

INTO THE LABYRINTH

DISCOVERING THE TRUTH ABOUT VACCINATION



by Jock Doubleday

Oral Presentation by Jock Doubleday

**"Into the Labyrinth:
Discovering the Truth about Vaccination"**



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<http://robbiewallacehudson.wordpress.com/>

A FRIEND ASKED ME RECENTLY if I was nervous to speak in front of parents and professionals about vaccination.

I said, "Why would I be nervous to speak in front of parents and professionals about vaccination?"

He said, "Because you were an English major. All you did in college was write poetry and analyze stories."

Ah, yes. Stories. Here's a story for you . . .

A Greek hero named Theseus went to slay a deadly monster living in the center of a labyrinth built by the king of Crete. The monster, known as the Minotaur, had been eating youths and maidens sacrificed to him by the Athenians in return for peace.

Theseus would have none of this. He sailed to Crete to slay the Minotaur. There he met the King's daughter, Ariadne. Ariadne fell in love with Theseus, though he was the sworn enemy of her father.

To increase her new love's chance of escaping the labyrinth with his life, Ariadne gave Theseus a long thread to unravel as he negotiated the maze. Theseus accepted the gift, entered the labyrinth, encountered the monster, killed it, followed Ariadne's thread back out to safety, and all was well. Theseus ended up marrying Ariadne's sister. But don't feel sorry for Ariadne. She married the god Dionysus.

In 1978, I went to Oberlin College. Biology was my first major, then philosophy. After my sophomore year, disappointed by what I called "the institutionalization of learning" (large class sizes and the virtual absence of the teacher-student relationship), I took five years off and hitchhiked around the country and undertook my own education.

I read books. In particular I remember Robert Pirsig's *Zen and the Art of Motorcycle Maintenance*, Joseph Chilton Pearce's *Crack in the Cosmic Egg*, Loren Eiseley's *The Immense Journey*, and Lewis Thomas's *The Lives of a Cell*.

These books lived on the outer edges of academia but had profound things to say about our culture and the world. Written by powerful storytellers, the books encouraged in me a growing love for story and inspired me to go back to school at S.U.N.Y. Purchase to get my degree in literature.

Three years later, in 1990, I came upon Joseph Pearce's book, *Magical Child*, which argued that the natural capacity of children is immense and kaleidoscopic, but that most children's development is thwarted by cultural practices. I read *Magical Child* again two years later and a third time in 1997.

I remember it was the night before Thanksgiving. I was in the throes of a very strong visceral reaction to the story told by Pearce, a story told originally by the story's characters themselves: hospital insiders and frightened mothers. That night I lay in bed unable to sleep because the images from Pearce's book kept

spinning around in my head. Women and babies are being treated *how* by institutional medicine?

I decided to investigate. I didn't want to take Pearce's story on faith. So over the next year, I perused medical journals and talked to obstetricians and perinatal nurses and doulas and midwives and parents and read key books in the field. And then I began to write articles on what science had to say about childbirth.

A friend suggested I start a nonprofit. A year later, the 501(c)3 California nonprofit corporation *Natural Woman, Natural Man* was born.

The focus of the nonprofit was natural childbirth, though it advocated other back-to-nature practices as well.

Two years later, near the turn of the millennium, I was living in Nevada City, California and writing a book on natural childbirth -- what I thought of as a "science-backed ode to nature."

I had been an occasional guest on KVMR (the local radio station), speaking on breastfeeding and natural childbirth. I wanted to continue speaking on these subjects, and the station was all for that. But they said, "First we want you to talk about vaccination." I said, "I don't know anything about vaccination. Can I just do my childbirth talks?" And they said, "We want something on vaccination."

The first thought that went through my mind, after spending years researching childbirth, was, "Now I have to spend years researching vaccines, too?"

But I decided to do some cursory internet research, and I found some very odd things. As someone who believed, as most Westerners do, that vaccination has done great good, I was baffled by evidence to the contrary. So I bought some books written by independent researchers. . . .

The great majority of the books had been recently published. All of the books were heavily documented. And all of the books drew conclusions based on raw, unaltered data on disease incidence and mortality acquired in several different countries over the last two centuries.

None of the books made any connection between the practice of vaccination and an improvement in human health. More fundamentally, none of the books made any connection between the practice of vaccination and science.

How could that be? Isn't vaccination scientific?

Any guesses on how many long-term controlled studies have been performed for all vaccines for all diseases in all countries in the world since vaccination was invented in 1796?

Zero studies.

We've had 215 years to perform a long-term controlled study on vaccination, and we have performed precisely none.

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

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

There is no lack of people to be part of the control group in such a study. You can find a list of potential candidates on Dr. Tim O'Shea's web site, www.thedoctorwithin.com. These are parents who not only don't vaccinate, they give out their contact information so you can call them and ask them how good their unvaccinated family's health is. There are presently 220 listings, for a total of over 800 unvaccinated persons.

<http://www.thedoctorwithin.com/unvaccinated/Parents-of-Unvaccinated-Children/>

And this is just on Dr. O'Shea's web site. You can imagine how many people live in America alone who believe in natural immunity, who avoid vaccinations, and who would be willing to be part of a group that simply continues doing what it was doing before.

Now, what exactly is this vaunted thing, the long-term controlled study? In the case of vaccination, a long-term controlled study is taking two large groups of people and vaccinating one group and not vaccinating the other, and then recording disease incidence over a period of several years. Short-term studies don't give us any useful information about

vaccine efficacy, for reasons that make themselves clear with thought.

Now, why is it that we don't have any long-term controlled studies on vaccination?

We live in an age of scientific studies. Governments and private organizations study anything and everything under the sun.

Recently, the National Endowment for the Humanities spent \$25,000 to study why people lie, cheat, and act rudely on Virginia tennis courts.

The National Institute of Neurological and Communicative Disorders and Stroke spent \$160,000 to study whether or not someone can "hex" an opponent by drawing an "X" on their chest.

The National Institute on Alcohol Abuse and Alcoholism spent over a million dollars to find out if drunken fish are more aggressive than sober fish.

The National Science Foundation awarded a grant of \$220,971 to researchers to study why women smile more than men. This study was a follow-up to another study in 1994 on the meaning of smiles in general. The NSF awarded another grant to study the history of the fax machine.

**Everything is being studied all the time.
Everything, that is, except vaccination.**

Why is it, do you think, that the pharmaceutical companies, which fund studies, studies, and more

studies, have no interest in funding long-term studies on vaccination?

I don't know the answer to that question, although many of the books I've read endeavor to speculate. If you want to learn about conflict of interest in the vaccine world, I've got some links for you:

"Profits, Not Science, Motivate Vaccine Mandates"

<http://wellbeingjournal.com/profits-not-science-motivate-vaccine-mandates/>

"Conflict of Interest Rampant in Child Drug Prescriptions"

<http://articles.mercola.com/sites/articles/archive/2008/12/06/conflict-of-interest-rampant-in-child-drug-prescriptions.aspx>

"Follow the Money on Vaccines"

<http://articles.mercola.com/sites/articles/archive/2001/09/15/vaccines-part-four.aspx>

"Lax Ethics Rules Undercut Science Advice, Say Groups"

<http://www.cspinet.org/new/200303101.html>

Now, even though we don't have any long-term controlled studies on vaccination, amazingly and thankfully we do have some recourse to discover if vaccines actually work.

We can look back into human history. Indeed, if you look at it right, human history can be seen as one

big Petri dish. And it's a Petri dish that's just waiting for the scientific gaze.

The science of looking back into history at the grand sweep of disease in populations is called epidemiology. What does epidemiological data tell us about vaccination and its effect on the Petri dish of humanity?

Is vaccination effective or not?

Looking at charts using unaltered government data on incidence and mortality rates for the great diseases in the United States, Australia and Great Britain from 1900 to the present, an interesting pattern emerges.

Time and again, nature takes care of human beings without any help from vaccination. Nature lays low those whose immune systems are functioning at below-standard levels, and then disease incidence in the remaining population declines to virtually zero.

Time and again, incidence of disease in human populations rises, peaks -- then falls, falls, falls without any intervention from human medicine. . . .

But interestingly, often a vaccine is introduced near the end of the disease's decline. What happens to disease incidence after introduction of the vaccine? The decline keeps going the way it was going, or sometimes spikes upward for a short time. **Either way, vaccination takes credit for the disease's decline.**

Sometimes, as in the case of scarlet fever and typhoid fever, no vaccine is introduced before the disease declines. But vaccination still takes credit for the decline.

It's a very neat system that unfortunately leaves out two centuries of international epidemiological data. For clear graphs of this data, check out

"GRAPHICAL EVIDENCE SHOWS VACCINES DIDN'T SAVE US"

<http://www.vaclib.org/sites/debate/web1.html>

50 Graphs

http://www.healthsentinel.com/joomla/index.php?option=com_content&view=section&layout=blog&id=8&Itemid=55

Vaccines: Are They Really Safe and Effective? by Neil Z. Miller

<http://vacbook.com/>

I have talked to many doctors about these raw, unaltered numbers and the charts based on them. None of them have seen these numbers. None of them have seen the charts based on them. When I email them the graphs, they say, "These numbers must be wrong."

Doctors who willingly admit that we have no long-term studies on vaccination are absolutely unyielding on the issue of epidemiology.

And understandably so. They have been taught -- they have had it drilled into them -- that the history

of modern civilization is the history of the triumph of artificially induced immunity.

So they are put into a corner, and they come out fighting: "These charts are wrong! The numbers they're based on must be wrong!" But the numbers are not wrong. These are the only numbers we have.

They are the government numbers -- raw data from many different governments.

I am still waiting for a doctor to email me "the right numbers."

So if we have no evidence from epidemiology that vaccines work, and we have no evidence from long-term studies that vaccines work, we are left with no evidence that vaccines work.

Independent researcher Dr. Viera Scheibner, in her bold expose *Vaccinations: 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*, sums up the position of researchers not funded by pharmaceutical companies. She writes:

"There is no evidence whatsoever that vaccines of any kind . . . are effective in preventing the infectious diseases they are supposed to prevent."

Viera Scheibner Ph.D.

<http://www.whale.to/m/scheibner9.html>

In fact, we didn't need Viera to tell us that vaccines are ineffective. The vaccination hoax was exposed over 80 years ago. In January of 1923, a doctor named Walter S. Hadwen wrote an article titled, "The Birth of the Fraud of Vaccination"

<http://www.whale.to/v/hadwen1.html>

in which he talks about Edward Jenner's circus artistry in pawning off on an unwitting public his unsubstantiated claims.

Our story deepens when we discover that Edward Jenner, inventor of vaccines, and Louis Pasteur, creator of the germ theory of disease, were the Barnum & Bailey of medicine.

These men weren't true scientists. They were, quite unfortunately for us, showmen and hucksters.

They were salesmen.

As early as January 26, 1889, in an issue of *Scientific American Supplement* magazine, there was a report titled "Exposure of M. Pasteur's Methods," by Dr. Lutaud of France. The report tells how many of Pasteur's claims, including his claim regarding his curing of silk worm disease in France, were fraudulent.

A hundred years later, in 1993, Professor Gerald Geison, a science historian from Princeton University, made a thorough study of **lab notes that Pasteur had ordered his family not to make public**, and

which were in fact made public only after the death of Pasteur's grandson in 1975.

Princeton professor Geison compared these notes with Pasteur's publications and presented his findings during a congress of the American Association for the Advancement of Science in Boston.

In his presentation, Geison said that **Pasteur committed scientific misconduct, that he violated medical, ethical, and scientific rules and published fraudulent data.**

Contrary to what Pasteur claimed, he never tested his anti-rabies vaccine on animals before he started experimenting on humans. Further, the vaccine Pasteur used during his famous "anthrax experiment" on sheep was -- contrary to his claim -- not his own vaccine. He stole it from a colleague. According to Geison, money was the primary motivation for Pasteur's action.

Further, and much to our detriment, Pasteur stole and misrepresented the ideas of his contemporary, Antoine Bechamp. Bechamp had a marvelous theory of disease called the "terrain theory." The terrain theory says that living creatures, including germs, are environment specific -- they do well in some environments and not in others. Bad germs flourish when the terrain of the body is unhealthy. This indeed is a tautology. Another tautology is: "Make the body healthy, and you've made your best defense against disease."

But as we all know, Pasteur invented his own theory: the "germ theory of disease," upon which modern medicine is based. This theory says that if you've got a germ, you've got a problem.

Pasteur's solution? Heat them up until they explode. "Denature" them. Kill them at all costs. Pasteur's theory won out over Bechamp's theory because of Pasteur's dedication to the marketing of his ideas. In the Western world today, terrain is ignored and the germ is all.

Pasteur was not the only snake-oil salesman to come down the pike. Edward Jenner, whom history has come for some reason to regard as a "great scientist," purchased his Medical Degree from St. Andrew's College for the equivalent of \$75.

After a single experiment with eight-year-old James Phipps, with no clinical trials or follow-up studies, Jenner received the equivalent of \$150,000 from the British Government.

"Smallpox Vaccinations at Gunpoint?"

<http://proliberty.com/observer/20020408.htm>

His Fellowship in the Royal Society was obtained by what even Dr. Norman Moore, his biographer and apologist, admits was little else than fraud.

"Vaccine and Serum Evils"

<http://www.whale.to/vaccines/shelton3.html>

For the story of Pasteur's massive hoax, read Ethel Douglas Hume's book, *Pasteur Exposed: The False*

Foundations of Modern Medicine. See also *The Curse of Louis Pasteur: Why Medicine Is Not Healing a Diseased World*, by Nancy Appleton. See also Neil Z. Miller's book, *Vaccines: Are They Really Safe and Effective?*

See also "The Dream and Lie of Louis Pasteur"
<http://www.whale.to/a/b/pearson.html>

For a *Library Journal* online review of Geison's book, *The Private Science of Louis Pasteur*, see:

http://www.amazon.com/gp/product/0691034427/qi_d=1142542768/sr=1-1/ref=sr_1_1/103-8732680-8754236?s=books&v=glance&n=283155

Regarding the fraud of vaccination perpetrated by Edward Jenner, see Tim O'Shea's article, "Bringing a Dead Disease Back to Life"

<http://www.thedoctorwithin.com/smallpox/smallpox-bringing-a-dead-disease-back-to-life/>

See also Alfred Russel Wallace's article, "A Summary of the Proofs That Vaccination Does Not Prevent Smallpox but Really Increases It"

<http://www.whale.to/a/wallace.html>

"STOP! Read This Before Vaccinating for Anything"
<http://articles.mercola.com/sites/articles/archive/2010/02/09/6-principles-you-should-know-before-making-an-informed-swine-flu-vaccine-decision.aspx>

Jenner's and Pasteur's hoaxes created a double helix of hope in the face of the terrifying spread of disease. They provided exactly what people wanted, which was confidence in the face of the possibility of death from disease. Unfortunately, this confidence in "magic bullet" medicine was, and is, completely unwarranted.

Now, we have to ask *how much money* modern intercessors between ourselves and our health would make if the terrain theory had won out.

Is it possible to have a healthcare industry without the germ theory?

I would argue no.

If Bechamp's theory had gained general acceptance, people in general would understand that their health is their responsibility. They would understand that the terrain of the body is influenced by everyday individual choices. An apple a day, etc. If the terrain theory had gained credence, doctors and hospitals would be back in their old functions of caring for people who occasionally fall out of apple trees and break their arms.

Unfortunately, Bechamp's theory is known and followed only by a minority of Westerners. Bechamp's story simply isn't as exciting as Pasteur's. Where's the drama in eating an apple a day?

Stephen Jay Gould talks about scientific misrepresentation in his book *Dinosaur in a Haystack*. . . . Gould writes:

"I do not speak of fraud, cover-up, finagling, or any other manifestation of pathological science (though such phenomena exist at a frequency that, in all honesty, we just do not know.) I refer, rather, to the all too wonderfully human love of a good tale . . ."

So, at bottom, we're talking about our need, as human beings, for the storification of the world. And then, yes, there could be fraud, too -- and there is -- but at bottom we have this need for story. And of course stories can be helpful or harmful.

But let's go back in time before the storytellers Jenner and Pasteur -- much further back into history -- to a Greek mathematician named Xeno. Xeno too was a storyteller, and he told the following story . . .

"An archer is aiming his arrow at a tree. Look, the archer is letting his arrow loose! Look, the arrow is flying straight to the tree! Look, it stops before it hits the tree!"

What?

Well, says Xeno, mathematically speaking, the distance from the tip of the arrow to the tree can be divided in half. And then that distance can be divided in half again, and then that distance can be divided in half again. And this can go on indefinitely.

Therefore, an arrow released from the bow, forever halving its distance to the tree, should never reach the tree. According to "math," everything is infinitely

far from everything else and therefore can never actually meet.

What we can learn from Xeno and his story about the arrow and the tree is that a story that is a great treat for the imagination and that seems to make perfect sense can be false and is doomed to be found false as soon as someone does something as simple as shoot an arrow at a tree.

Like Xeno's fantasy about infinite arrow-flight, the theory of vaccination holds sway over our imaginations. The theory of vaccination seems like a beautiful garden in which we can plant the seeds of our hopes. The theory says that when a weakened version of a germ is injected directly into the bloodstream, it inspires the immune system to create health-giving antibodies in response. On the battlefield of the body, hordes of antibodies act as bouncers for similar germs for years to come. Hey, we just conquered disease! Culture improves on nature, and all is well. A beautiful and dramatic story. And unfortunately, a story as false as Xeno's tale of arrows flying toward and never reaching their target.

Let me say here that many of you may be questioning my sanity, and almost certainly my motives, in saying that vaccination is nothing more than a story without any scientific foundation.

Why would I say such a thing? What are my motives? What do I stand to gain by submitting this view for public discussion?

As the director of a nonprofit corporation advocating natural living practices, it makes sense that I would oppose vaccination, which is clearly an artificial practice that bypasses the natural method of germ intrusion by doing an end-run around the mucosal membranes. Therefore, one might conclude that, because my salary depends on my opposing this artificial practice of vaccination, I might oppose vaccination for financial reasons.

But my salary is as fictional as the stories I read during college. I don't receive a salary. I don't receive financial compensation of any kind from the nonprofit organization that I run. I never have and I never will. I always felt that it was important not to receive a salary for my nonprofit work, because I wanted to be able to answer precisely these charges of conflict of interest.

Still, I am constantly criticized for "not presenting both sides" of the issue. "Your presentation is so unbalanced that we can't even listen to you." I have been admonished that *some* diseases must have been prevented by vaccinations -- otherwise, why would vaccinations still be around? I have been told that, if I want to maintain credibility, my presentation has to be more "balanced."

More balanced? I'm a Libra. I have no problem with balance. But all of Western culture, from the richest Bill Gates to the poorest welfare recipient, is shouting from the rooftops that vaccination is an absolute good. Where is the balance there? Western information mass media, including all television, all newspapers and most other print media, present

vaccination as the savior of mankind. In my giving an alternate view, I am not even coming close to balancing the scales.

Even if I wanted to present both sides of the vaccination argument, I couldn't. There are not two sides to present. As far as science is concerned, there is no evidence -- none -- that vaccination does what it claims to do.

Why can't vaccines work? Because the body recognizes and identifies foreign invaders only when they pass through the mucosal membranes of your nose, mouth, eyes, ears, genitalia, esophagus, larynx, trachea, lungs, stomach, or intestines. Vaccination *bypasses* your mucosal membranes. Thus, the body cannot properly recognize, identify, and begin to work against foreign invaders.

What about antibodies? Aren't there studies that show that vaccines increase antibody count? Yes, such studies exist. But antibody count is not the Holy Grail scientists once thought it was.

There is no evidence -- *none* -- that high antibody count equates with health or leads to an increased ability to ward off disease.

There was a study done in 1992 in the Department of Neurology at University of Chicago: "Severe (grade III) tetanus occurred in three immunized patients who had high serum levels of anti-tetanus antibody. The disease was fatal in one patient. One patient had been hyperimmunized to produce commercial tetanus immune globulin. (CroneNE,

Reder AT., "Severe tetanus in immunized patients with high anti-tetanus titers," *Neurology*. 1992 Apr;42(4):761-4; PMID: 1565228 [PubMed]:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&cmd=Retrieve&list_uids=1565228&dopt=Abstract

So high levels of "tetanus antibodies" gave their hosts precisely no protection from tetanus.

Sometimes antibodies are present when diseases are prevented, and sometimes they're not. Alan Phillips, director of the nonprofit organization Citizens for Healthcare Freedom, writes:

". . . agamma globulin-anemic children are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children. . . . Natural immunization is a complex phenomenon involving many organs and systems; it cannot be fully replicated by the artificial stimulation of antibody production" (*Epidemics: Opposing Viewpoints*, 1999, pp. 105-106)

<http://childbirthsolutions.com/articles/dispelling-vaccination-myths-part-i/>

<http://childbirthsolutions.com/articles/dispelling-vaccination-myths-part-ii/>

The only scientific argument ever offered by the medical industry in favor of vaccination is that vaccines produce antibodies. I'll say that again.

The only scientific argument ever offered by the medical industry in favor of vaccination is that vaccines produce antibodies.

But government statistics, medical research studies, and FDA and CDC reports all show that vaccine-induced antibody production is helpless against disease.

"Antibodies" are at best mysterious players in the drama of immunity. I call them freakbodies, myself, and I even wrote a little poem about them, called "Ode to Freakbodies." But hey, you don't want any poets wandering the hallowed halls of science.

Frankly, and I apologize in advance to the Gaia-centrics out there, I liken the debate on vaccination to the debate on whether or not the earth is the center of the solar system.

It is of course possible that the earth IS the center of the solar system, but there is so much evidence against it -- an astronomical amount of evidence, in fact -- that one cannot really justify spending much time advancing it. If it seems extreme to call vaccination a hoax, well, it's pretty extreme that the earth is whipping around the sun at 66,600 miles per hour.

I won't liken myself to Kepler or Galileo, because the Galileos in this field, the first ones to expose vaccination, lived a century ago and are long dead. They were great scientists and dedicated researchers, and their names are legion.

And the Church of Modern Medicine ground them into hamburger meat. If you are sitting in the front pews of this church, you should read Dr. Raymond Obomsawin's book, *Universal Immunization: Medical Miracle or Masterful Mirage?*

<http://www.whale.to/v/obomsawin.html>

Researched books on vaccination conclude that vaccination is not effective. however, their authors sometimes conclude that vaccination is effective, because these authors equate antibody count with health. (Pro-vaccine science *only* talks about antibodies, it never talks about health.)

Fortunately, those of us who do research know that antibodies are not, and have never been, the key players in immunity.

And in July 2012, the NIH just came out with a study showing that vaccination theory is incorrect:

"Vaccine Theory Proven Wrong: Study by NIH"

<http://gaia-health.com/gaia-blog/2012-07-04/vaccine-theory-proven-wrong-study-by-nih/>

Do vaccines work? science says no. Can vaccines work? Science says no.

Do vaccines harm? Science says yes:

"Vaccinated children have up to 500% more disease than unvaccinated children"

<http://www.infowars.com/vaccinated-children-have-up-to-500-more-disease-than-unvaccinated-children/>

"The differences were *dramatic*, with unvaccinated children showing far less incidence of common childhood ailments than vaccinated children . . ."

What?

* * *

Let's go back in time, for a moment, to the waning days of the year 2000. Members of the Association of American Physicians and Surgeons (AAPS) have just unanimously voted for an end to all government-mandated childhood vaccines. Why would the AAPS do such a thing? They would do such a thing because, in the words of Dr. Jane M. Orient, AAPS executive director:

"Children face the possibility of death or serious long-term adverse effects from mandated vaccines."

What? "Death or serious long-term adverse effects"? You mean vaccines are not only ineffective but dangerous? I gotta get out of this labyrinth. There's no oxygen left and my torch just went out.

One of the most serious adverse effects of vaccines is that they often cause the very diseases they were meant to prevent.

Measles, for instance, which declined by more than 95 percent before the vaccine was introduced in 1963, is 14 times more likely to be contracted by

vaccinated than by unvaccinated persons. (*National Health Federation* report, November 1969)

<http://vaccinationcrisis.com/>

In one Chicago study, 90% of people vaccinated against measles got measles. (Gary Null Interview (December 18, 1997) with Jamie Murphy, author of the classic work, *What Every Parent Should Know About Childhood Immunization*)

<http://www.betterdietislam.com/diet/Vaccinations/vaccines3.htm>

A study published in 1994 in the Archives of Internal Medicine evaluated all U.S. and Canadian articles reporting measles outbreaks in schools and found that . . . 77% of all measles cases were occurring among vaccinated individuals. The authors concluded that "**the apparent paradox is that as measles immunization rates rise to high levels . . . measles becomes a disease of immunized persons.**" (Poland GA, et al. "Failure to reach the goal of measles elimination: Apparent paradox of measles infections in immunized persons," *Arch Intern Med* 1994 Aug 22; 154(16):1815-1820)

See Sandra Duffy's thoroughly researched and heavily documented letter to her son's school district:

http://www.vaclib.org/letters/Letter_Oregon_School_District.htm

In a measles outbreak in 1986 in Corpus Christi, Texas, 99% of the children affected had been vaccinated against measles. (TL Gustafson, et al., "Measles outbreak in a fully immunized secondary-school population," *NEJM*, 26 March 1987)

<http://content.nejm.org/cgi/content/abstract/316/13/771>

The authors of the study cited above write:

"We conclude that outbreaks of measles can occur in secondary schools, even when more than 99 percent of the students have been vaccinated . . ."

Notice the "even when" (instead of the more logical "because") above.

A recent study has shown that measles-vaccinated persons appear to be three times more likely to develop Crohn's disease and two-and-a-half times more likely to develop ulcerative colitis. Since the measles vaccine was introduced in 1968, Crohn's disease in children has increased rapidly, with a 300% increase in Scotland. (Thompson, N.P, Montgomery, S.M., Pounder, R.E., Wakefield, A.J., "Is Measles Vaccination a risk factor for inflammatory bowel disease?" *The Lancet* 345 (1996):1071-1073)

http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7715338&dopt=Abstract

Further, rather than preventing measles, the measles vaccine may simply be suppressing it, only to have it manifest as other forms of disease. (Jamie Murphy, *What Every Parent Should Know About Childhood Immunization*, 1993, p. 114)

Associated with the measles vaccine are encephalopathy, aseptic meningitis, cranial nerve palsy, learning disabilities, hyperkinesia, and severe mental retardation. . . . " (Gary Null Interview (April 7, 1995) with Jamie Murphy, author of *What Every Parent Should Know About Childhood Immunization*)

A recent study found that women vaccinated with the measles vaccine pass on far less immunity to their offspring than women who are not vaccinated.

<http://news.bbc.co.uk/1/hi/health/503025.stm>

Before the vaccine was introduced, it was extremely rare for an infant to contract measles. Now more than 25 percent of all measles cases are babies under a year of age. (Daniel Q. Haney, "Wave of Infant Measles Stems From '60's Vaccinations," *Albuquerque Journal* (November 23, 1992), p. B3)

See also Ohsaki M, et al., "Reduced passive measles immunity in infants of mothers who have not been exposed to measles outbreaks" *Scand J Infect Dis* 1999;31(1):17-9. Abstract at:

http://www.vaccinationnews.com/Scandals/Sept_6_02/reduced_passive_measles_immunity.htm

Sandy Mintz writes:

"Compounding the problem is the fact that the population most vulnerable to measles, infants, is least protected. Vaccinating too early can cause vaccine failure more often and/or later booster shots to be ineffective. The Catch-22 is that in the past, most mothers passed on naturally acquired measles antibodies transplacentally to their offspring who were protected until 6-9 months. With the advent of vaccines, a higher percentage of mothers will be seronegative (have no antibodies) and will not pass those antibodies on to their children, at precisely the time that the vaccines are not effective, and yet the infant is most vulnerable. On the other hand, those who would ordinarily be better off receiving maternal antibodies might find themselves in the untenable position of having those very antibodies interfere with vaccine efficacy, with the end-result that neither the vaccine nor the antibodies were protective."

(Wilkins, J and Wehrle, PF, "Additional evidence against measles vaccine administration to infants less than 12 months of age: altered immune response following active/passive immunization," *J Pediatr* 94:6 (June 1979):865-869)

<http://www.ncbi.nlm.nih.gov/pubmed/448525?dopt=Abstract>

(Narod, S (letter) "Measles vaccination in Haiti," *New Engl J Med* 314:9 (Feb 27 1986):581-582)

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See also

"Reasonable People Can Disagree: The rationale for allowing philosophical exemptions to vaccinations"

<http://www.vaccinationnews.com/dailynews/may2001/reaspeopdis.htm>

Authors of a study published recently in the *Journal of Pediatrics* conclude that: **"infants whose mothers are born since measles vaccine licensure in 1963 are significantly more susceptible to measles than are infants of older mothers . . ."** ("Increased susceptibility to measles in infants in the United States," *Journal of Pediatrics* 1999 (Nov); 104 (5): e59)

In the above study, it was found that infants whose mothers were born after 1963 (the majority of whom had been vaccinated) had a measles incidence rate of 33%, compared with an incidence rate of 12% for infants of older mothers, all of whom had not been vaccinated for measles.

This discrepancy makes sense, because vaccinated mothers transfer fewer *naturally produced* measles antibodies to their newborns, so their babies are more susceptible to measles.

In the case of whooping cough, the majority of doctor-reported vaccine-related deaths are due to the whooping cough vaccine -- the "p" in DpT. In fact, the number of pertussis vaccine-related deaths dwarfs the number of deaths from pertussis itself.

It is not known exactly how many deaths have occurred from the pertussis vaccine, because doctors underreport vaccine adverse events. Normally I don't trust the FDA to tie its own shoes, and certainly not to give candy to babies (see <http://www.sweetpoison.com/>), but if even the FDA admits that doctors report only 10% of adverse reactions, we can speculate that the chances of dying from the pertussis vaccine are at the very least 100 times greater than the chances of dying from pertussis itself.

If death isn't enough, another serious adverse effect of vaccines is chronic disease. Vaccines, it turns out, have a causal relation to the growing epidemic of allergies, asthma, attention deficit disorders and hyperactivity, and -- you guessed it -- autism.

Dr. F. Edward Yazbak writes:

"Autism, as an entity, was unknown before the early 1940s . . . A steep increase in its prevalence was noted in the United States starting in the late 70s and in the United Kingdom after 1988 following the extensive use of the MMR vaccine in both countries.

"A new clinical picture also started to emerge around the same period.

"While earlier, symptoms of autism were noticed shortly after birth . . . lately many of the affected children are healthy and developmentally normal in the first 12 to 15 months of life.

"Sometime between 15 and 18 months of age, they suddenly stop acquiring new skills and then start regressing, losing speech and social dexterity. At the same time, neurological, immune and gastrointestinal symptoms appear: some children develop seizures, some have recurrent infections and are prescribed repeated courses of antibiotics and some start with peculiar eating habits and severe diarrhea

. . .

"Most affected children today are not simply "autistic", a psychiatric behavioral description. They suffer from a multi-system medical syndrome, called Regressive Autism. They do not require psychiatric care and medication only; they need medical treatment, dietary intervention and the close attention of a multidisciplinary team of therapists. . .

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"As far as many parents are concerned, the timing of the behavioral, speech and cognitive changes appeared to follow the first dose of MMR.

"Some parents have also reported that their children, after improving on special diets, supplements and behavioral therapy, regressed a second time around the age of 5 years shortly after receiving their MMR booster. Such double-hit situation (challenge-rechallenge) has been accepted in courts and by a committee of the Institute of Medicine . . . as proof of causation."

<http://www.mombu.com/medicine/cancer/t-regressive-autism-and-mmr-vaccination-virus-chemotherapy-autism-obesity-12722100-new.html>

The vaccine "authorities," however, do not know what causes autism but are "certain" that the administration of the MMR vaccine is not responsible for Regressive Autism and are "convinced" that any temporal association between the two is "simply a coincidence."

<http://www.mombu.com/medicine/cancer/t-regressive-autism-and-mmr-vaccination-virus-chemotherapy-autism-obesity-12722100-new.html>

Bernard Rimland, Founder of the Autism Society of America and Founder/President of the Autism Research Institute (ARI) in San Diego, writes that, even though the MMR vaccine does not contain the mercury derivative thimerosal suspected of being a main cause of autism, thimerosal-containing vaccines are still suspect.

"The fact that the number of cases of regressive autism still continued to rise rapidly in the 90's, after MMR vaccination rates had been consistently high for several years, seems to support this theory."

Again, however, "The vaccine authorities have . . . ruled out such a connection. . . ."

<http://www.mombu.com/medicine/cancer/t-regressive-autism-and-mmr-vaccination-virus-chemotherapy-autism-obesity-12722100-new.html>

Now, guess what the CDC -- our main vaccine "authority" -- left out of its November 2003 study published in Pediatrics, a study which looked at

thimerosal-containing vaccines? They left out the fact that the relative risk for autism is 2.48 times higher for children who receive 62.5 micrograms or more of mercury from thimerosal-containing vaccines by 3 months of age. See Kelly Patricia O'Meara's article, "CDC Study Raises Level of Suspicion"

www.safeminds.org/research/library/20031223.pdf

In other words, it left out the fact that if you give a baby many shots at once, the mercury in those shots can cause autism.

That seems like a pretty important fact for the "authorities" to leave out of a report on thimerosal-containing vaccines.

Now guess who was specifically responsible for dropping this information from the study? A man named Thomas Verstraeten, who submitted the study for publication and who at the time of submission was an employee of GlaxoSmithKline, a pharmaceutical company and vaccine manufacturer.

Now, this is a strange story to be telling, right? I mean, one would think that the Centers for Disease Control and Prevention would want to control and prevent disease. But clearly there are other forces at work. We find this not-so-reassuring quote on the CDC's web site:

"The weight of currently available scientific evidence does not support the hypothesis that vaccines cause autism. We recognize there is considerable public

interest in this issue, and therefore support additional research regarding this hypothesis. CDC is committed to maintaining the safest, most effective vaccine supply in history."

(As of June 1, 2012, the above quote has been changed to the following: "Monitoring health problems after vaccination is essential to ensure the United States continues to have the safest, most effective vaccine supply in history.")

http://www.cdc.gov/od/science/iso/mmr_autism.htm

As opposed to what other vaccine supply? You mean the vaccine supply that didn't work and wasn't safe before? But the new vaccines actually are going to work and be safe?

Institutional medicine doesn't lend itself to straight talk, so if you go to medical institutions for medicine, timorously approach the jabberwock and uffishly shun or shake the vorpal sword, you are met with a barrage of doublespeak and zerothink, which are the children of the exclusive worship of Mammon. Greed in, garbage out.

Fortunately, it turns out that our story doesn't ultimately end with the CDC. Yes, the CDC and Jenner and Pasteur and the pharmaceutical companies all combine to form the Minotaur at the center of the maze, and we have to pay a brief visit to them.

But once the Minotaur is seen for what it is, once the darksome veil falls and the coins cascade to the

floor, the way out of the maze is to go galumphing back to our own simple lives. That's where our story ends, in our own houses.

Once we've negotiated the heady maze of information on vaccines and "killed the Minotaur," we turn back to the simple life. And what is the simple life? It is life as it should be. It is our bodies in our own hands.

It's not the CDC's responsibility to prevent my disease or yours. It never has been and it never will be. My health is my responsibility, not the responsibility of some far-off government agency that doesn't know the first thing about me.

This doesn't mean I don't seek the help of experts. In times of serious trouble like autism, the help of experts is precisely what I seek. But the government is not expert. Independent researchers are experts.

As families have begun to recognize that the CDC does not have reliable sources of information at its base, that it is an agency mired in conflict of interest and creaking under the tulgey weight of Orwellian baggage, they have begun to turn to alternative information sources.

I am often asked for advice on vaccination. Because I am not a health professional, but merely a guy who has done a lot of research, I cannot legally give medical advice. All I can do as a layperson is present the evidence that I have found and say what I would do in a similar situation.

So if you asked me whether or not I would vaccinate my children for any reason, I would answer, "If I had children, I would not vaccinate them under any circumstance whatsoever. Disease exists. Vaccination is not the answer."

But let's say your child has been vaccinated. And let's say your child has had serious adverse effects from the vaccine. Let's say further that your child has been diagnosed with autism. What's your first move?

I don't know the answer to that question. Curative track records are emerging rapidly, springing up like wildflowers after a forest fire. It's a new frontier, and I don't pretend to be on the front lines. There are, however, many pioneers at this conference who have some solid things to say on this subject, and you may have heard some of them. If you pinned me down for my thoughts on the matter, though, I would say the following:

"If my child became autistic following administration of a vaccine, I would look seriously into the following options:

A gluten-free, casein-free diet, specifically the Feingold diet.

<http://www.feingold.org/autism.php>

Clay baths.

<http://www.magneticclay.com/testimonials.php>

Homeopathy. Amy Lansky's book, *Impossible Cure: The Promise of Homeopathy*, is inspiring.

<http://www.renresearch.com/autism.html>

Jaquelyn McCandless's new book, *Children with Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder*, is full of cutting-edge information on autism treatment.

<http://www.generationrescue.org/resources/recommended-reading-2/>

For those interested in *preventing* autism, that too is within reach. Fortunately, although vaccines are "mandated," no vaccine is mandatory. You and your children can always avoid receiving any vaccine, even when you are traveling to another country, by claiming any of three exemptions: religious, medical, or philosophical. Some states do not allow one or more of these, but all states allow some exemption.

State and federal governments give their citizens an out, not because citizens' health is at issue, or because governments want their citizens to have freedom of choice, or because governments in any way care about you and yours, but because governments simply don't want to be sued for vaccine adverse events.

What is the answer to 99 out of 100 questions?

Money.

The much-touted success of vaccination is a story. It is an epic of man's triumph over nature, a narrative that chronologues the victories of grand-scale vaccination programs, a step-by-step account of the rise and fall of dread diseases like polio, whooping cough, diphtheria, smallpox, and measles. The story of vaccination is Biblical in its grandeur. Moses-like, its heroes part the Red Sea of disease, caducei held high, bright sterilized needles shining in the light of a praiseful sun. In the history of medicine, there is simply nothing like it.

Vaccination is the greatest medical story ever told. And it is, without any doubt whatsoever, a fabulous fiction, a story born of a few individuals' desire for both fame and financial gain. The story of vaccination is the greatest medical story ever sold to a penny-unwise, super-credulous public.

But here's the good news. If a poet, a dreamer, can enter the maze of information and disinformation on vaccination and grab the dogma by the tail, anybody can.

The information is out there. Honest researchers writing for honest purposes have left us a thin but strong Ariadne's thread both into and out of the maze. All we have to do is hold the torches of our intellects before us, find the thread, and put one foot in front of the other. And any of us can sail back from the island of institutional medicine and land safely on the mainland of common sense.

And the first thing we do on the mainland is buy Jamie Murphy's book, *What Every Parent Should*

Know about Childhood Immunization. This is a lucid, humble, questioning book that in my opinion makes Murphy the Job of the scientific age, but a Job who has alchemically transmuted his anger into gold.

Next we get our hands on Tim O'Shea's *The Sanctity of Human Blood: Vaccination Is Not Immunization* -- truly a wild ride in institutional medicine's Show Me The Money Rodeo. The book is now in its eighth edition.

And no mainland library is complete without Neil Z. Miller's excellent books. And the list goes on. . . .

One last dip into the toxic world of vaccines.

There are many crimes against newborns routinely committed in the modern-day hospital (and I use the word "crime" in its full meaning). But one of the main institutional assaults is by needle. In U.S. hospitals, newborns are required to receive the hep B vaccination before discharge. This vaccine can *cause* hepatitis B and may result in serious debilitating side effects and even death.

Now, aside from the fact that no vaccine has ever been shown to work, there is another problem with mandatory infant hep B vaccination. Hepatitis B is a blood-borne disease found largely in populations of IV drug users and the sexually adventurous. By these criteria, the hep B vaccine has no business in the bloodstreams of newborn babies.

How pharmaceutical companies have been able to keep key epidemiological vaccination data out of

medical school textbooks for four decades I don't know. But they did it.

Now, neither you nor I can get to the pharmaceutical companies. They're protected. They have protected themselves with the National Vaccine Injury Compensation Program.

This program turns the U.S. government into a shield between the pharmaceutical companies and the people they injure. The arrows of parents' grief fly like rain toward their targets, but they can never reach them. Not because space is infinitely divisible, but because pharmaceutical companies are monstrously powerful -- powerful enough to convince a nation that individuals who are vaccine damaged, and whose children are vaccine damaged, should pay first in grief and second in tax dollars.

* * *

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