COVID vaccine—history matters

by Jon Rappoport

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Now that governments are going to roll out "a vaccine to save the world" (see here and here), people should become aware of a history they don't know exists.

The article below was a small section of my book, *AIDS INC.*, which I wrote in 1987-8. At the time, I decided to take a look at vaccines and see what I could find out about them.

My ensuing research led me into all sorts of surprising areas.

Since the period of 1987-8, much more has come to light about vaccine safety and efficacy. Here is what I discovered way back when—

"The combined death rate from scarlet fever, diphtheria, whooping cough and measles among children up to fifteen shows that nearly 90 percent of the total decline in mortality

between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization. In part, this recession may be attributed to improved housing and to a decrease in the virulence of micro-organisms, but by far the most important factor was a higher host-resistance due to better nutrition." Ivan Illich, Medical Nemesis, Bantam Books, 1977

"In a recent British outbreak of whooping cough, for example, even fully immunized children contracted the disease in fairly large numbers; and the rates of serious complications and death were reduced only slightly. In another recent outbreak of pertussis, 46 of the 85 fully immunized children studied eventually contracted the disease.

"In 1977, 34 new cases of measles were reported on the campus of UCLA, in a population that was supposedly 91% immune, according to careful serological testing. Another 20 cases of measles were reported in the Pecos, New Mexico, area within a period of a few months in 1981, and 75% of them had been fully immunized, some of them quite recently. A survey of sixth-graders in a well-immunized urban community revealed that about 15% of this age group are still susceptible to rubella, a figure essentially identical with that of the pre-vaccine era." Richard Moskowitz, MD, The Case Against Immunizations, 1983, American Institute

of Homeopathy.

“Of all reported whooping cough cases between 1979 and 1984 in children over 7 months of age – that is, old enough to have received the primary course of the DPT shots (diphtheria, pertussis, tetanus) – 41% occurred in children who had received three or more shots and 22% in children who had one or two immunizations.

“Among children under 7 months of age who had whooping cough, 34% had been immunized between one and three times...

“... Based on the only U.S. findings on adverse DPT reactions, an FDA-financed study at the University of California, Los Angeles, one out of every 350 children will have a convulsion; one in 180 children will experience high-pitched screaming; and one in 66 will have a fever of 105 degrees or more.” Jennifer Hyman, Democrat and Chronicle, Rochester, New York, special supplement on DPT, dated April, 1987.

“A study undertaken in 1979 at the University of California, Los Angeles, under the sponsorship of the Food and Drug Administration, and which has been confirmed by other studies, indicates that in the U.S.A. approximately 1,000 infants die annually as a direct result of DPT vaccinations, and these are classified as SIDS (Sudden Infant Death

Syndrome) deaths. These represent about 10 to 15% of the total number of SIDS deaths occurring annually in the U.S.A. (between 8,000 and 10,000 depending on which statistics are used)." Leon Chaitow, Vaccination and Immunization, CW Daniel Company Limited, Saffron Walden, Essex, England, 1987.

"Assistant Secretary of Health Edward Brandt, Jr., MD, testifying before the U.S. Senate Committee on Labor and Human Resources, rounded... figures off to 9,000 cases of convulsions, 9,000 cases of collapse, and 17,000 cases of high-pitched screaming for a total of 35,000 acute neurological reactions occurring within forty-eight hours of a DPT shot among America's children every year." DPT: A Shot in the Dark, by Harris L. Coulter and Barbara Loe Fischer, Harcourt Brace Jovanovich.

"While 70-80% of British children were immunized against pertussis in 1970-71, the rate is now 39%. The committee predicts that the next pertussis epidemic will probably turn out to be more severe than the one in 1974/75. However, they do not explain why, in 1970/71, there were more than 33,000 cases of pertussis with 41 fatal cases among the very well immunized British child population; whereas in 1974/75, with a declining rate of vaccination, a pertussis epidemic caused only 25,000 cases with 25 fatalities." Wolfgang Ehrengut, Lancet, Feb. 18, 1978, p. 370.

“... Barker and Pichichero, in a prospective study of 1232 children in Denver, Colorado, found after DTP that only 7% of those vaccinated were free from untoward reactions, which included pyrexia (53%), acute behavioral changes (82%), prolonged screaming (13%), and listlessness, anorexia and vomiting. 71% of those receiving second injections of DTP experienced two or more of the reactions monitored.” Lancet, May 28, 1983, p. 1217

“Publications by the World Health Organization show that diphtheria is steadily declining in most European countries, including those in which there has been no immunization. The decline began long before vaccination was developed. There is certainly no guarantee that vaccination will protect a child against the disease; in fact, over 30,000 cases of diphtheria have been recorded in the United Kingdom in fully immunized children.” Leon Chaitow, Vaccination and Immunization, p. 58.

“Pertussis (whooping cough) immunization is controversial, as the side effects have received a great deal of publicity. The counter claim is that the effectiveness and protection offered by the procedure far outweigh the possible ill effects... annual deaths, per million children, from this disease over the period from 1900 to the mid-nineteen seventies, shows that from a high point of just under 900 deaths per million children (under age 15) in 1905, the

decline has been consistent and dramatic. There had been a lowering of mortality rates of approximately 80% by the time immunization was introduced on a mass scale, in the mid-nineteen fifties. The decline has continued, albeit at a slower rate, ever since. No credit can be given to vaccination for the major part of the decline since it was not in use." Chaitow, Vaccination and Immunization, p. 63.

"... the swine-flu vaccination program was one of its (CDC) greatest blunders. It all began in 1976 when CDC scientists saw that a virus involved in a flu attack outbreak at Fort Dix, N.J., was similar to the swine-flu virus that killed 500,000 Americans in 1918. Health officials immediately launched a 100-million dollar program to immunize every American. But the expected epidemic never materialized, and the vaccine led to partial paralysis in 532 people. There were 32 deaths." U.S. News and World Report, Joseph Carey, October 14, 1985, p. 70, "How Medical Sleuths Track Killer Diseases."

"Despite (cases) in which (smallpox) vaccination plainly failed to protect the population, and despite the rampant side-effects of the methods, the proponents of vaccination continued their attempts to justify the methods by claims that the disease had declined in Europe as a whole during the period of its compulsory use. If the decline could be correlated with the use of the vaccination, then all else

could be set aside, and the advantage between its current low incidence could be shown to outweigh the periodic failures of the method, and to favour the continued use of vaccination. However, the credit for the decline in the incidence of smallpox could not be given to vaccination. The fact is that its incidence declined in all parts of Europe, whether or not vaccination was employed." Chaitow, Vaccination and Immunization, pp. 6-7.

"Smallpox, like typhus, has been dying out (in England) since 1780. Vaccination in this country has largely fallen into disuse since people began to realize how its value was discredited by the great smallpox epidemic of 1871-2 (which occurred after extensive vaccination)." W. Scott Webb, A Century of Vaccination, Swan Sonnenschein, 1898.

"In this incident (Kyoto, Japan, 1948) – the most serious of its kind – a toxic (vaccine) batch of alum-precipitated toxoid (APT) was responsible for illness in over 600 infants and for no fewer than 68 deaths.

"On 20 and 22 October, 1948, a large number of babies and children in the city of Kyoto received their first injection of APT. On the 4th and 5th of November, 15,561 babies and children aged some months to 13 years received their second dose. One to two days later, 606 of those who had been injected fell ill. Of these, 9 died of acute diphtheritic paralysis in seven to fourteen days, and 59 of late paralysis

mainly in four to seven weeks." Sir Graham Wilson, Hazards of Immunization, Athone Press, University of London, 1967.

"Accidents may, however, follow the use of this so-called killed (rabies) vaccine owing to inadequate processing. A very serious occurrence of this sort occurred at Fortaleza, Ceara, Brazil, in 1960. No fewer than 18 out of 66 persons vaccinated with Fermi's carbolized (rabies) vaccine suffered from encephalomyelitis and every one of the eighteen died." Sir Graham Wilson, Hazards of Immunization.

"At a press conference in Washington on 24 July, 1942, the Secretary of War reported that 28,585 cases of jaundice had been observed in the (American) Army between 1 January and 4 July after yellow fever vaccination, and of these 62 proved fatal." Sir Graham Wilson, Hazards of Immunization.

"The world's biggest trial (conducted in south India) to assess the value of BCG tuberculosis vaccine has made the startling revelation that the vaccine 'does not give any protection against bacillary forms of tuberculosis.' The study said to be 'most exhaustive and meticulous,' was launched in 1968 by the Indian Council of Medical Research (ICMR) with assistance from the World Health Organization (WHO) and the U.S. Centers for Disease Control in Atlanta, Georgia.

“The incidence of new cases among the BCG vaccinated group was slightly (but statistically insignificantly) higher than in the control group, a finding that led to the conclusion that BCG’s protective effect ‘was zero.’” New Scientist, November 15, 1979, as quoted by Hans Ruesch in Naked Empress, Civis Publishers, Switzerland, 1982.

“Between 10 December 1929 and 30 April 1930, 251 of 412 infants born in Lubeck received three doses of BCG vaccine by the mouth during the first ten days of life. Of these 251, 72 died of tuberculosis, most of them in two to five months and all but one before the end of the first year. In addition, 135 suffered from clinical tuberculosis but eventually recovered; and 44 became tuberculin-positive but remained well. None of the 161 unvaccinated infants born at the time was affected in this way and none of these died of tuberculosis within the following three years.” Hazards of Immunization, Wilson.

“We conducted a randomized double-blind placebo-controlled trial to test the efficacy of the 14-valent pneumococcal capsular polysaccharide vaccine in 2295 high-risk patients… Seventy-one episodes of proved or probable pneumococcal pneumonia or bronchitis occurred among 63 of the patients (27 placebo recipients and 36 vaccine recipients)… We were unable to demonstrate any efficacy of the pneumococcal vaccine in preventing

pneumonia or bronchitis in this population." New England Journal of Medicine, November 20, 1986, p. 1318, Michael Simberkoff et al.

"But already before Salk developed his vaccine, polio had been constantly regressing; the 39 cases out of every 100,000 inhabitants registered in 1942 had gradually diminished from year to year until they were reduced to only 15 cases in 1952... according to M. Beddow Baylay, the English surgeon and medical historian." Slaughter of the Innocent, Hans Reusch, Civitas Publishers, Switzerland, and Swain, New York, 1983.

"Many published stories and reports have stated, implied and otherwise led professional people and the public to believe that the sharp reduction of cases (and of deaths) from poliomyelitis in 1955 as compared to 1954 is attributable to the Salk vaccine... That it is a misconception follows from these considerations. The number of children inoculated has been too small to account for the decrease. The sharp decrease was apparent before the inoculations began or could take effect and was of the same order as the decrease following the immediate post-inoculation period." Dr. Herbert Ratner, Child and Family, vol. 20, no. 1, 1987.

"So far it is hardly possible to gain insight into the extent of the immunization catastrophe of 1955 in the United States. It may be considered certain that the officially ascertained

200 cases (of polio) which were caused directly or indirectly by the (polio) vaccination constitute minimum figures... It can hardly be estimated how many of the 1359 (polio) cases among vaccinated persons must be regarded as failures of the vaccine and how many of them were infected by the vaccine. A careful study of the epidemiologic course of polio in the United States yields indications of grave significance. In numerous states of the U.S.A., typical early epidemics developed with the immunizations in the spring of 1955... The vaccination incidents of the year 1955 cannot be exclusively traced back to the failure of one manufacturing firm." Dr. Herbert Ratner, Child and Family, 1980, vol. 19, no. 4, "Story of the Salk Vaccine (Part 2)."

"Suffice it to say that most of the large (polio) epidemics that have occurred in this country since the introduction of the Salk vaccine have followed the wide-scale use of the vaccine and have been characterized by an uncommon early seasonal onset. To name a few, there is the Massachusetts epidemic of 1955; the Chicago epidemic of 1956; and the Des Moines epidemic of 1959." Dr. Herbert Ratner, Child and Family, 1980 vol. 19, no. 4.

"The live (Sabin) poliovirus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the United States since 1972. To avoid the occurrence of such cases, it would be necessary

to discontinue the routine use of live poliovirus vaccine." Jonas Salk, Science, March 4, 1977, p. 845.

"By the (U.S.) government's own admission, there has been a 41% failure rate in persons who were previously vaccinated against the (measles) virus." Dr. Anthony Morris, John Chriss, BG Young, "Occurrence of Measles in Previously Vaccinated Individuals," 1979; presented at a meeting of the American Society for Microbiology at Fort Detrick, Maryland, April 27, 1979.

"Prior to the time doctors began giving rubella (German measles) vaccinations, an estimated 85% of adults were naturally immune to the disease (for life). Because of immunization, the vast majority of women never acquire natural immunity (or lifetime protection)." Dr. Robert Mendelsohn, Let's Live, December 1983, as quoted by Carolyn Reuben in the LA WEEKLY, June 28, 1985.

"Adminstration of KMV (killed measles vaccine) apparently set in motion an aberrant immunologic response that not only failed to protect children against natural measles, but resulted in heightened susceptibility." JAMA Aug. 22, 1980, vol. 244, p. 804, Vincent Fulginiti and Ray Helfer. The authors indicate that such falsely protected children can come down with "an often severe, atypical form of measles. Atypical measles is characterized by fever, headache... and a diverse rash (which)... may consist of a mixture of

macules, papules, vesicles, and pustules... ”

The above quotes reflect only a mere fraction of an available literature which shows there is a need for an extensive review of vaccination. It is certain that undisclosed, unlooked for illness occurs as a result of vaccines, or as a result of infection after protective immunity should have been conferred but wasn’t. A certain amount of this sort of illness is immunosuppressive in the widest sense, and some in a narrower sense (depression of T-cell numbers, etc.). When looking for unusual illness and immune depression, vaccines are one of those areas which remain partially hidden from investigation. That is a mistake. It is not adequate to say, “Vaccines are simple; they stimulate the immune system and confer immunity against specific germ agents.” That is the glossy presentation. What vaccines often do is something else. They engage some aspect of the body’s immune-response, but to what effect over the long term? Why, for example, do children who have measles vaccine develop a susceptibility to another more severe, atypical measles? Is that virulent form of the disease the result of reactivation of the virus in the vaccine?

Official reports on vaccine reactions are often at odds with unofficial estimates because of the method of analysis used. If vaccine-reaction is defined as a small set of possible effects experienced within 72 hours of an

inoculation, then figures will be smaller. But doctors like G.T. Stewart, of the University of Glasgow, have found through meticulous investigation, including visits to hospitals and interviews with parents of vaccinated children, that reactions as severe as brain-damage (e.g., from the DPT vaccine) can be overlooked, go unreported and can be assumed mistakenly to have come from other causes.

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Jon Rappoport

The author of three explosive collections, THE MATRIX REVEALED, EXIT FROM THE MATRIX, and POWER OUTSIDE THE MATRIX, Jon was a candidate for a US Congressional seat in the 29th District of California. He maintains a consulting practice for private clients, the purpose of which

is the expansion of personal creative power. Nominated for a Pulitzer Prize, he has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, LA Weekly, Spin Magazine, Stern, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world. You can sign up for his **free** NoMoreFakeNews emails here or his **free** OutsideTheRealityMachine emails here.