

# Infectious Diseases, Vaccines and War

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*“Vaccines save millions of lives every year. They are one of the safest and most effective public health interventions ...”.*

*This [statement](#) seems to be a self-evident truth nowadays. Even many prominent critics of the current government-mandated prophylactic treatments for Covid-19 profess to be proponents of vaccines.*

*This essay does not intend to engage in the debate about the effects of mRNA agents. Instead, it wants to test the general introductory statement. Is it backed up by the actual effectiveness of vaccines? Science knows no sacred cows whose raison d’être must not be questioned. If the research and development of vaccines is scientific, then we are also allowed to ask about the evidence for why vaccines should work and we are likewise allowed to ask about what adverse effects they have.*

## **What are the reasons for the decline of infectious diseases?**

[Influenza viruses](#), which comprise of hundreds of subtypes and strains, as the US Centers for Disease Control and Prevention (CDC) points out, are [constantly mutating](#). In the United States, the influenza death rate was decreasing sharply in the first half of the 20th century, [long before](#) the introduction of widespread vaccination. But vaccines against the intangible influenza virus were still introduced. The number of annually distributed doses increased more than tenfold between 1979 and 2019 to over 189 million doses, yet the average influenza death rate remained almost constant in that period.[1] Similar [developments](#) after the end of the 19th century were also seen in the USA and Canada for other diseases: The mortality rates of measles, tuberculosis, scarlet fever or pertussis already declined significantly before the introduction of corresponding vaccines.

Early on, mass vaccinations showed their pointlessness in other countries as well. Reliable statistics about vaccination and diseases were [introduced](#) in Europe in the 19th century. The British doctor and epidemiologist Thomas McKeown demonstrated that tuberculosis in England and Wales was in decline long before the controversy over its infectiousness was

resolved and long before Robert Koch discovered the tuberculosis bacillus in 1882.[2] In his [report](#) “Reasons for the Decline of Mortality in England and Wales during the Nineteenth Century” he states that the growth of population in England and Wales, which trebled between 1700 and 1851, exceeded possible “natural changes in the behaviour of infectious diseases. If we accept this view, and if we are satisfied that specific medical measures made no significant contribution to the death rate, we must conclude that the main reason for the rise of population in the late eighteenth and early nineteenth centuries was an improvement in economic and social conditions”.

Progress curves also show the incidence of infectious diseases in Germany in the 19th and 20th century: Most of them, like tuberculosis (TB), whooping cough, diphtheria and tetanus were decreasing long before the introduction of vaccination against them as the respiratory physician Gerhard Buchwald thoroughly [examined](#). According to Buchwald, the start of mass vaccinations in Germany did not have a positive but rather a detrimental effect. After widespread vaccination campaigns, the negative slope of the curves decreased, sometimes it even turned positive: In 1925, in the year of the introduction of vaccination against diphtheria, the number of diphtheria cases in Germany was about 50,000. In the following years, cases were surging up to 150,000 by 1939. The same applies to the struggle against polio. After widespread vaccinations with the drug Virelon in the 1950s, Buchwald explains, cases increased in Germany.

We can observe equally detrimental health measures in the 21st century. A large WHO [anti polio vaccination campaign](#) led **to an escalation of the disease in Northern Nigeria since 2005; hundreds of thousands became infected with cVDPV2, the circulating vaccine-derived polio virus. An even greater catastrophe took place in India in the years between 2000 and 2017.** A [study](#) based on polio surveillance data acquired by the Government of India concluded that a high frequency of orally administered polio vaccines (OPV) was responsible for a sharp increase in non-polio acute flaccid paralysis (NPAFP) among children in India. The study suggests that with repeated administration of OPV, the number of cases increased and that “an additional 491,000 paralyzed children” can be attributed to OPV.

**Vaccination advocates like to cite polio vaccination campaigns as evidence of vaccine effectiveness. But what are we to make of this claim when these very campaigns turn into their opposite,** when they produce the symptoms they are meant to prevent? Can we assume that NPAFP is just another label for typical symptoms of polio and that this term should hide the fact that these vaccinations not only failed completely, but caused much greater harm than good?

**Robert F. Kennedy Jr.** goes into [great detail](#) about the role vaccines played in different countries in the second half of the 20th and the first decades of the 21st century. With the help of an abundance of sources, examples and case studies, he is able to substantiate his thesis that “neither [Anthony Stephen Fauci nor William Henry Gates ...] ever offered empirical evidence to support their pivotal claim that their vaccines have ‘saved millions of lives’”.

Kennedy also demonstrates “that virtually all of Gates’s blockbuster African and Asian vaccines—polio, DTP, hepatitis B, malaria, meningitis, HPV, and Hib—cause far more injuries and deaths than they avert”.

## Non-medical purposes

African countries long served as a testing ground for medical experiments in colonial times. Some pharmaceutical [companies](#) are [continuing](#) this tradition in [Africa](#) today with other means. A new biometric identity platform [has been evolving](#) in the last years in West Africa, long before the Covid-19 crisis. The Gates-funded GAVI vaccine alliance and Mastercard developed Trust Stamp. This program links a person's biometric digital identity to his or her vaccination records. Identity data and cashless payments can now be [intertwined](#) for surveillance and to enforce conduct that is in compliance with government policies or WHO measures.

A biometric system in Zimbabwe in 2020 [helped](#) to find 3000 so-called 'ghost workers' which were then removed from the payroll. Africa thus served not only as a laboratory for medical experiments, but also as a testing ground for the digital all-round [control](#) of citizens that is now to be introduced at full throttle in Western industrialised countries in the wake of the Covid crisis. In August 2021, the WHO [presented](#) long-prepared proposals for digitally certifying or "proving" a person's vaccination status with a two-dimensional barcode, even for purposes "not related to health care".

## War and peace - lessons from history

Let us restate. In central Europe most infectious diseases were in decline before vaccines were widely introduced. Not vaccines, but improved hygienic and sanitary living conditions were responsible, particularly clean water, a regulated waste disposal and an ample supply of food which includes enough [vitamin C](#). These findings allow conclusions to be drawn for today's state interventions.

India, for example, suffers from widespread under-nutrition and it shoulders the highest burden of tuberculosis (TB) in the world. The WHO attributed globally 1.3 million deaths to TB in 2012. It reported the TB incidence in the Central Eastern States of India for the years 1990 to 2010. Based on these reports, a group of health scientists estimated the impact of reducing under-nutrition. They come to the [result](#) that nutrition intervention could lower "TB related mortality in the Central Eastern Indian states ranging from 43% to 71%". Principally they assume, "intervening on under-nutrition could have a substantial impact on TB incidence and mortality in areas with high prevalence of under-nutrition".

A gap exists between the officially propagated effects and the impacts of mass vaccination that have actually occurred, not only in peacetime but also in wartime. In times of war, the infrastructure of a country breaks down, health systems often collapse and infection control practices are poor. This leads to a disruption of disease control programs and an inadequate coordination among humanitarian agencies. All these circumstances "[enhance](#) the emergence and transmission of infectious diseases".

Infectious diseases can also be [used](#) intentionally "as biological weapons". Máire Connolly and David L. Heymann worked in different crisis regions and for the WHO. "During the Napoleonic wars", they [state](#), "eight times more people in the British army died from disease than from battle wounds. In the American civil war, two thirds of the estimated 660,000 deaths of soldiers were caused by pneumonia, typhoid, dysentery, and malaria, and this death toll led to a 2-year extension of the war". In 1871, according to Gerhard Buchwald, almost the entire population in the German Empire had been vaccinated against

smallpox. But tens of thousands of smallpox cases occurred. The outbreaks started in the camps of French prisoners of war. Although these prisoners were vaccinated against smallpox, the hygienic conditions in the prison camps were so poor that the smallpox epidemic spread rapidly to the German population.

At the end of the first World War, a global catastrophe claimed more lives than World War I. The [Spanish flu](#) infected one third of all humans and claimed the lives of 50 to 100 million people. The science journalist Hans Tolzin analysed four alleged epidemics in his report "[Die Seuchen Erfinder](#)" (The plague inventors). On 40 pages he examined the "Spanish flu" by referring to contemporary sources. Tolzin shows that mass vaccinations against smallpox and typhoid in the U.S. military quarters preceded the "Spanish flu". In 1911, typhoid vaccination became compulsory in the U.S. Army. Numerous experimental vaccinations, which were carried out on US soldiers, followed until the First World War.

However, mass vaccinations did not only take place in the army. In 1918, appeals to patriotism, marginalization or even compulsory vaccinations forced on civilians, as in the states of Arizona and Indianapolis, moved people to be vaccinated against smallpox and other diseases. Robert Koch, doctor of medicine and professor of physiology, [explains](#) that in 1918 the U.S. Army "forced the vaccination of 3,285,376 natives in the Philippines when no epidemic was brewing, ... Of the vaccinated persons, 47,369 came down with smallpox, and of these 16,477 died. In 1919 the experiment was doubled. 7,670,252 natives were vaccinated. Of these 65,180 victims came down with smallpox, and 44,408 died. In the first experiment, one-third died, and in the second, two-thirds of the infected ones died".

After vaccination against typhoid became compulsory in the US Army, typhoid and all other diseases that were supposed to be prevented by vaccines increased rapidly. [Recruits](#) in the U.S. military [received](#) between 14 to 25 shots before America entered World War I. Dr. Eleanor McBean [states](#), "There was seven times more disease among the vaccinated soldiers than among the unvaccinated civilians, and the diseases were those they had been vaccinated against". Evidence from [newly](#) published documents also points to a [large-scale military vaccine experiment](#) at that time.

In later wars, for example the gulf war of 1991, soldiers again were exposed to poisonous substances and inoculated with all kinds experimental vaccines. The U.S. government discounted or denied the existence of a "[Gulf War syndrome](#)", a cluster of multiple and diverse debilitating symptoms which was [responsible](#) for the death of tens of thousands and the medical disability of hundreds of thousands of U.S. soldiers.

## **Conclusions**

The foregoing examinations call into question the widespread public advocacy of vaccination, which attributes the decline in many infectious diseases to vaccines alone. Vaccinations often proved to be ineffective or counterproductive.

The effect of modern living conditions, including proper hygiene and sanitation, pure water and sufficient nutrition, led to a greater reduction in infectious diseases and mortality than prophylactic pharmaceutical interventions.

Wars, on the other hand, accelerate the spread of infectious diseases, which tend to decline after the cessation of hostilities. On the other hand, mass vaccination in times of war led

to severe health consequences which were still felt years after the war. Current developments indicate that vaccination is also intended to be used for surveillance purposes in the 21st century. Human Vaccination regularly falls short of all the glittering promises.

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## Notes

1. [CDC 2019](#); [2020a](#); [2020b](#); [Doshi 2009](#); [Geier, King, and Geier 2006](#).
2. [Colgrove 2002](#); Wegmann 1988, 174; [McKeown and Record 1962](#).

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