

# The Zika Virus, the Brazilian Microcephaly Outbreak. Covering-up Another Iatrogenic Disorder

Cognitive Dissonance and the Elephant in the Room: Covering-up Another Iatrogenic Disorder (Injecting Fetotoxic Aluminum into Pregnant Women)

By [Dr. Gary G. Kohls](#)

Global Research, February 07, 2016

[Duluth Reader](#) 4 February 2016

Region: [Latin America & Caribbean](#)

Theme: [Biotechnology and GMO, Science and Medicine](#)

*“Rather than (irrationally) calling for a fast-tracked Zika virus vaccine program against a benign mosquito virus that is the least likely causative agent for congenital defects like microcephaly, these authorities have chosen to keep quiet about the really logical thing to do until more is known: warn the pregnant targets of the new vaccination policy and **immediately stop inoculating pregnant women with neurotoxic, aluminum-adjuvanted vaccines!** Doing otherwise might meet the definition of reckless child endangerment or even crimes against humanity.” - GGK*

Today (2/2/16), investigative reporter Jon Rappaport of [nomorefakenews.com/](#) wrote:

“AP: ‘Brazilian officials said the babies with the defect [microcephaly] and their mothers are being tested to see if they had been infected. Six of the 270 confirmed microcephaly cases were found to have the [Zika] virus.’ Out of all the microcephaly cases re-examined in Brazil, only six have the Zika virus! That constitutes zero proof that Zika has anything to do with microcephaly.”

*A glossary of terms for this column:*

**“The Elephant in the Room”**: A situation where there is an obvious root cause of a problem but those falsely claiming to try to solve the problem totally ignore the root cause that is staring them in the face. (Author Upton Sinclair’s incisive comment applies here, when he said: “It is difficult to get a man to understand something when his salary depends upon his not understanding it”.)

**“Cognitive Dissonance”**: The psychological discomfort felt when one is confronted with new information or a new reality that contradicts one’s deeply held beliefs. (As in seeing the sudden explosive collapse (on 9/11/01) of the three WTC towers into fine powder within seconds and the struggling with the desire to stick with the contradictory official White House theory that simple office fires made it happen.)

**“Iatrogenic”**: A condition, usually inadvertent, resulting from the activity of a physician, such as an adverse reaction to a prescription drug, surgery or vaccine.

**“Correlation does not imply Causation”**: A example of a logical fallacy in that two events occurring together do not necessarily have a cause-and-effect relationship.

**“False Flag Operation”:** A covert operation carried out by a government agency, a corporation or some other secret organization in order to deceive its own people into falsely believing the operation was carried out by enemy “others” – usually for political or economic gain. (Ex. Operation Northwoods, Operation Gladio, the Gulf of Tonkin Incident, 9/11/01, the Reichstag Fire, Operation Himmler, etc. (Google “False Flag Ops What Really Happened” for dozens more.)

**“Conflict of Interest”:** A situation in which a person or group is in a position to derive personal or collective benefit (financial or professional) from actions or decisions made in their official capacity.

Most of us are by now aware of the furor over the mosquito-borne Zika virus in Brazil. Seemingly every pro-corporate vaccinologist, academic pediatrician, infectious disease “expert”, and even the World Health Organization have been blanketing the media and agreeing with the unproven notion that this usually asymptomatic, very mild viral illness somehow caused an “epidemic” of thousands of microcephalic (“shrunken brain”) newborns in , an outbreak that made its appearance out of nowhere in November 2015.

Ignored is the fact that there are 35 other countries across the globe that have confirmed cases of Zika virus illness, but none are having any microcephaly reports (although some public health organizations are searching hard for other cases of microcephaly to support the current conventional “wisdom”).

(See the list of 35 at:

[http://ecdc.europa.eu/en/healthtopics/zika\\_virus\\_infection/zika-outbreak/Pages/Zika-countries-with-transmission.aspx](http://ecdc.europa.eu/en/healthtopics/zika_virus_infection/zika-outbreak/Pages/Zika-countries-with-transmission.aspx))

The public radio stations (NPR, MPR and WPR) that I pay attention to – and usually try hard to trust – have trotted out an assortment of “experts” who have been eager to pontificate on the subject, but none of them have looked at the “elephant in the room”, which is discussed further below. The so-called health professionals from the CDC, the WHO, the NIH and the FDA were academics (or bureaucrats heading up professional organizations) who were specialists in infectious disease, virology, pediatrics, vaccinology and OB-GYN, all professions that have been well indoctrinated in the safety of all vaccines.

All of them were naturally quite willing to fan the flames of fear and paranoia among us lay listeners, and most of us were naturally alarmed to hear about the thousands of mutant being born with underdeveloped brains.

### **The Elephant in the Room**

But in the whole week of reports that I heard or read about, not a single interviewer asked about – and not a single “expert” or mainstream journalists ever mentioned the most likely triggering cause of the epidemic, and that is the neurotoxic, cytotoxic, genotoxic, aluminum that was in every DTaP shot, a vaccine that had been recently mandated (early in 2015) by the Brazilian government to be injected into pregnant women – and therefore into their fetuses. I had by then received invitations to be interviewed – even the belief that all vaccines are both safe and effective.

Suspecting that some of the “experts” on the radio may have had professional or economic conflicts of interest in this story, I decided to do some independent research into what else

might be behind last week's three hysteria-provoking, media-hyped stories. Besides

(1) the Zika virus/microcephaly story, there were two other paranoia-inducing reports in the news that I noticed, including

(2) a report about a new kind of dog influenza virus that allegedly made somebody's cute little Jack Russell terrier very sick with a cough (for which your local veterinarian apparently has a vaccine) and

(3) a preventive medical services "blue ribbon" panel that was recommended that every person in America henceforth should be screened for so-called "mental illnesses" (and then referred to physicians who are quick to prescribe unaffordable, brain-altering psychotropic medications, of course).

We all know how pharmaceutical and medical device manufacturers (as well as clinics, hospitals and physician trade associations) are constantly trying to grow their businesses and enrich themselves and their stakeholders (by expanding market share whenever and wherever they can). So naturally I couldn't help but speculate on which financial investment sectors and corporations were benefitting from the latest freak-out news this time around.

### **Cognitive Dissonance (or is it Willful Ignorance) in the Healthcare Industries?**

It's important to be aware of the unshakable faith that Big Medicine has in Big Pharma's vaccines. As a family physician, I was likewise indoctrinated in medical school and beyond to believe that all mercury-containing or aluminum-adjuvanted vaccines are safe and effective and that both mercury and aluminum were non-toxic. (Both now are well-known to be serious poisons to every living cell in the universe, not just babies brains.) Generations of brain-washing of the medical profession by corporate-controlled or corporate-influenced professionals - has worked wonders for the vaccine industry, and it starts in medical school. And what physicians believe firmly extends to their patients, even in the face of powerful neuroscientific evidence to the contrary.

Even the Brazilian women who have been delivering their microcephalic babies (or autistic, learning impaired, hyperactive, antisocial, autoimmune, or otherwise neurologically-impaired later in childhood) are probably unaware that they and their fetuses had been exposed to injected neurotoxins (without their fully informed consent being given) when their fetuses were developing their brains, nerves and synapses.

And I'll even be willing to bet that those healthcare workers who were delivering those babies had no clue either.

Significantly, it is even possible that some of those women were also receiving the mercury-containing flu shots during their pregnancy as well. Knowing that both toxic heavy metals are capable of crossing both the placental barrier and the immature blood-brain barrier of the fetus, those chemicals should have been contraindicated in pregnancy.

At this point, it must be recognized that those Brazilian mothers - usually living in poverty, malnutrition and in carcinogenic areas of the nation - have been chronically exposed also to Monsanto's Round-up (a known neurotoxin that has shown brain toxicity and small brains in experimental animal testing), Syngenta's Atrazine (another neurotoxic and genotoxic herbicide widely used in Brazil), mosquito repellants and fumigation with neurotoxins).

Brazil is notorious for the widespread use of toxic chemicals because of their burgeoning agricultural economy. It is the largest user of agribusiness poisons in the world. (Be careful about eating food from Brazil, which will be hard if Big Agribusiness and the Grocery Manufacturers of America (GMA) succeed in banning the labeling of food products as to country of origin.)

I know of no pediatrician and very few family physicians that show any sign of recognition whenever the darling of Big Vaccine, Dr Paul Offit speaks. (Offit is the multi-millionaire inventor of a CDC-mandated rotavirus vaccine whose contagious live viruses are shed for weeks following the oral administration of the vaccine.) Offit, an academic pediatrician at Children's Hospital of Philadelphia, where he is the director of the Vaccine Education Center, once made the ridiculous assertion that "infants can theoretically receive 10,000 vaccine (antigens) at once without overloading their immune systems." Despite that outrageous belief, he seems to have open invitations to be interviewed on radio or TV anytime there is an outbreak of whooping cough or measles-like rashes among fully vaccinated populations of children.

(For more on Dr Offit and a list of a multitude of great reference articles, click on: <http://jameslyonsweiler.com/2015/11/16/paging-dr-offit-your-aluminum-neurotoxicity-reading-assignments-are-ready/>)

Those of you who are also smelling a rat will agree that big multinational Agribusiness corporations that manufacture insecticides and insect repellants will profit from the story, and the vaccine, medical and veterinarian industries will profit from the first two hyped-up stories, and that Big Pharma and the psychiatric and medical industries (and their lobbyists) will benefit from the third.

The remainder of this article will deal only with **the very weak Zika/microcephaly theory.**

A good example of a corporation that is already profiteering from the Zika virus story is the biotech company Oxitec. Oxitec developed the technology to genetically alter male **Aedes aegypti mosquitos** so that no offspring would be able to reproduce. Note that there is no proof that this will do anything to contain the widespread *Aedes aegypti* mosquito population, but for proof of how cunning these folks are, check out the headline that I saw last week from a financial services firm. It said: "Intrexon Stock Price Spikes 20%; Oxitec Subsidiary Working To Control Zika Virus Outbreak"

That headline concerned me, but what really piqued my interest was the totally irrational microcephaly part of the mosquito story and my understanding about the serious neurotoxicity of aluminum-adjuvanted vaccines. My information comes from my extensive reading of many honorable researchers into aluminum adjuvants across the world (in Israel, Canada, France, Japan, but not many in America - or in Brazil).

### **False Flag Op: Blaming a Mosquito Instead of the Real Villains**

The Zika virus has been around semitropical and tropical countries since 1948 with no connection to fetal anomalies for the last 70 years, so my bul...it detectors screamed loudly when the mosquito carrier of the virus was blamed as the prime suspect in causing large numbers of congenital mutations as dramatic as microcephaly. A few others besides myself smelled the strong stench of another false flag operation, and I realized that I needed do my

own research.

So, partly clued in (or inspired) by the essays of Jon Rappaport (Google “Jon Rappaport and the Zika Hoax”) I started to do my independent research into this story. What I found out is disturbing, but not surprising.

Starting at the beginning, one can report that the megacorporate vaccine industry, along with many co-opted public health experts, have long been concerned about the relative lack of efficacy of the pertussis (whooping cough) vaccine (the “P” in the trivalent DPT or TDaP) in actually preventing the disease even in fully vaccinated children. That reality has been effectively covered-up by the industry – with the help of the media.

In every one of the periodic outbreaks of whooping cough that we hear about from time to time (ad nauseum), large percentages, sometimes even majorities, of the sick children have been found to have been fully vaccinated with the recommended series of three shots, which should have, theoretically, protected them. In very young infants (whose immune system, blood-brain barriers and upper windpipes are at their most immature), whooping cough is much more likely to be lethal, the mortality rate varying from less than 1% to as much as 5% (in impoverished, malnourished, neglected and/or chemically poisoned populations).

### **Making the Mistake of Trying to “Keep up With the Joneses” in Brazil**

In Brazil, public health officials have been concerned with the nation’s rising incidence of whooping cough (it was approximately double that of its neighboring countries). Between January 2007 and December 2014, there were 24,612 confirmed cases of whooping cough (averaging 3000 per year, with only small numbers of microcephalic newborns spontaneously occurring).

The actual annual incidence rates of whooping cough in Brazil between 2007 and 2010 ranged from a low of 0.32 cases per 100,000 to 0.75 per 100,000. Then, starting in 2011, there occurred increases, reaching 1.17 cases per 100,000 in 2011, 2.81 per 100,000 in 2012, 3.2 per 100,000 in 2013, and 3.25 per 100,000 in 2014 (which means that in the peak year, 2014, over 99,996 Brazilians out of every 100,000 didn’t contract whooping cough!)

During the so-called “epidemic” period [2012 – 2014], the mean annual incidence rate for whooping cough was 2.6 cases per 100,000 population, compared with 0.51 per 100,000 in the period from 2007 through 2010, but the relative rate of increase was calculated to be a pseudo-alarming 500% rise ( $2.6/0.51 \times 100\% = 520\%$  [!]) The overall case fatality rate among confirmed cases during the eight years of the study was 2.1 % (528 deaths in the 8 years studied out of the 24,612 confirmed cases).(Statistics above were taken from a medical journal article that was titled “Increasing Incidence of Pertussis in Brazil” (BMC Infect Dis. Oct 2015). Ironically, the article was published online the month before the microcephaly outbreak occurred! (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619034/>)

Prior to the disastrous microcephaly outbreak that began in November 2015, the embarrassed Brazilian public health experts knew that Brazil’s high 90 – 95% infant vaccination rates among its infants were failing to eliminate, as promised, the occasional case of whooping cough (which, admittedly, can be fatal in very tiny infants, usually with pneumonia, encephalitis, dehydration, otitis, and malnutrition listed as contributory causes of death).

So they decided on a drastic plan: inoculate all pregnant women with the DTaP vaccine, hoping that by doing so, the babies would come out of the womb automatically immunized to whooping cough – a scientifically absurd notion.

The plan may have sounded plausible to the layperson. It may even have sounded plausible to a health science-oriented bureaucrat or perhaps even to an academic neuroscientist who might have financial conflicts of interest in not revealing what were the real villains in the outbreak. And of course, the plan looked like pure gold to Sanofi Pasteur (the largest corporation in the world devoted entirely to manufacturing and marketing vaccines) and to GlaxoSmithKline (the British mega-pharmaceutical corporation that would be getting the contract for the tens of millions of doses of aluminum-containing DTaP).

No well-designed experimental studies were done beforehand to prove that such a strategy would work, much less be safe. But I suspect that there was an uncomfortable minority of (enlightened) Brazilian strategists who were aware of the known neuroscience concerning the emerging epidemic of vaccine-induced autoimmune disorders. However, being outnumbered, I suspect that they had to resort to crossing their fingers that this high-risk plan would work out.

Crossing one's fingers is lousy science.

Anyway, in the spring of 2015, public health officials mandated DTaP vaccinations for all pregnant Brazilian women. The vaccine contained, not just the whooping cough antigen and aluminum, but also two totally unnecessary antigens that are supposed to (allegedly) prevent diphtheria and tetanus, two illnesses that, compared to whooping cough, are so rare in first world countries as to be non-existent.

So since last year, clinics all over Brazil were injecting some form of DPT shots into pregnant women, despite the warnings from independent neuroscientists that such vaccines were known to be neurotoxic (poisonous to brain and nerve tissue), genotoxic (poisonous to DNA), mutagenic (capable of causing mutations) and generally fetotoxic (capable of poisoning fetuses, especially their brains and bones).

### **Conflicts of Interest (and CYA) Keep Big Lies Going, But at What Cost?**

Quite often the need to preserve the reputations or wealth of powerful people or powerful industries takes precedence over the basic human needs of innocent people that may have been their victims. So when those entities are at risk of being humiliated when their greed and powerstious or guilty actions of the powerful conflicts of interest are exposed, bad outcomes happen. This is true of Big Pharma, Big Medicine, Big Vaccine, Big Agribusiness, Big Chemistry, Big Food, Big Finance, Wall Street and the Pentagon.

And, after understanding the facts as revealed above, Brazilian women of child-bearing age – as are all of us – are being kept in the dark about all the facts about what Jon Rappaport calls the Zika virus hoax. The perpetrators of the hoax include officials at the WHO, the CDC, the NIH, the FDA and every major news outlet that has a paid medical doctor doing such stories. They should be ashamed of themselves for missing the essential ingredients of this story and mis-leading everybody with either their willful ignorance or their bald-faced promulgation of the Big Lie.

Rather than (irrationally) calling for a fast-tracked Zika virus vaccine against a benign

mosquito virus that is the least likely to be the causative agent, these authorities have kept quiet about the really sensible thing to do until more is known: immediately stop vaccinating pregnant women with neurotoxic substances!

***Dr Kohls** is a retired physician who practiced holistic, non-drug, mental health care for the last decade of his family practice career. He now writes a weekly column for the Reader Weekly, an alternative newsweekly published in Duluth, Minnesota, USA. Many of Dr Kohls' columns are archived at*

*[http://duluthreader.com/articles/categories/200\\_Duty\\_to\\_Warn](http://duluthreader.com/articles/categories/200_Duty_to_Warn).*

The original source of this article is [Duluth Reader](#)  
Copyright © [Dr. Gary G. Kohls](#), [Duluth Reader](#), 2016

---

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

[Become a Member of Global Research](#)

Articles by: [Dr. Gary G. Kohls](#)

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

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