronger than other vaccines.

SLOW VIRUSES

Medical homeopath, Dr Richard Moskowitz who has extensively researched the dangers of vaccination, believes that vaccination can lead to "slow viruses" developing in the body, giving rise to the chronic diseases of the present.

From the book, Dissent in Medicine, Dr Moskowitz writes:

> *"It has long been known that live viruses, for example, are capable of surviving or remaining latent within the host cells for years, without continually provoking acute disease.*
>
> *"Latent (slow) viruses of this type have already been implicated in three distinct types of chronic disease, namely (1) recurrent or episodic acute diseases such as herpes, shingles, warts, etc (2) "slow-virus" disease, ie subacute or chronic, progressive, often fatal conditions, such as kuru, Creutzfeldt-Jakob disease, subacute sclerosing panencephalitis (SSPE), AIDS, and possibly Guillain-Barre syndrome; and (3) tumours, both benign and malignant".*

Latent viruses are like biological 'time bombs' set to explode at an indeterminate time in the future. Dr Keith Block, a family physician in Illinois, USA, who has spent years gathering information on vaccination, points out that such viruses act like a seed and may be triggered months or years later by a combination of lifestyle factors such as stress, medications or poor diet. Dr Block says:

> *"We end up trading-off what would usually be a relatively minor illness for a potentially serious disease. Instead of taking personal responsibility for our body's immunological systems, we try to handle everything with a vaccine, insulting our bodies and creating a sicker, more endangered species. We are literally walking time bombs!".*

Dr Mendelsohn reports of a severe measles epidemic occurring in Los Angeles fourteen years after the measles vaccine was introduced. Parents were urged to vaccinate all children six months of age and older. Whilst doctors routinely administered measles vaccines to any children they could get their hands on, several doctors refused to vaccinate their own children. As Dr Mendelsohn comments:

> *"Unlike their patients, who weren't told, they realised that 'slow viruses' found in all live vaccines, and particularly in the measles vaccine, can hide in human tissue for years. They may emerge later in the form of encephalitis, multiple sclerosis, and as potential seeds for the development and growth of cancer".*

Doctors Dettman and Kalokerinos (Australasian Nurses Journal, December 1977) have also commented on slow viruses:

> *"It is now seriously suggested that the slow virus may be the cause of a number of degenerative diseases including rheumatoid arthritis, leukemia, diabetes and multiple sclerosis. It is further possible that some of the attenuated strains of vaccines that we advocate may be implicated with these diseases".*

A similar view has been expressed by Dr Robert Simpson of Rogers University, New Jersey, USA. In 1976, addressing the American Cancer Society, Dr Simpson stated:

> *"Immunization programs against flu, measles, mumps, polio, etc, actually may be seeding humans with RNA to form proviruses which will then become latent cells throughout the body. Some of these latent pro-viruses could be molecules in search of disease, which under proper conditions become activated and cause a variety of diseases, including rheumatoid arthritis, multiple sclerosis, lupus erythematosus, Parkinson's disease, and perhaps cancer".*

VACCINE RISKS: 'UNKNOWN' TO MEDICAL AUTHORITIES

Although Medical Science will occasionally acknowledge the risks associated with vaccines, they will generally accompany such warnings with the statements: *"The risks of the disease far outweigh the risks of the vaccine"* OR *"The dangers of the vaccine are far less than the dangers of the disease"*.

Such statements are absurd and ridiculous for the simple reason that no one knows the real risks or dangers of vaccines, particularly over the long term. For example, there are still millions of people who were vaccinated in the early 1960s with the polio vaccine containing the SV40 virus found to cause cancer in hamsters. Scientists have acknowledged that this virus can cause changes to human cell tissue and that it might not occur for at least 20 years. Dr Mendelsohn has written:

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

How can one therefore measure the risks?

In the UK, The Joint Committee on Vaccination and Immunization (British Medical Journal 20/8/1975) states that: *"The hazard of whooping cough remains greater than that of immunization"*. Yet, as Professor George Dick points out in the British Medical Journal (18/10/1975 p161): *"At the present time, we do not know how many cases of brain damage may be related to the use of pertussis (whooping cough) vaccine in the UK"*. The Journal of the American Medical Association (2/7/1982 p13) says:

> *"Almost from the inception of widespread DTP immunization, severe reactions have been reported, beginning with Byers and Molls study of vaccine - associated encephalopathy in 1948. The incidence of such reactions has not been firmly established."*

Here we have an official body of medical scientists and doctors telling the public that the dangers of whooping cough are greater than the dangers of the vaccine, when it is clear that the potential dangers of this vaccine are "unknown".

Speaking of the risk of vaccine injections, Dr Hunter (Medical Journal of Australia 18/7/1959) says:

> *"The complications and failure of therapy such as serum and vaccine injections and blood transfusions are very rarely recorded in the literature even when recognised, with the result that the true risk of the therapy can only be guessed at ...."*

VACCINE RISKS UNDERESTIMATED

When The Joint Committee on Vaccination and Immunization (UK) states that the risk of encephalopathy following whooping vaccine is only 1 in 110,000, or permanent neurologic damage as 1 in 310,000 it should be realised that such estimates are based on reported case histories. These case histories would only represent a 'fraction' of the real number, for the majority of adverse reactions to whooping cough vaccines (not to mention all other vaccines) either go unreported or are rejected by medical authorities who refuse to acknowledge the relationship. In an editorial on the Pertussis (whooping cough) Vaccine

which appeared in 'Archives of Neurology', Volume 40, April 1983, Dr Gerald Fenichel states:

> *"Much of what we know, or think we know, about neurologic complications of immunization is based on case history reports and needs re-evaluation by prospective epidemiologic studies".*

Fortunately Professor Gordon Stewart, University of Glasgow has carried out 'epidemiological studies' into adverse reactions from vaccines and in particular the pertussis vaccine, and has exposed serious deficiencies in the official reporting systems. Writing in The Lancet (29/1/1977 p234) Professor Stewart states:

> *"Notifications of adverse reactions to the Committee on Safety of Medicines or to manufacturers of the vaccine have not been disclosed officially. The records of some of the major local and health authorities in the UK and USA contain no entries indicative of brain damage. Publications and literature from manufacturers tend to discount reactions and do not mention the possibility of death or permanent brain damage.*
>
> *"In the face of all this, one must pause before contradicting accepted practices. Having paused, I am convinced that adverse reactions are more common and more serious than is generally recognised. Furthermore, examination of national data and a survey of the present position in Glasgow reinforces views already stated - namely, that present schedules of vaccination with B.pertussis are ineffective and that epidemiological monitoring of efficacy and adverse reactions is incomplete.*
>
> *"Because of the national deficit in epidemiological data and in intelligence, it is impossible to estimate the prevalence of the pertussis reaction syndrome or of subsequent brain damage and mental defect. It is unlikely to be lower than 1 in 60,000, but it might be as high as 1 in 10,000 or, in its transient form, still higher. If it is 1 in 20,000 then at least 30 children will suffer permanent brain damage in the UK each year and many more might be started, early in life, on the early stages of an organic dementia which, in its ultimate form, has the features of a demyelinating disease and cerebral atrophy. This risk far exceeds the present risk of death or permanent damage from whooping-cough or even, in some parts of the country, the chance of contracting it".*

Writing in the British Medical Journal (24/4/1982 p1263) Professor Stewart states:

> *"According to the adverse drugs register of the Committee on Safety of Medicines, doctors notified seven deaths within seven days of vaccination with diphtheria-pertussis-tetanus vaccine in 1979-80. This might not represent the true total as yellow-card notifications to the Committee on Safety of Medicines are known to be incomplete and details about prior vaccination are not required in the investigation of the sudden infant death syndrome.*
>
> *"In his estimate of risks, Dr Valman states that of 'persistent neurological damage' as being 1:100,000. This is a serious under-estimate, based on the National Childhood Encephalopathy Study, which was a very limited and inadequate study. If the number of cases awarded recompense for vaccine damage to date be counted, the frequency attributable to diphtheria-pertussis-tetanus vaccine is about 1:25,000 but this also is an underestimate because it relates only to children who have an 80% disability two years after*

> *vaccination - that is, are grossly retarded mentally and physically. The true frequency of 'persistent neurological damage' is unknown but can be presumed to be between about 1:750, which is the frequency of convulsions, shock, and screaming fits with recovery, and 1:25,000 which is the frequency of recognised disaster".*

ADVERSE REACTIONS NOT REPORTED!

What must be kept in mind is that the committees set up to investigate the risks of vaccines, only take into account those cases of adverse reactions which have firstly, 'been reported', and secondly, 'been accepted as being related to the vaccine'.

In the first instance, it is a well known fact that the vast majority of adverse reactions to vaccines go unreported by unsuspecting parents. As many adverse reactions will not occur for weeks, months or in some cases, years after the vaccination it is unlikely that many parents will recognise any connection. Referring to whooping cough, Professor Thomas McKeown, Birmingham University, UK says:

> *"The ill effects of whooping cough vaccine may be underestimated because they are unrecognised, unreported or delayed" (BMJ 8/11/1975 p347).*

In December 1979, The Lancet reported that 2,525 children in the UK had been damaged and rendered to vegetable state owing to vaccination. Yet this figure would only represent a "small" minority as the majority of adverse reactions would go unreported by unsuspecting parents.

In the USA, the US Congress on Vaccine and Immunization Policy was presented with a report (September 1979 statement) by the Office of Technology Assessment. The report, referring to the Centre for Disease Control's system for monitoring adverse reactions to vaccines, says: *"The system will not generate data that will permit calculation of incidence rates of adverse reactions among defined populations".* In other words, US doctors had no system for detecting the real numbers of adverse reactions to vaccines. This report goes on to say: *"Vaccinations are recommended and administered to millions of children and other individuals each year on the presumption that the benefits far outweigh the risks. The benefit side of the equation is straight forward: Vaccinations can prevent serious disease. The risk side is not so straight forward since it includes factors that are known that may exist but have not yet been discovered".*

In the second instance, it must be realised that of all the adverse reactions to vaccines which are actually reported to doctors only a minority are likely to be accepted or acknowledged by medical authorities as being 'vaccine induced'. Most doctors are likely to reject any assertion that they are in any way responsible for their patient's sickness and will generally deny any 'vaccine relationship'. Professor George Dick writing in the British Medical Journal (18/10/1975) states:

> *"It is well known that there is considerable under-reporting of all adverse reactions to immunizations. Doctors do not like to report complications associated with a procedure which they have recommended ...."*

Appearing in the minutes of the 15th meeting of the Panel of Review of Bacterial Vaccines and Toxoids with Standards and Potency (US F.D.A. 20/11/1975) are the following comments:

> *"Physicians are expected to report complications of immunizations to manufacturers in the United States, but compliance with this expectation is*

> *less than optimum .... Many physicians are not cognizant of the importance of reporting untoward reactions or may be unaware of their clinical features. Further, both physicians and manufacturers have been held liable for damage suits by patients who may suffer adverse effects from established vaccines. All these factors undoubtedly discourage reporting; without maximum reporting or some other form of surveillance, definition of the rates and significance of untoward reactions to current and future vaccines cannot be ascertained".*

Dr Wolfgang Ehrengut, Director of the Hamburg (Germany) Vaccination Institute and a medical expert on vaccinations, has said of US doctors: *"To be very frank, your doctors hide complications. They don't tell the truth if they have done something incorrect".*

Chester Wilk had some interesting things to report on vaccines in the USA. From his book, Chiropractic Speaks Out, A Reply To Medical Propaganda, Bigotry and Ignorance:

> *"The agency responsible for licensing of vaccines is the Division of Biologics Standards (DBS). It has licensed 19 vaccines; 150 million doses are given annually to the public.*
>
> *"Dr J A Morris, a research microbiologist for the DBS, submitted a report to Senator Abraham Ribicoff on the safety and effectiveness of different vaccines. It was published October 15, 1971 in the Congressional Record. Dr Morris' report charged that the agency released vaccines for massive public programs without sufficient testing. These included vaccines for measles, mumps, influenza and German measles.*
>
> *"Dr Morris said the mumps vaccine 'was certified safe by its manufacturer over the scientific doubts of some of its own researchers.' Of the measles vaccine, he said the procedure for checking for cancer-causing viruses 'is incapable of detecting more than a few of many known groups of such contaminating agents.' He said the researcher who helped develop the first German measles vaccine refused to use it on his children because he felt another vaccine had fewer side effects. On the influenza vaccine, he said it was released for general use 'before the benefits and risks associated with its use were determined.' He added that the record since 1944 shows that influenza shots have not been effective in preventing the disease, and that the shots have caused harm in many people, particularly pregnant women.*
>
> *"Dr Alex Shelokov, the DBS official who was responsible for assuring the safety of the influenza vaccine, stated under oath: 'For many years, I have not taken influenza vaccine myself or given it to my family. I have not been impressed with its potency.'*
>
> *"Another DBS official, Dr Nicola Tauraso, said the drug manufacturers 'would sell water if they could get away with it.'*
>
> *"In the light of these facts, what confidence and trust can be placed in particular vaccines when their safety and effectiveness is questioned by officials and researchers of the DBS?"*

Commenting on the failure of medical authorities to acknowledge adverse reactions from vaccines (Australasian Nurses Journal, June 1981) Doctors Kalokerinos and Dettman wrote:

> *"Naturally they see very little in the way of short term reactions (although as we now know some SIDS would be obvious victims) and it is a time honoured practise not to attribute long term sequelae to immunizations, even if the occurrence is otherwise inexplicable".*

In the Medical Journal of Australia, July 18 1959, a letter on Tetanus Prophylaxis by Dr WF Hunter includes the following quote from Miller and Stanton.

> *"It must be admitted that, in the heat of the emotional battle provoked by propaganda for and against prophylactic inoculation, there has been a tendency on the part of the medical profession to turn a blind eye to unfortunate individual complications of procedures which have the indisputable sanction of social value".*

The failure by doctors to report adverse reactions does not just occur with vaccines, but with 'drugs' generally. From their book, Is The Medicine Making You Ill?, authors Jackson and Soothhill state:

> *"In Australia, there is a voluntary reporting system for adverse reactions. Doctors are provided with postage-paid forms and are asked to report adverse reactions to ADRAC (Adverse Drug Reactions Advisory committee). This information is valuable and has led to some serious adverse reactions being recognised, but it is believed that only a small percentage of reactions are reported. Most doctors don't take the time to fill in the forms .... The pharmaceutical industry is generally opposed to informing the end-consumer about the ill-effects of its products, and some medical professionals and pharmacists help the pharmaceutical industry to profit from keeping the public in the dark".*

Even when adverse reactions are reported in medical literature, often such information, will never find its way to the public. According to Leon Chaitow (Vaccination And Immunization): *"The only FDA attempt to evaluate the more than 40 years of reported adverse reaction to pertussis vaccine, was the UCLA-FDA study, and although the finding published in 1981 in the Journal of Paediatrics, showed adverse reactions ranging from rashes to ear infections, to high fever, severe convulsions, brain damage and death, this report was never made available to the general public".* In 1982, the American Academy of Pediatrics prepared a resolution that parents be informed in clear and concise language the known risks of routine vaccinations. The resolution was 'rejected'.

Speaking on the failure of medical authorities to make known publicly adverse reactions to vaccinations, Doctors Kalokerinos and Dettman (Australasian Nurses Journal, August 1980) comment:

> *"In 1974 we submitted an article to the editor of the Medical Journal which included positive and disturbing facts about routine immunizations. After a considerable period of time the article was returned and we were told that after consultation with various experts that it would not help immunization by making these facts known, it was hoped we would understand and besides, most doctors were aware of the dangers.*
>
> *"Naturally we challenged the decision but the article was not published and we feel that this denied physicians the opportunity to at least exercise their critical faculties.*

> *"The profession is always quick to publicise any case of infectious disease occurring in the unvaccinated, but seldom do you hear when the recipient of such a disease has been well and truly vaccinated".*

On the odd occasions when rates of adverse reactions are reported, they can often be presented in a misleading manner. An article entitled, 'Nature and Rates of Adverse Reactions Associated with DTP and DT Immunizations in Infants and Children' (Pediatrics Nov 1981 Vol 68, No.5), reports that out of 15,752 shots, only 18 children suffered serious reactions. Yet if you read the article carefully, it mentions how each child was given 5 shots meaning that only 3,150 children were involved. In other words, one in every 175 children suffered severe reactions.

Now it is bad enough that the public are not given the truth on the risks and dangers of vaccinations, yet, just as bad, if not worse, is that many doctors are not given it either. Professor Gordon Stewart has explained how he supported inoculation before 1974, but was forced to re-evaluate his position when he began to observe outbreaks of whooping cough in vaccinated children. From his article in Here's Health, March 1980, Professor Stewart says:

> *"I supported the use of the vaccine in 1957 and subsequently with very little hesitation until about 1972, and gave pertussis vaccine between 1951 and 1956 to each of my four children. I would not dream of doing so again because it has become clear to me not only that the vaccine is incompletely protective, but also that the side-effects which I thought to be temporary are in fact dangerous, unpredictably so".*

Sir Graham Wilson, former Director of Public Health Laboratory Service, England and Wales, originally supported the principals of vaccination and set out to debunk the vaccine critics. However he was forced to change his position when he discovered irrefutable facts exposing the dangers of vaccines. He subsequently wrote a book, The Hazards of Immunization, published in the 1960s. Sir Graham has written:

> *"The risk attendant on the use of vaccines and sera are not as well recognized as they should be. The late Dr J R Hutchinson of the Ministry of Health, collected records of fatal immunological accidents during the war years, and was kind enough to show them to me. I was frankly surprised when I saw them, to learn of the large number of persons in the civil and military population that had died apparently as the result of attempted immunization against some disease or other. Yet, only a few of these were referred to in the medical journals ... and further, when one considers such accidents have probably been going on for the last 60 or 70 years, one realized that a very small proportion can ever have been described in the medical literature in the world".*

The following comments on the DPT vaccine appear in the article 'Are Doctors Told Enough?!' which appeared in the Fresno Bee.

> Dr Kevin Geraghty: *"A pediatrician is more likely to believe that the dangers of his stethoscope choking him are higher than DPT causing the degree of damage that I would say it does".*
>
> When Geraghty began studying DPT vaccine 18 months ago, he said his goal was to debunk the critics of the vaccine. *"I am a pediatric immunologist; I was trained in immunology. It didn't take very long for me to know something was very wrong".*

But another doctor might not know that. Said Dodd: *"When he is administering a mass-immunization product - polio, rubella, DPT - he assumes that the vaccines is almost as safe as water .... 'Mass immunization product' - that means something to him ....*

".. He's not going to take the time to read the medical literature because he knows the reactions ... are very, very rare. The trouble is it's wrong. It's wrong, wrong, wrong.

"If physicians only understood that ... they are giving a neurological poison .... It isn't a secret, except it's not generally known".

For the most part, physicians learn about DPT vaccine at medical school, in medical journals and in the leaflet manufacturers included with the vaccine. The National Centres for Disease Control provides updated information for parents through public health clinics.

"I tell students very little", said Dr Philip A Brunell, professor of pediatrics at the University of Texas in San Antonio and chairman of the American Academy of Pediatrics' Red Book Committee. *"That's a major problem at medical schools. We are derelict in that ...."*

Geraghty said: *"The medical literature has failed to adequately reflect what's happening. Doctors don't report cases of adverse reactions because, first, they're scared it's going to wind up in a liability case and second, they do not make a connection at all.*

"They are not suspicious because there have been no warnings in the medical literature".

"Doctors are as much victims as we are. They do what the American Academy of Pediatrics says", said Ed Hodges, president of California Dissatisfied Parents Together.

"Physicians are innocent victims", said Los Angeles attorney Andrew Dodd. *"... It's a scandal, in my opinion, of enormous proportions. And I'm ashamed of it. I am ashamed that I know more than a pediatrician [about pertussis vaccine]. That is not right".*

Many vaccine reactions are not reported anywhere.

Chicago attorney Allen McDowell handles only lawsuits involving pertussis vaccine, and then only "the extreme cases .. severe brain damage or death".

"Most of the cases we're involved in ... I'd say 95 percent were never reported as a reaction to the shot", he said. *"The doctors didn't report them, the clinics didn't report them.*

"One possibility is that the doctors didn't want to be sued; another possibility is that they didn't recognise it as a reaction to the shot. Until recently, doctors thought if the reaction didn't happen within 48 hours, even 72 hours, that it wasn't the shot".

McDowell said he has about 70 cases pending, with probably 150 cases pending nationally.

> Attorney Andrew Dodd of Los Angeles said: *"The reason you don't see a thousand cases or two thousand is that parents don't know.*
>
> *"I have reviewed 25 cases. In 24 of those, the medical records reflected the physicians saying, 'This is probably a pertussis immunization reaction'. But they never told the parents".*

It must be said however that whilst doctors are not always told of the dangers or side-effects from vaccines, neither do they make much effort to find out. The truth is that most doctors do not read their medical journals, relying instead on information handed to them from the drug companies. In one survey reported in the Australian Doctor Weekly, 89% of the medical practitioners questioned said they rely on information from drug company salesmen rather than information in scientific journals. Is it any wonder they do not know!

DOCTORS NOT VACCINATING THEMSELVES OR THEIR FAMILIES

Now if vaccines are as safe and effective as Medical Science would have us believe, would you not think that the doctors themselves would be the first to line up for their shots? After all, doctors are exposed to infected patients every day, in their clinics, surgery, outpatients etc. In fact, doctors belong to the 'high risk' category urged to accept vaccination because of their continued exposure to infectious diseases. Yet, it is a well known fact that many doctors 'refuse' to vaccinate themselves or their families.

The Journal of the American Medical Association contains an article, 'Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation'. It reports that the lowest vaccination rate for the German measles vaccine occurred among obstetrician - gynaecologists with the next lowest rate occurring amongst paediatricians. The authors concluded that *"fear of unforeseen vaccine reactions"* was the main reason for the low uptake rate of physicians.

Dr Mendelsohn reports of a Los Angeles physician who refused to vaccinate his own 7 month old baby. According to Dr Mendelsohn, this physician 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 we don't know much about".* Yet, this doctor was still vaccinating his own patients and justified these actions with the comment that *"as a parent I have the luxury of making a choice for my child. As a physician ... legally and professionally I have to accept the recommendations of the profession, which is what we also had to do with the whole Swine Flu business".*

The British Medical Journal (27/1/1990) contains an article 'Attitudes of General Practitioners Towards Their Vaccination Against Hepatitis B'. Of 598 doctors questioned about hepatitis B vaccination, 528 (86%) believed that all general practitioners should be vaccinated against hepatitis B. Yet 309 of these practitioners had not been vaccinated themselves! The article states: *"Of the 309 respondents who had not been vaccinated 249 chose the reason, 'I just haven't got around to it ....' This suggests either that the doctors do not really believe they need the vaccination or that they experience difficulty in taking up this preventative health measure".* (It is worth noting that for seven of the 309 doctors not vaccinated, 3 chose the reason *"I do not trust the vaccine"* and the other four chose the reason *"Vaccination is of no proven benefit"*).

In an article on Hepatitis B Vaccines and Surgeons (BMJ 21/7/1990), it states: *"Infection with hepatitis B virus is a serious hazard for all 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". Now either surgeons do not take this threat seriously or realise that vaccinations do not offer protection, for the article goes on to say: "*Despite good evidence of an increased risk of infection, a high proportion of surgeons in this study had 'not' been immunized .... Clearly, there is a failure by all surgeons to protect themselves and to insist that junior staff are protected*". Dr Robert Mendelsohn has stated that: "*Up to two thirds of medical personnel who are considered to be at risk of developing this serious disease have refused this vaccine, even when it is offered without charge*".

When Professor Gordon Stewart of the UK began uncovering cases of brain damage amongst children previously inoculated with the whooping cough vaccine, many doctors became fearful of the potential dangers of this vaccine. Expressing his doubts over the safety of this vaccine, Dr PM Jeavons (The Lancet 25/10/1975 p811) suggested:

> "*Why not separate pertussis from the triple vaccine and make the use optional for those who, like myself, would never permit their own children to receive pertussis immunization ...?*'

It would seem that there are many doctors who are in agreeance with the words of Dr James A Shannon:

> "*The only wholly safe vaccine is a vaccine that is never used*".

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The question was asked: "Vaccines - How Safe and Effective?" The answer must surely be apparent. If what you have read in this chapter disturbs you, then bear one thing in mind: it represents merely the tip of the iceberg!

CHAPTER FOUR

VACCINATION CONDEMNED

"The greatest threat of childhood disease lies in the dangerous and ineffectual efforts made to prevent them through mass immunization".

Dr Robert S Mendelsohn

Whilst there are many doctors and scientists who oppose and condemn vaccination procedures, their numbers represent only a minority, for the vast majority continue to support and promote the necessity of vaccination campaigns. That they do so however, is not because they are aware of any 'real' evidence to prove vaccination, but that they are simply unaware of the evidence which disproves it! As Dr Mendelsohn points out: *"Most doctors don't know"*. This is because few doctors do any of their own research into vaccination. They simply accept what has been taught to them at medical school and are happy with that.

It is just unfortunate that of the minority of doctors who 'do know' few are prepared to 'publicly' expose or condemn the practice of vaccination. Speaking before the Australian Natural Therapists Association in Sydney 1990, Dr David Ritchie explained: *"To question immunization as a medical doctor is to put your head on the chopping block!"* Dr Ritchie referred to an eminent medical figure in New Zealand who spoke publicly about the dangers of certain vaccines. Within 48 hours of this public address, the medical professor was before a medical tribunal for disciplinary reasons!

Dr Mendelsohn points out: *"Historically, doctors who have dared to change things significantly have been ostracised and have had to sacrifice their careers in order to hold to their ideas. Few doctors are willing to do either".*

'Fear' is probably the major reason that prevents those doctors in the 'know' from speaking out publicly. Fear of rejection by their fellow colleagues, fear of ridicule, fear of disciplinary action such as 'de-registration', fear of financial loss, fear of losing one's position or career opportunities. Indeed, as the Vaccination Inquirer states:

"It takes a large amount of courage for a doctor to declare himself to be opposed to vaccination".

One doctor who had the courage to publicly oppose vaccination was Dr Anthony Morris, a respected research virologist working for the US Food and Drug Administration. In 1976, Dr Morris was fired from his position for publicly opposing the swine flu vaccination program. Dr Morris called this program a 'senseless fiasco' warning that the vaccine could result in harmful and even fatal effects. As it turned out, there were 41 deaths and over 500 cases of Guillain-Barre syndrome (not to mention the many hundreds of adverse reactions that would have gone unreported). Dr Morris maintained that such dangers were well known to most scientists but that they were *"scared to voice their objections"*. The full story as reported in 'The Vaccine Machine', Gannet News Service, makes interesting reading:

VACCINE MACHINE RUNS OVER WHISTLE-BLOWER
By Chris Collins and John Hanchette

WASHINGTON - Federal employees who stand in the way of the government-industry vaccine machine can get squashed.

Such a whistle-blower was Dr J Anthony Morris, a respected research virologist who in 1976 worked in the Food and Drug Administration's division of biologic standards. Morris, now 66, was canned that year by the head of the FDA after raising a lonely voice against the swine flu vaccine that President Gerald Ford wanted "every man, woman and child" to receive.

Morris, an influenza vaccine specialist, was known to superiors as a trouble-maker long before the swine flu fiasco.

Five years before, he had raised dust before congressional committees by helping to show that the federal government was failing to protect the public by not recalling vaccines contaminated by a virus that caused cancer in test animals.

When he presented evidence that flu vaccine was largely ineffective, he was relieved of his vaccine control duties. When he suggested slow viruses might be contaminating vaccines, his work on that project stopped.

His contentions that flu vaccines did not afford the protection Americans had been led to expect by the Public Health Service were not received with jubilation by the companies that make flu vaccine and by the doctors who were injecting them by the millions of doses a year.

Morris was reduced to a position of impotency. His research was stopped, and he was ordered to kill his 5,000 laboratory mice, animals that reflected years of important vaccine safety work.

"You get a couple of large garbage cans", he recalls, "and then you saturate some cotton balls with ether and thrown them in the can. Pretty soon you have a garbage can full of dead mice".

By 1976, federal health officials and vaccine makers were warning the public that a flu epidemic like the 1918 pandemic that killed millions world-wide was imminent unless everyone lined up for the swine flu vaccine. Morris was the only federal scientist to raise his voice against the program.

He held seminars on the National Institute of Health campus. He sent letters to newspapers. He talked to reporters. He warned that the shots could trigger a range of serious illnesses, and pointed to reports of severe nerve system disease and deaths linked to previous flu vaccinations.

By mid-December the swine flu program was suspended and in shambles. About 500 vaccinees had been afflicted with Guillain-Barre paralysis and at least 10 had died. Morris was not treated as a prophet with honor. He was instead fired by the FDA for "inefficiency and insubordination".

The FDA still contends Morris was fired for wasteful research dating back to 1972, not for opposing the swine flu. FDA documents show Morris was fired July 12, 1976, immediately after his persistent seven week attack on the swine flu program as a dangerous hoax.

Morris reflects that "getting fired was the best thing that ever happened to me. I felt like I was free for the first time. Free from all the regulations and nit-picking".

He still believes it was economically motivated.

"The influenza vaccines were the biggest sellers at the time".

Morris has since set up a non-profit scientific foundation in Maryland and spends much of his time speaking out against the continued hazards of vaccines. Even here, he claims the FDA has retaliated to his whistle-blowing by finding out his speaking schedule and sending denigrating material in advance to sponsoring organisations.

When Washington TV personality Lea Thompson two years ago aired a program on the pertussis shot dangers that shook the vaccine community, Morris appeared on a follow-up Phil Donohue talk show broadcast nationally. Under his visage appeared the printover "Biology Dept., University of Maryland" - for whom he was doing consulting work at the time.

"When I got back the university people told me never to do that again. They said it would jeopardize grants and the federal government would not hesitate to yank them if there was a controversy".

Dr Morris has since stated:

"There is a great deal of evidence to prove that immunization of children does more harm than good" and that *"there is no rationale for forcing immunization".*

One of the most extensively documented studies of the risks associated with routine vaccinations is found in the book, The Hazards of Immunization, by Sir Graham Wilson. Sir Graham has written:

"In addition to the many obvious cases of mortality from these practices (referring to vaccination), there are also long-term hazards which are almost impossible to estimate accurately ... the inherent danger of all vaccination procedures should be a deterrent to their unnecessary or unjustifiable use".

Another medical writer, as well as holder of responsible Public Health positions is George D Dick, Professor of Pathology at London University. Professor Dick has stated:

"Every vaccine carries certain hazards and can produce inward reactions in some people ... in general, there are more vaccine complications than is generally appreciated".

From their well researched book, Vaccinations and Immune Malfunctions, authors Doctors H Buttram and J Hoffman drew the following conclusion:

"In our opinion, there is now sufficient evidence of immune malfunction following current vaccination programs to anticipate a growing public demand for research investigation into alternative methods of prevention of infectious disease".

On December 7, 1985, Dr Albert Sabin, who developed the oral polio vaccine, spoke before a full house of Italian doctors at Piacenza. According to Turin's leading daily, La Stampa, of December 8, Sabin declared:

> *"Official data has shown that the large-scale vaccinations undertaken in the US have failed to obtain any significant improvement of the diseases against which they were supposed to provide immunization".*

An article in the International Medical Digest states:

> *"There is no sound basis for the assumption that every child or infant must be inoculated with every available vaccine; on the contrary, there may be a valid reason for omitting any or available antigens .... The incidence of vaccine-induced morbidity has increased alarmingly. The professions must re-evaluate the principles, purposes, and hazards of immunization and re-assess current procedures".*

Questioning the validity of vaccinations, Dr William Campbell Douglass writes in Cutting Edge, May 1990:

> *"Laying aside the very real possibility that the various vaccines are contaminated with animal viruses (which has been admitted) and may cause serious illness later in life (multiple sclerosis, cancer, leukemia, Kreutzfeld-Jacob disease, etc), we must consider whether the vaccines really work for their intended purpose".*

When any form of medical practice is condemned, or at the very least questioned, by its own medical experts, then surely would it not be wise to re-examine the very theory upon which such practice is based? We must therefore turn our attention to re-examining the validity of 'the vaccination theory'.

CHAPTER FIVE

THE VACCINATION THEORY - FACT OR FALLACY?

"All in all, a new look at the biological formation of the germ theory seems warranted. We need to account for the peculiar fact that pathogenic agents sometimes can persist in the tissues without causing disease and at other times can cause disease even in the presence of specific antibodies".

Professor Rene Dubos

THE ANTIBODY THEORY

According to Medical Science, the purpose of vaccination is to induce the body's immune system to create antibodies which in turn provide protection against specific disease causing germs. For example, the measles vaccine causes the body to create antibodies which are supposedly, capable of recognising and destroying measles germs, thus providing protection against measles.

The truth is that 'antibodies' do not guarantee protection from disease. As Dr Kalokerinos points out (Natural Health, July 1987):

"Antibody levels are used to measure the degree of protection against a particular disease, and the authorities always say that means protection, but it doesn't. You can have tons of antibodies and no protection, or you can have no antibodies and tons of protection".

Commenting on the failed rubella campaigns, Dr Kalokerinos and Dr Dettman (Australasian Nurses Journal, Nov 1981) states:

"After years of vaccinating in the UK, the USA and Australia, there is no encouraging evidence to demonstrate that maternal rubella antibodies, either naturally occurring, or vaccine induced, will provide the protection we had hoped for".

In the USA, the incidence of measles has been on the increase since 1983, and most outbreaks have occurred amongst fully vaccinated children who have demonstrated high antibody levels. This is confirmed in the Journal of the American Medical Association (9/5/1990 p2467), 'Mild Measles and Secondary Vaccine Failure During a Sustained Outbreak in a Highly Vaccinated Population'. The article, referring to measles outbreaks in highly vaccinated school populations, states:

"Serological surveys have consistently demonstrated high rates of post-vaccination seroconversion, with long-term persistence of antibody titers. Furthermore, data from recent measles outbreaks show little or no evidence of waning immunity and apparent high rates of vaccine efficacy. The recent occurrence of large, sustained out-breaks in highly vaccinated school populations, however, was unexpected".

It is important to realise that in most cases, the efficacy of a vaccine is normally assessed by determining the levels of circulating antibodies after vaccination. In other words, if a group of individuals are given a vaccine, and in response to that vaccine they develop a high enough level of antibodies, then they are considered to be 'protected' and the vaccine is deemed to be 'effective'. As the previous article illustrates, sufficient antibodies do not guarantee protection. In fact, the fallacy of this theory was exposed over 40 years ago in a study published by the British Medical Council, May 1950, Report No 272. The purpose of this study carried out by nine medical doctors, was to determine antibody levels in people who developed diphtheria, and those who did not, but were in close contact with diphtheria patients, such as physicians, nurses, families and friends.

If the 'antibody theory' was correct, then it would be expected that diphtheria patients would demonstrate low levels of circulating antibodies (antitoxin) whereas contacts of those patients who remained well would demonstrate high levels. In fact, the reverse was found. Many of the diphtheria patients demonstrated high antibody counts, whereas many of the contacts who remained perfectly well demonstrated low antibody counts. This study clearly showed that there was no relationship between antibody levels and the incidence of diphtheria. In fact, the study had to be abandoned as the Medical Research Council reported: *"Some of the results obtained were so unusual and unexpected, so contradictory, and indeed paradoxical, that the inquiry as originally envisaged and put into effect, had to be brought to a close".*

Commenting on their findings, Dr M Beddow Bayly MRCS LRCP has stated: *"The facts disclosed in this report proved the fallacy of the theory that the presence of antibodies in the blood shows protection against a particular disease, but in all the reports recently published, regarding the testing of immunity against poliomyelitis infection, they appear to have been conveniently ignored, and the assumption made that the theory is firmly established".*

Forty years later and despite evidence exposing the antibody theory, claims of vaccine efficacy are still based upon antibody response. One can only wonder!

THE GERM THEORY

The whole concept of vaccination is based on the medical theory that germs (bacteria and viruses) are the cause of disease. Known as the Germ Theory of Disease, and originated by Louis Pasteur over 100 years ago, this theory states that "each specific disease is caused by a specific germ". Let's scrutinize this theory.

Germs are everywhere; they are in the air we breathe, in the food we eat, in the water we drink and on everything we touch. We are constantly exposed to germs yet for most of the time, we remain perfectly well. If germs are the primary cause of disease, then why is it that we are not sick all the time?

Why is it that millions of people can carry within them the germs of influenza, tuberculosis, diphtheria, staphylococcus infections and many other illnesses and yet remain healthy? Publication of Charles Creighton's History of Epidemics in England in 1894 reported large numbers of perfectly fit individuals who in fact harboured large numbers of pathogens during epidemics without contracting disease. In Europe during the latter part of the 19th century, virtually all city dwellers were infected with the tuberculosis germs, yet only a tiny proportion succumbed to the disease. The New England Journal of Medicine reports that over 25 million Americans are infected with the genital herpes virus, yet only a minority of those actually develop the genital sores associated with the herpes virus. It is a fact that in the case of most infectious diseases, those people who succumb represent only a fraction of the number of people exposed to them.

Professor Rene Dubos, the most acclaimed microbiologist of this century and who has questioned the validity of the germ theory, stated during the polio epidemic of the early 1950s:

> *"It is barely recognised, but nevertheless true, that animals and plants, as well as men, can live peacefully with their most notorious microbial enemies. The world is obsessed by the fact that poliomyelitis can kill and maim several thousand unfortunate victims every year. But more extraordinary is the fact that millions upon millions of young people become infected by polio viruses, yet suffer no harm from the infection. The dramatic episodes of conflict between men and microbes are what strike the mind. What is less readily apprehended is the more common fact that infection can occur without producing disease".*

The Journal of the International Association for Preventative Medicine (1/7/1977) contains an article 'Mycrozymas, Microorganizms and the Cause of Disease' prepared by Drs Glen and Ian Dettman and Dr Archie Kalokerinos. An extract from this article states:

> *"Other pathogenic (disease causing) organisms commonly present in the body without causing disease states include: "Neisseria gonorrhoea; Corynebacterium diphtheriae; Treponema palladum; Mycobacterium tuberculosis; yeast (Candida albicans); Vibrio cholera; Salmonella; pertussis; coagulase positive; staphylococci; beta haemolitic streptococci; various pox viruses; flu viruses; herpes; poliomyelitis; hepatitis; measles, roto virus. Clearly there must be other factors than just the microorganism or its devolutionary states such as spores or latent DNA, which cause the state of disease in a susceptible person".*

Dr Gordon Stewart, Professor of Epidemiology and Pathology at the school of Public Health and Medicine at the University of North Carolina, USA, states that polio and other viruses can be carried for months, even years with no effect. According to Dr Dennis Geffen, OBE, of every 100 people who contract the polio virus, 90% remain symptomless; 9% only develop slight signs of the illness such as stiff neck or sore throat, whilst only 1% develop definite paralysis. Dr Jay Levy, an AIDS researcher at UCLA San Francisco says that only one person in ten exposed to the AIDS virus will develop the illness. In fact this may well be an exaggeration, for of the millions of people who have been exposed to the AIDS virus, only a fraction have or are likely to develop the disease. This is the same basic truth which holds for all infections.

Even Louis Pasteur, the very man who originated the germ theory, eventually acknowledged:

> *"The presence in the body of a pathogenic agent is not necessarily synonymous with infectious disease".*

If germs are the cause of disease, then how is it that in many diseases supposedly caused by a specific germ, that germ is not present? Sir William Osler, one of the most famous names in medicine, says that the diphtheria germ is absent in 28 to 40% of diphtheria cases. *Bacillus influenzae*, once thought to be the cause of influenza, is often found in the throats of people who have no disease, or who have diseases other than influenza, or is frequently absent in those suffering from influenza. According to Green's Medical Diagnosis, the tuberculosis germ (*tubercle bacilli*) may be present early, more often late, or in rare instances be absent throughout. Commenting on the diphtheria germ, Herbert Shelton (Hygienic Care of Children) says: *"The germ is found in simple catarrhal conditions and also in the mouth and throat of healthy infants and children and is often absent from the throats of those presenting clinical pictures of diphtheria".*

When Louis Pasteur originated the germ theory of disease over 100 years ago there were many physicians, and there still are, who strongly opposed this theory. German scientist, Rudolph Virchow, considered to be the world's first great pathologist, repudiated the germ theory and said that:

> *"Germs seek their natural habitat - diseased tissues - rather than being the cause of the diseased tissue. Eg, mosquitos seek the stagnant water, but do not cause the pool to become stagnant".*

In 1883, An American authority on Public Health, John Shaw Billings, said:

> *"The mere introduction of germs into the living organism does not ensure their multiplication or the production of disease. The condition of the organism itself has much influence on the result ... Pasteur has certainly made a hasty generalisation in declaring that the only condition which determines an epidemic is the greater or less abundance of germs".*

In 1892, German hygienist Max Von Pettenkofer, in order to disprove the germ theory, publicly swallowed a large container of cholera bacilli, freshly isolated from a fatal case of disease. The number of cholera bacilli ingested by Pettenkofer was much greater than what he would be exposed to under normal conditions, and yet no symptoms developed other than a light diarrhoea. Russian pathologist Elie Metchnikoff and several of his colleagues, who also disputed the germ theory, conducted similar experiments with no ill effects being reported. In Canada, the Bio-Chemical Society of Toronto has carried out a number of experiments in which pure cultures of typhoid, diphtheria, pneumonia, tuberculosis and meningitis germs were consumed in large amounts by a group of volunteers. Again, no ill effects were reported.

In his book, Exploding The Germ Theory, Dr Stanford Claunch mentions similar experiments by the US Navy and comments:

> *"These experiments, conducted under test conditions and under government supervision with such disappointing results, should knock the last prop from under the germ theory, as they doubtless would have done if our government doctors had seen fit to make them public property".*

If you subject the germ theory to close scientific scrutiny, then it is clear that it does not stand up too well. Yet it is upon this theory that the whole practice of vaccination is based. Professor Rene Dubos, referred to by the Scientific American as 'one of the most influential ecological thinkers of the 20th Century' rejected the germ theory and went so far as to say:

> *"Viruses and bacteria are not the sole cause of infectious disease, there is something else".*

If we are to resolve the question of vaccination, and its underlying theories, then it becomes crucial to seek out what this 'something else' is.

CHAPTER SIX

THE GERM THEORY EXPOSED

"The primary cause of disease is not germs. Disease is caused by a Toxemia which results in cellular impairment and breakdown, thus paving the way for the multiplication and onslaught of germs".

Dr Henry Bieler, Food is Your Best Medicine

There is no argument that germs are involved in the disease process, but the medical doctrine that they are the cause of disease is highly doubtful, particularly when one realises that most persons carry within them disease carrying germs without getting sick.

The Science of Ecology teaches that all forms of life are integrated components of a global ecological system. In other words, all living things have an important part to play in Nature's scheme of life. It simply does not make sense that the germ's role in nature is to make us sick. Surely there must be a more logical explanation as to the true role of germs in nature, and fortunately, there is.

The Science of Biology teaches us that all living organisms in order to live and thrive, require their own specific conditions such as a congenial environment, the right temperature and most importantly a suitable food supply. A germ (virus or bacteria) is a living organism. The conditions which most suit its biological requirements are darkness, moisture, humidity and a medium which consists of organic matter in the process of putrefaction and decay. The germ's true role in nature is to break down organic waste matter undergoing decay into its basic elements, thus perpetuating the normal life cycle of organic matter. Germs are natures scavengers. Without such action, the decomposition of vegetable and animal life would be impossible and the cycle of life would be broken. So important is this process that Professor Rene Dubos has written:

"Should any component of organic life remain undestroyed and be allowed to accumulate, it would soon cover the world and imprison in its inert mass the chemical elements essential to the activity of life .... Microbes are responsible for the constant recycling of matter to simple molecules and back into living substances ... the whole economy of nature, and therefore man's welfare depend upon the beneficial activities of microorganisms".

A good example of the germ's role in nature is in the employment of a septic tank. The name 'septic tank' means a tank which is infested with bacterial germs. These germs convert human excreta into harmless saline constituents and pure drinking water. Similarly with the garden compost heap, bacteria in the soil break down rotting vegetable matter into its basic elements which in turn provide nourishment for plant life.

Now the same principle which applies to the germ's role in nature also applies to the germ's role within our bodies. The germ's true role within the human body is to break down organic waste matter undergoing putrefaction and decay. In his book Pasteur, Plagiarist, Impostor! author R.B. Pearson writes:

> *"Bacteria found in man and animals do not cause disease - they have the same function as those found in the soil, or in sewage or elsewhere in nature; they are there to rebuild dead or diseased tissue, or rework body wastes, and it is well known that they will not or cannot attack healthy tissues".*

George Teasedale, in his book, Nature Heals! Why Be Sick? writes:

> *"... these organisms (germs) live, multiply and thrive only in tissue encumbered with toxic matter from injudicious eating, poisons from stagnant bowels, acids from unbalanced foods, drink and drug poisons, morbid taints, and various disease products in the form of vaccines, serums and antitoxins ... germs reduce dead and dying organic matter back to its inorganic constituents suitable again as nourishment for plant life".*

Dr Alexander Ross, FRS, FCPS, Professor of Hygiene and Sanitation says:

> *"I charge that they (medical men) have encouraged superstition and humbug by the germ theory of disease. I do not question the existence of infinitesimal microorganisms, but they are the result not the cause of disease. They are scavengers, their legitimate work is to clean out the sewers of our bodies. Whenever there is decay, pus or decomposing matter these little life-savers are doing their work of neutralisation, sanitation and purification. They feast upon effete decaying animal matter. They are beneficial helpers to an important end".*

Eleanor McBean, writing in 'The Poisoned Needle' says:

> *"... when germs are found within a sick body, it is not that they entered from outside and caused the disease. It is because they developed from the decaying cells within the body and have an important part to play in helping to handle the waste and destruction bought about by serums, drugs and other poisons forced upon the body from without".*

When Louis Pasteur first began investigating disease causation around 1860, much of his initial research work was based on the writings of Professor Antoine Bechamp. Bechamp, also a Frenchman, was a distinguished scientist and among his many honours and titles he was a Master of Chemistry and Pharmacy, Fellow and Professor of Physics and Toxicology and Professor of Sociological Chemistry, obviously a man of high learning and academic authority. His research career spanned 53 years (1853 - 1906) and when he died in 1908, eight pages of the prestigious Journal Moniteur Scientifique were needed to list his scientific publications. Bechamp maintained, throughout his whole career, that germs were not the primary cause of disease, stating that germs arise out of putrid organic waste. In 1883 Bechamp wrote:

> *"These microorganisms feed upon the poisonous material which they find in the sick organism and prepare it for excretion. These tiny organisms are derived from still tinier organisms called microzyma. These microzyma are present in the tissues and blood of all living organisms where they remain normally quiescent and harmless. When the welfare of the human body is threatened by the presence of potentially harmful material, a transmutation takes place. The microzyma changes into a bacterium or virus which immediately goes to work to rid the body of this harmful material. When the bacteria or viruses have completed their task of consuming the harmful material they automatically revert to the microzyma stage".*

Another famous Frenchman and contemporary of Louis Pasteur was physiologist, Claude Bernard, who in 1869, in recognition of his outstanding work in physiology, was declared a Senator of the French Empire by imperial decree. Bernard introduced the concept known as 'milieu interieur' claiming that the germ was not the prime factor in the cause of disease, but that the 'terrain' was the all important factor. By 'milieu interieur' or 'terrain', Bernard was referring to the internal condition of the body, and steadfastly maintained that the general condition of the patient's body was the principal factor in disease causation. Bernard wrote:

"Illnesses, hover constantly above us, their seeds blown by the wind, but they do not set in the terrain unless the terrain is ready to receive them".

Pasteur and Bernard debated their opposing concepts on many occasions and it is significant to note that Pasteur ultimately recanted and admitted that he had been wrong all the time. Pasteur acknowledged that germs were not the specific and primary cause of disease and admitted that the determining factor in disease causation was the general condition of the infected person. One of Pasteur's biographers, Rene Dubos, comments that Pasteur eventually recognised that:

> *"All the activities of microbes are profoundly conditioned by the environmental factors under which they function"* and that *"the severity of infectious disease is determined not only by the virulence of the microbe, but also by the general condition of the infected person".*

Louis Pasteur, the man whose germ theory of disease still dominates medical evolution today, and upon which rests the entire practice of vaccination, ultimately condemned his own theory when he spoke these words on his deathbed:

> *"The seed (germ) is nothing, the soil (body) is everything".*

Vaccination is aimed at protecting us from germs. Why do we need protection? Germs are not our enemies, but our friends, for their real purpose is to feed on the waste matter within our bodies and thus assist in the important task of keeping our body system clean. The true relationship between 'man' and 'germ' is not one of open warfare but one of peaceful coexistence, a relationship that Biology refers to as 'symbiosis'. It has been said that:

> *"If there is ever a germ to be blamed, it is the germ of ignorance".*

In light of these facts, does not the whole idea of vaccination fly out the window? Vaccination is based upon the theory that germs make us sick, when in reality, it is the toxic conditions within the body that gives rise to sickness. Vaccination cannot work for the simple reason that vaccines do nothing to remove the toxic conditions from within the body.

Professor Rene Dubos has stated: *"Viruses and bacteria are not the sole cause of infectious disease, there is something else".* That 'something else' is TOXEMIA. By understanding how such conditions develop, we will be in a position to understand the true methods for disease prevention.

CHAPTER SEVEN

TOXEMIA - THE BASIC CAUSE OF DISEASE

"There is but one cause of disease, poison toxemia, most of which is created in the body by faulty living habits and faulty elimination".

Sir Arbuthnot Lane M.D.

Bacterial or viral illness, regardless of its type or nature, cannot really be blamed upon germs. Such disease is a direct result of the toxic conditions within the body. The most logical explanation as to the nature of these conditions and how they develop in the body, is, I believe, best provided by the science of Natural Health, otherwise known as Nature Cure or Natural Hygiene.

Natural Health science teaches that the true underlying cause of so-called infectious disease is toxemia, a condition characterised by an accumulation of toxic waste within the body. To understand how toxemia develops within the body and how it gives rise to infectious disease, it is necessary to understand the bodily process of Elimination.

Elimination is the process whereby internal waste matter is removed from the body cells and tissue fluids and expelled through the various channels of elimination, mainly lungs, kidneys and skin. These waste products are made up of normal metabolic by-products together with unnatural waste matter derived from faulty diet, food putrefaction within the digestive tract, drug medicines and environmental pollutants.

The efficiency of the eliminative process, as well as all other metabolic processes, is dependent upon the health of the body. Anything that lowers the body's health, such as poor diet, overwork, worry, prolonged stress, lack of fresh air, etc will impair the efficiency of elimination. The net result will be an accumulation of waste products within the body tissues - toxemia.

This is a crucial point to understand. It is the presence of retained and pent-up waste matter within the body tissues which provide the ideal conditions for the proliferation of germs. Germs are scavengers; they feed on decaying waste matter found in unhealthy persons whose body tissues are heavily encumbered with toxic waste matter. Bacterial or viral disease cannot be blamed upon a particular 'germ'. They only evolve in those persons subject to a way of life that is both unhealthy and unnatural. This explains why infectious diseases most often strike the poorer Third World Countries where often the majority of the population are malnourished, poorly housed and lack clean water and proper sanitation. In its report, 'Promoting Health in the Human Environment' the World Health Organisation writes: *"... poverty causes illness by depriving people of basic needs of shelter, hygiene and adequate nutrition, and this both increases their exposure to infections and makes them more vulnerable to them".*

Poverty, poor hygiene, overcrowding and malnutrition are the conditions which most weaken the individual's health and vitality thus resulting in a build-up of toxic waste matter within the body. It is the toxic conditions within the body that give rise to infectious disease, not germs. Germs are merely scavengers, like flies, they are attracted to filth. Get rid of the filth and you automatically get rid of the germs. This explains why the health and social

reformers of the past were so successful in their campaigns to eradicate infectious disease from the community. They gave no thought to medical intervention but concentrated solely on improving the standards of hygiene and sanitation, introducing better living and working conditions and ensuring proper nutrition. It was the implementation of these measures, and not vaccination or drug therapy, that was truly responsible for the eradication of infectious disease throughout the industrialized countries.

It's important for parents to realise that, for most children in our society, the development of Toxemia actually commences when the child is in the mother's womb. This is due to the mother's own polluted bloodstream, a direct result of our orthodox 'chemicalized' diets, fluoridated water, medical drugs, smoking and other adverse factors in the lifestyle. In 1965, Dr Henry Bieler (Food Is Your Best Medicine) wrote: *"... the average baby comes into the world with his body full of toxins from the mother's blood and an intestine full of meconium (black oxidised bile). He is, in fact, so toxic that even with the best care it usually takes three years to eliminate his inherited birth poisons"*. It is the presence of this toxic waste which is directly responsible for most, if not all, the common infantile diseases.

By understanding the Toxemia theory, the question of sub-clinical infection (meaning, where persons carry disease causing germs without getting sick) for which medical science fails to answer, is easily explained. Germs can only proliferate in a toxic environment. In healthy persons free of toxic residue, germs, although able to survive, are unable to flourish, thus ensuring that illness does not develop. This explains how millions of people can carry the polio virus, for example, without developing the disease. This is the same basic truth for all sub-clinical infections including AIDS. Millions of people carry the AIDS virus, yet the majority of these persons will remain unaffected. It is just tragic that most people do not realise this, for as Medical Researcher Dr Steven Fulder says in his book, How to Survive Medical Treatment: *"People who are told that they have positive test results for AIDS virus antibodies suffer breakdowns even though the majority will not get the disease"*.

The Time Magazine (3/11/1986) contains an article on 'viruses' in which it discusses the mystery of latent virus activity. Referring to the behavioural activity of herpes the article states: *"In so called latent infections, the viral genes lie low, becoming active only intermittently, but throughout a lifetime. Occasionally, for reasons which are poorly understood, but that usually involve stress, fatigue, sexual activity and even sunburn, the immune system can no longer keep the hibernating viruses in check; they awaken, reproduce and head for the skin ...."* The Toxemia theory unlocks this mystery in that it provides the key to understanding the mechanism by which latent viral disease such as herpes or even AIDS become activated. Adverse influences such as stress, overwork, worry, poor diet etc, deplete the body's vitality, which in turn, results in impaired elimination. Impaired elimination results in a build-up of toxic waste matter within the body, which provides the ideal soil that reactivates viral activity. Viruses are like seeds; they only become active in suitable conditions, and it is the toxic conditions of the body that is the determining factor in viral disease. From his book, Beyond the Magic Bullet, Bernard Jensen writes:

> *"Infection is more the result of the conditions within the body than merely the presence of a microbe"*.

Brief mention should be made regarding the transmission of infectious disease. It is generally believed that infected persons can 'pass on' their diseases to other persons as a result of close contact, coughing, sneezing etc. It is certainly true that infected persons pass on the germs, but as to whether the exposed person subsequently develops the same disease is dependent, not on the virulence of the germ, but on the state of his own tissues. In other words, if the exposed person is in a very toxic state, then it is quite possible that exposure to the germs of another infected person may indeed result in the subsequent development of that same disease, yet if the exposed person is not toxic and has a high

degree of health, then that person could be exposed to the germs of every known disease and still remain well. Writing in Tomorrow's Health, M.O. Garten, D.C. Ph.C. says:

> *"An average healthy person, with an uncontaminated blood stream, need not be concerned or apprehensive about being subjected to a contagious disease .... However, this is not true with a person of low vitality and a high accumulation of metabolic waste products .... Bacteria or germs of such a person stimulated into activity by the devitalized elements upon which they thrive, when transferred to the mucous membranes or tissues of another person equally toxemic may be assumed to begin work immediately and in the same manner as in the first carrier".*

The Toxemia theory also explains why vaccination is neither 'effective' nor 'safe'. Vaccination is not effective because it does nothing to remove or correct the true underlying causes of infectious disease. The vaccine theory is based solely on the idea that germs are the cause of disease and fails to recognise that it is the toxic conditions within the body that represent the true underlying cause. Is it fair to ask: *"How can vaccination prevent disease when it does nothing to remove the cause of disease?".*

Vaccination is not safe for the simple reason that the very materials that vaccines are made from are in themselves 'poisonous'. For instance, the DPT vaccine contains the following poisons: formaldehyde, mercury and aluminium phosphate. The polio vaccine contains monkey kidney cell culture, lactalbumin hydrolysate, antibiotics and calf serum. The MMR (Measles, Mumps and Rubella) vaccine contains chick embryo and neomycin which is a mixture of antibiotics. The injection of such poisonous material into the body is obviously both abnormal and unnatural, and results in an excessive stimulation of the immune system, whose job it is to neutralise and eliminate such poisonous matter. According to Leon Chaitow (Vaccination And Immunization): *"The consequences of this sort of overstimulation, and excess commitment, of immune functions is unknown. The chances are that impairment of immune system will result, leaving the individual more susceptible to infections of other sorts, more prone to allergic response, and with greater chances of disturbed immune function diseases (rheumatoid arthritis, AIDS etc)".*

What's more, this overstimulation of the immune system results in a significant drain on the body's vitality. As previously explained, anything that lowers the health or vitality of the body will result in impaired elimination, thus leading to an increase in metabolic wastes within the body. In other words, vaccines actually increase the toxic load of the body!

Now it is true that in communities with reasonable health standards, the majority of individuals vaccinated will suffer no 'apparent' harmful effects. However it is a mistake to assume that in such individuals, vaccination is safe. Most healthy persons will have the capacity to eliminate vaccine poisons via their normal channels of elimination. Yet this still represents a needless waste of energy and can predispose susceptible individuals to future illness.

It is a different story, however, when vaccination campaigns are carried out among unhealthy population groups such as some of our Aboriginal communities or those of the third world. Most individuals within these groups are highly susceptible to disease due to their low vitality state, and vaccinating them can prove to be the proverbial 'straw that breaks the camels back'. Referring to persons with sub-clinical or latent viral infection (herpes, AIDS, etc) Hannah Allen warns: *"Such infection or contamination will only be aggravated by the administration of serums, vaccines or drugs, which add to the general toxic load, and can result in serious harm to a person who is already in trouble".* This is why vaccination campaigns aimed at the sick and starving children in Africa (as described earlier by Dr Kalokerinos) can have disastrous consequences.

By itself, vaccination is unlikely to be the sole cause of complications and fatalities, but there can be little doubt that in susceptible individuals, vaccination is the final 'trigger' of such occurrences. No wonder Herbert Shelton writes:

> *"This picture of vaccination is a black one, but it is by no means the whole picture. It is almost impossible to exaggerate the evils of this filthy, superstitious practise and any physician or vaccine propagandist who asserts that vaccination is harmless is either an ignoramus or a liar".*

Toxemia, brought about through unhealthy unnatural living habits, is the universal cause of infectious as well as most other types of disease. Dr Henry Lindlahr, a medically trained doctor who abandoned Medicine for Natural Health wrote in 1920:

> *"The primary cause of disease, barring accidental or surgical injury to the human organism and surroundings hostile to human life is violation of nature's laws. The effect of violation of nature's laws on the physical organism is; - lowered vitality, abnormal composition of blood and lymph, accumulation of waste matter, morbid materials and poisons".*

In this chapter I have endeavoured to provide a clear understanding of what toxemia is, and how it develops within the body. It is just as important however, that we understand how toxemia gives rise to the different types of infectious disease, and even more importantly, to understand the true nature of such disease.

CHAPTER EIGHT

THE TRUE NATURE OF DISEASE

"Only by understanding the true nature of sickness can one learn to overcome it".

Dr David Phillips, From Soil to Psyche

If you have ever accidently inhaled pepper into the nose, then you will be aware how this results in a violent sneeze. The purpose of the sneeze is to eject the pepper from the nasal cavity due to its irritating effects against the delicate nasal membranes. The sneeze could therefore be rightly classified as a protective mechanism or a cleansing reaction.

If you have ever peeled raw onions, you will be aware of how this causes your eyes to water. The reason for this is that raw onions release an irritating gas, and when the particles of this gas come in contact with the delicate and sensitive lining of the eyes, tears are released in order to wash these gas particles away. Such a response could again, be classified as a protective mechanism or cleansing reaction.

If you have ever eaten bad or contaminated food, you will no doubt have experienced either vomiting, diarrhoea or both. The purpose of diarrhoea or vomiting is to eject from the body poisonous or irritating substances that are harmful to the system. Again such responses could be classified as protective mechanisms or cleansing reactions.

What does all this teach us about our bodies? Clearly, it teaches us that if something gets into our bodies that should not be there, the body will endeavour to throw it out. In other words, it teaches us that our bodies are SELF-CLEANSING.

The human body will always endeavour to dispose of any harmful of irritating substances that become deposited within its tissues. Without this action by the body, harmful material would slowly accumulate within the body's tissues, eventually giving rise to various forms of chronic disease. Could you imagine what your house would be like if you did not dispose of the rubbish each day? Not only would it look unsightly, but it would pose a threat to your health because of its unhygienic conditions.

It is also of importance to realise that the efficiency of body metabolism including growth, repair and healing, is largely dependent upon a 'clean and healthy' system. Think of an engine which becomes choked up with its own impurities of combustion. The engine eventually seizes up. So too with the body if its own tissues become clogged up with foreign impurities. One of the most important requirements for healthy functioning of our bodies is a CLEAN SYSTEM.

The examples of self-cleansing reactions cited above are all in response to impurities or harmful substances that are located on the OUTSIDE of the body. By this I mean that the impurities are not within the bloodstream or tissue fluids, but on the outer aspects of the body. The lining of the eyes, the nasal membranes and even the inside of the digestive tract constitute the outer surfaces of the body. Sneezing, watery eyes, vomiting and diarrhoea all serve to remove harmful substances from the outer aspects of the body. What we must now learn is how the body removes harmful substances that are INSIDE the body tissues, meaning within the bloodstream and the tissue fluids.

The elimination of waste matter and other impurities from the bloodstream and tissue fluids is generally carried out by the organs of elimination (kidneys and lungs), and the lymphatic system. It is not necessary to go into detail, but basically these organs have the major role of keeping the INSIDE of our bodies free from foreign impurities and other waste matter. However, as explained in the chapter on Toxemia, when we subject ourselves to unhealthy and unclean living, an EXCESSIVE amount of waste matter accumulates within the system. This condition is potentially harmful to the body and if not relieved will ultimately poison the body's own tissues.

Fortunately, the body has a number of 'emergency measures' that it employs whenever the body's normal outlets of elimination are overburdened. These emergency measures serve to assist in the removal of toxic waste matter from the body. We have already seen how 'germs' play a beneficial role in this regard by consuming such waste matter and thereby helping to reduce the toxic load within the body. What must also be realized is that the symptoms of infectious disease such as fever, sore throat, skin rashes, vomiting etc, in reality, constitute such 'emergency measures'.

Let us examine more closely the common symptoms of infectious disease:

Fever

Often referred to as Nature's own healing process, fever is an increase in body temperature which in turn accelerates the body's metabolism. This speeds up the eliminative processes, thus hastening the removal of toxic waste from the body. In addition, the body's white blood cells, whose job it is to neutralize and destroy toxic residue, are stimulated into greater activity. One of America's best selling Health authors, Paavo Airola says of fever:

> *"Fever is one of the body's own defensive and healing forces, created and sustained for the deliberate purpose of aiding in the restoration of health ...."*

Dr Mendelsohn in his book, How To Raise A Healthy Child In Spite Of Your Doctor, writes:

> *"If your child contracts an infection, the fever that accompanies it is a blessing, not a curse .... A rising body temperature simply indicates that the process of healing is sped up. It is something to rejoice over, not to fear".*

Thomas Sydenham, referred to as the 'English Hippocrates' recognised the true nature of fever when over 400 years ago he wrote:

> *"Fever is Nature's engine which she brings into the field to remove her enemy".*

Even Hippocrates himself recognised the healing virtues of fever when he wrote over 2,300 years ago:

> *"Give me a fever, and I can cure your patient".*

Although the presence of high fevers in children can be very alarming, there is an inbuilt mechanism within the brain that controls and regulates fever. This ensures that fevers do not reach dangerous levels. The words of Dr Mendelsohn are comforting in this regard:

> *"I have treated tens of thousands of children and I've seen only one case of fever higher than 106 degrees. That's not surprising because it's estimated that 95% of childhood fevers don't ever reach 105 degrees".*

Many parents would no doubt be concerned about the possibility of convulsions occurring as a result of fever, but as Dr Mendelsohn says:

> *"High fevers do not cause convulsions. They result when the temperature rises at an extremely rapid rate ... only 4% of children with high fever experience fever-related convulsions. There is no evidence that those who do have them suffer any serious after effects as a result. One study of 1,706 children who had suffered febrile convulsions failed to disclose a single death or motor defect".*

NOTE: According to Australian Hygienist, Dr Alex Burton, fever is not potentially dangerous unless it is suppressed with antipyretics (fever-reducing drugs) or the patient is forced to do mental or physical work.

Inflammation

Serves the same purpose as fever, except that where fever is a general reaction throughout the body, inflammation is localised. This means it is aimed at removing waste matter from a particular area of the body, eg sinusitis is an inflammatory condition intended to eliminate waste matter located within the sinuses.

From a medical text, Foundation of Medicine by Ronald Raven, it says of inflammation:

> *"The inflammatory reaction is fundamental for the survival of the organism. It is necessary for the maintenance of homeostasis in the face of injury and without it the organism cannot survive".*

As far back as 1761, John Hunter, a pioneer of scientific medicine stated:

"Inflammation is the body's way of dealing with infection and healing wounds".

Sore Throat

This is normally due to swelling of the lymph nodes within the throat. The function of the lymph nodes is to filter and detoxify waste matter which finds its way into the circulation from the mouth, nose and adjacent structures. If there is too much toxic waste matter in the circulation, the subsequent swelling and enlargement of the lymph nodes serve to increase their capacity for filtering and detoxifying such wastes. Although sore throats are not exactly pleasant experiences, the underlying activity can be seen to be beneficial.

Skin Rashes

Results when waste matter from the blood is deposited in the skin. The 'redness' that develops is the subsequent inflammation which serves to neutralize and eliminate such waste matter. It is literally being thrown out of the body.

Vomiting

Serves to remove any unwanted foodstuff from the digestive tract. When the body's energies are engaged in 'cleansing' activity, no food is needed or wanted. This is evidenced by the fact that during the acute stage of any illness, hunger is absent. It is Nature's way of ensuring that we co-operate with her plans.

Tiredness and Listlessness

The most important requirement in acute illness is the conservation of energy. Recognising that the symptoms of infectious or acute disease represent the body's efforts at cleansing itself of toxic material, 'total rest' allows the maximum amount of energy to be directed towards the healing and cleansing activities of the body. Hence tiredness and listlessness are again Nature's way of ensuring that we co-operate with her plans. If we ignore such signals and try to stimulate our energies with drugs and tonics, we will only extend the period of illness and delay or even prevent full recovery.

In reality, the symptoms of disease do not constitute an attack upon the body by outside forces, but defensive action on the part of the body aimed at preserving the health and integrity of its own tissues. All of these symptoms are Nature's way of assisting the body to cleanse itself. I should mention that the pain and discomfort associated with these symptoms also serve a purpose: it is Nature's way of teaching us a lesson.

Acute illness is a vigorous effort by the body to throw waste matter out of the system, and like sneezing, can be rightly classified as an act of self-preservation. In fact, it has been said that if one understands the philosophy of sneezing, then one understands the true nature of disease. Dr R T Trall, a medically trained doctor who wrote one of the first books on Naturopathy, says of disease:

> *"It is a process of purification. It is an effort to remove foreign and offensive materials from the system, and to repair the damages the vital machinery has sustained. It is a remedial effort".*

Australian doctor, O.L.M. Abramowski, the senior physician to the Mildura District Hospital around the turn of the century writes in his book, Fruitarian Diet and Physical Rejuvenation:

> *"As soon as the bodily functions cannot go on any longer under the daily increasing burden of waste matter, the process of life would come to a standstill, and death would follow if Nature did not start a process of removing the waste matter. This process of 'burning off rubbish' in order to enable the body to go on with the work of life is called Disease".*

It is important to realise that each type of infectious disease generally derives its name from the particular germ present, the type of symptoms displayed and their location within the body. For example, scarlet fever is so named because the skin of the patient has a vivid scarlet colour, similarly with yellow fever. Tuberculosis is so named because of the type of germ thought responsible ie *tubercle bacilli.* Poliomyelitis means inflammation of the 'grey' matter within the spinal cord, polio being a Greek word meaning 'grey'. Yet the very symptoms of these diseases, by which each disease is so named all spring from the same underlying cause, toxemia, and all serve the same purpose, the removal and elimination of toxic waste. What this means is that the real nature of these diseases is not 'harmful' but 'beneficial'.

Sir Frederick Treves MD (Medicine on Trial, K Jaffrey) writes:

> *"Many so-called symptoms of disease are expressions of a natural effort towards cure. For instance the so-called symptoms of tuberculosis are the expressions of a beneficent process which has for its end the cure, and not the destruction of the patient".*

From his book, Toxemia Explained, Dr Tilden writes:

> *"Every so-called disease is a crisis of Toxemia, which means that toxin has accumulated in the blood above the toleration point, and the crisis, the so-called disease - call it cold, flu, pneumonia, headache or typhoid fever - is a vicarious elimination".*

Dr Trall, commenting upon the yellow fever epidemics that occurred in the Southern USA in 1858 said:

> *"Like all other fevers, yellow fever is an effort of the system to free itself of morbid matters and would generally be successful, if left entirely alone".*

From the article 'The Unity and Simplicity of Disease', G R Clements writes:

> *"We may diagnose these symptoms as mumps, measles, catarrh, consumption, cancer, smallpox etc, as we similarly name the various products of the soil as wheat, corn, oats, many kinds of grasses, weeds, trees etc; but regardless of the arbitrary names of the symptoms at the surface, they all come from and centre in one cause".*

Natural Health authority, Herbert Shelton writes in his book, Hygienic Care of Children: *"The eruptive diseases all represent eliminating efforts through the skin ...."* With regard to chicken pox, Shelton writes: *"Chicken pox is one of nature's most efficient house-cleaning processes. It is a remedial process with few superiors".* Commenting on scarlet fever, Shelton says: *"The rash is a means of eliminating the drugs, serums (proteins) and septic matter".*

From the booklet, "Smallpox a Healing Crisis", the author, H Valentine Knaggs, states that smallpox is Nature's effort to eliminate poisonous waste from the system. Sydenham, the English Hippocrates who saw more smallpox cases than the whole crop of doctors living today would have seen, said of smallpox:

> *"Smallpox is safe and slight and beneficial".*

Now does it not stand to reason that if the acute infectious diseases, measles, mumps, chicken pox etc are in effect 'housecleaning' processes, then there should be an improvement in health after recovery from these diseases? Sir William Osler, considered to be one of the greatest physicians of his time, wrote:

> *"If survived, an infection such as confluent smallpox, seems to benefit the general health".*

Shelton tells us:

> *"The benefit derived from such a cleansing (smallpox) are also seen following measles, scarlet fever, chicken pox, etc. All are similar in character".*

With regard to typhoid fever, Emerson says:

> *"After the fever has gone, convalescence begins. The patient is at first thin and weak, but slowly returns to good health and to ever better health than he formerly had".*

By understanding the true nature of acute infectious disease, we can understand why such disease tends to be self-limiting, or in other words, why such disease gets better on its own. Once the waste matter has been reduced to a safe level, the symptoms, which represent the cleansing efforts, subside. Of course, it is difficult to appreciate that diseases such as smallpox, polio, measles can be beneficial, particularly when one thinks of the thousands of people maimed or killed by such diseases, but as the next chapter will explain, the complications and fatalities that occur, result not so much from the disease, but from the 'INCORRECT TREATMENT' of such disease.

Again, it is stressed, that the only difference between each of the so-called infectious diseases, is in the type of germs present, the location of the toxic waste build-up within the body, and the methods of elimination employed by the body. For instance, in polio, toxic waste has collected within the grey matter of the spinal cord or along nervous tissue. The subsequent inflammation, which Medicine names 'poliomyelitis', is a bodily process aimed at eliminating this waste matter. Diphtheria involves an elimination of waste from the throat region, whereas in measles, waste matter is being eliminated through the skin which is characterized by the familiar 'red spots' over the body. As Dr Tilden (Toxemia Explained) has written:

> *"It took a long time to evolve out of the conventional idea of many diseases into the truth that there is but <u>one</u> disease, and that the 400 catalogued so-called diseases are but different manifestations of Toxemia - blood and tissue uncleanliness".*

The infectious diseases measles, mumps, chicken pox, whooping cough, polio, diphtheria etc, from which we attempt to protect ourselves by the use of vaccines, are in reality, Nature's way of protecting us. Such diseases are not caused by different germs but, in truth, all arise from the same underlying cause, toxemia, and all serve the same purpose: the removal and elimination of toxic waste matter from the body.

Attempts to prevent infectious diseases by the use of vaccines, or to cure them through the use of drugs is based on the mistaken belief that such diseases are 'harmful' when in fact, they are really 'beneficial'. To attempt to cure these diseases with drugs is to be ignorant of their true nature for, in reality, each acute disease constitutes the 'cure'. This is why Dr Trall writes:

> *"All so-called diseases are in reality remedial efforts on the part of Nature and as such cannot be 'cured'".*

Once we recognise the true nature of disease, we will recognise the folly of vaccination. Disease is a safety valve, a survival mechanism that enables man to survive the continued imposition of toxins introduced through unhealthy habits of living. How fortunate that vaccination does not work!

Those readers unfamiliar with Natural Health philosophy may at first find it difficult to accept this concept of disease, particularly as it is so contrary to the medical concept. I therefore ask those readers to contemplate the following words of Hippocrates, who today, is referred to as the Father of Medicine.

> *"Diseases are crises of purification, of toxic elimination. Symptoms are the natural defenses of the body. We call them diseases, but in fact they are the cure of diseases. All diseases are but one and their cause is also one,*

> *although they manifest themselves by means of different symptoms, according to the place in which they appear*".

The fundamental difference between Orthodox Medicine and Natural Health lies in their opposing concepts of disease and their methods of treatment. Whereas Orthodox Medicine looks upon the acute infectious diseases as 'harmful' and therefore tries to suppress them, Natural Health looks upon such diseases as 'beneficial' and therefore allows them to proceed. The only way to determine which concept of disease and method of treatment is correct, is to examine the results.

CHAPTER NINE

ORTHODOX MEDICINE OR NATURAL HEALTH

> *"The suppression of diphtheria, smallpox, typhoid fever, etc are paid for by the long term sufferings and the lingering deaths caused by chronic affections and especially by cancer, diabetes and heart disease. We should perhaps renounce this artificial form of health and exclusively pursue natural health".*
>
> Alexis Carrel, Man the Unknown.

Every acute infectious disease is nothing more than a process of 'housecleaning'. The symptoms associated with such disease, by which each disease is so named, represent the body's efforts at removing and eliminating toxic waste matter from its own tissues. It stands to reason, therefore, that attempts to obstruct or suppress such symptoms would be both counterproductive and potentially harmful. Dr Henry Lindlahr warns:

> *"... to check and suppress acute diseases means to suppress Nature's purifying and healing efforts, to bring about fatal complications, and to change the acute constructive reactions into chronic disease conditions".*

British Naturopath and Author, Harry Clements writes:

> *"It should always be borne in mind when thinking of complications, that they too often wait, not upon the original disease, but upon the treatment of it".*

Dr Tilden commenting on Typhoid says:

> *"Typhoid fever (more a disease of adult life) is evolved by feeding and medicating acute indigestion".*

From her book Protection From Polio, Mira Louise writes:

> *"Mumps, especially in young virile males, has often ended in death and disaster, not because the complaint was serious, but because the treatment from start to finish was at fault" ... "Measles will often develop into pneumonia if drugs are used in the early stages of the complaint .... It is always the drugging and the lack of correct feeding that causes the complications and the untimely deaths".*

Referring to the cause of paralysis in polio, Herbert Shelton, who successfully treated hundreds of polio cases, writes in his Hygienic Care of Children:

> *"The drug treatment is, I am convinced, the chief - if not the only cause of permanent paralysis. Analgesics and anodynes to relieve pain, anti-pyretics to reduce fever, anti-phlogistics to suppress inflammation - these measures are all suppressive .... By such suppressive measures the inflammation is made worse and caused to persist for a longer time, so that tissue destruction with the consequent paralysis, is almost inevitable .... I have seen*

> *no paralysis develop in any cases where such suppressive measures are not employed. I am firmly convinced that the medical profession is directly responsible for all, or nearly all of the permanent paralysis and deformity that result from poliomyelitis".*

In his article on Colds and Flu ('Hygienic Review', April 1977) Leslie C Thompson writes:

> *"The severity and after-effects of any cold or flu are dependent upon how it is treated ... it must be stressed that the terrible developments which doctors and vaccine-sellers ascribe to flu are almost never due to the basic illness. They are the results of suppressive treatment".*

Professor B F Barker MD of the New York Medical College who oversaw thousands of cases of infectious disease during the 1800s remarked:

> *"The drugs which are administered for the cure of measles, scarlet fever and other self-limited diseases kill far more patients than the disease does".*

Commenting on the mortality from the yellow fever epidemics in 1858 in the Southern USA, Dr Trall stated:

> *"We believe that the mortality from yellow fever is mainly owing to the medication .... This is equally true of all other fevers, in fact, of almost all other diseases, as we can show by abundant statistics".*

In his book, Toxemia Explained, Dr Tilden writes:

> *"Drugs, feeding, fear and keeping at work prevent elimination. A cold is driven into chronic catarrh, flu may be forced to take on an infected state, pneumonia may end fatally if secretions are checked by drugs, typhoid will be forced into a septic state and greatly prolonged if the patient is not killed".*

Herbert Shelton well sums up the Natural Health viewpoint on the suppression of acute disease:

> *"We of the Hygienic school do not regard the diseases which are said to kill so many every year as of themselves dangerous, we hold that the great mortality seen in these diseases is due to suppressive and combative treatment. Disease is not a thing to be removed, expelled, subdued, broken-up, destroyed, conquered, or cured or killed. It is not a thing but an action, not an entity but a process, not a substance to be opposed, but an action to be co-operated with".*

The advent of antibiotics and other so-called wonder drugs fifty years ago brought with it the dream of ultimate conquest over all known bacterial disease. That this dream has never eventuated is due to the fact that 'antibiotics' do nothing to remove the true underlying cause of bacterial disease. From his book, New Dimensions in Health, Dr David Phillip writes:

> *"To believe that sickness results solely from the visitation of some itinerant germ or virus and to accept treatment by some poisonous drug is to be guilty of the most naive superstition. This form of exorcism cannot remedy the problem because it bears no relation to the real cause".*

There is no doubt that antibiotics can result in the cessation of symptoms of bacterial disease, but it is a grand mistake to assume that the disappearance of symptoms

represents a 'cure'. Antibiotics are deployed for the purposes of destroying supposedly disease-causing germs, when in reality, such germs are doing nothing more than consuming toxic waste matter that has accumulated within the body. By killing the germs with antibiotics, the toxic waste, which is the true cause of bacterial disease in the first place, will be retained within the body. This will explain why many of the common bacterial diseases, particularly in children, continually re-occur despite lengthy antibiotic treatment. It must also be realised that antibiotics, like all drugs, are poisonous in themselves and thereby only add to the toxic load within the body. This can only result in the same diseases re-occurring or more chronic disease developing in later years.

Many health authorities have questioned whether the dramatic increase in chronic diseases such as arthritis, heart disease and even cancer could be related to the massive deployment of antibiotics and other suppressive drugs in the 1940s and 1950s. Mira Louise (Protection From Polio) asks:

> *"Will this offensive accumulation join the tag ends of other decaying waste matter - that has been suppressed by sulpha drugs, penicillin, or the other antibiotics in some previous illness - and lodge in the lungs, the muscles, the bones, or in the bloodstream and cause cancer? .... Since cancer has increased tenfold since the indiscriminate use of antibiotics, this question is not unreasonable."*

At a medical symposium in West Germany in October 1976, Professor W A Altemeier of the University of Cincinnati, USA, argued that antibiotics had made wound infection more difficult, not easier to manage. When antibiotics were first deployed in massive doses, the repercussions included vitamin deficiencies, vaginal thrush and yeast infection of the intestines. Walter Last, in his book Heal Yourself, writes:

> *"Antibiotics are the most dangerous drugs in common use. They destroy intestinal bacteria, and cause vitamin deficiencies, severe allergies and often death. By weakening the body's immune system, they are a major cause of chronic infections and degenerative diseases".*

Renowned British surgeon, Sir Arthunot Lane has stated:

> *"It is now well known that antibiotic drugs are not entirely harmless. Though they seem to perform miracles, in reality they often shorten the span of the patient's life".*

The drugs commonly employed to reduce or suppress fever and inflammation - the anti-pyretics and anti-inflammatories - only serve to weaken and obstruct the body's healing energies which are busily engaged in cleansing and repairing activities. These drugs not only delay recovery, but they can be a direct cause of complications and mortality. Shelton warns:

> *"By all means never let anything be done to reduce fever. Fever is a life-saver. It's suppression is always injurious".*

From his book, Food is Your Best Medicine, Dr Henry Bieler warns"

> *"It is dangerous to give aspirin or similar anti-pyretic drugs, since they only paralyse the nerve endings, offer a false sense of security and increase the liver toxemia. Other drugs used to suppress the catarrh or the skin rash, tend to drive the toxins inward and damage internal organs".*

Dr Mendelsohn writes:

> *"The drugs commonly used in the treatment of cold and influenza symptoms ... include decongestants, expectorants, anti-histamines, cough suppressants, pain relievers and antibiotics. They have several things in common; they are unnecessary, they sometimes have undesirable or dangerous side effects, they may interfere with the body's own efforts to defeat the disease, and they are a waste of money".*

Apart from drug therapy, there are other measures often employed in the treatment of acute infectious disease that are also suppressive and injurious. Feeding, for the supposed purposes of 'keeping up the strength' does not help but hinders the patient's recovery from acute disease. This is because the body's energies, which are busily engaged in the healing process slow down until digestion is complete. In many instances however, if food be given during the acute feverish stage, the food is vomited back up, an indication that the body does not want food, or simply 'sits' in the stomach and begins to putrefy and ferment. This gives rise to the production of poisonous end products eg indol, skatol, etc which only add to the body's toxic load. Referring to whooping cough, Dr Tilden points out:

> *"If it starts in children who already have deranged digestion, and they are then fed, not allowing them to miss a meal, complications are liable to occur, such as tremendous engorgement of the brain during the paroxysms .... Unless such a case is fasted, the cough grows more severe, the stomach derangement increases, causing more and heavier coughing, until there is danger of bringing on a brain complication."*

Or as Dr Henry Bieler states:

> *"I have seen many a case of flu pushed into pneumonia because some anxious grandmother insisted upon something 'to give the child strength' such as chicken broth or thin starchy gruel ...."*

The dangers of feeding the sick were recognised over two thousand years ago when Hippocrates wrote:

> *"The same meat administered to a person sick of a fever as to one in health will strengthen the healthy one, but will increase the malady of the sick one".*

Drugs, stimulants, tonics, feeding to keep up the strength etc, does not cure acute infectious disease; it merely suppresses it. That many patients still manage to recover under such treatment is not because of it, but in spite of it. Unfortunately the vast majority of patients subject to such suppressive treatment will continue to experience recurrences of the same disease or else will suffer some form of chronic disease in later life. Explaining the action of drugs, Dr Trall explains:

> *"The effect of drug medication is to lock up, as it were, the causes of the disease within the system, and to induce chronic and worse diseases .... It is, in effect, very much like fighting the rebels by firing at our own soldiers in the rear, while they are attacking the enemy in front".*

The 'mechanism' by which suppressed acute disease gives rise to chronic disease should be explained. If the body's efforts to expel waste matter are obstructed through drug therapy or other forms of suppressive treatment, then this waste matter will be driven back into the circulation, and deposited in various parts of the body, the location often determined by inherited weaknesses, or those parts of the body that are the least vital to its existence. One of the most common sites for the deposition of this waste matter is the

'joints'. The presence of toxic waste matter within the joints is potentially harmful, and whilst the body may tolerate this condition for many years, the time will come whereby the body will attempt to remove it. This process of removal is characterised by the symptoms of swelling and inflammation, a healing process which Medicine names 'arthritis' which simply means 'joint inflammation'. Similarly with other inflammatory conditions such as fibrositis, myositis, bursitis, neuritis, sinusitis, the list is endless. Many inflammatory conditions are caused by waste matter within the tissues and the inflammation is in reality the body's efforts at removing such waste.

A similar view is provided by Walene James from her book, Immunization, Reality Behind The Myth:

> *"First, we have a cold or some acute mucous elimination. We take a cold remedy to stop the discharge of mucous. The cold disappears but later - sometimes many years later - bronchitis, flu, boils, cysts, or a running ear develops. Again we take suppressant drugs and the symptoms disappear. Later - again sometimes many years later - we develop high fever or pneumonia. Years later, after dosing with more shots and drugs, we develop asthma or rheumatism. Finally, after further physiological insult with drugs and shots, we develop degenerative diseases such as cancer, arthritis and gangrene. We have progressed from an acute illness to a subacute one and from there to a chronic, then a subchronic, and finally to a degenerative disease".*

That such conditions are largely brought about by suppressive treatment of acute disease is an acknowledged fact by many within the medical profession:

Dr Gillman (Medicine On Trial, K Jaffrey) writes:

> *"Many chronic diseases of grown-ups are caused by the wrong treatment of children's diseases".*

Dr Elmer E Lee (Medicine On Trial, K Jaffrey) has written:

> *"In sickness, the body is already loaded with impurity; that is why it is ill. By taking drug medicine more impurity is added thereby, and the case embarrassed and harder to cure".*

And to Sir William Osler, considered the greatest medical scientist of his generation, is attributed this statement:

> *"By far the greatest part of all chronic disease is created or complicated through the suppression of acute disease by means of drug poisons and through the destructive effects of the drugs themselves".*

Whilst suppressive treatment of acute infectious disease using drug medicines is responsible for an incalculable number of deaths and complications, I would not go so far as to say that suppressive drug treatment is the only cause of such consequences. The most important requirement in the treatment of any disease is the immediate removal of its causes. If those infected persons, whose sickness has been brought about by unhygienic living, impure water, malnutrition and inadequate housing, continue to be subject to these same conditions during sickness, then obviously their chances of full recovery would indeed be slim. In any disease there comes a 'point of no return'. Such a point is reached when the vitality of the body is no longer strong enough to push the poisonous waste matter out of the body. If this point is reached, death quickly ensues. Whether it be

recorded as smallpox, diphtheria, tuberculosis etc, is of little relevance; the victim died of 'self-poisoning'.

Orthodox Medicine looks upon the symptoms of disease as the disease itself, and therefore its efforts are primarily aimed at combating or suppressing these symptoms. This will explain why the medical treatment of acute infectious disease has had such disastrous results. The 'symptoms' do not constitute the disease, but the 'effects'. The real disease is toxemia, to which Medicine is completely ignorant and even worse, makes no effort to remove. The various drugs that Orthodox Medicine employs to 'fight' the symptoms of acute disease are in themselves poisonous, and thereby only add to the toxic conditions within the body. To any logical thinker, the medical approach to disease using poisonous drugs to suppress symptoms - such symptoms representing the body's efforts to cleanse its own tissues of toxic waste - has neither common sense nor philosophy to commend it. As Dr Noyes (Medicine On Trial, K Jaffrey) has said:

> *"A drug or substance can never be called a healer of disease. There is no reason, justice or necessity for the use of drugs in diseases. I believe that this profession, this art, this misnamed knowledge of medicine is none other than a practice of fundamentally fallacious principles, impotent of good, morally wrong and bodily hurtful".*

Natural Health treatment of acute infectious disease is based on the recognition that the symptoms of such disease are not harmful, but beneficial, and therefore treatment must be aimed at 'assisting' rather than 'obstructing' the process. Hippocrates, who ironically, is referred to as the Father of Medicine taught that:

> *"Many of the symptoms observed in disease are evidence of the body's natural curative reactions and as such, should be assisted towards the attainment of their objective".*

In the vast majority of cases involving acute infectious disease, be it mumps, whooping cough, measles, polio or whatever, nothing more is required other than simple hygienic attention which embraces complete rest, fresh air, pure water to satisfy thirst and hygienic surroundings. Herbert Shelton who followed Natural Health principles in the treatment of infectious disease amongst children for over sixty years, writes in his book, Hygienic Care of Children:

> *"Except in surgical cases, good nursing, when properly understood, is simple hygiene, and is all that can be of value in the care of the patient in any so-called disease".*

Whether such an approach to the treatment of infectious disease is correct or not, can only be determined by examining the results.

During the early part of the 19th century, the great Magendie of France, who stood at the very head of physiology and pathology in the French Academy, conducted an experiment with typhoid fever patients. He divided his patients into two classes, one of whom he prescribed the usual remedies, and to the other no medicines at all, relying totally on simple hygienic attention. Of the patients who were treated the usual way, he lost the usual proportion, about one fourth, and of those who took no medicine, he lost none. Professor Magendie is reported to have said to his medical class:

> *"Gentlemen, medicine is a great humbug .... You tell me doctors cure people. I grant you, people ARE cured, but how are they cured? ... Nature does a great deal, imagination does a great deal, doctors do mighty little - when they don't do harm".*

During the Crimean War (1854-1856) in Scutari, Turkey, an epidemic raged in one of the hospitals resulting in a death rate of 40% of the patients. To help right this epidemic, the British Government sent to the hospital a new team of nurses, amongst which was a nurse by the name of Florence Nightingale. Upon her arrival, Miss Nightingale observed the filthy drains, foul air and dirty wards whereupon she immediately wrote to the War Office in London complaining about such conditions. In response, the British Government sent a team of doctors and engineers to improve the hospital conditions which resulted in a decrease in death rate to 2%. In her Notes on Nursing published in 1859, Florence Nightingale writes:

> *"True nursing ignores infection, except to prevent it. Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defence a true nurse either asks or needs".*

Dr R T Trall, a medically trained doctor who abandoned Medicine for Natural Health delivered a lecture at the famous Smithsonian Institute around 1860, where he commented:

> *"I have myself, during the sixteen years that I have practiced the Hygienic System, treated all forms and hundreds of cases of typhus and typhoid fevers, pneumonias, measles and dysenteries, and have not lost a patient of either one of these diseases. And the same is true of scarlet and other fevers. And several of the graduates of my school have treated these cases for years, and none of them, so far as I know or have heard, have ever lost a patient when they were called in the first instance, and no medicine whatever had been given".*

In his book, Fruitarian Diet and Physical Rejuvenation, Dr O.L.M. Abramowski presents his results based on the Natural Health treatment of his patients:

> *"Out of 166 cases of typhoid (at the Mildura District Hospital), treated with fruit and fruit juices, without any drugs or unnatural alimentation, only two died, one came in too late ... the other succumbing to a heat wave .... Acute affections of the bronchial tubes, the bowels, the nerves, rheumatic and other feverish attacks have been deprived of their pains and anxiety, and cured in the shortest time through fruit juices and fruit fasts .... Besides this saving of life, the greatest recommendation for the new treatment is undoubtedly the almost complete absence of complications in any of the diseases, and the all but certain relief from distressing symptoms in a comparatively short time".*

In the Great Flu Epidemic of 1918, Naturopaths from around the world reported a death rate of around 2% of patients under Naturopathic care, whereas the death rate for patients under Orthodox Medical treatment was from 7% to over 30%. Renowned Naturopath, James C Thompson reports of his own clinical experience:

> *"In my own practice, during the epidemics of 1918, I had personal charge of 87 cases. In 86 of these cases my instructions were faithfully carried out, and in no case was there either death, complication or any lingering sequel. The majority of these patients spent two or three days in bed, felt somewhat shaky in their walking for a day or two, and within a week or two actually felt better than they had done before the attack. In the one remaining case my instructions were wilfully ignored and I was forced to discontinue".*

Dr Tilden, from his book, Toxemia Explained, says of the doctor's role in treating acute disease:

> *"He should advise something warm to the feet; perfect quiet; no food, liquid or solid, and positively no drugs but all the water desired; a warm bath at night and as often as necessary to secure comfort. Rest, warmth, fresh air and quiet are conducive to healing. Then the physician should educate his patient into proper living habits so as to avoid future crises of Toxemia".*

It is a simple matter to understand why Natural Health treatment of acute infectious disease is so successful. Such treatment is based on the recognition that each acute disease is in fact a 'cleansing process' and therefore, by allowing it to proceed unhindered, the toxic conditions within the body, which are responsible for such disease, will gradually diminish.

Recovery from acute infectious disease, regardless of its type or nature, is wholly dependent on removing the toxic conditions from within the body. This is achieved, not through drugs or stimulants, but by such measures that most conserve the body's energies so they can be directed towards the healing activities of the body. Such measures, which include rest, fresh air, pure water and simple hygiene ensure the most favourable conditions for healing to occur.

I conclude this chapter by quoting the words of some of the great thinkers of the past who recognised the dangers of Medicine and the virtues of Natural Health:

The great 'soul', Mahatma Gandhi:

> *"Illness or disease is only Nature's warning that filth has accumulated in some portion or other of the body, and it would be surely part of wisdom to allow Nature to remove the filth, instead of covering it up with the help of medicine. Those, therefore who take medicine only render the task of Nature more difficult".*

The great philosopher, Immanuel Kant, who refused to consult doctors when sick, wrote in a letter:

> *"The patient is fortunate when the prescriptions are confined to a diet and the recommendation to drink pure, cold water, and leave the rest to good Mother Nature".*

The poet Shelley has written:

> *"There is no disease bodily or mental which adoption of vegetable and pure water has not infallibly mitigated, wherever the experiment has been fairly tried. Debility is gradually converted into strength, disease into healthfulness".*

One of the most acclaimed inventors in history, Thomas Edison:

> *"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease".*

American statesman and ambassador, Benjamin Franklin:

> *"He is the best physician who knows the worthlessness of most medicines".*

The philosopher and writer, Voltaire:

> *"The art of medicine consists of amusing the patient while Nature cures the disease".*

The playwright, Moliere, who considered it his responsibility to warn society about medical doctors, writes in his play, The Imaginary Invalid:

> **Argan:** *So, doctors are ignoramuses?*
> **Beralde:** *No, brother. They know their humanities, how to speak beautiful Latin, to name diseases in Greek, to define them, to classify them, but as for curing them ... that's another matter! Pompous obscure language, specious jabbering, promises, that sums up their art.*
> **Argan**: *Why do people turn to doctors when they are ill?*
> **Beralde:** *That is only proof of men's weakness, not of the truth of medicine.*
> **Argan:** *But surely doctors must believe their art, since they use it themselves?*
> **Beralde:** *Some doctors are victims of a popular error, which happens to benefit them, and others know better, but make their profit of medicine. But Purgon is quite genuine: a typical doctor from head to feet, sticking to rules and routine without ever questioning their worth. A man who, with confidence and dash, brutal common sense and logic, will expedite you into the other world with his ruthless bleedings and purgings; and do not be perturbed, for in killing you he is only doing what he did to his wife, his children and, if need be, he will do it to himself.*
> **Argan:** *You bear a grudge against him brother. But then what is one to do when one is ill?*
> **Beralde:** *Nothing, brother.*
> **Argan:** *Nothing?*
> **Beralde:** *Nothing. You must just rest. Nature herself, if we let her, soon gets out of the disorder in which she has fallen. It's our worries, our impatience, which spoil everything, and nearly all men die of their medicines and not of their diseases.*

FOOTNOTE: Whilst I have presented in this chapter the Natural Health approach to treatment of infectious disease, persons are advised to always seek professional advice from qualified Health practitioners who are properly trained in Natural Health philosophy, before following a Natural Health Program. For further advice regarding Health practitioners, may I suggest that you contact the Natural Health Society of Australia Limited, Suite 28, Skiptons Arcade, 541 High St., Penrith NSW 2750, Phone (047) 21 5068.

Alternatively, you may wish to contact Dr Alec Burton, Arcadia Health Centre, 31 Cobah Road, Arcadia NSW 2159, Phone (02) 653 1115.

Dr Burton is recognised as a world authority on Hygienic (Natural Health) Science and is currently the President of the Australian Natural Hygienic Society. Dr Burton has been operating his health centre for nearly 20 years in which time he has successfully treated patients from all over the world using fasting and other natural methods of treatment.

CHAPTER 10

THE CASE AGAINST VACCINATION

"There is no basis in all nature for the doctrine of immunization. Immunity, were it real, would mean the suspension of the Law of Cause and Effect".

Herbert M Shelton

I am not opposed to a person's right to choose vaccination. What I am opposed to however, is information put out by medical authorities which says that vaccination is a 'safe and effective' procedure. One of the worst pieces of information appears on an immunization leaflet put out by our own Health Department which says:

"Immunization is one of the most important components in ensuring good health in your child".

Immunization does nothing to promote the health of children, or anyone else for that matter. On the contrary, immunization only serves to weaken the body, for the body's energies are needlessly wasted in neutralizing and expelling the vaccine poison which has invaded its tissues. Whereas healthy children may tolerate such an 'insult' to their bodies, unhealthy 'susceptible' children may not, and it is no exaggeration to say that hundreds of thousands, if not millions, have died as a result of this useless and dangerous practice.

Let me Sum up the Case 'against' Vaccination

1. Statistical and graphical evidence clearly reveals that vaccination was not responsible for the decline in incidence and mortality from infectious disease as claimed by Medical Science. Furthermore, graphical evidence shows that the introduction of vaccination had no obvious impact on the rate of decline of the infectious diseases, and in the cases of smallpox and diphtheria, there were dramatic increases in both the incidence and mortality from these diseases following mass vaccination campaigns (Chapter 1).

2. The true reasons for the decline in incidence and mortality from infectious disease can be attributed to major improvements in living and working conditions, nutrition, hygiene and social reform (Chapter 2).

3. Vaccination is neither 'safe' nor 'effective'. Consider the facts (Chapter 3):

   - up to 50% of whooping cough cases have been found to occur in fully vaccinated children.

   - measles outbreaks can still occur despite high levels of vaccination, similarly with rubella.

   - following the introduction of the Salk polio vaccine in the USA, those states who enforced compulsory polio vaccination experienced increases in polio incidence.

- the Sabin polio vaccine had been blamed, even by medical authorities, as the cause of the few remaining cases of polio in the USA today.

- not only have the 'flu' vaccines been shown to be ineffective, but in the elderly, can result in certain stress reactions such as heart failure and the crippling Guillain-Barre syndrome.

- the failure of vaccine campaigns in third world countries.

- the disastrous history of the smallpox and diphtheria vaccination campaigns throughout the world provides startling and conclusive evidence as to the dangers and inefficacy of vaccination.

- SIDS, allergic disorders, mental and behavioural problems, immune malfunctions, Reye's syndrome, juvenile onset diabetes, Guillain-Barre syndrome, brain damage, multiple sclerosis, arthritis and even cancer have all been linked to vaccination.

- the large number of doctors and scientists who have spoken out about the potential dangers of vaccination (Chapters 3 & 4).

4. The 'Germ Theory of Disease' upon which rests the whole concept of vaccination has been shown to be a 'fallacy'. Vaccination is aimed at protecting us from germs, when in reality, germs protect us. Germs serve to consume toxic waste matter within our bodies, this toxic waste being the true cause of disease. How can vaccination protect us from disease when it does nothing to remove the causes of disease? (Chapters 5, 6 & 7).

5. The very diseases that vaccination is supposed to save us from, are in themselves, not harmful, but beneficial. The acute infectious diseases, measles, mumps, chicken pox etc, are in reality, cleansing processes; attempts to prevent them through vaccination is based on an ignorance of their true nature. By recognising the true nature of such disease, then we will realise that the whole idea of vaccination is absurd (Chapter 8).

Based upon the facts and evidence, upon a proper understanding of the true nature of infectious disease and its real causes, and upon my own sense of reasoning and logic, I have no hesitation in stating that vaccination is the greatest medical hoax of all time. Only one question remains -

"Why does vaccination continue?"

CHAPTER 11

WHY VACCINATION CONTINUES

"The propaganda in favour of immunization has won the minds of the masses and has influenced medical thinking, and government and international measures, relating to disease control. This has been at the expense of methods which might have raised the real level of well-being of the people at risk. This begins to impinge upon the realms of politics and economics, for the gains are great in this area, and the truth is not always palatable. The removal of the idea of protection, via immunization, and the implementation of expensive measures to improve nutrition in countries which can hardly make ends meet, would not be welcome themes for politicians, even if they could be made to listen to the facts.

Leon Chaitow
Vaccination And Immunization

That vaccination continues to this day is not because of its 'assumed' benefits, but (1) because it yields millions of dollars profit to the Drug Industry, (2) because it is one of the foundation stones of Medical Science upon which they have undeservedly built their power and prestige, and for that reason, must remain in place, and (3) because the majority of the public, brainwashed by medical propaganda, and unwilling to think for themselves, blindly accept it.

COMMERCIAL MOTIVES

Firstly, commercial interests are a major motive behind the vaccine drive, netting the drug industry millions of dollars annually. Eleanor McBean PhD (The Poisoned Needle) states:

"The vaccine business has continued to thrive in spite of its disastrous failure, for the mere reason that it nets millions of dollars for the promoters, and this buys power with governments and propaganda control over the masses who don't know how to think for themselves".

Speaking of the disastrous smallpox epidemics in England following compulsory vaccination, Herbert Shelton (Natural Hygiene, Man's Pristine Way of Life) stated that smallpox vaccinations were kept alive only because of the enormous profits that were derived from this practice.

Despite the failure of the tuberculosis vaccine in India involving over 260,000 Indians, both the World Health Organisation and the Indian government recommended its continuance. One may speculate as to the reasons why but its worth noting that the World Health Organisation is sponsored by none other than the American Drug Trust. A conflict of interests perhaps?

The Journal of the American Medical Association, November 14th 1990, contains an article titled, 'British Firm Halts Vaccine Manufacture'. The Wellcome Company, Beckenham, England were forced to cease vaccine production. The reasons cited by the head of their Biotech Division, Dr A J Beale were "*Too much litigation and too little profit*".

George Starr White M.D. of Los Angeles, probably best summed it up with this comment:

> *"Take all the profit out of manufacturing and administration of serums and vaccines and they would soon be condemned, even by those who are now using them".*

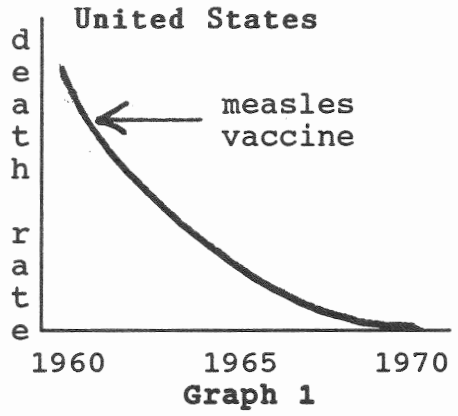
MEDICAL PROPAGANDA

Secondly, the medical profession, hell bent on preserving its power and prestige, cannot afford to have the public ever finding out the truth about vaccination. This is not to condemn all doctors, for many simply do not know the truth, whilst many others do not want to know. Yet medical hierarchy, intent on maintaining the 'status-quo', feeds the public a constant stream of propaganda promoting the case for vaccination. This propaganda, designed to convince people of the value and importance of vaccinations, takes the form of falsified statistics, misleading statements, public scare campaigns and in many cases, downright lies!

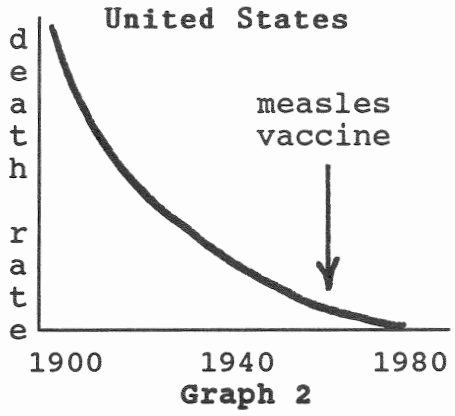
Lies, Damned Lies and Statistics!

Albert Einstein once said that there were three types of lies - lies, damned lies and statistics! It is easy to provide statistical evidence which creates the impression that vaccination works. Here is a good example which appears in the book, Communicable Diseases Handbook by L Claire Bennett and Sarah Searl from the University of British Columbia, Vancouver. On Page 44 it states: *"An effective inoculation program should obviously result in a lowered incidence of the particular disease under surveillance. For instance, since 1963 there have been more than 80 million doses of red measles vaccine given. The number of reported cases has gone from a pre-1963 total of about 500,000 to a total of about 35,000 in 1975".* Now this suggests that the vaccine was indeed responsible for this decline, that is until we go back to 1958 and learn that the number of cases was 800,000! In other words, measles cases were in decline before the 1963 vaccine commenced. (In fact by 1955, still eight years before the start of this vaccine, there had been a 97% decline in the death rate from measles since the turn of the century!) What is more, medical authorities have since acknowledged that the 1963 measles vaccine was a complete failure!

This same scenario occurs with graphical evidence also.



Graph 1



Graph 2

An examination of Graph 1 suggests that measles vaccine was responsible for the decline, but if we examine Graph 2 and go back to 1900, we can clearly see that the major part of the decline had already occurred and that the commencement of vaccination had no impact on the rate of decline thereafter. If you happen to visit a medical library and examine some of the texts and medical journals, you will find that most graphical evidence on the

decline of infectious disease starts from the year 1940 when antibiotics and certain vaccinations commenced. Such graphs always present a misleading picture. Is it any wonder that most doctors believe in drug therapy and vaccinations? They have never seen the whole picture. In the Natural Health magazine, July 1988, an article appeared on Vaccination Therapy, in which the author, Shirley Lewis, mentioned this very point. Ms Lewis spoke of a doctor who undertook her own research by consulting relevant material in the medical library. As Ms Lewis points out, *"She showed us a graph, from a medical journal, that proved how effective antibiotics and immunization had been in eradicating scarlet fever, diphtheria, whooping cough and measles. But this doctor's copy of the graph started in 1940, and we had already seen the fuller graph , which started in 1850 and showed that in all four diseases, a steady decline had been happening long before the introduction of either immunization or antibiotics. So that doctor had made a conscientious decision based on a graph that had been deliberately falsified".* This explains the comments of Dr Lancaster (Medical Journal of Australia Nov 1967): *"Misconceptions on the importance of direct medical and surgical intervention in the progress of mortality are widely held by historians, statisticians and medical theorists".*

There are several other ways that statistics can be manipulated or falsified in order to create the impression that vaccines work. A common and well used technique is to 're-diagnose'. This means that if a patient presents the characteristic symptoms of a particular disease, yet has already been vaccinated against that disease, the doctor will diagnose something else. The National Anti-Vaccination League in Britain provides evidence of this in much of its literature. For example, chicken pox, according to medical authorities is a non-fatal disease. Yet, *"In the thirty years ending in 1934, 3,112 people are stated to have died of chicken pox in England and Wales".* The truth is that these people actually died of smallpox against which they had been previously vaccinated. Because of their vaccine status, however, their deaths were recorded as chicken pox. According to The Truth Teller, January 1927, *"This has been admitted by English medical officers of health, and the Ministry of Health has twice stated in answer to questions in Parliament that vaccination is one factor in the diagnosis of these cases".*

George Bernard Shaw, the illustrious poet and also an ardent campaigner on public health issues, once stated:

> *"During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases (of smallpox) as postular eczema, varioloid or what not - except smallpox".*

Explaining the practice of 're-diagnosis' and the reasons behind it, Leon Chaitow says *"... faced with a patient who has all the signs and symptoms of a particular disease, from which they have been 'protected' by immunization, it is obviously difficult to make the diagnosis they would have made if faced by such a case in an unvaccinated person. By calling the disease something else they are protecting their belief system, and the integrity of the theories around which they have built their actions, such as vaccination .... All this is done to protect a system, and to help to save the public from having doubt as to the efficacy of methods. Re-diagnosis is a real phenomenon, and happens all the time. In the case of diphtheria this was rampant, and it is interesting to note that it was only the vaccinated cases of diphtheria which were diagnosed as something else. In some epidemics the figure of re-diagnosis reached 60% of cases. It is hard to see what sense can be made of statistics when they are based on inaccuracies of this sort".*

Another method of creating misleading statistics is 'False Diagnosis'. This involves a doctor diagnosing a particular disease, say polio, when in fact the patient does not really have polio. From his book, Hygienic Care Of Children, Herbert Shelton comments on the polio

epidemics: *"Polio epidemics are very largely physician made. Great numbers of cases of illness diagnosed as polio are not"*. Shelton goes on to say: *"The apparent disappearance of polio as a result of vaccination was brought about by a clever juggling stunt. Before the Salk vaccine was introduced, thousands of cases of polio were diagnosed each year in children who had no polio. After the introduction of the vaccine, these cases were no longer diagnosed as polio, this automatically appeared to reduce the case rate to the near vanishing point"*.

Dr Bernard Greenberg, head of the Department of Biostatistics of the University of North Carolina School of Public Health, USA, has stated that prior to the Salk vaccine, large numbers of Cocksackie virus and asceptic meningitis cases were mislabelled as paralytic polio. Following the start of polio vaccinations, no such mislabelling occurred. Following the commencement of the Salk vaccine, many polio cases were reclassified under a different name, this again, leading to statistics indicating a reduction in polio incidence. Walene James, in her book, Immunization, Reality Behind the Myth, provides figures from the Los Angeles County Health Index Morbidity and Mortality, Reportable Diseases which reveals this fact.

Date	Viral or Asceptic Meningitis	Polio
July 1955	50	273
July 1961	161	65
July 1963	151	31
Sept 1966	256	5

As confirmed in this same publication *"Most cases reported prior to July 1, 1958, as non-paralytic poliomyelitis are now reported as viral or asceptic meningitis"*. Further evidence comes from the Organic Consumer Report, March 1975 which states: *"In a California Report of Communicable Diseases, polio showed a 'nil' count, while an accompanying asterisk explained 'All such cases now reported as Meningitis"*.

Another technique for reducing statistics involves 'redefinition of the disease'. In the USA, prior to the Salk polio vaccine, a case of paralytic poliomyelitis was diagnosed if the patient exhibited paralytic symptoms for only 24 hours. Yet after the start of the Salk vaccine, a case of paralytic poliomyelitis would only be diagnosed if the patient exhibited paralytic symptoms for at least 60 days! Commenting on the effect of this upon statistics, Dr T C Fry (Australian Wellbeing No.34 1989 p101) stated: *"In conjunction with the introduction of the Salk vaccine, new guidelines were established by the Centre for Disease Control for the diagnosis of polio. Not only was paralysis necessary before the polio diagnosis could be made but it had to persist for more than 60 days. This cut the polio cases down to 10 to 15 per year automatically, for that was the extent of the number of cases even before the Salk vaccine. Yet from the publicity you'd think we had 55,000 cases of infantile paralysis a year instead of a few cases with most of the polio symptoms being 'not life threatening and seldom lasting more than two weeks"*.

The Medical Journal of Australia, November 4th 1967, contains figures on polio cases from 1950 onwards. These figures are accompanied by the comments, *"Before July 1956, the numbers given are poliomyelitis notifications"* and *"After July 1956, they are cases accepted by the Poliomyelitis Surveillance Committee"*. No doubt this Committee played the same game of 'redefinition' as did their counterparts in the USA.

Those who support the polio vaccine have claimed that polio epidemics declined following mass vaccination campaigns. What few people realise is that prior to the start of polio vaccination, the number of polio cases required in order to refer to polio as an epidemic was in the vicinity of 20 per 100,000. Following the introduction of Salk's polio vaccine, the number of cases required was increased to 35 per 100,000. This would result in a decline of reported epidemics.

Fortunately, the whistle was blown on all this statistical juggling when Dr Bernard Greenberg, North Carolina School of Public Health, testified (May 1962 in the US Congressional Hearings on HR10541) that polio cases increased substantially following mass immunization campaigns. There was a 50% increase from 1957 to 1958 and an 80% increase from 1958 to 1959. Dr Greenberg pointed to manipulation of statistics and false statements by the Public Health Service which gave the impression that vaccination was responsible for the reported polio decline.

Such statistical manipulation does not just occur with polio. Let us turn our attention to whooping cough.

In England DTP (Diphtheria, Tetanus, Whooping Cough) immunization rates decreased from 79% in 1973 to 31% in 1978. Between 1977-1980, there were 102,000 cases of whooping cough in which 28 died. Health authorities blamed this outbreak on low vaccination levels, citing as evidence the decrease in vaccination rates over the preceding years. On the surface this would seem a likely explanation, but if we delve more deeply, a different story emerges. There are several facts to consider.

1. Whooping cough, like measles, is cyclic in nature, which means that outbreaks tend to occur every 3-4 years regardless of vaccination rates. The British Medical Journal (25/9/1975) referring to whooping cough says: *"Periodic increases in incidence occurred in 1960, 1963, 1967 and 1970. The most recent increase began at the end of 1973 and reached a peak at the end of 1974."* This would mean that the next outbreak was due around 1978 and this is exactly what happened. (The next major outbreak in England occurred in 1982 in which 50% of the cases were in fully vaccinated children!).

2. When there is a decline in vaccination rates for whooping cough, physicians have a tendency to diagnose whooping cough in children who do not have it. As Dr Mendelsohn points out, when vaccination rates decline, physicians tend to diagnose whooping cough *"every time a baby clears his throat"*. From their book, DPT: A Shot In The Dark, Doctors Coulter and Fisher point out:

   "There is a natural tendency to under-report whooping cough when it occurs in a vaccinated population, and to over-report it when it appears to be occurring in an un-vaccinated population".

   In the USA, 1982, the states of Maryland and Wisconsin reported whooping cough epidemics. Health officials blamed these outbreaks on un-vaccinated children. Yet, Dr Anthony Morris, an expert of bacterial and viral diseases, found laboratory confirmation to verify whooping cough diagnosis in only 21 out of 84 cases. Further to this, 82 of those 84 cases were in vaccinated children.

   Notification of whooping cough is based upon clinical diagnoses. It is important to realise that a similar clinical picture can also be produced by adenoviruses and other viruses which effect the respiratory tract. As Professor Stewart points out (Here's Health, March 1980):

   "There was evidence also that there was, during this period a considerable increase in other respiratory and croup disease of children, so the possibility

of errors in diagnosis and notification - in either direction - could not be excluded".

What this means is that many respiratory infections can be incorrectly diagnosed as whooping cough, thus inflating the real figures.

3. It is well known that the incidence of whooping cough is more related to poor living conditions rather than vaccination levels. Professor Gordon Stewart states (British Medical Journal 31/1/1976):

   "Whooping cough is much lower in incidence, hospital admissions are less frequent, and immunization schedules are often better maintained in districts where socioeconomic conditions are favourable. The reported association between protection and immunization could be an expression of better social conditions and child care as much as of biological protection by pertussis vaccine".

   In one study on the efficacy of whooping cough vaccine (The Lancet 29/1/1977 p235), Professor Stewart noted: *"Of the unvaccinated, a significantly higher proportion of children and cases come from overcrowded homes in social classes IV & V."* Professor Stewart states that of 203 infants admitted to hospital with whooping cough, *"93% were from social class III, IV and V, among whom vaccination rates were lower than among classes I and II".*

4. Many cases of whooping cough which occur in vaccinated children would be subject to the phenomenon of 're-diagnosis' as explained previously. This has been confirmed by Dr Norman Noah (BMJ 17/1/1976) who states, *"Family doctors might tend to diagnose and notify whooping cough less often in immunized children than in un-immunized ones"* and also by Professor Gordon Stewart (The Lancet 29/1/1977) who says *"General Practitioners are much less likely to notify whooping cough in vaccinated children where the symptoms are typical. The figures may therefore underrate the incidence in vaccinated children".*

5. In 1978, of the 67,008 cases notified no less than 31% (say 20,000) occurred in fully vaccinated children. In fact throughout the 1970s, 30-50% of whooping cough cases occurred in vaccinated children. In an epidemic in Malmo Sweden, 78% of cases had been fully vaccinated (Infectious Diseases In Europe, WHO).

How can 'low' vaccination levels be responsible for whooping cough outbreaks when it is clear that the vaccines do not work anyway!

Medical Lies!

Medical propaganda does not just involve misleading or inaccurate statistics, but in many cases, downright lies! And the biggest lies often come from our own Health Authorities.

A leaflet put out by the NT Department of Health and Community Services on Tuberculosis provides a good example. This leaflet states: *"Up until the 1950s TB was a common cause of serious disease and death in Australia. Due to an aggressive campaign over the past 30 years and the discovery of effective new drugs, TB is now much less common ...."* According to the Commonwealth Year Book No.40, the official figures on TB deaths are: 1921 - 3,687; 1931 - 3,167; 1941 - 2,734; 1951 - 1,538; 1961 - 447. In terms of population count, the TB death rate in Australia fell from 68 per 100,000 in 1921 to 49 per 100,000 in 1931 to 18 per 100,000 in 1951 and to 4 per 100,000 in 1961. These figures clearly indicate that the decline in TB death rate started well before any medical intervention, and that the rate of decline did not change with the introduction of drug therapy. This is the same scenario as with all other infectious diseases as shown in Chapter 1. Medical authorities try

and take the credit for the lowered death rate, when in truth all credit should go to those responsible for improving our living and social conditions, for these are the real reasons for the decline in death rates.

In March 1991, a small measles outbreak amongst high school students in Darwin NT prompted Public Health officials to recommend that all students be immediately vaccinated. In fact the Communicable Diseases Director of Darwin Hospital, Dr Mohammed Patel recommended that students receive a 'second' measles shot just to be certain of adequate protection. This was in spite of US studies which showed that measles re-vaccination was ineffective. I forwarded a letter to the local media pointing this out and in response, Professor John Matthews, Director of the Darwin Menzies Health Research School forwarded a letter, and published in the Northern Territory News, which stated: *"The present measles epidemic would not have been able to happen if all children had been immunized"*. Yet only four months earlier an article on measles in the Journal of the American Medical Association, November 21st 1990, stated: *"Although more than 95% of school-aged children in the United States are vaccinated against measles, large measles outbreaks continue to occur in schools, and most cases in this setting occur among previously vaccinated children"*.

A booklet published by Commonwealth Serum Laboratories, a major Australian vaccine manufacturer, states: *"Perhaps the greatest success story of immunization in Australia was the eradication of poliomyelitis in the 1950s through the use of the Salk and Sabin vaccines"*. A quick glance at the real figures (see Chapter 1) reveals that vaccines had nothing to do with this decline. Referring to whooping cough, this booklet says: *"Antibiotics cut the death rate tenfold in the late 1940s"*. This claim is nothing less than outrageous, for firstly, the death rate for whooping cough went from 84 in 1945 to 34 in 1950, and secondly, it is a medical fact that antibiotics are useless against this illness. Writing in the British Medical Journal (29/11/1975) Dr N Grist says: *"I regard whooping cough as a serious infectious disease against which our current 'magic bullets' are woefully ineffective"*.

The presentation of distorted and misleading information on vaccinations and the general tendency of the public to accept this information without question was the subject of Clinton Miller's testimony before the US House of Representatives on May 17th 1962. Clinton Miller stated:

> *"In mass vaccination programs, it is common practice to omit or ignore such information in presenting the case for vaccination to the public. There is a tendency to let the 'experts' make the decisions, after which they summarize the evidence with such press release statements as 'absolutely safe', and other statements designed not to educate, but to inspire absolute confidence.*
>
> *"We point out that the tendency of a mass vaccination program is to 'herd' people. People are not cattle or sheep. They should not be herded. A mass vaccination program carries a built-in temptation to oversimplify the problem, to exaggerate the benefits, to minimize or completely ignore the hazards, to discourage or silence scholarly, thoughtful and cautious opposition, to create an urgency where none exists, to whip up an enthusiasm among citizens that can carry with it the seeds of impatience, if not intolerance, to extend the concept of the police power of the state in quarantine far beyond its proper limitation, to assume simplicity when there is actually great complexity, to continue support of a vaccine long after it has been discredited, to make a choice between two or more equally good vaccines, and promote one at the expense of the other, and to ridicule honest and informed dissent"*.

Public Scare Campaigns

Napoleon once said: *"There are two ways of moving men - interest or fear"*. Probably the most effective way of cajoling the public into submitting to vaccination is the employment of 'scare tactics'. Commenting on the strategy of 'fear' to entice people into vaccination, Dr John Keller had this to say:

> *"Since people cannot be vaccinated against their will, the biggest job of a health department has always been and always will be to persuade the unprotected people to get vaccinated. This we attempted to do in three ways: first by education, second by fright; and third by pressure. We dislike very much to mention fright 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 fright and pressure and vaccinated 223,000 people".*

From the book, The Dangers Of Immunization, by the Humanitarian Society, Pennsylvania, it states:

> *"Without question, the polio and just recent 'swine flu' programs were based shamefully and unabashedly on FEAR, just as unscrupulous politicians have for years exploited this hidden, subconscious motivating factor within human nature.*
>
> *"The continual propaganda exuded by accepted scientists and the ever-growing enemies of mankind constitutes neither more nor less than an insidious type of 'brain-washing' which we as Americans have every right to feel belongs in some spy movie or intrigue of foreign espionage, but NOT here in America ... which of course has proven to be an illusion.*
>
> *"Therefore, most of America now stands in the backwash of a very subtle 'Advertising' which a few recognised immediately as pure old propaganda, a form of 'brain-washing', a technique which is based on repeated impressions made on the mind of a person, until accepted as 'truth".*

When it comes to vaccination, the public are warned of severe epidemics, deaths and disabilities, killer diseases, maimed victims etc should stop vaccination be stopped. In one newspaper article, the heading was titled "Immunize or Die! - Doc Warns". Is it any wonder that most people line up for their vaccinations? Obviously most people are not in a position to judge for themselves the validity of such claims and therefore are easily persuaded into accepting vaccinations, much to the delight of the vaccine industry. What the majority of the public do not realise, is that in most cases, if not all, such scare tactics are completely unfounded. For example, many doctors maintain that measles can result in encephalitics at the rate of 1 out of every 1,000 cases. Yet, as Dr Mendelsohn points out *"After decades of experience with measles, I question this statistic and so do many other paediatricians. The incidence of 1/1,000 may be accurate for children who live in conditions of poverty and malnutrition, but in middle - and upper income brackets, the incidence of true encephalitics is probably more like 1/10,000 or 1/100,000.*

Discussing measles deaths, The Lancet (1/8/1981 p236) says: *"In the UK about 1% of people with measles are admitted to hospital, and one in ten thousand may die ... children who die from measles are typically those with malnutrition, or some other severe intercurrent condition, who would soon die from some other cause if not from measles .... Half of the 132 deaths attributed to measles in the first 6 months of 1961 were in children with serious chronic disease or disability".*

In an article 'Vitamin A and Measles in Third World Children' (BMJ 1/12/1990 p1230), it states: *"The severity of measles seems to be related to nutritional state and intensity of exposure. Malnourished children have a higher mortality and more severe complications, as do those living in overcrowded conditions".*

From their book, Infectious Diseases, by Ramsay and Emond, it states:

> *"In affluent countries with high standards of nutrition, measles is a mild disease ... but in poor countries the illness tends to be severe with a high mortality ... this is closely related to the standard of nutrition".*

Referring to whooping cough deaths, Professor Dick states (British Medical Journal 18/10/1975): *"Deaths from whooping cough occur mainly in babies in social class V, and in assessing risks one must look at specific epidemiological situations - for there are obviously groups at high and low risk to whooping cough as there are with many diseases".* Dr Kalokerinos believes that death from infectious disease is not simply the result of a virus or bacteria, but a as a result of a biological or chemical weakness caused through malnutrition, poverty etc.

We are continually reminded by medical authorities of the devastating polio epidemics of the 1930s and 1940s, yet in England, the Register General figures on polio show that during the years 1943 - 1953 the average annual number of polio cases notified in England and Wales was 3,328, giving a monthly total of only 227 in a population of 42,290,000 or 6 per million. In 1947, when the highest death rate was recorded, there were 33 deaths per million children under 15 compared with 69 for measles and 99 for whooping cough. In the USA, 1942 there were 42 polio cases per 100,000 and in 1952, 15 cases per 100,000, not only indicating that the numbers were small, but they were well in decline before vaccination commenced.

In Public Health magazine, March 1955, Dr Dennis Geffen, OBE, MD, DPH, is reported to have told the Metropolitan Branch, Society of Medical Officers of Health that, *"We are apt to forget that poliomyelitis is the least serious of all infectious diseases with the exception of that one complication, or extension of the disease, which destroys motor cells in the brain and spinal cord and causes paralysis. Apart from this it appears to be a mild infection lasting a few days, the symptoms of which are probably less serious than a cold in the head, and from which recovery is complete and immunity lasting".*

PUBLIC IGNORANCE

Adolf Hitler once said, *"When you tell a lie loud enough, often enough, and big enough, the people will eventually believe it".* It is just unfortunate that, when it comes to the public, the majority of people want to believe in vaccination and this is probably the third major reason why vaccination still continues to this day. Dr Kalokerinos mentions a seminar conducted by the Committee for World Health at which he was a guest speaker. At the seminar, a lively debate ensued upon the subject of vaccination in which, as Dr Kalokerinos points out, *"The concensus of opinion was that there would be far less immunizing if the public did not insist upon it"* (Toorak Times 15/9/1981).

From the dawn of time, it has been a trait of human nature to seek out magical cures or potions for both the cure and prevention of disease. Vaccination serves this need because is satisfies the 'quick and easy' mentality adopted by most people in regard to maintaining or protecting their health. As few people are prepared to think logically or even to think for themselves, it is understandable why the majority are so easily persuaded into accepting a procedure which promises them protection from disease, without the effort of having to

maintain their own health. Far easier to be given a 'quick jab' than to accept the more difficult task of living wisely.

From his book, Mirage Of Health, Professor Rene Dubos explains such behaviour:

> *"The faith in the magical power of drugs often blunts the critical senses, and comes close at times to a mass hysteria, involving scientists and laymen alike. Men want miracles as much today as in the past. If they do not join one of the newer cults, they satisfy this need by worshipping the altar of modern science. This faith in the magical power of drugs is not new. It helped to give the authority of a priesthood and to recreate the glamour of ancient mysteries".*

Perhaps Mark Twain was right when he said:

> *"There are two types of infinity: space and man's stupidity".*

CHAPTER 12

HEALTH - THE ONLY IMMUNITY!

"Those who disregard the Laws of Heaven and Earth have a lifetime of calamities, while those who follow the Laws remain free from dangerous illnesses".

Old Chinese Proverb

For those who have read and understood the chapters on 'Toxemia', and 'The True Nature of Sickness', then it will be apparent that there can be only one form of protection against infectious disease, and one form only - HEALTH.

True health, on a physical level, is a state in which the insides of our bodies are clean and hygienic, and under such conditions, infectious disease cannot and will not arise. No matter how many 'germs' one is exposed to, one will not experience sickness unless those germs have a medium in which to flourish. This medium must consist of decaying organic matter along with other toxic wastes. Without that medium, germs have nothing to feed on and cannot thrive.

Therefore, the real key to protection against infectious disease lies,not in creating artificial immunity to supposedly disease carrying germs, but in preventing the development of toxemia which is what gives rise to disease in the first place. As toxemia is brought about by unhealthy living, eg malnourishment, poor diet, unhealthy living conditions, overwork, etc, then the only way to avoid toxemia is in the adoption of healthy living habits, eg, correct diet, healthy environment, fresh air, sunshine etc. Let me provide some expert testimony which supports this view.

In his book, Natural Therapeutics (Vol I Philosophy, 1924), Dr Henry Lindlahr asks:

"Which is more rational and sensible? The endeavour to produce immunity to disease by making the human body a swillpot for the collection of all sorts of disease, taints and poisonous antiseptics and germicides, or to create natural immunity by building up the blood on a normal basis, purifying the body of morbid matter and poisons, correcting mechanical lesions and cultivating the right mental attitude? Which one of these is more likely to be disease building - which more healthy building?"

Herbert Shelton tells us:

"The true prevention of disease has nothing to do with vaccines, serums, antitoxins, drugs, operations, and the like. True prevention involves adequate food, pure air, an abundance of sunshine, proper exercise, sufficient rest and sleep, cleanliness, mental poise and the absence of all devitalising habits and ruinous excesses".

In Britain, the Howey Foundation has published a leaflet on "True Immunity" in which they state:

> *"We believe that the building-up of positive health by a good diet and healthy living provide adequate protection against disease .... Acute episodes are opportunities for the body to remove excess toxic wastes, the accumulation of which allow bacteria to multiply unduly in the first place. Vaccines ... may have disastrous long term effects, and make no positive contribution to the health of the individual .... Those who lead healthy lives in hygienic surroundings should think twice before submitting themselves or their children to the purposeful introduction of a disease into their bodies".*

Natural Hygienist, Dr Virginia Vetrano says:

> *"We may avoid disease only by maintaining a high state of health. Germs and viruses to which healthy people may be exposed will not produce disease, not only because their bodies resist invasion by microorganisms and can exterminate them as rapidly as they may enter, but also because a healthy body that functions normally does not accumulate metabolic waste which is the basic cause of disease ...."*

Even the World Health Organisation has stated that *"the best vaccine against infectious disease is adequate nutrition".*

What it all boils down to is this - if you truly desire health, and freedom from disease, then you must be prepared and willing to live your lives in accordance with the laws of nature. These laws involve correct nutrition, getting plenty of fresh air and sunshine, resting and sleeping when necessary, keeping the mind happy and fulfilled. Those cultures who adhere to these laws in their daily lives, for example the Vilacabambans in Ecuador or the Hunzas in Northern Pakistan, have a high degree of health and longevity with a virtual absence of the infectious and degenerative diseases that afflict our own society.

It would be true to say that civilized or orthodox living is not natural living but unnatural living. Our eating habits are poor and consist of too much 'dead' and denatured food, we are basically sedentary, we get little fresh air and sunshine and when we do, for most of us it is in a polluted environment, our sleep patterns are erratic and unsettled, and our minds are often restless and dissatisfied. Dr Max Bircher-Benner who established his famous health clinic still operating in Switzerland today summed it up so well, when he said:

> *"No people in history ever lived so entirely wrong in so many directions as do the majority of civilized nations today."*

The adoption of a more natural way of living does not mean abandoning all the comforts of home. It does not mean leaving your city, moving to the country and growing alfalfa sprouts. It does not mean rising every morning at 4.00am and doing 2 hours of yoga and meditation. And it does not mean abandoning those occasional treats and pleasures that add a little spice to your life. It is not what you do 10% of the time that determines your health, but what you do 90% of the time.

The adoption of a more natural way of living does mean, however, that certain orthodox living habits be abandoned, or at the very least, curtailed. And in no other area could this be so essential than in the area of - EATING! Our orthodox eating habits are a major factor in the development of infectious disease as well as most other diseases in our society. This is because our diets are too high in animal, dairy and refined processed foods. Not only are these foods unsuitable to the body, but they also contain a large amount of toxic wastes in the form of drugs, hormones, chemicals, pollutants, insecticides and other harmful substances. To make things worse, we do not just eat these foods, we over-eat them.

The truth is that the nutritional needs of the body are exceedingly simple and are best satisfied on a diet of fresh fruit and vegetables. A small amount of grain, seeds and nuts are permissible to enhance the pallatability of the diet. Contrary to orthodox opinion, we are not meat eaters, but fruit eaters as evidenced by the science of Comparative Anatomy. One of the most famous Anatomists, Professor Baron Culvier in his 'Lecon d'Anatomie Comparative' says:

> *"Comparative anatomy teaches us that man resembles the frugivorous animals in everything, the carnivorous in nothing .... It is only by softening and disguising dead flesh by culinary preparations that it is rendered susceptible to mastication or digestion, and that the sight of its bloody juices and raw horror does not excite loathing and disgust ....*
>
> *"Man resembles no carnivorous animal. There is no exception unless man be one, to the rule of herbivorous animals having cellulated colon. The orang-outang is the most anthropomorphous (man like) of the ape tribe, all of whom are strictly frugivorous. There is no other species of animals which live on different foods in which this analogy exists".*

Fruit contains an abundance of nutrients as well as the important amino acids essential for the growth of our bodies. It is worth noting that protein content for fruit ranges between .4 and 2.2 percent, which approximates the protein content of human mothers' milk which is between 1.0 and 2.4 percent. The strongest animals - the ox, elephant and horse - can maintain their size and strength on a diet of nothing more than grass. The gorilla whose digestive system and physiological characteristics are similar to man's, can maintain its enormous strength and size on a diet of oranges, bananas and mangoes.

Now all this is not to suggest that you need to become a fruitarian, but to simply impress upon you the importance of 'fruit' in our diets, and at the same time the fallacy that meat and dairy products are essential foods for man. These latter foods are totally unsuitable for the body in that they are too high in fat, protein and cholesterol, totally devoid of fibre and many essential nutrients, and create in the body a residue of poisonous waste which provides the ideal soil for germs to flourish. The retention of this waste ultimately causes cellular degeneration leading to such conditions as arthritis, rheumatism, diabetes, kidney disease and even cancer.

If you can accept this viewpoint, and are prepared to adjust your diet to a more natural way of eating, then the place to start with is 'quantity', followed by 'quality'. Start by reducing the consumption of animal, dairy and refined foods and substituting them with fresh fruits and vegetables. There needs to be a gradual change to enable your taste buds and body to adjust. Your goal should be a diet in which 80% consists of fruits and vegetables and the remaining 20% consisting of grains, legumes, nuts and seeds. Animal and dairy products should be kept to an absolute minimum, if at all.

When it comes to children, the same rules apply. A diet high in fresh fruit and vegetables will provide them with all the necessary protein and other essential nutrients needed for the growth and development of their bodies. At the same time this diet contains only a minimum of toxic residue (pesticides and insecticides, unless you can get organically grown fruit/vegetables), thus ensuring that toxemia does not develop. We should realise that the body can eliminate a certain amount of chemical residue from the diet. It is only when it becomes excessive through over-eating and eating the wrong foods that toxemia, and hence sickness results. The story of the 'Hopewood' children serves well to demonstrate the value of this diet for children.

In 1940, the founder of the Australian Natural Health Society, Mr Leslie Owen Bailey, accepted guardianship of 85 children who were to become well known as the 'Hopewood' children. He refused to vaccinate these children and raised them on a meatless diet which

consisted entirely of unrefined foods, primarily fruits and vegetables. None of these children acquired any of the diseases against which they would have been vaccinated against. Furthermore, their dental records revealed that they had 16 times less decay than other Sydney children the same age. In 1947 the Institute of Dental Research, under the guidance of Dr N E Goldsworthy, produced a brochure: "Every Doctor a Dietician" which told of the world dental record attained by the Hopewood children. They were credited with having a higher standard of dental health than any other group ever studied, including New Guinea native children who were supposed to have the best teeth in the world. Even the medical profession took an interest with Sir Lorimer Dodds and Dr Clements of the Health Department monitoring the children's health over nine years. According to Natural Health, November/December 1990, *"They examined tonsils and adenoids and said they had never seen a group so free of trouble as the Hopewood children, yet they still could not accept that this was the result of diet and natural way of living"*. Is it any wonder that they fail to see the connection? Most doctors receive little training in the Health Sciences. For example, the renowned Harvard Medical University conducted a basic nutrition test for doctors in which 80% of them failed!

Whilst correct diet is of fundamental importance to human health, it is not the only factor. It must be accompanied by all the other factors previously mentioned which include fresh air and sunshine, regular enjoyable physical activity, rest and sleep and generally a happy outlook on life. The mental state is no less important than the physical state. It also requires proper nourishment in the form of joy, laughter, cheerfulness, and all the other positive emotions. The negative emotions of fear, depression, anxiety, worry, etc, do as much to create sickness as do bad diet and lack of exercise. How many people carrying the AIDS virus are perfectly healthy until the day they are told they are infected? There can be no greater factor in the development of disease than the emotion of fear.

There is a story of a cholera plague heading towards Baghdad, and on its way it passed an Arabian caravan. One of the Arabs asked where it was heading, to which it replied, *"I'm on my way to Baghdad to kill 5,000 people"*. A short time later a cholera epidemic struck Baghdad in which 45,000 people died. On its return, the cholera plague passed the same caravan and the Arab said to it, *"You lied to me, you said you were going to kill only 5,000 people"*, to which the cholera plague answered, *"I did, the rest died of fear!"*.

Fear, fuelled by ignorance, is probably the greatest single factor in the development of disease in that it literally freezes the vitality of the body, the very power that is responsible for every metabolic activity within our system. It can be likened to cutting off the electricity supply to the household, everything comes to a stop. When this occurs in the body, there is an immediate increase in metabolic waste, thus triggering any latent bacterial or viral illness into immediate activity.

Only by understanding the true nature of sickness and how it develops within our bodies can we overcome our fear of disease. If your body is not healthy because of bad eating, lack of exercise, negative emotions etc and you experience acute disease ie, mumps, measles, influenza, viral outbreak such as herpes, then all that is happening, is your body is taking the opportunity to offload excess toxic waste. It is not something to fear, but something to 'rejoice' over for it shows that your body is still strong enough to activate such a cleansing process.

Once you understand this, you will realise that attempts to protect ourselves from disease by such means as vaccines and serums are ludicrous, for the simple reason that these diseases are not harmful, but beneficial, and in reality, are designed to protect us! Disease is not something that attacks us from without, but is something that develops from within.

Our only means of prevention is to ensure that the conditions which give rise to disease - toxemia - do not develop in the first place. Much to the dismay of the vaccine enthusiasts, I believe there to be no other way.

"If humanity is to pass safely through its present crisis on earth, it will be because a majority of individuals are now doing their own thinking".

Buckminster Fuller

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Further information on Vaccinations, Health Science, Nutrition and other related subjects can be obtained by contacting the Natural Health Society of Australia Ltd, Suite 28, 541 High Street, Penrith, NSW 2750. Phone (047) 21 5068.

APPENDIX A

COT DEATH & VACCINATION LINK

The August/September 1991 edition of Natural Health contains an article 'Cot Death & Vaccination Link' by Dr Viera Scheibner (PhD) in association with her husband, Lief Karlson. Here is an abridged version:

"VACCINATION A MAJOR STRESS

Initially we did not know about the controversy surrounding vaccination. We merely observed that vaccination was the single greatest cause of stress in small babies, as indicated by the standard Cotwatch equipment, and also the single greatest factor preceding cot death in a large number of cases. We concluded that the timing of 80% of the cot deaths occurring between the second and sixth months is due to the cumulative effect of infections, timing of immunisations and some inherent specifics in the baby's early development.

We started yet another search for more information. Soon, we discovered a wealth of it in medical journals like The Lancet concerning not only the ineffectiveness of vaccines in preventing children from contracting infectious diseases, but also on serious short- and long-term adverse effects of various vaccines, including death. Regarding the former aspect, we found numerous reports that vaccinated children contract the relevant infectious disease at approximately the same rate, or that vaccinated children are even more susceptible to the infectious diseases.

Inevitably, we began recording breathing patterns of babies after vaccination. The results of these recordings were presented to the 2nd Immunisation Conference, held in Canberra, 27-29 May 1991. We demonstrated that microprocessor records of babies' breathing after DPT (Diphtheria, Pertussis, Tetanus) injections reveal a pattern of flare-ups of Stress-Induced Breaching closely following the dynamics of adreno-cortical activity in an individual under stress and as observed and recorded by Selye.

We also demonstrated that flare-ups of Stress-Induced Breathing in babies after administration of the DPT vaccine occur characteristically on certain days even though the amplitude of the flare-ups varies from child to child.

For seventy babies who succumbed to cot death, although babies could die on any day after DPT injection, there were significantly more deaths on the days which closely correlated with flare-ups of Stress-Induced Breathing after DPT injections.

The data on the time interval between the DPT injection and cot death in most of the seventy babies was taken from the published reports which concluded that there was no connection between DPT and cot death. The authors of these papers had little idea what they were looking at or what to look for. Most researchers arbitrarily accept that only deaths within 24 hours of administration of the vaccine can be attributed to the effect of the vaccine. Yet, ***babies may and do die for up to 25 or more days after vaccination, and still as a direct consequence of the toxic effects of the vaccines.***

How do we know this? Because of the observed repetition of the pattern of flare-ups of Stress-Induced Breathing in a number of babies over a long period of time.

HARMFUL VACCINE INGREDIENTS

What are the vaccines composed of?

Vaccines contain live or 'attenuated' (weakened) viruses and bacteria or parts of them (representing foreign genetic material), animal tissue, formaldehyde and/or aluminium phosphate or hydroxide. The toxicity of vaccine varies widely and unpredictably, a DPT vaccine containing from 1 to 26.9 micrograms of endotoxin per millilitre. Geraghty and others in California tried unsuccessfully to make sure that the toxicity and composition of the vaccines is properly disclosed on the ampules.

Injecting any of these substances into the blood stream of another animal species, including humans, is absolutely biologically unacceptable. H L Coulter in his book, Vaccination, Social Violence and Criminality: the Medical Assault on the American Brain, mentions that repeated injections of sterile extracts of rabbit brain tissue into monkeys cause an 'experimental allergic encephalomyelitis' in the monkeys. Regardless of the validity or otherwise of animal experiments for humans, Coulter points out that it is an observed fact that vaccine injections often cause the same syndrome in human babies. It has been confirmed that a great number of babies, if not all, suffer a clinical or subclinical encephalitis shortly after being injected a variety of vaccines. Coulter talks about a post-encephalitic syndrome.

The great increase in a large array of brain-related conditions in the United States closely followed chronologically mandatory administration of vaccines en masse in that country.

These conditions include autism, learning difficulties, cerebral palsy, dyslexia, hyperactivity, deafness and blindness, left-handedness (according to the latest statistics, left-handed people live 9 years less than right-handed people) and permanent brain damage with serious and often life-long consequences.

Vaccines by virtue of their composition act as noxious substances and elicit a response equivalent to the Non-Specific Stress Syndrome.

Recently, we recorded the breathing of an infant injected with only DT (the P component was omitted because the baby had experienced a violent reaction to the two previous DPT injections). The reaction, as reflected in its breathing, closely resembled the record of its breathing after DPT vaccination. This is not meant to justify the inclusion of the pertussis component, but to demonstrate that all vaccines are potentially harmful.

What are the remainder of cot deaths attributed to?

SUCCESSION OF HARMFUL MEDICAL PROCEDURES

The Non-Specific Stress Syndrome is the key to cot deaths. It is the consistent general reaction of mammals, including humans, to any damage or injury or to substances perceived as noxious by the recipient's body.

There are a great many injuries or substances perceived as noxious which affect babies and produce the same response.

The indiscriminate and routine administration of pain killers during birth and the substances used for inductions expose our babies to potent allopathic chemicals shortly before they are born. To say that these substances do not affect the babies is not only highly unscientific, it is against commonsense. Before babies have a chance to fully recover from these potent chemicals, they may be given nasal drops and cough mixtures and, worse still, antibiotics for those first common colds.

Most of these substances are immuno-supressive and are not helping the child's immune system to be primed and challenged in a natural and beneficial way by the common cold.

Again, before a baby has a chance to fully recover from the effects of these potent chemicals, there is the first DPT injection. So the immature immune system of a baby is further suppressed, allowing micro-organisms to become especially virulent and life threatening. This leads to further drug administration, a vicious circle, unfortunately too often resulting in cot death. The official figure of 2 cot deaths per 1,000 babies is twenty years old and obsolete. The rate is more like 7-10 per 1,000, otherwise we would not even hear about cot death.

Our conclusion is that if vaccination were to be suspended, the cot death rate would be at least halved".

ABOUT THE AUTHOR AND SON

It seems appropriate that I end this book with a few words about my son, Robbie Jay, and myself.

Robbie Jay is now ten. Since his first vaccinations at age one, he has never since been vaccinated, nor has he ever taken antibiotics, aspirin or any other form of drug medicine. On the few occasions where he has been sick with fever or chesty cough, he has been kept in bed and given nothing more than fruit to eat. On each occasion, his symptoms have subsided within 24-48 hours. I have raised him on a vegetarian diet consisting mostly of fruit, vegetables and grain, although I do allow him the occasional 'treats'. I ensure that he gets several hours of fresh air, sunshine and exercise daily, and I try my best to be a good 'dad' (not that I always succeed). I am proud to say that today, Robbie Jay is a happy, fun-loving and robust child, who spends most of his days pretending to be Bruce Lee!

In my own case, I was raised on the typical orthodox diet (by well meaning parents) made up largely of animal foods, dairy products and refined sugary foods. As a consequence, throughout my childhood, teenage years and twenties, I suffered numerous conditions including asthma, hay fever, bronchitis, throat and ear infections, and ongoing sinus congestion. Today, at 40 years of age, I am free of all of these complaints due entirely to a more healthy way of living. My diet consists mostly of fruit and vegetables although occasionally I'll 'indulge'. I follow a daily routine of exercise and yoga and, above all else, I don't let the bastards get me down.

For the past ten years I have been a student of natural health science, and between 1987 and 1993, operated the Darwin School of Natural Healing where I taught classes in yoga, massage and natural healing. I'm currently travelling the East Coast of Australia doing seminars on vaccination and asthma.

I have an open challenge to any doctor or health authority in Australia to publicly debate the issue of vaccination.

BOOKS by IAN SINCLAIR

Vaccination The Hidden Facts

In 1985, Ian's son was hospitalised following his first vaccinations. Ian spent the next six years researching vaccination, and uncovered massive amounts of scientific and medical evidence clearly proving; that vaccines played no part whatsoever in the decline of infectious disease; that vaccines are neither safe nor effective; and that vaccine information given out by Health Departments is fraudulent and misleading. This evidence, backed up with medical reference, is fully presented, along with an 'alternative' to vaccination, based upon Natural Health philosophy.

Forward by Dr. Archie Kalokerinos, author of 'Every Second Child'
Published 1992
PRICE @ $25.00 or 5 copies or more @ $15.00 each. Postage included in price.

You Can Overcome Asthma

An asthma sufferer for twenty years, Ian overcame asthma after discovering and following the Natural Health pathway. Based on his own personal experience and the teachings of Natural Health science, Ian explains; the underlying causes of asthma and their relation to diet and lifestyle; the dangers of asthma drugs and their relation to asthma deaths; how the Food and Drug Industries control and influence our 'Health Care System'; and an holistic approach to overcoming asthma.

Forward by Ross Horne, Best Selling Author 'The Health Revolution'.
Published 1993
PRICE @ $25.00 or 5 copies or more @ $15.00 each. Postage included in price.

Health The Only Immunity

Written specifically for parents and laypersons, this book presents a clear and simple explanation, based upon Natural Health philosophy, on how to prevent childhood illness and maintain children in peak physical health - all without drugs and vaccines. Explains the beneficial nature of acute illness, why vaccines are ineffective, and the true motives behind vaccination. Essential reading for all parents and those concerned for the health of our children.

Published 1995 New Publication.
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US Food and Drug Administration

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