

The Smallpox Vaccine: A Real Threat that Should be a Forgotten Threat

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A visit to the village of Berkeley in the UK will bring you to the home of Dr. Edward Jenner, the founder and venerated saint of vaccination. On the property's garden, there's a small stone thatched hut where Jenner administered his smallpox vaccine to poor local residents. He named the building The Temple of Vaccinia. Today, the "shrine" carries a fanatical significance for followers of "evidence based medicine" and the most staunch pro-vaccine advocates with all of the trappings of a religious cult. Yet history shows this was a man who launched a scientific engineered plaque upon the global community. In 2011, this sanctuary was reopened to the public by none other than the Bill and Melinda Gates Foundation.[1] So adored is Jenner by Bill Gates and his colleagues would forcefully vaccinate every man, woman and child around the world, if there were legends of Jenner walking on water or raising the dead, they would believe it blindly.

Jenner managed to exert a charm among the British elite to secure large sums of patronage for his medical practice and experiments. This was no genius. Prior to his invention of the smallpox vaccine, his only notable work was on the habits of the dodo bird. In the 18th century an aspiring doctor wasn't required to attend a medical school to learn the art of medicine. Instead if a person was wealthy enough or could procure the sufficient funds, a degree could be purchased, which is what Jenner did.

After observing that milk maids who contracted a minor illness known as cowpox seemingly didn't contract the more serious smallpox—a more life-threatening disease during his day with a twenty percent death rate—Jenner began experiments by injecting pus from cowpox pustules into patients. It was his belief that this would protect them from smallpox. Jenner had no knowledge that the two poxes were in fact dissimilar organisms. He regarded them the same even though the degree of infectious severity was very dissimilar.

After many attempts to vaccinate volunteers, and many subsequent illnesses and deaths, he finally managed to immunize a single patient, a teenager named James Phipps. Given Jenner's lack of critical thought, this was his single successful eureka moment. He then announced his vaccine as a universally applicable preventative measure against smallpox. Jenner also claimed that his vaccine provided lifelong immunity, which has since never been scientifically proven. Early opponents of inoculation were not convinced and even contributed Jenner's vaccine to the rise in other diseases and medical conditions observed parallel to increased vaccination rates.

Being the opportunist he was, in his search for glory, fame and wealth, Jenner managed to convince the British House of Commons to mandate his vaccine to fight the smallpox scourge ravishing poor British communities. Jenner was now an independently, wealthy

man.[2]

Today, the smallpox vaccine is no longer administered to the American civilian population and has been phased out in most nations. The medical establishment is unanimous that smallpox has been eradicated from the US. Along with the poliovirus vaccine, the aggressive smallpox vaccination campaigns during the 19th and 20th centuries have become the two exemplars vaccine advocates repeatedly turn to as proof that mass vaccination crusades can eradicate infectious diseases. This fallacious claim makes an ignorant assumption that the possible success of one vaccine for one infectious disease universally applies to all vaccines.

Nevertheless, the smallpox vaccine is still administered to military personnel and employees within the Department of Defense and their families. As we will point, there are serious concerns about the present vaccine, which one peer-reviewed article regards as the least safe vaccine today. [3]

The debate whether or not the vaccine contributed to the decline and eradication of smallpox infections is hotly debated between the pro-vaccine establishment and its opponents. Although no longer administered in developed countries, the vaccine continues to be dispensed in poorer developing nations and continues to contribute to smallpox injuries and deaths. For example, in the Philippines there was an increase in 112,000 smallpox infections and 61,000 deaths just two years after the vaccine was introduced.[4] Historians of medical science regard smallpox infections as a disease of the poor and impoverished, where slum communities are fraught with unhealthy sanitation, contaminated water and food, and other life debilitating living conditions.[5] On the other hand, because smallpox is easily transmitted through air, water and bodily fluids, the upper classes were infected as well and many famous members of the British and European royalty are known to have contracted the virus.

The famous story of a successful struggle to ward off a smallpox epidemic ravishing England in the 1880s is the case of town of Leicester. The British government had already mandated a mass nationwide vaccination program to little effect. In the cities, towns and villages where the vaccine was most heavily introduced, severe infections from the vaccine virus and deaths rose. The mayor and residents of Leicester decided to take matters into their own hands. Rather than comply with the government's vaccine agenda, the town folks undertook a mammoth clean up crusade to improve the town's sanitation, water supply, street drainage, public facilities and buildings, etc. Residents suspected of acquiring smallpox were removed from the general population and quarantined in clean facilities in order to curtail transmission of the virus. The result was that the smallpox epidemic never infiltrated Leicester nor laid the town to waste as it had done to other villages.[6]

Smallpox, or orthopox variola, is classically transmitted via body fluids, air and water and shared public facilities. The vaccine contains a live attenuated vaccinia virus cultured on Vero cells (cells from adult African green monkey kidneys, also used as the medium for the poliovirus that gave rise to the transmission of the SV40 carcinogenic monkey virus in the American population) and human serum albumin (a blood plasma protein derived from the human liver). The vaccinia virus, used in the vaccine, is not smallpox but another pox-type virus that is believed to immune recipients from smallpox infection.[7]

Dr. Charles Creighton (d. 1927) was a highly respected British physician, acknowledged as

the founder of British epidemiology, and a harsh opponent of the medical establishment of his day, which he regarded as an Inquisition, He was also a critic of the germ theory as it was understood in the late 19th century. His most important scholarly work was *A History of Epidemics in Britain*, published in 1891. He was an opponent of vaccinations, having published books on cowpox, vaccinal syphilis and Edward Jenner. Creighton's history of the smallpox vaccine is revealing to explain why smallpox cases increased with the rise in vaccination. First, he noted that it was the upper classes of British society who were being vaccinated because they could afford the vaccine's costly price tag. Yet much of the poorer population remained unvaccinated. It would not be uncommon for only a fourth of a town or city to be vaccinated. Due to this social divide between the vaccinated and unvaccinated, the wealthy and privileged classes were transmitting the disease to the poorer unvaccinated residents and vice versa in cases where the vaccine failed to provide immunity.[8]

During the earlier half of the 20th century, smallpox infection was no longer the threat it had been in the 19th century. Infections were still high, however the virus increasingly appeared in a very mild form that was no posed serious health risks nor life-threatening. Eventually the disease disappeared in the US, Britain and other countries and compulsory vaccination was discontinued. The reasons why smallpox morphed into a minor infection remain unclear. There is some suspicion that the virus is cyclic, not dissimilar to the black plaque that was especially epidemic and deadly during the 14th and 15th centuries then decreased rapidly.

A decade ago, only the US and Russia held stockpiles in the smallpox virus and it was believed that these would be destroyed thereby eradicating smallpox forever from the planet. However, this was not to be the case. The virus is still experimented with in US military biologic laboratories and President Bush's war on terror brought the virus back into world consciousness. In the early 2000s, the government launched vaccine clinical trials in preparation for a new national smallpox vaccination program. Although the vaccine is still not administered to the civilian population, preparations for its widespread distribution are being made in the event of a foreign biologic attack.

In January 2004, the Democratic members of the House Select Committee on Homeland Security released a report on the biodefense failure of the smallpox initiative. The report anticipates a high rate of vaccine injuries. Among the failures, the program was unable to come up with an adequate compensation for vaccine injuries. The program is also charged with having been grossly incompetent. The report states that "serious adverse reactions to the vaccine can and do occur." [9]

During the small vaccine trial, which never met its targeted number of volunteers, there were 49 serious adverse effects, which was above the CDC's predictions. The CDC has since removed its page on this issue although it is referenced in the Congressional report.[10] On a separate CDC smallpox fact sheet, research on the current smallpox vaccine contributed to myocarditis, pericarditis and other serious heart conditions leading to angina and heart attacks. The CDC recommends that anyone diagnosed with a heart condition either "with or without symptoms", should avoid the smallpox vaccine. The report recommends those with high blood pressure, high cholesterol, diabetes, high blood sugar or a first degree relative with a heart condition before the age of 50 should also avoid the vaccine.[11]

Furthermore, the report states that "the vaccinated worker risks sickening others with whom he or she comes in contact (such as family members). [12]

Military personnel still receive the vaccine. During our current War on Terror, between 2002 and 2014, 2.4 million military service personnel received smallpox

In addition to the above health risks, a review of the Pentagon's Smallpox Vaccination Screening Form lists pregnancy or living with someone who is pregnant, a child under 1 year of age in a household, breastfeeding, eczema and a variety of ocular conditions as reasons for exemption. If military personnel or the persons they live with take medications affecting the immune system, diabetes and a long list of cardiovascular-related conditions, the vaccine is also contraindicated.[13]

Transmission of the vaccine-containing virus to others is more common with smallpox than other infectious viruses. Transmission can occur within only a few hours of two people meeting face to face and a vaccinated person can be infectious for thirty days or more.

One potentially severe adverse condition that has resulted from the smallpox vaccination is "progressive vaccinia" or "vaccine necrosum". This illness can be fatal and refers to the progressive necrosis of tissue at the site of inoculation. According to the CDC's Smallpox Vaccine Fact Sheet, the threat of progressive vaccinia may be greater today than in the past due to the large percentage of Americans with immune-compromised health conditions, especially low T-cell counts. Moreover, there is no known antiviral therapy for treating the disease.[14]

Besides cardiovascular threats, military personnel have also reported post-vaccinial encephalitis, which has a morbidity rate of 15-25%, and again there is no known therapy.[15]

In a paper published in the journal *Clinical Medicine and Research*, researchers at the Epidemiological Research Center at Marshfield Clinic Research Foundation, conclude that the "smallpox vaccine is less safe than other vaccines routinely used today." Even mild post-vaccination illnesses can account for one third of recipients missing work or school.[16]

Federal health authorities instill fear people whenever an infectious outbreak occurs although people can be thousands of miles away. Thus we witnessed the paranoia surrounding the Disneyland measles outbreak in 2014, and the pro-vaxxers frightening the citizens of Maine with measles incidences on the other side of the country. On occasion there are small incidences of the *Yersinia pestis* virus, responsible for the plague, in the American southwest. But such case do not alarm health officials to force vaccinate the entire American population against the plaque.

Likewise, meningitis or a case of cholera in an isolated location never treated as a national emergency. Since live-virus vaccination, such as smallpox, poliovirus, influenza, chickenpox and some measles vaccines, turn the recipient into a carrier and infectious agent to everyone he or she comes in contact, live vaccines are theoretically the most efficacious way to transmit and spread infectious illnesses, particularly to people with poor health and compromised immune systems. The reemergence of the smallpox vaccine can potentially be the greatest health threat the nation will have faced in many decades. This would especially be true if it were made compulsory on the American public.

What does seem certain is that there is little credibility to the propaganda suggesting a future smallpox threat will originate with terrorists. Rather it will come from the terrorists in our own medical establishment who are eager to vaccinate everyone for everything.

Notes

[1] The Jenner Museum. www.jennermuseum.com/the-garden.html.

[2] For an excellent history and background about Edward Jenner and the early smallpox vaccine, see, Humphries, S. and Bystrianyck, R. *Dissolving Illusions: Disease, Vaccines and the Forgotten History*. Self-published. 2013, pp 222-292

[3] Belobgia E and Naleway A. "Smallpox Vaccine: The Good, the Bad and the Ugly" *Journal of Clinical Medicine and Research*. April 1(20) 2003, pp 87-92

[4] Piper-Terry, M. "Smallpox, Infectious Disease and Vaccination Policy in the US" *VaxTruth* December 12, 2014

[5] Cartwright F, *Disease and History*. Rupert, Hart, Davis, London, 1972 p 124

[6] Bystrianyck, R and Humphries S. "Vaccination: A Mythical History," *International Medical Council on Vaccination*. August 27, 2003

[7] Defense Health Agency. "Smallpox Vaccination Program Questions and Answers," Department of Defense, July 8, 2014

[8] Bystrianyck R, op cit.

[9] "A Biodefense Failure: The National Smallpox Vaccination Program One Year Later" January 2004 http://biotech.law.lsu.edu/blaw/bt/smallpox/Congress/040129_ABiodefenseFailureOneYearLater.pdf

[10] CDC. "Smallpox Vaccination Adverse Events Report," <http://www.bt.cdc.gov/agent/smallpox/vaccination/reactions-vacc-clinic.asp>

[11] CDC. Smallpox Vaccine Adverse Effects Fact Sheet. <http://www.cdc.gov/od/oc/media/spadverse.htm>

[12] Ibid.

[13] Department of Defense. "Smallpox Screening Form," http://www.vaccines.mil/documents/1702_SmallpoxScreeningForm.pdf

[14] CDC Fact Sheet, op cit

[15] Ibid

[16] Belobgia E and Naleway A, op cit.

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