

# The Polio Vaccine: A Global Scourge Still Threatening Humanity

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*During the past several months as a slew of draconian vaccine bills have been aggressively pushed upon state legislators to legally enforce vaccination against Americans freedom of choice, I have had the opportunity to debate publicly pro-vaccine advocates on a number of occasions. When faced with a barrage of peer-reviewed scientific facts confirming vaccine failures, and its lack of efficacy and safety, representatives of the vaccine establishment will inevitably raise the issue of the eradication of polio and smallpox from the US as case examples of two vaccine miracles. Yet neither case, has their been scientifically sound confirmation that the demise of these two infectious diseases were the result of mass population vaccine campaigns.*

Furthermore, this horribly simplistic belief that polio and smallpox are exemplary models for all other vaccines is both naïve and dangerous. Vaccinology does not follow a one-size-fits-all theory as the pro-vaccine industry propagates to the public. For any coherent public debate, it is necessary for each vaccine to be critically discerned upon its own terms with respect to its rate of efficacy, the properties of viral infection and immune response, vaccine adverse effects, and the long term risks that may not present symptoms until years after inoculation.

This article is the first part of a two part series to deconstruct the false claims of polio and smallpox as modern medical success stories and put each in its historical and scientific perspective. In this first part, the legacy of the polio vaccine and its ongoing track record of failure, particularly in developing nations, will be presented.

It is a very dangerous assumption to believe that any new vaccine or drug to fight an infectious disease or life-threatening disease will be safe once released upon an uninformed public. The history of pharmaceutical science is largely a story of failures as well as successes. Numerous drugs over the decades have been approved and found more dangerous than the condition being targeted, but only after hundreds of thousands of people were turned into guinea pigs by the medical establishment. In the case of vaccines, both the first human papilloma vaccine (Gardasil) and Paul Offit's vaccine for rotavirus (Rotateq) were disasters. Both were fast tracked through the FDA and both failed to live up to their promises.

This scenario of fast tracking unsafe and poorly researched vaccines was certainly the case for one of the first polio vaccines in 1955. In fact the polio vaccine received FDA approval and licensure after two hours of review - the fastest approved drug in the FDA's history. Known as the Cutter Incident, because the vaccine was manufactured by Cutter Laboratories, within days of vaccination, 40,000 children were left with polio, 200 with

severe paralysis and ten deaths. Shortly thereafter the vaccine was quickly withdrawn from circulation and abandoned.[1]

The CDC's website still promulgates a blatant untruth that the Salk vaccine was a modern medical success. To the contrary, officials at the National Institutes of Health were convinced that the vaccine was contributing to a rise in polio and paralysis cases in the 1950s. In 1957 Edward McBean documented in his book *The Poisoned Needle* that government officials stated the vaccine was "worthless as a preventive and dangerous to take." Some states such as Idaho where several people died after receiving the Salk vaccine, wanted to hold the vaccine makers legally liable. Dr. Salk himself testified in 1976 that his live virus vaccine, which continued to be distributed in the US until 2000, was the "principal if not sole cause" of all polio cases in the US since 1961. However, after much lobbying and political leveraging, private industry seduced the US Public Health Service to proclaim the vaccine safe.[2] Although this occurred in the 1950s, this same private industry game plan to coerce and buy off government health agencies has become epidemic with practically every vaccine brought to market during the past 50 years.

Today, US authorities proudly claim the nation is polio-free. Medical authorities and advocates of mass vaccination raise the polio vaccine as an example of a vaccine that eradicated a virus and proof of the unfounded "herd immune theory". Dr. Suzanne Humphries, a nephrologist and one of today's most outspoken medical critics against vaccines has documented thoroughly that polio's disappearance was actually a game of smoke and mirrors.[3] By 1961, the polio vaccine should have been ruled a dismal failure and abandoned since more people were being paralyzed from the vaccines than wild poliovirus infection.

The 1950s mark a decade of remarkable medical achievement; it also marked a period of high scientific naiveté and enthusiastic idealism. Paralysis was not only associated with polio infections, but also a wide variety of other biologic and toxic agents: aseptic meningitis, Coxsackie and Echo viruses, arsenic, DDT and other industrial chemical toxins indiscriminately released upon millions of Americans. In addition, paralytic conditions were given a variety of names in an attempt to distinguish them, although some, such as paralysis due to polio, aseptic meningitis and Coxsackie, were indistinguishable. One of the more devious names was Acute Flaccid Paralysis (AFP), a class of paralyzes indistinguishable from the paralysis occurring in thousands within the vaccinated population. It was therefore incumbent upon health authorities to transfer polio vaccine-related injuries to non-poliovirus causation in order to salvage vaccination campaigns and relieve public fears. Dr. Humphries and her colleagues have noted a direct relationship between the increase in AFP through 2011 and government claims of declining polio infectious rates parallel with increased vaccination. [4]

One of the largest and most devious medical scandals in the history of American medicine also concerns the polio vaccine. In an excellent history about the polio vaccine, Neil Miller shares the story of Dr. Bernice Eddy, a scientist at the NIH who in 1959 "discovered that the polio vaccines being administered throughout the world contained an infectious agent capable of causing cancer." As the story is told, her attempts to warn federal officials resulted in the removal of her laboratory and being demoted at the agency.[5] It was only later that one of the nation's most famous vaccine developers, Maurice Hilleman at Merck identified the agent as a cancer causing monkey virus, SV40, common in almost all rhesus monkeys being used to culture the polio virus for the vaccine. This contaminant virus was found in all samples of the Sabin oral polio vaccine tested. The virus was also being found

in Salk's killed polio injectable vaccine as well. No one knows for certain how many Americans received SV40 contaminated vaccines, but some estimates put the figure as high as 100 million people. That was greater than half the US population in 1963 when the vaccine was removed from the market.

Many Americans today, and even more around the world, continue to be threatened and suffer from the legacy of this lethal vaccine. Among some of the more alarming discoveries since the discovery of the SV40 in Salk's and Sabin's vaccines and its carcinogenic footprint in millions of Americans today are:

- Loyola University Medical Center identified SV40 in 38% of bone cancer cases [6]
- 58% of mesothelioma cases, a life threatening lung cancer, had SV40 present
- A later analysis of a large national cancer database found mesotheliomas were 178% higher among those who received the polio vaccines
- A study published in Cancer Research found SV40 in 23 percent of blood samples taken and 45% of semen samples studied, thereby confirming that the monkey virus can be sexually transmitted.[7]
- Osteosarcomas are 10 times higher in states where the polio vaccine contaminated with SV40 was most used, particularly throughout the Northeastern states [8]
- Two 1988 studies published in the New England Journal of Medicine discovered that SV40 can be passed on to infants whose mother's received the SV40 tainted vaccines. Those children later had a 13 times greater rate of brain tumors compared to children whose mothers did not receive the polio vaccines. This would also explain why these children's tumors contained the SV40 virus present, even though the children themselves did not receive the vaccine. [9]

There is a very large body of scientific literature detailing the catastrophic consequences of SV40 virus infection. As of 2001, Neil Miller counted 62 peer-reviewed studies confirming the presence of SV40 in a variety of human tissues and different carcinomas. Although the killed polio vaccines administered in developed countries no longer contain the SV40 virus, the oral vaccine continues to be the vaccine of choice in poor developing countries because its cost-effectiveness to manufacture. Safety is clearly not a priority of the drug companies, health agencies and bureaucratic organizations that push the vaccine on impoverished children.

After almost sixty years of silence and a federally sanctioned cover up, the CDC finally admitted several years ago that the Salk and Sabin vaccines indeed were contaminated with the carcinogenic SV40 monkey virus. [10]

However, SV40 is not the only contaminate parents should be worried about. As with other vaccines, such as measles, mumps, influenza, smallpox and others, the viral component of the vaccine continues to be cultured in animal cell medium. This medium can contain monkey kidney cells, newborn calf serum, bovine extract and more recently clostridium tetani, the causative agent for tetanus infection. All animal tissue mediums can carry known and unknown pathogenic viruses, bacterial genetic residues, and foreign DNA fragments that pose countless potential health risks. Based upon transcripts of CDC meetings on biological safety, the late medical investigative reporter, Janine Roberts, noted that vaccine makers and government health officials admit they have no way to prevent dangerous carcinogenic and autoimmune causative genetic material from being injected into an infant.

Among the unwanted genetic material that might be found in vaccines today are: cancer-causing oncogenes, bird leukemia virus, equine arthritic virus, prions (a protein responsible for Mad Cow Disease and other life threatening illnesses), enzyme reverse transcriptase (a biological marker associated with HIV infection), and a multitude of extraneous DNA fragments and contaminants that escape filtration during vaccine preparation. [11]

The CDC acknowledges that it is impossible to remove all foreign genetic and viral material from vaccines. As Janine Roberts noted, the science behind the manufacture of vaccines is extraordinarily primitive. Therefore, the CDC sets limits for how much genetic contamination by weight is permitted in a vaccine, and the agency over the years continues to increase the threshold.[12]

Amidst the polio vaccine debacle and mounds of scientific literature confirming the vaccines' i failure, US health agencies and the most ardent proponents of vaccines, such as Paul Offit and Bill Gates, retreat into the protected cloisters of medical denialism and continue to spew folktales of polio vaccines' success.

The polio vaccines on the market have not improved very much during the past 60 years. They continue to rely upon primitive manufacturing technology and animal tissue culturing. In recent years Bill Gates' polio eradication campaigns in India have been dismal failures. Touted as one of the "most expensive public health campaigns in history" according to Bloomberg Business, as many as 15 doses of oral polio vaccine failed to immunize the poorest of Indian children. Severe gastrointestinal damage due to contaminated water and wretched sanitation conditions have made the vaccine ineffective. Similar cases have been reported with the rotavirus and cholera vaccine failures in Brazil, Peru and Bangladesh. According to epidemiologist Nicholas Grassly at Imperial College London, " There is increasing evidence that oral polio failure is the result of exposure to other gut infections." [13]

There is another even more frightening consequence of Gates' vaccine boondoggle launched upon rural India in 2011. This particular polio vaccine contains an increased dosage of the polio virus. In the April-June 2012 issue of the Indian Journal of Medical Ethics, a paper reported the incidence of 47,500 new cases of what is being termed "non-polio acute flaccid paralysis", or NPAFP, following Gates polio campaign.[14] The following year, there were over 53,500 reported cases. NPAFP is clinically indistinguishable from wild polio paralysis as well as polio vaccine-induced paralysis. The primary difference is that NPAFP is far more fatal.[15]

Physicians at New Delhi's St. Stephens Hospital analyzed national polio surveillance data and found direct links between the increased dosages of the polio vaccine and rise in NPAFP. Coincidentally, the two states with the highest number of cases, Uttar Pradesh and Bihar, are also the two states with the worst water contamination, poverty and highest rates of gastrointestinal diseases reported by Bloomberg. As early as 1948, during a particularly terrible polio outbreak in the US, Dr Benjamin Sandler at Oteen Veterans' Hospital observed the relationship between polio infection, malnutrition and poor diets relying heavily on starches. [16] According to nutrition data, white rice, the primary daily food staple among poorer Indians, has the highest starch content among all foods.[17]

Despite this crisis, in January 2014, Bill Gates, the WHO and the Indian government announced India is today a polio-free nation. [18] Another sleight of hand performance of the polio vaccine's magical act.

The case of India, and subsequent cases in other developing nations, scientifically supports a claim vaccine opponents have stated for decades; that is, improving sanitation, providing clean water, healthy food, and the means for better hygiene practices are the safest and most efficacious measures for fighting infectious disease. According to statistics compiled by Neil Miller, Director of ThinkTwice Global Vaccine Institute, the polio death rate had declined by 47% from 1923 to when the vaccine was introduced in 1953. In the UK, the rate declined 55% and similar rates were observed in other European countries.[19] Many historians of science, such as Robert Johnson at the University of Illinois, agree that the decrease in polio and other infectious diseases during the first half of the twentieth century were largely the result of concerted national public health efforts to improve sanitation and public water systems, crowded factory conditions, better hygienic food processing, and new advances in medicine and health care. Relying upon the unfounded myth that vaccines are a magic bullet to protect a population suffering from extreme conditions of poverty, while failing to improve these populations' living standards, is a no-win scenario. Vaccines will continue to fail and further endanger the millions of children's health with severely impaired immune systems with high levels of vaccines' infectious agents and other toxic ingredients.

A further question that has arisen in recent years is whether or not a new more deadly polio virus has begun to emerge as a result of over-vaccination. Last year, researchers at the University of Bonn isolated a new strain of polio virus that evades vaccine protection. During a 2010 polio outbreak in a vaccinated region of the Congo, there were 445 cases of polio paralysis and 209 deaths. [20] This is only the most recent report of polio virus strains' mutation that calls the entire medical edifice of the vaccine's efficacy into question. One of the first discoveries of the vaccine contributing to the rise of new polio strains was reported by the Institut Pasteur in 1993. Dr. Crainic at the Institut proved that if you vaccinate a person with 3 strains of poliovirus, a fourth strain will emerge and therefore the vaccine itself is contributing to recombinant activity between strains.

Moreover, since the poliovirus is excreted through a person's GI system, it is commonly present in sewage and then water sources. In 2000, Japanese scientists discovered a new infectious polio strain in rivers and sewage near Tokyo. After genetic sequencing, the novel mutation was able to be traced back to the polio vaccine. Additional vaccine-derived polio strains have also been identified in Egypt, Haiti and the Dominican Republic.[21]

Therefore, the emergence of new polio strains due to over-vaccination is predictable. Similar developments are being discovered with a new pertussis strain that evades the current DPT vaccines. For this reason, there has been an increase in whooping cough outbreaks among fully vaccinated children. Influenza viruses regularly mutate and evade current flu vaccines. The measles vaccine is becoming less and less effective, and again measles outbreaks are occurring among some of the most highly vaccinated populations.

As with the failure of antibiotics because of their over-reliance to fight infections, researchers are now more readily willing to entertain the likelihood that massive vaccination campaigns are contributing to the emergence of new, more deadly viral strains impervious to current vaccines.

Currently, federal agencies review the vaccine science, reinterpret the evidence as it sees fit, and are not held accountable for its misinformation and blatant denialism that threatens the health of countless children at the cost of tens of billions of dollars. Vaccine policies are driven by committees that govern vaccine scheduling and everyone is biased with deep conflict of interests with the private vaccine makers. Even if a person were to make the wild



assumption that polio vaccines were responsible for the eradication of polio infection in the US, what has been the trade off? According to the American Cancer Society, in 2013 over 1.6 million Americans will be diagnosed with cancer. Twenty-four million Americans have autoimmune diseases. How many of these may be related to the polio and other vaccines? As we have detailed, In the case of the polio vaccine the evidence is extremely high that an infectious disease, believe to have been eliminated from the US, continues ravage the lives of polio vaccine recipients. Nevertheless it can no longer be disputed that the polio vaccine's devastating aftermath raises a serious question that American health officials and vaccine companies are fearful to have answered.

Right now they "right" the papers, interpret them and are not held accountable if they are wrong. Policies driven by committees governing sheculding and all biased with conflict of interst.

## Notes

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