

Introduction From: Vaccination 100 Years Of Orthodox Research

If you raised the subject of immunisation with any medical doctor they would probably tell you that vaccination is the most effective intervention of modern medicine which prevented more suffering and saved more lives than any other medical procedure. They would also tell you that the demise of epidemic diseases like small pox or polio is one of the success stories of mass vaccination programs. However, this claim is totally unsubstantiated. The documented truth is that the incidence of and mortality from any infectious diseases which used to decimate populations of Europe only some one hundred years ago declined by up to 90% before any vaccine has ever been used in mass proportions. Also, diseases, like bubonic plague or scarlet fever disappeared without any vaccination programmes at all. The mortality from the dreaded diphtheria declined decades before Corynebacterium diphtheriae had even been discovered and isolated. Immunization against diphtheria was introduced in 1932-35 and on a mass scale in 1940, by which time the annual death rate was negligible (less than 300 deaths per million). It is amply documented in medical literature that this mass vaccination was followed by unprecedented diphtheria epidemics in fully vaccinated subjects. The 1940s saw also the introduction of mass vaccination against tetanus and whooping cough which in many countries, including Australia, lead to outbreaks of the socalled provocation poliomyelitis. In 1950 Dr. McCloskey published evidence that there indeed was an association between administration of pertussis and/or pertussis-diphtheria toxoid and provocation poliomyelitis within one to ninety days after the injections. The majority of paralyses occurred in the inoculated limb. Leake in England reported cases of poliomyelitis closely following pertussis vaccination administered within days before the onset of the symptoms. This is the same famous polio epidemic of 1949-50 which is used to push parents into vaccinating their children especially against polio. The provocation poliomyelitis is a well-known phenomenon which may follow administration of any vaccine, but especially DPT and polio. It is officially admitted that

all cases of polio in the US, since the introduction of the vaccine, are caused by the vaccine. The same has been seen in Australia and other countries like England. So the occurrence of the same phenomenon all around the world would be asking too much of coincidence. The truth about polio and smallpox vaccines is that they are heavily contaminated with animal viruses, being produced on monkey kidneys and calves respectively. This gave us AIDS which started in central eastern Africa in those states where the WHO conducted the eradication campaign against smallpox and polio. The batches of vaccines used here were heavily contaminated with both SV-40 and SIV (Simian Immunodeficiency Virus) and bovine retrovirus, another AIDS-related virus. One syringe was used on 40 to 60 people and contributed to the spread of AIDS to hundreds of thousands of innocent unsuspecting people. It is beyond coincidence that the present raging epidemic of AIDS is affecting mostly those states where the polio/smallpox eradication campaign was conducted. It should not come as a surprise that a new syndrome of immune incompetence or immuno-suppression developed in babies too. High incidence of child leukemia and cancer has been linked to vaccines by many authors who attributed this to inappropriate antigenic stimulation provided by vaccines and to the presence of contaminating SV40 virus. Respiratory syncytial virus, or more befittingly, the chimpanzee coryza virus, causes lingering upper and especially *lower respiratory tract diseases in babies.* These are only the viruses which were discovered and are now, perhaps, looked for. What about the myriad of other, unknown animal viruses lurking in the vaccines? It has also been documented that vaccine against tuberculosis had no impact whatsoever on the incidence of the disease, which is essentially a disease of malnutrition and overcrowding.

The best evidence of ineffectiveness of vaccines comes from two facts: firstly, such deadly diseases as bubonic plague disappeared without any immunisation programmes, simply because of better sanitation and nutrition and uncrowded life styles and secondly, the countries which do not vaccinate against certain diseases, like pertussis, report amelioration of the disease and the incidence which compares favourably with the incidence of whooping cough in those countries which claim an almost complete pertussis vaccination cover. Hamburg in Germany has enjoyed freedom from vaccination push since 1962 without the incidence of infectious disease exceeding the incidence in countries that claim more than 90% vaccination compliance. In 1975 Japan raised the minimum vaccination age to two years; this was followed by the virtual disappearance of cot death and infantile convulsions. Since the eighties, after allowing vaccination of 3-month and older babies, the incidence of cot death in Japan has increased. Sweden stopped vaccinating against whooping cough in 1979, due to ineffectiveness of the whole-cell vaccine and adverse effects which far exceeded the adverse effects of the whooping cough illness. After trialling two Japanese acellular pertussis vaccines, Sweden rejected these also, and for the same reasons. While studying thousands of pages written on vaccines I have not found a single paper which would demonstrate that in epidemic situations only unvaccinated children

contracted the diseases. Even during vaccine trials many children contracted the diseases against which they were vaccinated, often within a few days. Although the initial target of all vaccination programs was to eradicate the infectious diseases like whooping cough, polio and measles, when it became all too painfully clear that it is an unrealistic goal, the proponents of vaccination started telling parents and the public that at least the vaccines alleviate the disease. Not even this is true. Not only diseases like whooping cough can affect seriously both vaccinated and unvaccinated children (based on hospital admissions), but there is a new disease atypical measles which is an especially vicious form of measles only affecting vaccinated children and with a considerable mortality rate. After studying the extensive literature demonstrating ineffectiveness of vaccines and their dangers, I concluded that the call for suspension of all vaccination programs is now inevitable. Instead of relying on a "magic bullet" (one injection solves it all), the orthodoxy should start learning the dynamics and importance of infectious diseases and effective treatment. It is absurd to set out to eradicate infectious diseases which play an important role in the maturation of the immune systems of our children. It has been documented in medical literature that people who contracted cancer and other chronic degenerative diseases in later years have remarkably few infectious diseases of childhood to report. A proper development of rash during such infectious diseases as measles is apparently important for the prevention of cancer and other serious diseases in later life. The sordid story of vaccination programmes reveals the enormous gaps in the knowledge base of the orthodox medical establishment, especially a profound lack of knowledge of the dynamics of health and disease and functioning of the human body. It is this same medical industry which enjoys the protection of the institutions of the State in most industrially developed countries. The attention of medical professionals and the State should turn to such scientific medical systems as homeopathy which is not only based on sound knowledge of human physiology but also on a profoundly scientific knowledge of the healing processes and the testing of thousands of specific remedies. It should concern us all that scientific healing systems like homeopathy or naturopathy enjoy a substantially higher rate of success and a substantially lower rate of side-effects from their remedies than do those of allopathic medicine. The cost effectiveness of these, today still called 'alternative', medical systems is another good reason for the State to look seriously into them as viable alternatives to play an important part in the national health system.

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