THE VACCINE CONTROVERSY

By definition, drugs are supposed to be administered to those who are ill. But there's an entire class of drugs intended to be given only to people who are well: vaccines (that is, at least until recently).

Until about the early 2000s, the medical community's official position was that vaccinations should be given only to people presumed healthy. This is because the sick are acknowledged to be too immunologically weak to handle the effects that the vaccines are designed to produce. However, the medical community appears to have reversed its original (wise) position; and now, most doctors routinely advocate vaccinating everyone, whether they are healthy or ill. During flu season, the media urges everyone—*especially* the elderly and the ill—to receive vaccinations. And now children, and even infants who have just been born, are routinely being given vaccinations, often five at a time.

Despite mainstream medicine's claims that vaccines are necessary to eradicate disease, there are many convincing rebuttals to this argument that vaccination proponents never address. I will discuss the history of vaccines, what's in them, how they work (usually, not as intended), the political climate surrounding their forced administration, how to lessen their negative effects, and alternatives to them altogether. I will also address rabies shots, which in the US are mandatory for pets and some livestock.

The Origin of Vaccines

In present-day United States and other technologically advanced countries, vaccines are so common that it may be difficult to believe the world ever got along without them. But, like any commodity, vaccines have a history—and, like any commodity, a marketing strategy as well. The official history of vaccines is a familiar one, because it's constantly repeated by mainstream medicine. However, as with so many things in life that appear to be true, the tale we're told by mainstream medicine may not be as simple (or accurate) as we've been led to believe. The truth is more easily understood with a curious, questioning, open mind.

The major push to use and promote vaccines is rightfully attributed to Edward Jenner, an 18th century Englishman. Although modern medicine calls Jenner a doctor, the truth is much more complex, as revealed when we examine literature that cites primary source materials from the 1700s and 1800s. One heavily annotated article by Jennifer Craig, "Smallpox Vaccine: Origins of Vaccine Madness," states that although Jenner set up a practice as a surgeon and fancied himself a country doctor, he had not earned that title. She quotes Walter Hadwen, MD, who described Jenner in a speech presented in 1896:

> Now this man Jenner had never passed a medical examination in his life. He belonged to the good old times when George III was King, when medical examinations were not compulsory. Jenner looked upon the whole thing as a superfluity. It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he communicated with a Scotch university and obtained the degree of Doctor of Medicine for the sum of 15 [pounds] and nothing more. [153]

The account of Jenner's "discovery" is well known in medical circles. During that time, milkmaids sometimes contracted cowpox—similar to the much more virulent human disease, smallpox—from the cows they milked. Jenner heard that milkmaids who'd previously been infected with cowpox were subsequently immune to smallpox. So he designed an experiment, based on the theory that cowpox blisters festering in afflicted individuals would protect them later from smallpox. In May 1796, Jenner injected pus, which he'd scraped from the cowpox blisters of a milkmaid, into an 8-year-old boy. The boy developed a fever, but not a full-blown cowpox infection. Then Jenner injected the boy with live smallpox pathogens to see if the lad would develop smallpox. He did not. Then the boy was injected with smallpox a second time; and again, apparently nothing happened. Thus Jenner proclaimed his experiment a success.

The tales about the milkmaids that Jenner believed were either the truth (according to vaccine supporters) or rumors (according to vaccine opponents). After Jenner's death, a physician wrote that cowpox had been confused with smallpox because each disease contains the word "pox." "To a pathologist or epidemiologist, it is as truly nonsense to speak of cowpox becoming smallpox as it is legitimate nonsense to prove that a horse chestnut is a chestnut horse." [154] Even if the stories that Jenner had heard were true, he committed three serious infractions. One, he did not bother to confirm the tales of immune milkmaids, instead relying completely on heresay. Two, he performed an unethical experiment, the act of deliberately inflicting illness on another human being. Three, he drew conclusions that were not supported by sound science—if indeed, it could be called "science" at all. Based on *one test subject*, Jenner decided that his vaccine was successful as a medical treatment—which he tirelessly promoted as such. This is the origin of *all* present-day vaccines. Jenner is the man to whom the medical community sometimes refers as the "Father of Immunology."

Jenner's procedure, originally called "cowpoxing," was later referred to as *vaccination*, based on the Latin word for "cow," which is *vacca*. However, it was the Chinese who first used a rudimentary form of vaccination called *variolation*. It may have been practiced as early as 1000 BC, and was more widely used between the 14th and 17th centuries. Another heavily annotated article, "Vaccination: A Mythical History"—this one, by medical doctor Suzanne Humphries and Roman Bystrianyk—explains that the idea of vaccination:

> was introduced to the Western world by Lady Mary Wortley Montagu in 1717 [or 1718, according to Jennifer Craig]. She had returned from the Ottoman Empire with knowledge of the practice of inoculation against smallpox, known as variolation. This type of inoculation was simply a matter of *infecting a person with smallpox at a time and in a setting of his choosing*. The idea behind inoculation was that, *in a controlled setting*, people would do better against the disease than if they contracted it at some possibly less desirable time and place in the future. [emphasis added] [155]

The early Asian practice of infecting someone in a controlled setting is similar to modern "chicken pox parties" or "mumps parties" (or any gathering featuring other communicable childhood diseases), where children are sent to play with an infected child so they will contract the disease and be treated in a conscientious manner. Significantly, the oldest forms of variolation involved exposure to smallpox scabs via the skin or inhalation, rather than by injection—which makes sense, because in daily living, the disease is contracted via touch or through the air. However, in her travels, Lady Montagu also encountered a more direct, crude predecessor to inoculations. "The old woman rips open the vein that you offer her," Montagu wrote, "and puts into the vein as much [smallpox] venom as can lie upon the head of her needle . . . [The people] are well for eight days. Then the fever seizes them and they keep their beds two days . . . then they are as well as before their inoculation." [156]

Throughout history, trends have often been started by famous people. With the practice of inoculation, it was no different. Soon after Lady Montagu's return to England, the upper classes were receiving vaccinations. Jennifer Craig reports that almost immediately, "two people died: a young servant in a Lord's household and the small son of the Earl of Sutherland. The church deplored the intervention in God's will, physicians deplored the influence of 'ignorant women,' and the public deplored the spread of the disease." Moreover, she writes, the disease was spread because "inoculated people were fully contagious during their brief illness," and therefore "they could, and did, start epidemics." [157] If vaccinated folk truly enjoyed a lower mortality rate than those who had naturally contracted smallpox, Humphries and Bystrianyk suggest that those improvements, rather than being due to inoculation, "had something to do with the fact that the wealthy had better access to more nutritious food and a cleaner environment than the majority of society." [158]

Meanwhile, Jenner was busy marketing his idea.

> In 1798, Jenner published his results claiming lifelong protection against smallpox, using his discovery with only rumors to support his contention. While he promoted the use of his technique based on the tale that someone infected with cowpox would be immune to smallpox, there were doctors of the time who challenged this myth, *because they had seen smallpox follow cowpox*. At a meeting of the Medico-Convivial Society, Jenner was ridiculed over his practice. [emphasis added] [159]

Note that the Medico-Convivial Society medical gathering was not the first place in which prophylactic vaccination had been challenged. Much earlier, in 1764, an article called "The Practice of Inoculation Truly Stated" was published in *The Gentleman's Magazine and Historical Chronicle*. The author observed that because smallpox was a contagious disease, deliberately infecting more people would simply create new venues to spread it. Comparing the number of deaths from smallpox in the 38 years before the introduction of inoculation to the 38 years after its introduction, the author found that the number of deaths had *increased*, rather than decreased. "The practice of inoculation," he wrote, "manifestly tends to spread the contagion." [160] Humphries and Bystrianyk agree that the "one major and generally unacknowledged drawback to variolation [was that] those inoculated could and did spread smallpox, creating more deaths than there would have been naturally." [161] However, this didn't stop Jenner from claiming that his experiment was the newest and best way to combat disease.

In 1799, three years after Jenner's one and only test case, a Mr. Drake repeated Jenner's experiment. He inoculated some children with cowpox material obtained from Jenner, followed by smallpox material—to test if the cowpox inoculation had been effective. All of the children developed smallpox. Humphries and Bystrianyk, referring to a published account from 1898, write that "Jenner received the report but decided to ignore the results because they were not in support of his theory." [162]

By the early 1800s, there were many documented cases of vaccine failure. "Dr. Lettsom, writing in 1806, tells us that whereas smallpox deaths for 42 years before inoculation were 72 per thousand, there were 89 per thousand in the 42 years after its introduction." [163] In 1809, the *Medical Observer* recorded the names, dates, and locations of the people who had died from inoculations. One entry read, "The patient had been vaccinated, and the parents were assured of its security. The vaccinator's name was concealed." [164] A doctor wrote later, in "The Case Against Vaccination" (published in 1896): "The cow doctors could have told him [Jenner] of hundreds of cases where small-pox had followed cow-pox." [165] And in 1817, an article in *The London Medical Repository Monthly Journal and Review*, Volume VIII, stated that "the number of all ranks suffering under Small Pox, who have previously undergone Vaccination by the most skillful practitioners, is at present alarmingly great." [original spelling and punctuation intact] [166]

In 1819, in an article called "On the Present State of Vaccination," surgeon Thomas Brown wrote that after vaccinating 1,200 people, he was disappointed because people could still contract smallpox and even die from it. Therefore, he vowed, he would no longer support the practice. [167] This was a brave stance, considering that physicians were well compensated for administering vaccines (just as they are today). Craig explains how the medical profession rationalized the failure rates:

> It didn't take long before cases of smallpox among the vaccinated were reported. The first response was denial, but when the vaccinated were obviously afflicted, Jenner and his supporters said that the disease was milder in form. But when the vaccinated caught the disease and died, [vaccine supporters] had to come up with another explanation. Re-naming the disease did the trick—they didn't die of smallpox, they died of the re-named disease: "spurious cowpox."
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> Despite increasing evidence that vaccination with cowpox pus did not prevent smallpox, the practice continued. Physicians, for the first time, attended the healthy; 100% of their catchment areas could now be treated instead of the 10% who had contracted smallpox. As Dr. Hadwen so aptly remarked in 1896, "What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100% of the fools in the world—the vast majority—into buying vaccine than it does to treat the small minority who really get smallpox and who cannot afford to pay anything. It was indeed a very great

Why G.B. Shaw Changed His Mind

George Bernard Shaw (1856–1950) was born in Dublin, Ireland. He was a social critic, journalist, novelist, co-founder of the London School of Economics, and advocate of equal rights for women. Although Shaw wrote prolifically about education, religion, class privilege, government and health, he's probably best known for being a playwright. His stage play, *Pygmalion*, was adapted for a film, and later for a musical, called *My Fair Lady*. Shaw won a Nobel Prize in Literature in 1925, and an Academy Award in 1938 for his work on the film version of *Pygmalion*.

July, 1931

Dear George Bernard Shaw:

A few years ago I believe you stated that you were opposed to vaccination. It has been said that great men frequently change their minds, and I should like to ask whether you still condemn vaccination?

Will you forgive me if I ask whether you have ever been successfully vaccinated? The subject of vaccination is one that interests millions of persons, and is my excuse for asking these personal questions. With best wishes for a long, healthy life, I am,

Yours very truly,
Chas. F. Pabst, MD

London, July 19, 1931

Dr. Pabst:

I was vaccinated in infancy and had 'good marks' of it. In the great epidemic of 1881 (I was born in 1856) I caught smallpox.

During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases as pustular eczema, varioloid, or what-not—except smallpox. I discovered a suppressed report of the Metropolitan Asylums Board on a set of re-vaccinations which had produced extraordinarily disastrous results. Meanwhile I had studied the literature and statistics of the subject. I even induced a celebrated bacteriologist to read Jenner. I have no doubt whatever that vaccination is an unscientific abomination and should be made a criminal practice.

G. Bernard Shaw

—from A.R. Hale, *The Medical Voodoo*, 1935
vaccinationcouncil.org/2010/02/26/
smallpox-vaccine-origins-of-vaccine-madness

discovery—worth thousands of millions. That is why this kind of blackmail is still kept going.". . . When Jenner died in 1823, three kinds of small pox vaccines were in use: 1) cowpox—promoted as "pure lymph from the calf," 2) horsegrease—promoted as "the true and genuine life-preserving fluid," and 3) horsegrease cowpox.

Following Jenner's death, the vaccine establishment used one excuse after another to explain the failure of vaccination: the number of punctures was incorrect, or that re-vaccination was necessary, or that the lymph was impure. The smallpox deaths of vaccinated patients in [the] hospital were recorded as "pustular eczema."[168]

> It would seem to be impossible for a rational mind to conceive that a filthy virus derived from a smallpox corpse, the ulcerated udder of a cow, or the running sores of a sick horse's heels, and cultivated in scabbed festers on a calf's abdomen, could fail to have disastrous effects when inoculated into the human body.
>
> —Maurice Beddow Bayly, MRCS, LRCP
> June 1936
> whale.to/vaccines/bayly.html

From 1820 to 1822, smallpox escalated to epidemic proportions in the north of England. In 1829, the British medical journal *Lancet* reported: "It attacked many who had had small-pox before, and often severely; almost to death; and of those who had been vaccinated, it left some alone, but fell upon great numbers."[169] Seventy-three years after Jenner's death, the medical community was still trying to undo the damage that he had created.

Nevertheless, enthusiasm for vaccines spread to other countries, including the US, France, and Germany. Clearly, though, vaccines weren't delivering what they promised. "Data from Boston that begins in 1811," analyze Humphries and Bystrianyk, "shows that, starting around 1837, there were periodic smallpox epidemics that culminated in the great 1872 epidemic." The periodic episodes occurred in 1855, 1859, 1860, 1864, 1865 and 1867, just before that final infamous epidemic. From 1872 to 1873, there was:

> the most severe smallpox epidemic since the introduction of vaccination. These repeat smallpox epidemics showed that the strict vaccination laws instituted by Massachusetts in 1855 had no effect at all. . . . In fact, more people died in the 20 years afer the strict Massachusetts vaccination compulsory laws than in the 20 years before.
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> By this point, the medical profession no longer claimed lifelong protection against smallpox from a single vaccination. Instead, claims were made that vaccination made smallpox less likely to kill or that smallpox would be milder. Calls were then made for revaccination. [170]

In 1869, back in the United States, *The New York Times* commented on the inoculation situation in England: "The public vaccinators have received immense sums from Parliament. . . . Other sums, also, which I cannot name, have been granted for the purpose of sustaining this monstrous fraud. Has ever a quack remedy produced so much gain?"[171]

By the first part of the 20th century, the town of Leicester, in England, was widely reported in the news because the majority of its citizens refused vaccinations—despite grim prophesies that they were inviting a smallpox outbreak. To the surprise of many, deaths from smallpox proved far lower than when the vaccination rates had been high. Dr. J.W. Hodge's article, "How Small-Pox was Banished from Leicester," discussed how an unvaccinated population was less susceptible to—and less afflicted by—the disease than vaccinated populations.[172] In fact, figures analyzed by Humphries and Bystrianyk show that from 1859 to 1922, official deaths related to vaccination exceeded more than 1,600. "Official" figures were obtained only from the deaths that were acknowledged and reported; many more may have died from inoculations. Dr. Tebb wrote, in 1884: "Vaccination was made compulsory by an Act of Parliament in the year 1853; again in 1867; and still more stringent in 1871. Since 1853, we have had three epidemics of small-pox, each being more severe than the one preceding."[173]

Over time, symptoms of smallpox became much milder and the severity of the disease lessened. In fact, smallpox became much more difficult to diagnose, and was often confused with chicken pox. "By the 1920s," report Humphries and Bystrianyk, "it was recognized that the new form of smallpox produced little in the way of symptoms, even though few had been vaccinated." Despite how few people were vaccinated, however:

> there was never a resurgence of smallpox. Even though smallpox was not a major issue, the practice of smallpox vaccination continued from the time of the last smallpox death in the United States in 1948 up until 1963. This resulted in an estimated 5,000 unnecessary vaccine-related hospitalizations from generalized rash, secondary infections, and encephalitis. [174]