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Since the Spanish Flu of 1918, Big Pharma Has Deceived the Public About the Safety of Vaccines. The Role of the Rockefellers

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Vaccine enthusiast Bill Gates recently spoke at the TED 2022 platform calling the anti-Vax movement a bunch of crazy people, here is what he said,

> *"So it's somewhat ironic to have somebody turn around and say we're using vaccines to kill people or to make money or we started the pandemic"*

he continued

> *"Does this turn into something where there's constantly crazy people showing up? Who knows?"*

Since the old days when the medical establishment expanded the use of vaccines to supposedly cure everything under the sun, they claim that they have saved countless lives, yet it seems that many people whether they are in the medical field or not, accept the notion that vaccines are the only answer that can cure a disease or help people stay healthy. I want to mention that there have been vaccines that were successful, but not all of them, these days its sort of playing Russian roulette with your life, so let's take a step back and look at some of those vaccines that has caused injuries and deaths' in its historical context.

During World War I, a major pandemic known as the *Spanish Flu of 1918* shaped the way we view the use of vaccines. It was a conspiracy that was astounding once you dive into what was behind the worldwide pandemic at the time. It was estimated that the Spanish Flu had killed between 50 and 100 million people worldwide. It is important to clarify that the Spanish Flu was not at all Spanish, it was American, and it began at an army base in Fort Riley, Kansas where the first case of the flu was discovered.

It basically began with billionaire tycoon John D. Rockefeller, an ambitious industrialist, founder of the Standard Oil Company who later joined the elite club of Globalists who helped turn Big Pharma into an influential industry controlled by the establishment.

During the height of the Spanish Flu pandemic, it was Rockefeller's invisible hand that was behind the experimental *'bacterial meningitis vaccine'* which was cultured in horses by the institution he funded and named after himself called the *Rockefeller Institute for Medical Research* which is now

The Rockefeller University.

It began in 1900, Rockefeller's Big Oil monopoly played a major role in medicine because scientists discovered 'petrochemicals' which allowed them to extract different kinds of chemicals from oil to create plastics and other useful products.

The discovery also led scientists to produce vitamins leading up to the creation of new pharmaceutical drugs.

So, Rockefeller saw an opportunity to monopolize the medical industry through his oil enterprises, but he had to settle a major problem that was in the way of his new idea and that was to destroy the traditional medical practice of using natural and herbal medicines.

Holistic medicine and its uses can be traced to Europe and Indigenous tribal nations going back hundreds, even thousands of years.

Rockefeller then teamed up with another Globalist friend of his by the name of Andrew Carnegie of the Carnegie Foundation and sent Abraham Flexner who produced the Flexner Report that criticized hospitals and other institutions including medical schools that used homeopathic and natural medicines.

The result of the Flexner report forced these traditional medical institutions to close their operations. At the same time, it led to the demonization of doctors and other health practitioners who advocated for natural and alternative medicines with the result of them ending up in prison.

Rockefeller gave more than $100 million to medical colleges and hospitals through the *General Education Board* (GEB), a philanthropy to support his new enterprise of producing pharmaceutical drugs from his oil companies by awarding grants to scientists who can identify which chemicals in certain plants can be used for curing diseases, then they had to

produce a similar chemical in the lab from Rockefellers petroleum to recreate a new prototype of medicine that could be eventually patented and sold to the public.

The Rockefeller Institute for Medical Research *(which is the birthplace of Big Pharma)* had played a major role in the global pandemic at the time because it was their vaccine that caused flu-like symptoms.

The experimental *bacterial meningitis vaccine* was administered between January 21st to June 4th, 1918, at Fort Riley with over 6 million American soldiers who were drafted for the war effort, many of them became human test subjects after receiving numerous doses of the experimental vaccine or the horse-infused bacteria. At the same time, while fighting the war under harsh unsanitary conditions, American soldiers had spread the bacteria infused in their bodies even further on the battlefields of Europe.

However, after the war had ended on November 11, 1918, there were claims of returning soldiers spreading various diseases from Europe within the US, so a campaign spearheaded by the Rockefeller Institute to vaccinate the US population with the remaining vaccines took place resulting in the deaths of tens of millions of people. What was shocking was the level of the vaccine experiments on the soldiers and then on the US population as autopsies revealed that the bacteria were caused by those same experimental *bacterial meningitis vaccines* that destroyed their immune systems.

A report from July 20, 1918, by Frederick L. Gates, M.D. First Lieutenant, Medical Corps of the US Army *'Antimeningitis Vaccination and Observations on Agglutinins in the Blood of Chronic Meningococcus Carriers'* confirms the history of the experiments on American soldiers:

> Following an outbreak of epidemic meningitis at Camp Funston, Kansas, in October and November, 1917, a series of antimeningitis vaccinations was undertaken on volunteer subjects from the camp. Major E. H. Schorer, Chief of the Laboratory Section at the adjacent Base Hospital at Fort Riley, offered every facility at his command and cooperated in the laboratory work connected with the vaccinations. In the camp, under the direction of the Division Surgeon, Lieutenant Colonel J. L. Shepard, a preliminary series of vaccinations on a relatively small number of volunteers served to determine the appropriate doses and the resultant local and general reactions. Following this series, the vaccine was offered by the Division Surgeon to the camp at large, and "given by the regimental surgeons to all who wished to take it
>
> Preliminary Series. The preliminary series of vaccinations was carried out in the 342nd

> Field Artillery Regiment through the courtesy of Colonel Nugent and Major Czar C. Johnson, surgeon of the regiment. This organization volunteered en masse in response to the call issued by the Division Surgeon and offered a most promising opportunity for an extended series of observations. Moreover, only one case of meningitis had developed in the 342nd Field Artillery and the regiment had recently been covered in the search for meningococcus carriers. During the first experience the vaccination of known carriers was avoided, and this regiment appeared to be free from them

As the experiments continued, Gates reported that the men started to experience flu-like symptoms:

> A survey of the reports of the regimental surgeons and of the observations in the preliminary series shows that headache was the most frequent symptom following injection and accompanied most of the other symptoms encountered. Sometimes the reaction was initiated by a chill or chilly sensation, and a number of men complained of fever or feverish sensations during the following night. Next in frequency came nausea (occasionally vomiting), dizziness, and general "aches and pains" in the joints and muscles, which in a few instances were especially localized in the neck or lumbar region, causing stiff neck or stiff back

However, bacterial meningitis is known to be very similar to flu-like symptoms as described in webmd.com that includes fever, headache, upset stomach or vomiting, stiff neck, etc. Comparing the early symptoms of bacterial meningitis and even bacterial pneumonia to the flu is the sole reason why the vaccine experiments at Fort Riley, Kansas have been ignored as the main cause of the Spanish Flu. In fact, an interesting article from the *New Scientist* published on August 4th, 2008 *'Bacteria were the real killers in 1918 flu pandemic'* partially admits that *"Medical and scientific experts now agree that bacteria, not influenza viruses, were the greatest cause of death during the 1918 flu pandemic."* The reason I say that the article *"partially admits"* is that it was bacteria and not the influenza virus that was the cause of death because the article never mentioned that it was the *bacterial meningitis vaccine* that spread the flu among soldiers and civilians:

> Government efforts to gird for the next influenza pandemic – bird flu or otherwise – ought to take notice and stock up on antibiotics, says John Brundage, a medical microbiologist at the Armed Forces Health Surveillance Center in Silver Spring, Maryland.
>
> Brundage's team culled first-hand accounts, medical records and infection patterns from 1918 and 1919. Although a nasty strain of flu virus swept around the world, bacterial pneumonia that came on the heels of mostly mild cases of flu killed the majority of the 20 to 100 million victims of the so-called Spanish flu, they conclude.
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> "We agree completely that bacterial pneumonia played a major role in the mortality of

> the 1918 pandemic," says Anthony Fauci, director of National Institute for Allergy and Infectious Disease in Bethesda, Maryland, and author of another journal article out next month that comes to a similar conclusion

The article only mentions what lifelong bureaucrat and the director of the *National Institute for Allergy and Infectious Disease*, Dr. Anthony Fauci had said regarding the vaccines:

> Antibiotics and vaccines against bacterial pneumonia could limit deaths in the next pandemic. And while an effective influenza vaccine should nip an outbreak in the bud, such a vaccine could take months to prepare and distribute.
>
> "The idea of stockpiling [bacterial] vaccines and antibiotics is under serious consideration," says Fauci, who is on a US government taskforce to prepare for the next flu pandemic

Obviously Fauci's statement must have been music to Big Pharma's ears.

In the United States, the flu shot is advertised relentlessly to the public as a safe and effective way to combat the seasonal flu although there are various reports that suggest that they are dangerous. On April 3rd, 2020 *The Children's Health Defense* published *'An Unwelcome Milestone: Payouts for Influenza Vaccine Injuries Exceed $900 Million'* by Wayne Rohde who introduced a brief history of the development of the flu vaccine which began in the 1940's:

> Vaccine scientists have been developing inactivated influenza vaccines (IIVs) for decades, formulating the first bivalent (two-strain) IIV in the early 1940s and the first trivalent (three-strain) IIV in 1978. In 2003 , the U.S. Food and Drug Administration (FDA) approved the first three-strain live attenuated influenza vaccine (LAIV) for use in children and adults aged 5-49 years old, extending its approval to those aged 2-49 years old in 2007
>
> Rohde explains that "numerous influenza vaccines using different technologies and targeting different age groups have entered the market" and that "the FDA approves some influenza vaccines using accelerated approval mechanisms" which reminds us of the Covid-19 experimental injections that received the same accelerated approval process under Operation Warp Speed. As of March 2020, Rohde's gives a detailed analysis of the total compensation paid to the victims and their families from the injuries and deaths caused by Big Pharma's influenza vaccines as reported by the National Vaccine Injury Compensation Program (NVICP):
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> As of mid-March 2020, the total NVICP payout for all injuries and death from seasonal influenza vaccines was approximately $897,967,381.38 (based on my analysis of all decisions posted at the United States Court of Federal Claims website). In other words, just shy of $900 million dollars for damages, attorney fees and medical expert costs—for vaccines that have only been part of the compensation program for the last 15 years.
>
> Another statistic that is concerning is the ever-growing number of petitions filed in the NVICP that await medical reviews or decisions. Over 2,000 influenza petitions alone are pending. Not even a year ago, that figure was 50% less

Some of the serious injuries included in the NVICP are Guillain-Barré syndrome (GBS) transverse myelitis (TM), chronic inflammatory demyelinating polyneuropathy (CIDP) and death.

On December 1st, 2014 the *Center for Infectious Disease and Policy* (CIDRAP) at the University of Minnesota reported on the deaths of elderly people in Italy following the use of the *Novartis Flu vaccine*[*'Novartis flu vaccine on hold in Italy after suspicious deaths'*] claimed that

> "Italian authorities have suspended the use of about 500,000 doses of Fluad, a Novartis influenza vaccine for elderly people, following 13 recent deaths in people who had received the shot, according to company and media reports."

It was first reported on November 28th in a statement released by Novartis that it was *"two batches of the vaccine, amounting to about 500,000 doses, have been put on a "precautionary hold"following the reported deaths."* And of course, the Big Pharma giant also claimed that there was *"no causal link has been found between the vaccine and the deaths."* However, CIDRAP mentioned reports from *Bloomberg News* on the suspicious deaths:

> Italy's drug regulatory agency, AIFA, suspended the two vaccine lots on Nov 28, after three people died within 48 hours of being vaccinated, Bloomberg News reported. On Nov 29 the number of suspicious deaths rose to 11, Bloomberg reported that day, and today the company put the number at 13

One important question that needs to be asked is what are the ingredients in the flu vaccines? *The World Mercury Project* published a brochure titled [*'Flu Vaccines in Pregnancy and Childhood: What You Need to Know'*] makes it clear that mercury is in the flu vaccines and warns *"the Centers for Disease Control and Prevention (CDC) recommends pregnant women and infants get influenza vaccines, many of which contain ethylmercury from the preservative thimerosal"* and that it may *"result in mercury exposures exceeding the Environmental Protection Agency (EPA) recommended maximum levels."* Mercury is considered *"toxic to brain tissue and can impact critical stages of brain development."* The World Mercury Project exposes the hidden dangers behind the flu shots for pregnant women citing various studies below, one of them produced by the CDC:

> A 2017 CDC study links miscarriage to flu vaccines, particularly in the first trimester. Pregnant women vaccinated in the 2010/2011 and 2011/2012 flu seasons had two times greater odds of having a miscarriage within 28 days of receiving the vaccine. In women who had received the H1N1 vaccine in the previous flu season, the odds of having a miscarriage within 28 days were 7.7 times greater than in women who did not receive a flu shot during their pregnancy.
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> A study published in 2016 that looked at the safety of flu vaccines found a moderately elevated risk for major birth defects in infants born to women who had received a flu vaccine during the first trimester of pregnancy.
>
> A study published in 2017 found an elevated risk of autism spectrum disorders in children whose mothers had a first trimester flu shot. Flu vaccine administration is documented to cause an inflammatory response in pregnant women. Recent research

> found inflammation during pregnancy is associated with the development of autism spectrum disorders.

> A large study in approximately 50,000 pregnant women over five flu seasons found no difference in the risk for developing influenza or similar illnesses between those who received the influenza vaccine during pregnancy and those who did not.

> An independent 2014 review found no randomized controlled trials assessing vaccination in pregnant women. It states, "The only evidence available comes from observational studies with modest methodological quality. On this basis, vaccination shows very limited effects"

The conclusion is obvious, the flu vaccine is dangerous and for those who are skeptical, are completely justified in being so.

The Polio Vaccine and the Glorification of Jonas Salk and Albert Sabin

The medical establishment always flaunts how the Polio vaccine saved millions of people worldwide, but let's take a closer look at the start of the Polio vaccine rollout. An interesting article from *The National Interest* published in 2020 *'Four Times in History Vaccines Failed (Lessons for a Coronavirus Vaccine?)'* mentioned how the polio vaccine resulted in paralysis. There was also an increase of new cases of polio after the rollout:

> In the 1955 Cutter Incident, some batches of polio vaccine given to the public contained live poliovirus—even though they had passed the required safety testing. More than 250 cases of polio were attributed to vaccines produced by one company, Cutter Laboratories. The mistake resulted in many cases of paralysis, and the vaccine was recalled as soon as new cases of polio were detected

What was known about the Cutter Incident which began on April 1955 when more than 200,000 children in the US had received the polio vaccine. On March 2006 The *Journal of the Royal Society of Medicine* (JRSM) published *'The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis'* claimed that the

> "polio vaccine in which the process of inactivating the live virus proved to be defective. Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned."

The reason behind the abandonment of the vaccine was due to investigations on the aftereffects.

> "Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused 40 000 cases of polio, leaving 200 children with varying degrees of paralysis and killing 10."

However, one of the most prominent advocates to vaccinate everyone for anything, Dr. Paul Offit, a well-known pediatrician who is a member of the *CDC's Advisory Committee on Immunization Practices* who specializes in infectious diseases, immunology, vaccines (he is co-inventor of the Rotavirus vaccine) and virology uses the *Cutter Incident* as a platform to propagandize the struggle of the 20th century on behalf of medical science and its fight against polio and other diseases:

> He reminds us that, within a decade of Karl Landsteiner's identification of the polio virus in 1908, an epidemic in New York killed 2400 people (mostly children) and left thousands more with a life-long disability. In the 1950s, summer outbreaks in the USA caused tens of thousands of cases, leaving hundreds paralysed or dead. `Second only to the atomic bomb', polio was `the thing that Americans feared the most'

Obviously, the JRSM explains who Dr. Offit blames for the Cutter incident which is not the people or the science behind the polio vaccine, he blamed the manufacturer of the vaccine (Cutter Laboratories) and the inspection process of the federal government:

> Offit provides a gripping account of how the `March of Dimes', inspired in part by President Franklin D Roosevelt's personal experience of polio, raised funds for research and focused national attention on the disease. He profiles leading figures, notably Jonas Salk and Albert Sabin —brilliant, egotistical and flawed characters—pioneers in vaccine development and as scientific celebrities, and notorious for their bitter personal rivalry.
>
> Offit offers a balanced judgement on both the Cutter incident and on the Salk and Sabin vaccines. Reviewing failures in the manufacturing and inspection processes, he exonerates Salk from blame and concludes that `the federal government, through its vaccine regulatory agency… was in the best position to avoid the Cutter tragedy'. Three larger companies produced safe polio vaccines according to Salk's protocol for inactivating the virus with formaldehyde. The lack of experience and expertise at Cutter Laboratories, undetected by the inspectors, caused the disaster

Let's go deeper into Offit's propaganda. In 2015, an article I wrote titled *'The Jonas Salk Polio Vaccine: A Medical Breakthrough or a Propaganda Campaign for Big Pharma?'* based on the December 1960 issue of *'Herald of Health'* an influential health magazine at the time published a critical report titled *'The Great Salk Vaccine Fiasco: Misuse of statistics, blackout of vaccine cases, cited by eminent Chicago doctor'* By Ernest B. Zeisler, M.D. (www.vaclib.org) who basically disagreed with Dr. Salk's claim that the polio vaccine was safe and effective. What he wrote to the publisher of the magazine is quite revealing since he was uncertain of the new vaccine that supposedly cured polio. Dr. Zeisler wrote *"No newspaper, periodical or medical journal will touch this. Many authorities in this field agree with me, and some have written me to say so and to congratulate me for what they call my 'courage.'But no medical man will agree with me publicly."* Dr. Zeisler made a statement on what he observed on the safety issues of the polio vaccine:

> On April 12, 1955, results of a 1954 field test were published and the Salk vaccine became a licensed product. Prof. Paul Meier of the School of Hygiene and Public Health at Johns Hopkins University revealed that "the vaccines used in the field trial, which were produced by two of the manufacturers, had been extensively tested in three laboratories and had been found negative for live virus. Many of the lots of vaccine released after the field trial had been produced by other manufacturers and had been tested only by the producer. Therefore, the safety of these lots could not properly be judged from the results of the field trial. All manufacturers had rejected some lots because live virus had been found in them, and therefore Salk's theory that safety was guaranteed by the method of preparation obviously did not apply

Dr. Zeisler mentioned K.A. Brownlee from the University of Chicago whose work was published in the *Journal of the American Statistical Association* in 1955 as he criticized the biased field trials:

> The field trial itself had violated the cardinal principles of scientific procedure. As said by Brownlee in the Journal of the American Statistical Association:
>
> ". . . 59 per cent of the trial was worthless because of the lack of adequate controls. The remaining 41 per cent may be all right but contains internal evidence of bias in favor of the vaccinated. .. The reviewer . . . would point out that gamma globulin was triumphantly proclaimed effective by the National Foundation after a similar trial . . ."

Dr. Zeisler proclaimed that the US Public Health service continued to promote *"gamma globulin*" or human blood plasma made from donated human blood that contained the antibodies needed to combat polio. He said, *"it may be of interest to note that in May of 1954, several months after it had been shown to be valueless in preventing poliomyelitis, the U.S. Public Health Service continued to recommend and distribute gamma globulin "for use against poliomyelitis."* Zeisler also criticized the Journal of the *American Medical Association* (JAMA) for not publishing Brownlee's criticism of *gamma globulin*. In 1955, an effort to promote the polio vaccine was in effect by the *'National Foundation for Infantile Paralysis'* who published an inaccurate official report of the field trials. But according to Dr. Salk the polio vaccine was safe. In an interview conducted by LIFE magazine *'Tracking the Killer'* Dr. Salk was asked if his *"monkey vaccine was safe"* and he said, *"There is no question of 'how safe is it?' It is safe, and it can't be safer than safe'."*

Dr. Zeisler said that

> "the public was deceived into permitting mass vaccination of children with a vaccine which should have been known to be unsafe and which was not known to be of any value in preventing poliomyelitis" he continued "that certain lots of vaccine had produced a number of cases of poliomyelitis, and within another four weeks all the vaccine was withdrawn from use."

On May 15th, 1962, hearings took place before the Committee on Interstate and Foreign Commerce House of Representatives on H.R. 10541 with Clinton R. Miller who represented the *National Health Federation*who asked the following question:

> One of the most obvious pieces of misinformation being delivered to the American public is that the 50-percent rise in paralytic poliomyelitis in 1958 and the real accelerated increase in 1959 have been caused by persons failing to be vaccinated. This represents a certain amount of doubletalk and an unwillingness to face facts and to evaluate a true effectiveness of the Salk vaccine. It is doubletalk from the standpoint of logical reasoning: If the Salk vaccine is to take credit for the decline from 1955 to 1957, how can these individuals who were vaccinated several years ago contribute to the increase in 1958 and 1959? Are not these persons still vaccinated?

It was a legit question. Miller pointed out the obvious propaganda Dr. Salk used to exaggerate the benefits of the polio vaccine:

> The tendency of a mass vaccination program is to herd people. People are not cattle or sheep. They should not be herded. A mass vaccination program carries a built-in temptation to oversimplify the problem; to exaggerate the benefits; to minimize or completely ignore the hazards; to discourage or silence scholarly, thoughtful and cautious opposition; to create an urgency where none exists; to whip up an enthusiasm among citizens that can carry with it the seeds of impatience, if not intolerance; to

> extend the concept of the police power of the state in quarantine far beyond its proper limitation; to assume simplicity when there is actually great complexity; to continue to support a vaccine long after it has been discredited;… to ridicule honest and informed consent

Today, polio vaccines are now causing a rise in new polio cases. On November 25th, 2019, *The Associated Press* (AP) published *'More polio cases now caused by vaccine than by wild virus'* said that *"four African countries have reported new cases of polio linked to the oral vaccine, as global health numbers show there are now more children being paralyzed by viruses originating in vaccines than in the wild."* The article continued:

> In a report late last week, the World Health Organization and partners noted nine new polio cases caused by the vaccine in Nigeria, Congo, Central African Republic and Angola. Seven countries elsewhere in Africa have similar outbreaks and cases have been reported in Asia. Of the two countries where polio remains endemic, Afghanistan and Pakistan, vaccine-linked cases have been identified in Pakistan.
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> In rare cases, the live virus in oral polio vaccine can mutate into a form capable of sparking new outbreaks. All the current vaccine-derived polio cases have been sparked by a Type 2 virus contained in the vaccine. Type 2 wild virus was eliminated years ago

On November 18th, 2020, The *Science Daily* published an article by the *University of Michigan (Michigan Medicine)* that should be an eye-opener *'How the polio vaccine virus occasionally becomes dangerous'* stated the following:

> The polio vaccine comes in two types: the Salk vaccine, made with a killed virus and the Sabin vaccine, made with a live but weakened, or attenuated, virus. The Sabin vaccine has several advantages for use in the developing world, including the fact that it does not need to be kept cold, and as an oral vaccine, it does not require needles. However, because it contains a live, albeit weakened polio virus, that virus is able to evolve into more virulent forms and cause outbreaks months to years following a vaccination campaign.
>
> In a new paper, Adam Lauring, M.D., Ph.D., of the department of microbiology & immunology and the division of infectious disease and a collaborative team describe an enterprising study that allowed them to view the evolution of the vaccine virus into a more dangerous form in real time. "Most outbreaks of type 2 polio virus are caused by the vaccine. Then you have a problem where our best weapon is that same vaccine, so you're kind of fighting fire with fire," says Lauring

If that statement by Dr, Lauring is not revealing, I don't know what is. However, Mami Taniuchi, Ph.D., from the University of Virginia, Michael Famulare, Ph.D from the Institute for Disease Modeling based in Seattle, Washington and a team from the International Centre for Diarrhoeal Disease Research conducted human experiments on children from Bangladesh:

> In an effort to understand the basic biology of poliovirus and how it replicates, Lauring's lab seized an opportunity to build on an earlier study of a new vaccination campaign in semi-rural Bangladesh. This study, which was run by Mami Taniuchi, Ph.D., of the University of Virginia and Michael Famulare, Ph.D,. of the Institute for Disease Modeling in Seattle, Washington, along with a team from the International Centre for Diarrhoeal

> Disease Research, Bangladesh, followed households where children were vaccinated with the live attenuated virus, collecting weekly stool samples from each household member. The virus within those samples was then genetically analyzed.
>
> "There's a lot of work being done to try and understand how the virus goes from attenuated to virulent again," says Lauring. "What we haven't known is what it is doing in those first few weeks or months. This was an opportunity to see those early steps"

The University of Michigan article concludes "y*et every now and then, an enhanced virus makes it to a new host and gains a foothold, triggering disease. The hope, explains Lauring, is that this work will "inform in a better way to tinker with the vaccine so you get fewer downsides and still maintain its upsides — that it's actually a very effective vaccine."*

In November 2004, Neil Z Miller from the *'Institute of Medical and Scientific Inquiry'* published *'The polio vaccine: a critical assessment of its arcane history, efficacy, and long-term health-related consequences'* that can be found on *researchgate.net* gives an insight to what was in the polio vaccine:

> Polio (poliomyelitis) is a potentially dangerous viral ailment. To combat this disease, researchers developed two polio vaccines (inactivated and live) grown in cultures made from monkey kidneys. Beginning in the 1950s, these vaccines were administered to millions of people in the United States and throughout the world. Officially, the polio vaccine is considered safe and effective, and has been credited with singularly reducing the incidence of this disease. These tenets are not supported by the data. A cancer-causing monkey virus-SV-40-was discovered in polio vaccines administered to millions of people. SV-40 has been found in brain tumors, bone cancers, lung cancers and leukemia. SV-40 is transmitted through sexual intercourse, and from mother to child in the womb. Monkeys that were used to make polio vaccines were infected with simian immunodeficiency virus (SIV), a virus closely related to human immunodeficiency virus (HIV), the infectious agent associated with AIDS. Some researchers question whether HIVs may simply be SIVs "residing in and adapting to a human host." Polio vaccines also contain calf serum, glycerol and other parts of the cow that may have been infected with bovine spongiform encephalopathy (BSE), or mad cow disease, a fatal brain-wasting ailment that some researchers link to Cruetzfeldt-Jakob disease (CJD), its human equivalent. Current disease reduction techniques that emphasize short-term gains over long-term health consequences need to be reevaluated and discontinued while new and safer health paradigms are researched and implemented

The Most Dangerous Vaccine Ever? The Smallpox Vaccine

'The Most Dangerous Vaccine' was the name of an article published in 2002 from a report produced by CBS news long-time TV show *60 Minutes.* It started with *"Smallpox may be the worst disease ever known to man. It killed about half a billion people from 1880 to 1980, before it was eradicated"* continued *"and the smallpox vaccine is deadly, too. Scientists call it the most dangerous vaccine known to man."* Then they jumped right into Iraq's 'WMDs' *"Today, smallpox is a potential weapon of mass destruction that could be wielded against the U.S. by enemies like Iraq and al Qaeda."* Then the US government makes the smallpox vaccine available to everyone:

> With that in mind, President Bush is expected to announce on Friday a plan which will gradually make the smallpox vaccine available to all Americans who want it. That's

> according to administration sources who say the shots will be mandatory for about 500,000 military personnel and recommended for another half-million who work in hospital emergency rooms and on special smallpox response teams.
>
> The general public will be offered the vaccine on a voluntary basis as soon as large stockpiles are licensed, probably early in 2004, though the government will not encourage people to get them

At that time during the early stages of the US invasion of Iraq *"the government has decided to bring back the vaccine because of fear that terrorists, or Iraq, could use the virus as a weapon."* The article admits that the smallpox vaccine is dangerous and offers protection but with a catch, *"but that protection has a price. Some people die from it; and others have serious reactions, some permanent. Scientists say it's the most dangerous vaccine known to man."* Once again, Dr. Paul Offit is mentioned in the article, *"We know if we immunize a million people, that there will be 15 people that will suffer severe, permanent adverse outcomes and one person who may die from the vaccine."*

In an article from April 2003 written by Edward A. Belongia, MD and Allison L. Naleway, PhD for the *National Center for Biotechnology Information, U.S. National Library of Medicine(https://www.ncbi.nlm.nih.gov/)* titled *'Smallpox vaccine: The Good, the Bad and the Ugly'* exposes some truth behind the Smallpox vaccine:

> Smallpox inarguably shaped the course of human history by killing countless millions in both the Old World and the New World. Dr. Edward Jenner's discovery of vaccination in the late 18th century, and the global eradication of smallpox in the 1970s, rank among the greatest achievements in human history. Amidst recent growing concerns about bioterrorism, smallpox vaccination has resurfaced from the history books to become a topic of major importance. Inoculation with vaccinia virus is highly effective for the prevention of smallpox infection, but it is associated with several known side effects that range from mild and self-limited to severe and life-threatening. As the United States moves forward with plans to vaccinate selected health care workers and the military, and perhaps offer the vaccination to all citizens in the future, it is important to fully understand and appreciate the history, risks, and benefits of smallpox vaccination

Then the article describes what were the adverse effects of the vaccine:

> Smallpox vaccine is less safe than other vaccines routinely used today. The vaccine is associated with known adverse effects that range from mild to severe. Mild vaccine reactions include formation of satellite lesions, fever, muscle aches, regional lymphadenopathy, fatigue, headache, nausea, rashes, and soreness at the vaccination site. A recent clinical trial reported that more than one-third of vaccine recipients missed days of work or school because of these mild vaccine-related symptoms.
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> In the 1960s, serious adverse events associated with smallpox vaccination in the United States included death (1/million vaccinations), progressive vaccinia (1.5/million vaccinations), eczema vaccinatum (39/million vaccinations), postvaccinial encephalitis (12/million vaccinations), and generalized vaccinia (241/million vaccinations). Adverse events were approximately ten times more common among those vaccinated for the first time compared to revaccinees. Fatality rates were also four times higher for primary vaccinees compared to revaccinees

In conclusion, the hidden dangers in the smallpox vaccine are undeniable:

> The title of this article refers to the good, bad and ugly of smallpox vaccine. We have attempted to show that the vaccine is a critical tool for controlling smallpox ("the good"), despite a relatively higher risk of complications in some individuals ("the bad"). The "ugly" refers not to the vaccine, but to the potential reintroduction of smallpox more than 20 years after its eradication

The Trials of the HPV Vaccine

The HPV vaccine or the *Human Papillomavirus vaccine* was created in Australia with lead researchers Ian Frazer who is an immunologist and Jian Zhou, a Chinese virologist and cancer researcher are both credited with the invention and patents of the HPV vaccine which today are known as Gardasil and Cervarix with help from researchers from Georgetown University Medical Center, the University of Rochester, and the U.S. National Cancer Institute. In 2006, The FDA fast-tracked the approval process for HPV vaccines between 2007 and 2009 in various countries which was then promoted by Merck & Co. The HPV vaccines was supposed to prevent several types of cancers in young girls including cervical cancer, anal cancer, vaginal cancer and other life-threatening illnesses associated with cancer. It can prevent genital warts as well. In another report from the *National Center for Biotechnology Information, U.S. National Library of Medicine* from November 6th, 2007 *'Adverse events reported for HPV vaccine'* by Laura Eggertson on the adverse results from the HPV vaccines in Canada:

> As 4 provinces began immunizing schoolgirls to prevent the human papillomavirus, a watchdog group in the United States warned of dangerous adverse events stemming from the vaccine's delivery — concern government regulators dismiss.
>
> Public health officials in Ontario, Nova Scotia, Prince Edward Island and Newfoundland and Labrador began administering the Merck Frosst vaccine Gardasil to select groups of girls (grades 6, 7 or 8) in September, just as the US advocacy group Judicial Watch released documents obtained through Freedom of Information indicating that 3 deaths and 1637 adverse events occurred after the vaccine was administered (prior to May 15)

Judicial Watch who exposed the danger of the HPV vaccine declared that the HPV vaccine should not be mandated by state governments:

> The adverse events data comes from the US Food and Drug Administration's Vaccine Adverse Event Reporting System. According to the Centers for Disease Control and Prevention in Atlanta, as of June 30, there were 2531 adverse reports, including 9 deaths, out of 7 million doses dispensed. The figures, however, can include multiple reports of the same event, since physicians, manufacturers and patients report to the same system

On July 22, 2008, the CDC reported on the adverse events of the HPV vaccine *'Information from FDA and CDC on Gardasil and its Safety (Archived)'* found on the internet archives of the *Way back Machine*. The following is a section of the report *'Serious Reports (6% of Total Reports)'*:

> Concerns have been raised about reports of deaths occurring in individuals after receiving Gardasil. As of June 30, 2008, 20 deaths had been reported to VAERS. There

> was not a common pattern to the deaths that would suggest they were caused by the vaccine. In cases where autopsy, death certificate and medical records were available, the cause of death was explained by factors other than the vaccine.
>
> Guillain-Barré Syndrome (GBS) has also been reported in individuals following vaccination with Gardasil. GBS is a rare neurological disorder that causes muscle weakness. It occurs spontaneously in unvaccinated individuals after a variety of specific infections. FDA and CDC have reviewed the reports of GBS that have been submitted to VAERS. To date, there is no evidence that Gardasil has has increased the rate of GBS above that expected in the population. While we continue to carefully analyze all reports of GBS submitted to VAERS, the data do not currently suggest an association between Gardasil and GBS.
>
> Thromboembolic disorders (blood clots) have been reported to VAERS in people who have received Gardasil. Most of these individuals had risk factors for blood clots, such as use of oral contraceptives which are known to increase the risk of clotting. Thromboembolic disorders as well as other medical events are being studied through the VSD in previously planned controlled studies. The manufacturer has also committed to conduct a large post marketing study to further assess the vaccine's safety

In 2010, the HPV vaccine was also administered to young girls in India which raised serious concerns according to the *Indian Journal of Medical Ethics* who reported in *'Deaths in a trial of the HPV vaccine'*that *"the death of girls who were a part of a Human Papilloma Virus vaccine trial has raised an alarm about the nature of research in India as well as the value attached by the state to the lives of its citizens."* The experimental trials were funded by humanity's arch nemesis Bill Gates:

> The trial was being conducted in Andhra Pradesh and Gujarat by the NGO PATH with support from the Indian Council of Medical Research and local health authorities. They were funded by the Bill and Melinda Gates Foundation. The vaccine is supplied by two companies, Merck Sharpe & Dohme and Glaxo Smith Kline.
>
> When the government stopped the trials, three doses had already been administered to 30,000 participants, mostly tribal girls aged between 9 and 14. The union health minister, Ghulam Nabi Azad, has denied that the deaths have anything to do with the trials, and as things stand, there is no conclusive evidence of a causal link between the vaccine and the deaths. But the fact that the girls were a part of the trial is reason enough to warrant further investigations

On August 19, 2008, *The New York Times* *'Drug Makers' Push Leads to Cancer Vaccines' Rise'* reminds us of the rapid rollout of the Covid-19 experimental injections:

> But some experts worry about the consequences of the rapid rollout of the new vaccines without more medical evidence about how best to deploy them. They say that because of the aggressive marketing, even parents of girls who are far from being sexually active may feel pressured into giving them a vaccine that is not yet needed and whose long-term impact is still unclear. Legislative efforts to require girls to have the vaccine only add to the pressure.
>
> In the United States, hundreds of doctors have been recruited and trained to give talks about Gardasil — $4,500 for a lecture — and some have made hundreds of thousands

> of dollars. Politicians have been lobbied and invited to receptions urging them to legislate against a global killer. And former state officials have been recruited to lobby their former colleagues

Big Pharma's propaganda seems relentless in its pursuit of profits. Sources from the CDC and FDA reported in the month of June 2008 that there were 9,749 reports of adverse events. But keep in mind that the VAERS reporting system may be inaccurate since not everyone uses it as the CDC's own website states in '*Guide to Interpreting VAERS Data*':

> "Underreporting" is one of the main limitations of passive surveillance systems, including VAERS. The term, underreporting refers to the fact that VAERS receives reports for only a small fraction of actual adverse events. The degree of underreporting varies widely. As an example, a great many of the millions of vaccinations administered each year by injection cause soreness, but relatively few of these episodes lead to a VAERS report. Physicians and patients understand that minor side effects of vaccinations often include this kind of discomfort, as well as low fevers. On the other hand, more serious and unexpected medical events are probably more likely to be reported than minor ones, especially when they occur soon after vaccination, even if they may be coincidental and related to other causes.
>
> A report to VAERS generally does not prove that the identified vaccine(s) caused the adverse event described. It only confirms that the reported event occurred sometime after vaccine was given. No proof that the event was caused by the vaccine is required in order for VAERS to accept the report. VAERS accepts all reports without judging whether the event was caused by the vaccine

The fact that the VAERS reporting system is underreporting injuries and deaths can allow Big Pharma to suppress the dangers of vaccines. However, The New York Times article admitted that the VAERS reporting system is *voluntary* which leads to inaccurate reporting:

> The Centers for Disease Control asks health care centers to report side effects through its Vaccine Adverse Events Reporting System; reporting is voluntary. There have been 9,749 reports, almost all from doctors and nurses, of patients experiencing adverse events after receiving the vaccine, the agency announced in a joint report with the Food and Drug Administration at the end of June. Ninety-four percent of them were not serious, ranging from arm pain to fainting, and 6 percent were classified as serious, including blood clots, paralysis and at least 20 deaths.
>
> But 16 million doses of the drug have been distributed by Merck in the United States, and in a population so large, "by chance alone some serious adverse effects and deaths" will occur, the F.D.A. and C.D.C. said. The agencies said there was no indication that the deaths or serious side effects were caused by the shot, concluding that "Gardasil continues to be safe and effective and its benefits continue to outweigh its risks"

Overall, administering vaccines in general is basically playing Russian roulette. For those who are skeptical about vaccines should be. There is a long history of vaccine injuries and deaths, now with the worldwide Coronavirus pandemic, which is still ongoing, now with Big Pharma's new experimental injections called Covid-19 vaccines, the danger is clear. The *Children's Health Defense* updates the public on what the VAERS reporting system although not as accurate reported as of April 8th, 2022:

> The Centers for Disease Control and Prevention (CDC) today released new data showing a total of 1,226,314 reports of adverse events following COVID vaccines were submitted between Dec. 14, 2020, and April 8, 2022, to the Vaccine Adverse Event Reporting System (VAERS). VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.
>
> The data included a total of 26,976 reports of deaths — an increase of 277 over the previous week — and 219,865 serious injuries, including deaths, during the same time period — up 2,564 compared with the previous week. Excluding "foreign reports" to VAERS, 805,921 adverse events, including 12,471 deaths and 79,811 serious injuries, were reported in the U.S. between Dec. 14, 2020, and April 8, 2022

The European Union also has a system similar to VAERS called *EudraVigilance* as Health Impact Newspublished the latest data on March 26th, 2022:

> The European (EEA and non-EEA countries) database of suspected drug reaction reports is EudraVigilance, verified by the European Medicines Agency (EMA), and they are now reporting 42,507 fatalities, and 3,984,978 injuries

The pharmaceutical corporations who produce the current MRNA Vaccines include Moderna (CX-024414), Pfizer-BIONTECH, AstraZeneca and JANSSEN (AD26.COV2.S).

The Covid-19 experimental injections are dangerous as more injuries and deaths increase as time goes by, unfortunately, the worst is yet to come. We are at the early stages of what will be known as one of the greatest crimes against humanity and I hope one day that those who are involved in the conspiracy including Big Pharma, government bureaucrats and the rest of the Globalist cabal will be brought to justice.

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