

# Gates Vaccine Spreads Polio Across Africa

By [F. William Engdahl](#)

Global Research, September 29, 2020

Region: [sub-Saharan Africa](#)

Theme: [Science and Medicine](#)

*Microsoft founder **Bill Gates** has made himself the global vaccine czar as his foundation spends billions on spreading new vaccines globally. While much attention has been given to the role of Gates behind the corrupt WHO in promoting radical untested coronavirus vaccines, the record of the Gates Foundation pushing an oral polio vaccine across Africa is a matter of concern.*

*The UN has just recently admitted that new cases of infantile paralysis or polio have resulted in Africa from an oral polio vaccine developed with strong support from the Bill and Melinda Gates Foundation. It mirrors what happened in the USA in the 1950s. This is worth a closer look.*

## Vaccines that cause polio

The vaccine industry loves to cite development of vaccines in the 1950s as solely responsible for eradicating what was a severe paralytic illness that reached a peak in the USA after World War II and as well, in England, Germany and other European countries. Now, despite the fact that no new cases of “wild polio” virus have been detected in all Africa since 2016, the Bill & Melinda Gates Foundation and their allies in the WHO proclaimed that Gates’ \$4 billion ten-year African vaccination campaign using an oral polio vaccine had finally eliminated the dreaded polio. That was at the end of August.

One week later on September 2, WHO was forced to backtrack and admit that new polio outbreaks in Sudan were linked to an ongoing series of new polio cases in Chad and Cameroon. According to the WHO, further polio cases have been registered in more than a dozen African countries including Angola, Congo, Nigeria and Zambia. But the shocking thing is that the outbreaks are all reportedly caused by the Gates-[backed](#) oral polio vaccine.

In a revealing comment, a CDC virologist involved with WHO and the Gates Foundation in the Africa mass polio vaccination campaign, part of something called the Global Polio Eradication Initiative, admits the vaccine is creating significantly more cases of polio paralysis than the deceptively named “wild polio” disease. “We have now created more new emergences of the virus than we have stopped,” virologist **Mark Pallansch** of the U.S. Centers for Disease Control and Prevention [admitted](#). The Global Polio Eradication Initiative (GPEI) is a combined effort of the WHO, UNICEF, the U.S. CDC, the Bill & Melinda Gates Foundation and Rotary International.

Bill Gates was reportedly responsible for driving the campaign to develop the liquid oral polio vaccine and massively administer it to the populations of Africa and Asia despite the near absence of any cases of “wild polio.” According to one of the partners in the Gates polio initiative, from Rotary International,

“Gates personally drove the development of a new polio vaccine that is now in the final stages of testing. When the idea was put forward, about the time of the last case of polio to happen in India, many were thinking the vaccine would play no important role in eradication, but Gates insisted.”

When someone asked him, why polio, which had all but vanished worldwide, Gates [replied](#), “Polio is a terrible disease.”

That reply seems curious, as there are far more pervasive deadly diseases out there including malaria or chronic diarrhoea due to unsafe water, and poor sanitation across Africa that causes death by dehydration, poor absorption of nutrients or infectious complications. I would argue that both those are also “terrible.”

In 2016 chronic **diarrhoea was listed by the WHO as the second leading cause of death in children below five worldwide**. In Africa it was cause of almost 653,000 deaths, yet Mr. Gates and friends seem to be interested in other things.

The insistence of Gates on pushing massive vaccination of a new oral polio vaccine his foundation backed at a time polio even in poor countries of Asia and Africa is virtually non-existent, should ring alarm bells loudly. If his goal is to help more African children lead healthy lives, simple water treatment projects would save far more lives. Or is there something in the polio vaccine we are not being told of? Is there aluminum as adjuvant that is documented to be a central nervous system paralytic? Or other toxins?

The Gates Foundation spent almost \$ 4 billion to develop and administer the oral polio vaccine throughout the poorest countries in the world as of 2018. This despite that WHO stated that the cases of polio in Pakistan and Afghanistan went from about 350,000 per year to 33 in 2018. There hasn't been a case in the Americas or Western Europe since before the Gates polio project was launched years ago.

### **Define it away?**

Here it gets into some very suspicious linguistic games on the part of WHO, Gates and company. They are trying to cover their deeds by claiming that most of the polio cases are actually something they decided to call acute flaccid paralysis (AFP). That is a debilitating condition with a clinical picture virtually identical to polio. But it keeps the “polio” numbers down. According to the US CDC, there were over 31,500 documented cases of acute flaccid paralysis from just 18 countries in 2017. This is in addition to what they call vaccine-associated polio paralysis (VAPP). Yet from the point of clinical symptoms, vaccine-derived polio, wild polio and acute flaccid paralysis are [identical](#), as is acute flaccid myelitis (AFM), a subtype of AFP. With this proliferation of serious medical-sounding names to describe what produces the same medical symptoms, we have huge ground for manipulation.

A paper written by **Neetu Vashishi** and **Jacob Puliyel** published in the Indian Journal of Medical Ethics in 2012 wrote about the Gates-CDC-WHO mass oral polio vaccine effort there: “... while India has been polio-free for a year, there has been a huge increase in non-polio acute flaccid paralysis (NPAFP). In 2011, there were an extra 47,500 new cases of NPAFP. Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received. Though this data was collected within the polio surveillance system, it was not [investigated](#)...”

## The 1950s

Defining away cases of poliomyelitis or Infantile Paralysis as it was called during the epidemic in the USA after World War II, went back to the 1950s, and to since-suppressed deadly scandals involving the first purported polio vaccine developed by Jonas Salk. Regarded today as a medical hero, the truth of Salk was anything but heroic.

The upsurge in cases of what were then labelled poliomyelitis or infantile paralysis in the United States began to literally explode around 1946. Relevant to note is that a highly dangerous cumulative toxin, a now-banned insecticide known as DDT, was being promoted by the US government as a “safe” control of mosquitoes and flies said to be the “carriers” of polio virus. What has since been all but erased from the government record is the precise match of the number of cases of children with symptoms of acute polio with the [degree](#) of acute DDT spraying, and the equally precise mirrored decline of human polio cases from the late 1940s into the 1950s, after a sharp decline in DDT use. In 1953, Connecticut physician, **Morton S. Biskind** argued in public that, “the most obvious explanation for the polio epidemic: central nervous system diseases... such as polio are actually the physiological and symptomatic [manifestations](#) of the ongoing government- and industry-sponsored inundation of the world’s populace with central nervous system poisons.”

**The Salk polio vaccine** was first deployed in 1955, that is two years after the dramatic decline in registered polio cases. That fact was conveniently forgotten as the narrative was promoted that the new vaccine alone was eradicating the feared polio.

Serious evidence was presented by doctors and others to the US Congress that there was a clear connection between the summer polio epidemics to summer-used heavy metal pesticides such as DDT. They were ignored. **The promotion of DDT as a harmless insecticide** was so pervasive that kids followed behind trucks spraying the streets and swimming pools were sprayed with DDT, believing it harmless.

Highly emotional advertising campaigns proclaimed that deadly polio was mysteriously transmitted by insects and that DDT would protect. Farmers were told to repeatedly spray their dairy cows with DDT to ward off the dangerous insects. DDT thus contaminated the milk supply. Use of DDT exploded by the end of the 1940s across the USA. As one person described it, “Concerned parents went further to protect their children. They feared the invisible virus as if it were hunting their children. They turned their homes into sterile zones by constantly spraying insecticides and washing down the walls with disinfectants.” That sounds familiar.

## Salk and Rockefeller

The vaccine research of **Jonas Salk** as well as of his rival, **Albert Sabin**, was funded by the National Foundation for Infantile Paralysis, later known as the March of Dimes. Salk convinced the US health authorities in 1954 that his polio vaccine contained only inactive virus (IPV), and was absolutely safe. He was able to convince the regulatory authorities that the “expensive and difficult procedures which had been suggested for the detection of possible residual live virus” in his vaccine should be dispensed with. Field trials of the Salk vaccine in 1954 were exposed by the Journal of the American Statistical Association: “...59 per cent of the trial was worthless because of the lack of adequate controls...” That report was ignored by the US Department of Health and the National Foundation proclaimed the Salk vaccine ready to mass [distribute](#) in spring of 1955.

Already in 1955 alarming results from the Salk vaccine had emerged. His vaccine, manufactured by Cutter Laboratories, was administered to over four hundred thousand people, mostly school children. Within days, reports of paralysis began surfacing. Within a month, the mass vaccination program against polio had to be suspended. In June of 1956, polio cases began to increase sharply in Chicago in children who had received the Salk vaccine. The National Foundation sent an urgent letter to its members [urging](#) them to, “give reassurance that the present Salk vaccine is safe and effective to patients, parents and others in your community who still needlessly doubt it...”

Salk’s vaccine had caused seventy thousand cases of muscle weakness, one hundred and sixty-four cases of severe paralysis and ten deaths. Three fourths of the victims remained permanently paralyzed. Secretary of Health, Education, and Welfare stepped down and the director of the NIH, resigned. The Cutter incident was quickly downplayed by the Government and vaccinations resumed after 21 days pause, using vaccines from Wyeth Labs. Those too produced cases of paralysis.

Between 1923 and 1953, before the Salk vaccine’s introduction, the polio death rate in the US had declined on its own by 47 percent; England had observed a similar pattern. Following the use of Salk’s vaccine between 1955 and 1963, cases of polio in the US increased—by 50 percent from 1957 to 1958, and by 80 percent between 1958 and 1959. This was concealed by a US Government change in defining polio, much as the WHO and CDC do today in Africa. Diseases that had previously been grouped together under the umbrella of “polio” began to be reported as separate diseases. One of these was aseptic or viral meningitis, an infectious disease that is difficult to distinguish from poliovirus, or transverse myelitis—a rare spinal cord inflammation, or the Guillain-Barré syndrome. Were all these a result of widespread toxins used in the vaccine? The Government and vaccine industry was not interested in knowing or telling.

Finally in 1963 the US Government replaced Salk’s IPV vaccine with an attenuated oral polio vaccine (OPV) developed by Albert Sabin. As a live virus vaccine, it, too, was and is capable of giving its recipients polio or polio symptoms. Salk testified before a Senate subcommittee in 1977 that the Sabin oral polio vaccine had caused most of the polio cases in the US since the early 1960s.

### **Rockefeller eugenics?**

The National Foundation for Infantile Paralysis, which funded both Salk and his rival Sabin in development of polio vaccines in the 1950’s, was run by two doctors from the Rockefeller Institute for Medical Research- Dr. Henry Kumm who had spent 23 years with the Rockefeller Institute, and Dr. Thomas Rivers.

Henry Kumm went over to the National Foundation in 1951 at the peak of the polio epidemic. In May 1953, Kumm became Director of Polio Research at NFIP. Notably, during World War II Kumm had served as civilian consultant to the Surgeon General of the US Army in Italy, directing field studies for the use of DDT against malarial mosquitoes.

Thomas Rivers was from 1922 head of the infectious disease ward at the Rockefeller Institute for Medical Research, becoming the institute’s director in 1937. As chairman of committees on research and vaccine advisory for the National Foundation for Infantile Paralysis, he oversaw the clinical trials of Jonas Salk’s vaccine by Dr Kumm’s group. It could be said that the National Foundation was a mask for a massive Rockefeller polio vaccine

project.

Polio researcher David Oshisky stated,

“In truth, polio was never the raging epidemic portrayed in the media, not even at its height in the 1940s and 1950s. Ten times as many children would die in accidents in those years, and three times as many would die of cancer. Polio’s special status was due, in large part, to the efforts of the National Foundation for Infantile Paralysis, better known as the March of Dimes, which employed the latest techniques in advertising, fund raising and motivational research to turn a horrific but relatively uncommon disease in to the most feared affliction of its time. The genius of the National Polio Foundation lay in its ability to [single out](#) polio for special attention, making it seem more ominous than other diseases.”

That National Foundation was run by Rockefeller doctors. This is very much what the Gates Foundation is doing with its turbo-charged oral polio vaccine in Africa where polio had almost vanished before the mass vaccine campaign of WHO and Gates.

Here the bond of dedication to eugenics and to dangerous vaccines seems to unite both the Rockefellers and Bill Gates, who in many ways is merely the heir and continuation of the deadly eugenics work of the Rockefellers. All this should give pause before regarding the pronouncements of Bill Gates on coronavirus and his favored vaccines as the scientific good truth.

\*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

**F. William Engdahl** is strategic risk consultant and lecturer, he holds a degree in politics from Princeton University and is a best-selling author on oil and geopolitics, exclusively for the online magazine [“New Eastern Outlook”](#) where [this article](#) was originally published. He is a Research Associate of the Centre for Research on Globalization.

Featured image is from NEO



## **Seeds of Destruction: Hidden Agenda of Genetic Manipulation**

**Author Name: F. William Engdahl**

**ISBN Number: 978-0-937147-2-2**

**Year: 2007**

**Pages: 341 pages with complete index**

List Price: \$25.95

**Special Price: \$18.00**

This skilfully researched book focuses on how a small socio-political American elite seeks to establish control over the very basis of human survival: the provision of our daily bread. "Control the food and you control the people."

This is no ordinary book about the perils of GMO. Engdahl takes the reader inside the corridors of power, into the backrooms of the science labs, behind closed doors in the corporate boardrooms.

The author cogently reveals a diabolical world of profit-driven political intrigue, government corruption and coercion, where genetic manipulation and the patenting of life forms are used to gain worldwide control over food production. If the book often reads as a crime story, that should come as no surprise. For that is what it is.

The original source of this article is Global Research  
Copyright © [F. William Engdahl](#), Global Research, 2020

---

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [F. William Engdahl](#)

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)  
[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)