

# Vaccination

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

Dr James A Shannon

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

Dr Robert S Mendelsohn

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

Dr J Anthony Morris

## Vaccinations -- The Witch's Brew

Besides introducing foreign proteins and live viruses into the bloodstream, each vaccine has its own preservative, neutraliser and carrying agent, none of which is indigenous to the body. For instance, triple antigen DPT contains formaldehyde, mercury (thiomersol), and aluminium phosphate (Physician's Desk Reference, 1980). The packet insert accompanying the vaccine (Lederle) lists these poisons, aluminium potassium sulphate, a mercury derivative (thiomersol), and sodium phosphate. The packet insert for polio vaccine (Lederle) lists monkey kidney cell culture, lactalbumin hydrolysate, antibiotics, and calf serum. The packet insert for the MMR vaccine (Merke Sharp & Dohme) lists chick embryo and neomycin, which is a mixture of antibiotics.

An article in Mothering Magazine lists other toxic materials such as phenol (carbolic acid), alum (a preservative), acetone (a volatile solvent used in nail polish remover), pig or horse blood, cow pox pus, rabbit brain tissue, dog kidney tissue, and duck egg protein. (Source: Walene James, Immunization: The Reality Behind The Myth, 1988) and found in Nexus magazine October /November page 7, 1994

## Vaccinations - not safe, not effective

**Medical authorities are concealing from the public the damning results of their own studies and reports which prove that the risks of severe reactions to vaccines are actually far greater than what the public is being told. This information also casts serious doubt on the effectiveness of vaccines.**

**The following information presented here is just some of the massive evidence which is being suppressed by the authorities.**

## **Polio**

In the United States during the period 1980-1985, 55 cases of paralytic polio were reported. Of these cases, 51 were caused by the oral vaccine and 4 occurred in people returning from developing countries.

(*Morbidity and Mortality Weekly Report (MMWR)*, published by the United States Center for Disease Control International notes: Imported paralytic poliomyelitis - United States, 1986; 35, 671-674.)

Of the reported 18 cases of paralytic polio in 1977, three of the patients were persons who were in the United States but who were not residents, and 2 of the other 15 victims apparently contracted the disease abroad. Three cases occurred in recent vaccine recipients, and 10 cases had been in close contact with recently vaccinated people. Only 3 cases occurred in persons “without known vaccine association.”

(*Journal of the American Medical Association (JAMA)* January 23, 1978.)

Paralytic polio was rare until the late nineteenth century, at which point mass vaccination for various diseases became routine in the West. With increasing levels of vaccination against various diseases in the Third World, paralytic polio is now a problem there as well.

## **Pertussis (Whooping Cough)**

A study undertaken at the University of California, Los Angeles, under the sponsorship of the Food and Drug Administration, and which has been confirmed by other studies, links DPT (diphtheria, pertussis, tetanus) vaccination, and more specifically the pertussis component, to sudden infant death syndrome (SIDS). This study found that 53 of 145 SIDS victims whose families were interviewed had received a DPT vaccination within 4 weeks. The authors conclude that “the excess of deaths in the 24 hours and first week following immunization and the absence of deaths in the fourth week following immunizations were significant.” They call for more studies to substantiate their findings, despite the fact that this is already the third investigation, and all 3 have pointed in the same direction.

(*Pediatric Infectious Disease Journal*, 1983. Possible temporal association between diphtheria - tetanus toxoid - pertussis vaccination and sudden infant death syndrome. Baraff, L.J., Abion, W.J., Weiss, R.C.)

A report on 479 whooping cough patients in the US states that 60 percent of patients had received less than 3 doses of DPT vaccine, while the other 40 percent of victims had been fully vaccinated (three doses or more).

(*Weekly Report*, Centers for Disease Control, July 2, 1982.)

Because of improvements in socio-economic conditions the incidence and deaths from whooping cough have declined significantly, well before the introduction of the vaccine. Whooping cough can be a serious disease in very young children if treated inappropriately. Homoeopathic medicines have proved to be very successful in treating the disease.

## **Diphtheria and Tetanus**

Because of the obvious dangers of the whooping cough component of the DPT vaccine, physicians are assuring parents of the “safety” of the other two components of the triple antigen - diphtheria and tetanus (DT), although some doctors have a different view. “It is unnecessary to give a routine booster of diphtheria and tetanus vaccine every 10 years... The benefits of the procedure do not justify the risks.”

(*Lancet*, May 11, 1985. Mathias, R.G. and Schechter, M.T.)

A report on a study of 11 healthy individuals to determine the effects of routine tetanus booster vaccinations showed that the vaccinations weaken the immune system of the recipients.

(*New England Journal of Medicine*, January 19, 1984.)

As reported by a Chicago Board of Health, during an outbreak of diphtheria in Chicago in 1969, four of the 16 victims had been fully vaccinated against the disease, and 5 others had received one or more doses of the vaccine of which 2 of these showed evidence of “full immunity”.

(*The People's Doctor*, April 1978, Mendelsohn, R.)

In order to reduce the considerable reactions associated with the tetanus vaccine, it has been over the decades made progressively weaker. Associated with this reduction in reactivity there has been a concomitant reduction in its antigenicity (the ability to confer protection). (*The People's Doctor*, Volume 8, Number 12. Mendelsohn, R.)

Because of improved general public health measures, housing and diet, diphtheria is now virtually non-existent in western countries. If contracted, diphtheria is readily treatable.

Good wound care is the single most important factor in the prevention of tetanus in fresh wounds. This means thorough cleansing of the wound and removal of all foreign bodies and dead tissue.

## **Measles**

A vast number of children who were injected with a killed measles vaccine between 1963 and 1968 in the United States are now subject, as young adults to what is called “atypical measles”. This is a very severe form of the disease in which it appears that, because of the vaccination, there is an increased susceptibility to measles viruses, resulting from a damaged immune response. (*JAMA*, 1980, Vol. 1244, No. 8, pp. 804-806.)

A review of 1600 cases of measles in Quebec, Canada, between January and May 1989 revealed that 58 per cent of school-age cases had been previously vaccinated. (*MMWR*, Measles- Quebec. 1989; 38: 329-330.)

Measles has historically been a common childhood disease with rare complications, and these are easily preventable.

## **Mumps**

Since the widespread use of the mumps vaccine, the incidence of the disease has shifted to adolescents and adults who are much more susceptible to the complications of testicular and ovarian infection, which can lead to sterility. During the period between 1967 and 1971 the annual average cases of mumps in persons greater or equal to 15 years of age was 8.3 percent; in 1987 this same age group accounted for 38.3 percent of cases, which is more than an eightfold increase. (*MMWR*, Mumps -United States, 1985-1988. 1989; 38: 101-105.)

Mumps in children is a mild, benign condition.

## **Rubella (German Measles)**

The HEW reported in 1970 that as much as 26 percent of children receiving rubella vaccination in national testing programs developed arthralgia or arthritis. Many had to seek medical attention and some were hospitalized to test for rheumatic fever and rheumatoid arthritis. (*Science*, US, March 26, 1977.)

As with mumps the incidence of rubella has shifted to older age groups since the widespread vaccinations for rubella. During the period between 1966 and 1968, twenty-three percent of rubella cases occurred among persons 15 years or over. In 1987 this same age group accounted for 48 percent of cases.

(*MMWR*, Rubella and congenital rubella syndrome - United States, 1985-1988.1989,38:173-178.)

Rubella is a mild childhood condition, which requires no treatment. However, a woman who contracts rubella during the first 3 months of pregnancy risks abortion, miscarriage or birth defects in her child.

## **Meningitis**

This vaccine has been shown to cause serious reactions including convulsions, anaphylactoid allergic reactions, serum sickness-like reactions and death. (*Pediatrics*, 1987, Milstien et al., 80: 270-274.)

A case-control study has shown that 41 percent of meningitis occurred in children vaccinated against the condition. The vaccine's protective efficacy was minus 58 percent. This means that children are much more likely to get the disease if they are vaccinated. (*JAMA* 1988, Osterholm et al., 260: 1423-1428.)

Current childcare practices, specifically our tendency to institutionalize children too early, have given rise to epidemics of the form of meningitis that the Hib vaccine purports to protect against. The centres most at risk include those where workers used towels or handkerchiefs to wipe children's noses, or allowed in, children who had diarrhoea or weren't toilet trained.

### **Recommended reading:**

*The Vaccination Connection*, by Sue Marston, 1993. Available from CAFMR (address at bottom). Price: \$7.25.

*Vaccinations? A Review of Risks and Alternatives*, by Isaac Golden, 1993. Available from the author at the Aurum Healing Centre, P.O. Box 155, Daylesford VIC 3460. Price: \$18.50.

*The Risks of Immunizations and How to Avoid Them*, by Dr R. Mendelsohn, 1988, The People's Doctor.

*How To Raise a Healthy Child... In Spite of your Doctor*, by Dr R. Mendelsohn. Available from Sydney Esoteric Bookshop - 408 Elizabeth St, Surry Hills NSW 2010. Price: \$23.

*The Immunization Decision*, by R. Neustaedter, 1990, North Atlantic Books, Berkeley, California.

**You may help alert others to the dangers and ineffectiveness of vaccinations by photocopying and distributing this information on vaccination to as many people as possible.**

If you or your child's vaccination has caused any adverse reactions or has failed to protect against the targeted disease, write to either of the groups below who supplied this information titled: *Vaccinations not safe, not effective.*

**Immunisation Investigation Group**  
P. O. Box 900, Katoomba NSW 2780.

or

**Campaign Against Fraudulent  
Medical Research**  
P.O. Box 234, Lawson NSW 2783.  
Phone/fax: (047) 58-6822.

## The Germ Theory

Over 100 years ago Louis Pasteur put forward a false theory in regard to the germ theory of disease. Upon this false theory lies the whole concept of vaccination. Pasteur said that "each specific disease is caused by a specific germ."

Embracing this false theory the medical authorities claim that germs (bacteria and viruses) are the cause of disease.

Students of Ecology learn that all forms of life are integrated components of a global ecological system. They are taught that all living things have an important part to play in nature's scheme of life. If we think logically about germs, it does not make sense that the germ's role in nature is to make us sick.

Students of Biology are taught that all living organisms require their own specific conditions such as a congenial environment, with the right temperature and a good food supply in order to live and thrive. A germ is a living organism which prefers darkness, moisture, humidity and a medium which consists of organic matter in the process of putrefaction and decay. An *unhealthy* human body is a perfect place for germs to thrive.

The role of the germ is to break down organic waste matter undergoing decay into its basic elements. By carrying out this task, the germ is operating according to the normal cycle of life, and thus is perpetuating the normal cycle of life of organic matter.

Germs do a great work and are always ready to serve in their capacity as scavengers. Without them the decomposition of vegetable and animal life would be impossible and the cycle of life would be broken.

# Exposing the Myth of the Germ Theory

**Germs, viruses and bacteria are  
not the cause of disease. Our best defence  
is good health.**

Initially, the word “virus” meant poison, and the word “virulent” meant poisonous. Today, virus means a submicroscopic entity, and virulent generally means contagious. Modern medicine has employed the term *virus* to mean an ultra-minute form of life that infects cells, and which is blamed for causing more and more of our diseases.

According to the popular portrayal of the virus, it is a form of life that parasitises all life forms including animal, plant, and saprophytic (fungi and bacteria).

In descriptions of viral disease, viruses are credited with such actions as “injecting themselves”, “incubating”, “laying in wait”, “invading”, having an “active stage”, “commanding”, “reactivating”, “disguising themselves”, “infecting”, “conducting sieges” and being “devastating” and “deadly”.

Conventional medical theory explains that viruses come from dying cells which they have infected—the virus “injects” itself into the cell and “commands” it to reproduce itself, and this occurs until the cell explodes from the burden. Viruses are then free to seek out other cells to repeat the process, thereby infecting the organism.

Virologists admit, however, that although viruses are distinctive and definitely organic in nature, they have no metabolism, cannot be replicated in the laboratory, do not possess any characteristics of living things and, in fact, have never been observed alive!!

## “Live Viruses” Are Always Dead

The term “live virus” means only those created from living tissue cultures *in vitro* (within the laboratory) since trillions of them result from “live” tissue. But herein lies the point: even though some laboratory cultures are kept alive, there is massive cell turnover in the process, and it is from these dying cells that “viruses” are obtained. They are always dead and inactive because they have no metabolism or life, except being molecules of DNA and protein.

Viruses contain nucleic acid and protein but lack enzymes, and cannot support life on their own since they do not even possess the first prerequisites of life, namely metabolic control mechanisms (and even ‘lowly’ bacteria have these). *Guyton’s Medical Textbook* acknowledges that viruses have no reproductive system, no locomotion, no metabolism, and cannot be reproduced as live entities *in vitro*.

## The Mitochondria Connection

Since “viruses” are not alive, they cannot act in any of the ways as ascribed to them by medical authorities except as a functional unit of our normal genetic material inside the cell’s nucleus or the mitochondrial nucleus within the cell.

Mitochondria are living organisms—just one of many of the varying organelles (little organs) within each cell of our body. Mitochondria are about the size of bacteria, both of which have their own DNA and their own metabolism.

The mitochondria metabolize glucose into ATP molecules, which is ready-made energy usable when called upon by the body. What do these facts have to do with “viruses” as such? Everything, as you will see in just a moment.

For anyone who has studied cytology (cell structure), the greatest number of life-forms within a cell are the mitochondria—the creators of our energy.

Simple single-celled protozoa have up to a half-million mitochondria within them. Human cells have less—from a few hundred in blood cells, to 30,000 or more in our larger muscle-tissue cells. Since the entire human body contains some 75 to 100 trillion cells, each containing, on the average, thousands of mitochondria, there must be quadrillions or quintillions of them in our system.

When a cell dies, it is replaced by a daughter cell during the process of mitosis, and the spent cell is disintegrated by lysosomes—the potent self-destructing: self-digesting, intracellular enzymes that break up cellular components into ultra-minute particles so that the body can readily recycle them or excrete them as waste.

Each day, about 300 billion to over a half-trillion cells in our body expire (depending on our level of toxicity), each containing an average of 5,000-20,000 mitochondria. When cells die they are self-destructed by their own lysosomes, but the nuclei and the genomes of mitochondria are better protected than other cellular organelles and protoplasm and often do not completely decompose.

Genomes and nuclei are microscopic templates of genetic information consisting of DNA or RNA that act as the control centre and the storehouse of the very ‘blueprints’ of the cell. As such, they are to mitochondria and cells what brains are to our body.

Every cell and every mitochondrion contains this genetic material which is actually the most protected part of the cell (by virtue of its double-lipid protein sheath), just as our nervous system is the most vital and most protected portion of our physiology (by virtue of our backbone and skull).

Upon cellular death, mitochondria are broken down by lysosomes but not always completely, due to their highly protective double-membrane sheath. And here is where this explanation gets interesting.

According to *Guyton’s Textbook of Medical Physiology*, a virus is said to be a minute bit of genetic material (called a genome) which is literally about a billionth the size of a cell.

The genome is surrounded by a capsid covering that is usually a double lipid-protein sheath and is actually composed of two unit membranes (almost identical to the cell membrane) which, incidentally, is the very structure of the mitochondrion nucleus.

Photos of “viruses” revealed through electron microscopes show their membranes to be rough and jagged, sometimes only part of one layer and sometimes one layer and a portion of the second, which is consistent with the self-digesting action of lysosomes when their job of breaking down cellular waste is partial and incomplete. As such, this description of a “virus” is virtually identical with the description of the remaining genomes of the cell’s mitochondria as well.

At one point, viruses were once living matter and some physiology texts hypothesize that they are the debris of spent cells. Lysosomes that disintegrate the spent cell often fail to break up these “viruses” surrounded by the double-lipid coat membrane.

It is surprising that researchers fail to recognize these for what they apparently are---spent mitochondrial genetic material, particularly fragments of RNA and DNA.

## **“Viruses” Are Not Micro-organisms**

Even though medical authorities mistakenly attribute to this dead cellular debris the powers of life and malevolence, microbiologists acknowledge that viruses are dead bits of DNA in a protein-lipid membrane coat, although failing to realize its source.

As such, genomes are control mechanisms but not micro-organisms as the medical establishment would have us believe, since these so-called “viruses” are merely lifeless fragments of mitochondrial genetic debris. Because of this, viruses cannot cause disease unless they accumulate as filth and pollute our cells’ tissues and circulation upon cellular death.

Viruses, then, are dead genomes from disintegrated cells whose cellular membrane is not completely broken down by cellular lysosomes.

Genomes have no characteristics of life whatsoever, and are merely bits of nucleic acid material normally recycled through phagocytosis or excreted as waste.

Photos of alleged viruses “injecting themselves” into a cell actually show the cell literally engulfing the “virus” or proteinaceous debris.

A dent, called invagination, then forms and the organic matter is surrounded by cellular substance which closes off forming an impromptu stomach, and the “virus” disappears. The stomach then fills with powerful lysosome enzymes which digest the organic material, breaking it down into amino acids and fatty acids for recycling or elimination.

This process is a normal feature of cell physiology called phagocytosis (literally, cell-eating)—the routine process of cellular ingestion and enzymatic digestion of bacteria, dead tissue debris and other errant cells.

Viruses are merely inert organic material totally devoid of all life qualities and are never seen to act. Photographs purporting to show viruses in action are outright frauds: what is actually shown is an ordinary physiological process of phagocytosis which occurs countless times daily within the body.

Remember, according to medical texts on virology and microbiology, viruses have the following un-lifelike characteristics:

- 1) Viruses have no metabolism—they cannot process food-stuffs or nutriment and they have no energy formation. They are only a template, or pattern of information, as are all genomes.
- 2) Viruses have no faculties for action of any kind—no nervous system, no sensory apparatus, and no intelligence that may coordinate movement or “bodily invasion” of any kind.
- 3) Viruses cannot replicate themselves—they supposedly depend entirely upon “obligate reproduction”—meaning, reproduction by a host organism, something totally unheard of in all biology.

## **Obligate Reproduction**

In the medical rationale to viral disease causation, we are told to believe in obligate reproduction, where one organism (the cell) is obligated to reproduce an alien organism (the “virus”). Nowhere in nature, however, does any living thing reproduce anything other than its own kind.

Do not forget that the size relationship of a virus to a cell is literally about one billionth the size. The viral rationale of disease-causation tells us to believe that the virus injects itself into the cell and commands it to reproduce the virus hundreds of thousands of times, upon which the cell explodes.

When the virus “reproduces”, its collective mass still equals far less than 1/100th of one per cent of the mass of the cell. That is like saying if you inject yourself with half an ounce of a substance, it will cause so much internal pressure that you will explode!!

Only living micro-organisms are capable of acting and reproducing, which is under direct control of the nucleus, genome or “brain”. A so-called “virus” is a detached part of a once organically functioning entity whose genetic structure has the same relationship that a head has to a body: to ascribe any action to viruses is roughly akin to attributing actions to a dead person’s decapitated head!

## **Viruses Are Toxic Only As Accumulated Wastes**

Our blood and tissues may become saturated with these internally generated waste materials, as well as from pollutants ingested from the outside. Intoxication occurs as these overload the body beyond its ability to eject them.

Viruses do cause disease in as much as they are toxic waste materials. In this sense, “viruses” do indeed occasion disease but not as contagious agents.

Remember, bacteria, germs, and viruses do not communicate or act in concert and are incapable of conducting joint operations like armies of attackers—they lack the intelligence and resources required to conduct the disease process. Only the body can initiate such a healing crisis since the body is the only unified intelligent entity capable of conducting physiological processes termed “disease”.

## **Avoid “Infections” Through Healthful Living**

*Boyd’s Medical Textbook* states that most normal persons harbour viruses without developing the particular diseases the viruses are supposed to cause, and that enervating influences overcome the body’s protective functions, “permitting the viruses to usurp the biological activities within the cell”.

More specifically, according to medical theory, for a parasite or virus to be pathogenic it has to meet three criteria:

1) It must be biochemically active—it must have metabolic capacity in order to perform action.

2) It would have to infect or intoxicate more of the host’s cells than the animal or human organism could spare or regenerate—for instance, you would only suffer from influenza if the virus kills or infects a significant portion of your lung’s cells; the polio virus if it affects enough of your nerve cells; or the hepatitis virus if it takes hold of a large portion of your liver cells. (Latent infections are those that involve a small percentage of our cells, like tuberculosis, which most of us have and do not even notice.)

3) The host must be genetically and immunologically permissive. It has to accept the pathogen and cannot be “immune” to it—it has to “let it happen”, so to speak.

Humans are always “infected” with bacteria and “viruses” as they are present in the body at all times—therefore, one cannot say they “invade” the host. Diseases are not infections; rather, they are body purification processes and are not created by bacteria or “viruses”.

Neither “viruses” nor bacteria can cause the illness/healing crisis. The real culprit is the biologically incorrect lifestyle of the sufferer. When debilitating habits are discontinued there are no further toxic accumulations, and the need for the body to generate the healing/disease process will cease to exist. Health is the natural result.

## **Drugs Are Counterproductive**

To kill off bacteria and viruses to enable the body a chance to recover, medics believe, that they must administer drugs. They also believe that medicine assists in healing. Drugs indeed kill off bacteria, but they are just as deadly to all forms of metabolic life including human cells.

The use of drugs and herbal medicines sabotage the body's detoxification efforts by posing an additional threat to the system besides the vile substances it was ejecting via the disease process. Eliminating the newly-ingested offending substance now takes precedence over those which caused the healing crisis in the first place.

The medical practice of killing germs with drugs, antibiotics, anti-inflammatory agents or serums to suppress germ activity is the cause of increasing degeneration of the population and iatrogenic disease.

Acute disease is self-limiting, according to the time and effort required to rid the organism of injurious substances. The work performed by scavenging bacteria during the disease process is both exhausting and unpleasant to the host but is vitally necessary for the preservation of life and health.

After the detoxification process is complete, disease symptoms disappear and the organism again makes its energies amount for normal endeavours. Strength then returns to the extremities. The body, although debilitated from the effort made necessary by its toxic condition, regains its powers and functional vitality and recovers without treatment. When the healing crisis is completed, recovery begins.

## **The Illusion of Contagion**

People have been educated to be terrified of bacteria and viruses and to believe implicitly in the idea of contagion—that specific, malevolently-aggressive disease entities pass from one host to another.

“Contagion” is medically defined as the transmission of disease by contact—an infectious disease is communicable by contact with one suffering from it, or with an object touched by them. The dictionary cites the mechanism as “viruses or other infective agents” or “something that serves as a medium to transmit disease either by direct or indirect means”.

Contagion is a medical myth however, since toxic wastes cannot be passed from one body to the next via normal contact. The contagious diseases are deceptive for no one can give his or her disease to another any more than one can give away his or her health. Something similar to contagion seems to occur when an extremely toxæmic person is exposed to someone similarly ill—thereby triggering a healing crisis.

## **What's Really, Going On Here!**

Bacteria or germs of such individuals are stimulated into action by those devitalized elements upon which the bacteria thrive. When transferred to the mucus membranes or tissues of another person equally toxæmic, the bacteria may begin working immediately in the same manner as in the host carrier if adequate decomposition products exist as a food source for bacterial colonies to take hold and thrive. But a soiled environment is a prerequisite to such bacterial action.

The healthy individual with an uncontaminated, relatively pure bloodstream therefore need not be concerned or apprehensive about “contagious disease”.

We usually cannot transfer our toxic load to someone else unless it is drawn out of us (as in donating blood) and then injected into another person (as in transfusion).

This represents medically-induced contagion or iatrogenic disease, rather than those occurring within the realm of natural biological life processes. This is the true explanation of “contagion”. The germ triggers, precipitates, or excites the disease process in those who are toxæmic. But in those who are not, contagion is not valid and does not exist so long as the body is pure—for it is the soil in the system that prepares the body for “contagions” by our failure to keep our body fluids and tissues clean and non-polluted.

## **The Actual “Contagious” Factors and Influences**

In reality, there is no such thing as “contagion”, for the only disease-producing agents are biologically unhealthful habits such as indulgence in alcohol, coffee, cigarettes, drugs, junk foods, refined foods, too little rest and sleep, lack of exercise and sunshine, etc.

It is the biologically incorrect lifestyle practices which cause diseases that are rampant throughout the population.

It is not any ‘bug that is going around’: it is what we do to our own body that violates its systemic needs.

## **“Susceptibility” Revisited**

The concept of “contagion” is closely related to the equally erroneous notion of “susceptibility”—for a contagion is supposedly “contagious” only if the individual is “susceptible”. This medical rationale is really an admission that germs do not cause disease. If they did, everyone exposed would become sick with the same disease.

Actually, a “susceptible” person is one with a high degree of body toxicity, along with the sufficient vitality to conduct the disease/purification process. The individual may become ill whether exposed to a “contagion” or not at any given time.

When truly healthy individuals maintain their health while in the midst of “communicable or epidemic diseases”, then it must be self-evident that the theory of contagion is incorrect.

The part of the body most laden with toxins is the first to exhibit disease symptoms, but the overall effect is systemic as all the organs and glands of the system suffer impairment to some degree.

## **And How About Our True “Epidemics”!**

Furthermore, the most prevalent diseases around are not even contagious. Over 90 per cent of all Americans have plaque in their arteries, yet this is not considered contagious. (But AIDS, which is declared to be an epidemic, affects only 1/10,000th the number of people!!) Is obesity considered contagious? It affects one of every three people. How about constipation? It affects about 90 per cent of our population.

And is bad eyesight which affects two of every three persons contagious? The same can be said for bad teeth, high blood pressure, headaches, lower back problems, etc., as these diseases are extremely widespread. More than half of all Americans have cardiovascular problems, but are they contagious? The most feared of all diseases is cancer. Is it contagious? Arthritis affects more people than herpes. Is it contagious? And how about asthma and acne?

Take colds for instance. How is it that infants have about eight colds per year while the parents only a few? How is it that those persons isolated at observation posts in the North and South Poles ‘catch’ colds during their stay? How is it that between

1965 and 67 the National Institutes of Health's cold laboratories in Bethesda, Maryland, conducted experiments that showed everything but contagion?

Volunteers were swabbed daily with supposed cold "viruses" taken directly from those suffering colds, and none became ill. More in the control group developed colds. In the meantime, shortly following traditional Thanksgiving feasts, the number of colds in both groups increased dramatically as would be expected when excessively rich food and drink is consumed during holiday festivities.

Venereal disease is also supposed to be contagious—but the so-called contagious factors (bacteria) are present because of the disease and are not the cause of the condition (and 20 per cent or so of those suffering V.D. have neither gonococcus nor spirochetes which are said to cause it).

The US Navy conducted experiments which showed that so-called "infected persons" could not infect those termed healthy.

In Japan, "infected" prostitutes had been with dozens of G.I.s, none of whom contracted the disease. Similarly, many individuals have "infections" in the genital area who have not been in contact with anyone (as seen in cases involving young children). The concept of contagion is medically unproven despite appearances to the contrary.

## **The Bottom Line**

So-called "contagious diseases" like AIDS, venereal disease and athlete's foot are no more contagious than any other disease—but it does serve certain commercial interests to make people believe that they are.

Basically, acceptance of the theory of contagion is contingent upon acceptance of the germ theory of disease—that specific bacteria or "viruses" produce specific disease symptoms. This theory has been repeatedly demonstrated as incorrect in the scientific field, and was even admitted by Pasteur as being incorrect.

Nevertheless, the germ theory and the theory of contagion are perpetuated by our modern medical system whose prestige, profits and power are largely based on belief in this erroneous theory.

The belief in contagion is difficult to overcome since almost everyone's mind has been similarly 'infected' by exploitive 'health care' industries that have a vested interest in disease and suffering and in perpetuating such erroneous beliefs.

Basically, the populace believes what the medical establishment wants it to. The theory of contagion maintains the demand for their drug, medical and hospital practices.

If you live healthfully you will likely never suffer disease. Disease is caused only by unhealthful lifestyle practices.

Do not forget, only the drug, hospital and medical industries teach that health is recovered by administering poisonous drugs.

This perhaps is one of the most prominent seeds of "contagious" disease. The bottom line is that if germs play any role in the causation of disease, it is never a primary one but is always secondary to those causes that lower our resistance or impair health.

Good health is the maximum insurance against disease in all cases.

**Since “viruses” are not alive, they cannot act in any of the ways as ascribed to them by medical authorities except as a functional unit of our normal genetic material inside the cell’s nucleus or the mitochondrian nucleus within the cell**

**A so-called “virus” is a detached part of a once organically functioning entity whose genetic structure has the same relationship that a head has to a body:**

**To ascribe any action to viruses is roughly akin to attributing actions to a dead person’s decapitated head**

**...acceptance of the theory of contagion is contingent upon acceptance of the germ theory of disease—that specific bacteria or “viruses” produce specific disease symptoms.**

**This theory has been repeatedly demonstrated as incorrect in the scientific field, and was even admitted by Pasteur as being incorrect.**

This was only part 2 of Arthur M Baker’s article on Exposing the Myth of The Germ Theory. See below for further information.

By Arthur M. Baker, M.A. Self-Health Care Systems. Extracted from “Bacteria, Germs and Viruses Do Not Cause Disease: Discriminating between Medical Myth and Biological Fact”, excerpted from the book, *Awakening Our Self-Healing Body*. Contributed to NEXUS Magazine and reprinted with permission from NEXUS Magazine, October/November 1994.

## **Death Rates Fell Without Vaccines**

If we look at the historical record of vaccinations we can see that vaccines were not successful in bringing about a decline in the death-rate of infectious diseases.

Ian Sinclair, author of the book *VACCINATION The “Hidden” Facts*, has researched and gathered many facts in relation to vaccination. The records researched by Ian Sinclair show that the mortality rate declined before the introduction of vaccines.

In the chapter *Did Vaccines Really Save Us?*, he shows exactly how the death rate had dramatically fallen before the introduction of mass vaccination. Below are some of the facts researched by Ian Sinclair. The Foreword of his book was written by Dr Archie Kalokerinos and in the first and last paragraphs he said:

*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.* [Emphasis added]

*Only after realizing 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.*

## **Tuberculosis**

Looking at the tuberculosis death rate in Australia we see that 68 per 100,000 of mean population died in 1921, dropping to 49 per 100,000 in 1931, and dropping further to 18 per 100,000 in 1951. The first medical treatment designed to eliminate tuberculosis in Australia was drug therapy which did not commence until 1950.

On the 18th November 1967 Dr H O Lancaster wrote in the *Medical Journal of Australia*, and he said:

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

The records show that up until the mid 19th century tuberculosis was one of the biggest causes of death in England, claiming 3,000 lives per million of population during the 1850s. But from that time the death rate declined and when the BCG vaccine was commenced in 1954 the death rate had fallen by 95 per cent. Ian Sinclair tells about Professor Thomas Mckeown's statement. He was Professor of Social Medicine at Birmingham University, UK, and he said:

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

Ian Sinclair also reported that there has never been vaccination against tuberculosis in the USA, yet the decline in this disease paralleled that of England and other European countries.

## **Whooping Cough (Pertussis)**

If we look at the death rate in Australia from whooping cough we find that there was a major decline before vaccination was commenced in 1948. The records show that during the period 1911-1915 there were 1,657 deaths, dropping to 1,186 during 1931-1935, dropping to 321 during 1946-1950, dropping to 42 during 1956-1960, and dropping to 23 during 1966-1970. On the 9th February 1952 Dr H O Lancaster in the *Medical Journal Australia* said:

*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.*

During the 1860s in England, the death rate from whooping cough was about 1,370 per million children under 15 years of age. The death rate dropped to 815 children per million during 1901-1910, dropping to 140 children per million during 1910-1940, and dropping to 5 children per million in the late 1950s when vaccination was commenced as a national program. Professor Gordon Stewart who had been one of the main people involved in the vaccination campaigns in England since 1947, wrote an article on whooping cough which appeared in *Here's Health*, March 1980, and he said:

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

## **Measles**

Measles deaths in Australia were 1,505 during 1911-1915, dropping to 391 during 1931-1935, dropping to 181 during 1951-1955, dropping to 99 during 1966-1970. It was not until 1970 that vaccination campaigns against measles were commenced in Australia. In the *Australian Medical Journal* on the 23rd August 1952 Dr H O Lancaster said:

*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.*

By 1900 in England and Wales the death rate was 318 per million population, but by 1956 this figure declined to less than 1 per million, and this was seven years before vaccination against measles was introduced.

At the turn of the century in the USA there were 13.3 deaths per 100,000 population, and without any vaccination against measles the death rate fell to 0.03 deaths per 100,000. This was a huge decrease of 97.7 per cent.

## **Smallpox**

Before Edward Jenner introduced his smallpox vaccine about 1800, smallpox deaths in England had fallen from 500 to 200 per 100,000 population over the preceding two centuries. The mortality rate had fallen to 40 per 100,000 population by the time compulsory vaccination was commenced in 1852. It should be noted that the death rate jumped from 28 to 45 per 100,000 population between 1867-1880 when compulsory vaccination was strictly enforced.

In 1983 a report appearing in *Medical History* concluded that vaccination could not have been solely responsible for the decline of smallpox in Britain. It said:

*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.*

It is obvious to anyone studying the facts that the decline in smallpox was not achieved by vaccination. The facts show that smallpox declined in all parts of Europe whether or not vaccination was used.

From 1872, when 85.5% of births were vaccinated, there were 3,708 deaths due to smallpox in the UK. The number of births vaccinated continued to drop until 1941 where only 34.9% of births were vaccinated resulting in 1 death. (Herbert Shelton, *Hygienic Care of Children* page 401).

The Vaccination Inquirer, London, February 1947 asked the question:

*How could an operation that was declining be responsible for the extermination of smallpox?*

Ian Sinclair also pointed out that an Australian doctor, Dr Glen Dettman stated 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.***

## **Diphtheria**

During 1911-1915, there were 3,677 deaths from diphtheria in Australia, dropping to 2,565 during 1921-1925, dropping to 1,990 during 1926-1930, rising to 2,083 during 1931-1935. The rise in the death rate from diphtheria occurred during the time when vaccination was commenced around 1932-1935, by which time a major decline in the death rate had already occurred. Dr H O Lancaster referred to the decline in diphtheria saying:

*....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, diphtheria caused annually over 1,000 deaths per million children in 1860, but by 1870 there were only 400 deaths per million and this was before the diphtheria germ had been isolated. When the death rate had fallen to 300 per million a year by 1940, diphtheria vaccination was commenced. Bernard Dixon, in his book, *Beyond The Magic Bullet* said:

*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.** [Emphasis added]*

According to the records, diphtheria started its decline in Europe and America long before the introduction of diphtheria antitoxin, let alone vaccination. Deaths from diphtheria declined rapidly without vaccination throughout Norway, Sweden and Denmark. By 1939, there were only 18 cases of diphtheria per million recorded in Norway, showing that diphtheria had virtually disappeared.

## **Poliomyelitis**

Records show that in Australia there were 113 deaths from polio for the year 1950, and in each following year the figures were: 1951 - 346; 1952 - 109; 1953 - 165; 1954 - 80; 1955 - 30; 1956 - 57; 1957 - 8; 1958 - 4; 1959 - 5; 1960 - 2; 1961 - 21; 1962 - 25. When the death rate was 57 in 1956, the Salk polio vaccinations were commenced. It is doubtful to some and obvious to many that polio vaccination had little or nothing to do with the decline in death rates from poliomyelitis. On the 18th November 1967 Dr H O Lancaster wrote in the *Medical Journal of Australia* saying:

*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.*

The major decline in polio deaths in Britain occurred between 1950 and 1956, still two years before widespread vaccination commenced. In 1950 the deaths were a high 755, but dropped to a low of 137 in 1956, a reduction of 82 per cent. Without extensive vaccination there was a similar decline in Europe. Dr Robert Mendelsohn, in his book, *How To Raise A Healthy Child In Spite Of Your Doctor*, said:

*.....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.*

At this point I would like to deviate a little. My wife contracted polio in 1955, at the age of twenty, but did not suffer permanent paralysis. She was told to lay still and not to fight the spasms. Others in the same ward, who did not heed the advice but were victims of fear and terror, kept on getting out of bed and trying to walk so as to fight off the spasms. My wife remembers seeing at least one those people later, who did not succeed but ended up paralyzed.

As to the cause of paralysis in polio, Herbert Shelton, who was successful in treating hundreds of polio cases, says in his book, *Hygeine 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....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.** [Emphasis added]*

## Scarlet Fever

From the way scarlet fever declined without vaccination or antibiotics we can see that vaccination was not necessary. Around 1900 there were 4,000 to 5,000 deaths per annum in England, but by 1923 the death rate had dropped to 1,000 and by 1950 dropped to less than 33 per annum.

The records show that in New York City, USA, deaths from scarlet fever went from 155 per 100,000 population to 2 per 100,000 without the help of vaccines, serums or antitoxins. The same sort of reductions occurred in other US states. (*Hygienic Care of Children*, H. Shelton).

Ian Sinclair produced many graphs on all the diseases in England & Wales, USA, France, Sweden, Denmark and Australia. The above information and the graphs in his book, *VACCINATION The "Hidden" Facts*, 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 decline in the death rate thereafter.

The evidence shows that the introduction of vaccination had no impact on the rate of decline for the different diseases, and in the cases of smallpox in the UK, diphtheria in France and Denmark, there was an increase in the death rate after vaccination was made compulsory and enforced on the people.

I urge anyone interested in the subject of vaccination to read Ian Sinclair's book. Copies of his book can be obtained by writing to Ian Sinclair, 5 Ivy Street, Ryde, NSW, 2112, Australia.

Phone 02 808 3691 or the updated 02 9808 3691. (ISBN 0-646-08812-2)

## Why Is Vaccination Still Pushed On The People?

The reasons vaccination continues to be pushed on the people are many, and do not include its "assumed benefits" but include:

- Drug Industry's desire for billion dollar profits.
- Many in medical science have built their power and prestige upon vaccination and the lies supporting it.
- The brainwashed people ruled by misled Governments and their medical scientists, believe blindly in vaccination, or are in fear of not being vaccinated and accept it.

In the book Vaccination and Immunization, Leon Chatlow says:

*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 realm 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.*

Today, mankind lives under the greedy political, religious, medical, and commercial systems. We are witness to the greedy display by the commercial interests behind the vaccine drive, which nets them millions of dollars annually. In the book The Poisoned Needle, Eleanor McBean PhD says:

*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.*

Compulsory vaccination in England caused disastrous smallpox epidemics, and instead of admitting the error and abandoning vaccination, representatives both political and commercial were able to keep vaccination going to bring in the huge profits derived from the practice.

In India, between 250,000 and 260,000 people were involved in the failure of the tuberculosis vaccine, but again two tools for controlling the people, the World Health Organization and Indian government recommended the continued use of the

vaccine. A third tool the American Drug Trust, sponsors the World Health Organization and it is no surprise to those in the know to see this apparent conflict of interest.

Dr A J Beale head of the Biotech Division of the Wellcome Company, Beckenham, England, had this to say when the company was forced to stop vaccine production:

*Too much litigation and too little profit.*

We can see that profit is considered by many to be a most important reason to continue making the poisonous vaccines.

Ian Sinclair reported on the comment of Dr George Starr White M. D. of Los Angeles who said:

***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.***

We are constantly seeing the implementation of systems [programs] throughout the world to get the people to put faith in them. Many in the medical profession are vitally interested in preserving their power and prestige, and they do not want the people to find out the truth about vaccination.

Not all doctors know the truth, but many have spoken out condemning vaccination, and yet these statements are hushed up, while the medical profession continues to mislead the people with their propaganda promoting vaccination.

Napoleon, was able to control men. He has been reported to have said that there are two ways of moving men, by rousing interest or fear.

Ian Sinclair reported on the comments by Dr John Keller on the strategy of 'fear' to entice people into vaccination, and Dr Keller said:

*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.*

Ian Sinclair also pointed to comments from the Humanitarian Society of Pennsylvania in the book 'The Dangers of Immunization,' which said:

*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 recognized 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 many make sure that the people are lied to about the risk of severe epidemics of killer diseases if vaccination is not adhered to. The people become afraid and readily present themselves and their children for vaccination.

Adolf Hitler was given great power over men. He was skilled at telling lies, and he is reported to have said:

*When you tell a lie loud enough, often enough, and big enough, the people will eventually believe it.*

The majority of people are so confused about health they do not know what is the correct way of living a healthy life. Many other people with vested interests work towards keeping the masses ignorant of the truth. Most of the people today want to believe in vaccination and the approved medical treatment. They find that it is easy to let others worry about the answers, and so they blindly put faith in programs put forward by their governments who have no idea what is really going on but are mainly puffed up with pride as they promote their programs.

People wish to continually indulge themselves in their unhealthy pursuits and receive a magic pill or injection to heal them. They do not want to have to think about health, but want to leave it to others. In his book *Mirage of Health*, Professor Rene Dubos makes comment along these lines, saying:

*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.*

There is no basis for immunization; it is just another monstrous lie, which is used to mislead the people. We cannot live an unhealthy life-style and get off scot-free. We cannot be immunized against the Law of Cause and Effect, and if immunity were real, it would mean the suspension of that law. It is like saying we want an anti-gravity vaccine so we may jump off high cliffs without damage, or we want a vaccine so we may disregard the laws of nature and live an unhealthy life-style without becoming ill.

Immunization does not protect against disease or do anything to promote the good health of our children or us adults. Once immunization takes place the body is considerably weakened, and the energy that remains is wasted in neutralizing the vaccine poison and expelling it. Reasonably healthy children may cope with the injected or swallowed poisons, but children who are not quite so healthy and are susceptible may not cope; the result may be very severe indeed, even death.

In his case against vaccination Ian Sinclair summed up in part saying:

*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 the 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.*

## **Facts For Parents To Consider**

If you are a parent and you are trying to make a decision regarding the vaccination of your child, then I advise you to study the facts before finally deciding to allow your child to be vaccinated.

There are many facts to consider, and the medical and political authorities do not want you to uncover the truth. Ask yourself:

- Why don't some parents vaccinate their children?
- Are they complacent?
- Do they know something I don't?

These questions should prompt you to research more of the hidden facts, which the authorities want to keep hidden. Such facts as:

- The many vaccine deaths and complications
- The medical lies to cover up the deaths and complications
- The link between Cot Deaths and the DPT vaccine
- The medical scientists who condemn vaccination
- The doctors who are unwilling to vaccinate themselves or their children
- The outbreaks of Measles and Whooping Cough in vaccinated children
- The failure of the Rubella and Tuberculosis vaccination campaigns
- The dangers and ineffectiveness of the Flu vaccination
- The contaminated Polio vaccines
- The greedy commercial motives behind vaccination
- The continual propaganda promoting the safety and necessity of vaccination
- The fear campaigns to scare the people into vaccination
- The lies, lies and more lies used to mislead the people into being vaccinated

## **What Doctors Say About Vaccines**

The Public is entitled to proof that immunization is safe, effective and not injurious to health, and that the threat from natural diseases is urgent enough to warrant mass inoculation. Such proof has never been given. Richard Moskowitz, M. D.

Vaccination is not necessary, not useful, does not protect. There are twice as many casualties from vaccination as from AIDS. Dr Gerhard Buchwald.

Vaccines are made from infected mucus, excrement, fermented embryos and until recently, diseased monkey kidneys, and cause **LEUKEMIA, ENCEPHALITIS, MS**, and now are the explanation to **AIDS**. World Health Organization Adviser.

There is a great deal of evidence to prove that immunization of children does more harm than good. Dr Anthony Morris, former Chief Vaccine Control Officer, US Food and Drug Administration.

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

<b>Inoculation should be regarded as malpractice.</b> Dr M. R. Levenson.
--

## Vaccine Ineffectiveness

A large whooping cough outbreak took place in Casino, NSW at the end of 1994. The public health unit did a retrospective study which found that more than 86% of the cases took place in children who were over 6 years of age. More than 80% of them had been fully vaccinated against whooping cough.

Reporting on a measles outbreak which took place in Western Sydney in 1995, the Medical Journal of Australia revealed that more than 74% of the children who developed measles had been vaccinated.

There were 4 deaths from measles in Australia in 1994. Government health officials warned all parents to vaccinate their children immediately to protect them. What they didn't say was that 3 out of the 4 people who died were fully vaccinated adults who had developed atypical measles, an especially virulent form of the disease which only vaccinated people get. The fourth person who died was a 2 year old aboriginal child who was severely immune suppressed after her DPT injections.

The Australian Nurses' Journal reported that a group of Australian servicemen received the rubella vaccine and were then sent to an area which was having a rubella outbreak. Eighty percent of the soldiers came down with rubella.

## Parents' Stories

My first daughter within 24 hours of her third vaccine reacted with screaming. Following this was a barrage of sickness including bronchitis, eczema, constant doses of antibiotics and finally, she was diagnosed with asthma. This I could not accept coming from a loving, healthy environment. Vaccination was a trigger for these illnesses and I refused to vaccinate my second child who now, at 4 years of age, is 100% healthy and has never had any medication. Susan and Kent, Brisbane.

We believe in Natural Health. After reading and resourcing many books and journals, we decided against vaccination for our children. Our children are strong and healthy. Please research this issue for yourself and your children. Roxanne and Silvester, Shailer Park.

My first child died as a result of his triple antigen (DPT) vaccine. It was a long, slow death. None of my 3 subsequent children have been vaccinated and have not contracted any of the so-called vaccine preventable diseases. Stephanie and Ian, Alexandra Hills.

My eldest son had a seizure within hours of his second DPT injection. He became brain-damaged as a result and will need care for the rest of his life. We were never warned that this could happen. Peta and Graham, Mullumbimby.

My son began projectile vomiting and convulsing within moments of getting his first DPT vaccine. The doctor told me this was perfectly normal. My son is now an epileptic. Name and address withheld by request.

## **Vaccination—The Choice Is Yours!**

The above information concerning ‘What Doctors Say About Vaccines, Vaccine Ineffectiveness and Parents’ Stories’ was researched by the Australian Vaccination Network. This network was formed by a dedicated group of parents and health professionals who recognize that there is a demand from the community for more factual as opposed to emotional information on the issue of vaccination, and that this demand is not being met. In order to redress this imbalance, they source and collect information worldwide with the sole aim of networking their findings to any interested individual or organization, with the hope that it will be the tip of the iceberg in what may become their vaccination education.

They recognize that there are differences of opinion between health professionals with respect to the relative merits of vaccination and therefore consider that any regulation in this area is not in the public interest.

They support an educated parent’s right to make an informed choice on this issue. They ask for people to stand by them in their aim to ensure the health and integrity of their children and themselves.

For more information contact:

VAN, P. O. Box 177, Bangalow, NSW 2479. Phone: 066 871 699, FAX: 066 972 032.

VAIS, P. O. Box 9086, Manly West, QLD 4179, FAX: 07 3893 2423.

In making the choice whether to vaccinate your children or indeed be vaccinated yourself you need much information. You need to hear the experiences of many sad parents to fully realize how dangerous vaccination is.

## **Vaccination Warning**

**By Shirley Lewis**

It’s now over a year since the Immunization Investigation Group launched an Australian national register of vaccine damage and failure. A report on the progress of the register so far:

The idea for a register came from Sue Brown, a Victorian mother who spent 15 months nursing her son back to health after his DTP (diphtheria, tetanus, whooping

cough) shot at six months. “He immediately started screaming, went glassy-eyed, had a high fever for a week and didn’t eat or sleep for ten days.” Sue tried many different forms of natural therapies including nutritional therapy, homeopathy and faith healing.

Sue’s suggestion to start a register of similar cases got no response from Melbourne Children’s Hospital or Victorian Health Department officials. Sue contacted the Immunization Investigation Group (IIG).

The IIG formed in 1987 when the NSW Government announced that immunization would be, not compulsory but ‘a condition of entry’ to state schools. The wording was effective: without actually making immunization compulsory, it gave the impression that it was so. Many pre-schools and private hospitals began insisting that children seeking admission be vaccinated. Scared their kids might be picked on, or urged on by well-meaning grandparents and unable to get comprehensive information from their GPs, many parents agreed to the shots. An unfortunate few already know the consequences.

The IIG collects information questioning the value and safety of immunization. Membership includes parents, health professionals and individuals concerned about peoples’ right to informed choice. Doctors are few, but groups are springing up in all states, and more groups will be welcomed.

Since the register opened in March 1991, a steady stream of calls and letters has come from all states about vaccine damage and failures. People phone to congratulate, often to cry. Sometimes they’ve suffered alone, for years. Among the callers was one doctor from the NSW Health Department who, although pro-immunization himself, is willing to consider questions most doctors prefer to ignore. This doctor and a few others are now working with the IIG, and New Zealand doctor David Ritchie, on a questionnaire which will database the experiences of Australians for whom immunization wasn’t worthwhile. Such a co-operative effort could be a world first. At the time of writing, the NSW Health Department has put forward a proposal to the state government that it should be made compulsory for doctors to report all cases of suspected or confirmed vaccine damage. This is an important development.

## **Vaccination Tragedies**

Early reports to the register reveal tragic stories (some names changed):

In 1962 Milvie, 18 months, convulsed immediately after her second DTP shot. Her development had slowed markedly after the first shot and the second was given without consent from her mother, Mary. Milvie’s father, who was devastated, left home and for 30 years Mary has lived alone with her now grown up child, who can speak four words. For years she was unable to get any help from the government—not even a wheelchair or a stroller were available in the ‘60s and Mary, a refugee from Estonia, was regarded with suspicion by the neighbours, and left severely alone by most. She’s still campaigning for compensation.

Mary taught Milvie to walk by carrying her around on her own feet, until she was in her teens. Half the time, Milvie still walks backwards. Ironically this immense triumph for Milvie further imprisons Mary—the kitchen must be locked because Milvie doesn’t understand heat or cold and could burn or electrocute herself; the front door is locked because Milvie doesn’t understand traffic. None of the day-care places Milvie could go to, lock their doors, so Mary doesn’t even feel it’s safe to leave Milvie there.

Ruth’s daughter Rachel, whose photos show she developed normally until DTP immunization, afterwards deteriorated steadily until she died, aged nine. On moving to

Randwick to be near out-patient care for Rachel's frequent fitting and chest problems Ruth too faced almost total isolation. "In Cabramatta we lived in a busy street, so I could look out the window and see people walking up and down; children would come in to play with Rachel's sister; they all knew Rachel and wanted her to get well. But in Randwick we lived in a quiet street; people were strangers. There was nothing to watch through the windows. Parents feared their children might 'catch it'. No one visited."

Ruth's husband gave little support but she could not leave him—there were no single mother's pensions in the '60s. She took antidepressants for years, became an alcoholic and, although now reformed, still feels terrible about the care she couldn't give her other daughter.

At 8pm, the day of her measles shot in 1981, Sarah's mother heard 'a sound like a death rattle,' coming from her room. She found Sarah unconscious in her cot, body in spasm, legs and arms twisted. Jane, then eight months pregnant with her third child, took Sarah straight to her GP in Woy Woy. "The doctor gave her oxygen and sent us off to Gosford, then Camperdown. He handed me the empty vaccine packet. He had tears in his eyes. 'Don't expect her to live through the night, Jane,' he said. I've heard he didn't give vaccinations for years after that."

Sarah a lovely child can't walk or do anything except shove her fingers in her mouth. She may walk some day. Three years ago Jane and Ted borrowed money at high interest and built a new house to suit Sarah. "Money's really tight, but I can't get a job—there's nowhere Sarah can go in the holidays."

Jane's marriage, wonderfully, has survived. "When Sarah first came home, I used to cry in the shower. Ted would say other people were worse off; then I found out he was crying in the car, coming home from work."

A Sydney physician's child was vaccinated with DTP in London, before boarding a ship to return to Sydney. On the voyage, the baby became so ill that the family disembarked in Adelaide for treatment. Yet another DTP shot was given. They have been fortunate—their child now has an independent, if limited, adult life. They say being in a medical family helped a lot.

All these children have been diagnosed by doctors as having vaccine induced measles, or whooping cough, related encephalopathy.

Many cases on the IIG register are less severe—but no less disturbing. A healthy child reacts to DTP after four hours—epilepsy develops—he now has poor concentration and behavioural problems. A healthy 8-year old reacts to measles-mumps vaccine and, at 13, still has an enlarged spleen.

## **Are We Burying Our Heads In The Sand?**

The medical response to such cases, mild or severe, has so far been that they're rare enough for it to be worth risking the health of the few to protect the many. As Lisa Lovett, a Melbourne chiropractor working with vaccine-damaged children, points out, "No doctor would deliberately vaccinate a child knowing it would harm them." Immediate and severe reactions are relatively rare—and most GPs won't see them. "Trust me," a GP told a Seven Hills mother who queried the wisdom of giving a second DTP to her 10-week-old son with a chest infection. She trusted him. Her son fitted for the first time, that night. He is now 13 years old, mobile but not toilet trained.

The IIG want to see a change in attitudes—first, towards parents seeking information about vaccine risks. In the United States, before vaccination, parents must sign a form to say they've been warned about possible side-effects. No such provision exists here.

Second, towards parents whose children react after vaccination. Many report callous, dismissive and frankly disbelieving responses from some doctors.

Two Sydney children have been receiving treatment for vaccine damage from a leading Australian osteopath. Both have made marked improvement with the treatment—one is doing exceptionally well. The mother of one of the girls said, "A researcher told me the government can't afford to let the public know about the side effects of immunization because then they'd start to think. Charlotte is one of the sacrifices the government makes—and for what?"

For what indeed! The long-term effects of immunization may never be known or proved. It is almost impossible under British-style justice to prove that a formerly perfectly healthy baby, who convulsed twenty minutes after immunization, did so because of the immunization. So clearly, later developing immune failure diseases such as MS, ME, AIDS, rheumatoid arthritis, may never be firmly linked to vaccines. The IIG register may provide vital empirical evidence to help governments in making decisions about mass immunization which could affect the future health of the nation. It also exists as a tangible link between those of us who will continue to question immunization until either immunization programmes are dropped, or we can be told unequivocally that it's safe, without side effects, and on balance the best option. On the evidence so far, we doubt very much that we'll ever be convinced of that.

Shirley Lewis is a former ABC and BBC journalist: she has practiced acupuncture and naturopathy for ten years in the Blue Mountains west of Sydney. Her first novel, 'Notes on My Madness', was published in 1990, and was chosen as a Feminist Favourite in 1991.

From Australian WellBeing No. 47 1992 pages 40,41.

Enquiries about the register and the work of the Immunisation Investigation Group should be directed to PO Box 900. Katoomba 2780, enclosing a stamped addressed envelope for reply, and a donation to cover photocopying of articles and information if required.