

Chapter 15

The Biological Threat

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"Mere months before the attack on Pearl Harbor shocked America out of its slumber, millions listened to and preferred to believe, those who told them that they need not rouse themselves, and that all will be well if only they continue to do all the pleasant and profitable and comfortable things they would like to do best." – Walter Lippmann

History of Biological Warfare

The first recorded instance of biological warfare goes back to 1348 and 1349. The Tartars used catapults to hurl the bodies of black plague victims (*yersenia pestis*) over the walls into the city of Caffa in the Ukraine. The black plague eventually spread from this city to Europe where it killed one third to one half of Europe's population. Bubonic plague has killed hundreds of millions of people during the span of recorded history. In 1754 American colonists intentionally distributed blankets from people infected with smallpox to the Indians. Due to their lack of immunity, the resulting smallpox epidemic killed 90% of the Indians exposed. Over the next 100 years the epidemic continued to move westward and facilitated the expansion of European populations on the North American continent. The Spaniards likewise brought smallpox and measles to Mexico and South America. The total death toll to Native Americans by white



man's diseases is estimated to have been about 75 million. It was the white man's diseases more than his technological edge that caused the decimation of the indigenous populations on the North and South American continents.

The Japanese had an extensive biological warfare research program during World War II. Evidence indicates that the Japanese used biological warfare in China against the nationalist forces there.

Biological Terrorism

*"Biological terrorism is now considered by the US government to be a credible threat."*¹ Early in the 1990's CIA Director John Deutch said that the threat of chemical and/ or biological attack in the U.S. was *"the most pressing intelligence challenge we face."* According to John Gannon, a senior intelligence officer, chemical and biological weapons are a clear and present danger for the United States. *"America's prestige*

*and high profile as a global power make us the world's biggest and most dispersed target."*² According to Defense Secretary William S. Cohen, *"A lone madman or a nest of fanatics with a bottle of chemicals, [or] a batch of plague-inducing bacteria...can threaten to kill thousands."* In September of 1999 the Commission on National Security, sponsored by President Clinton and the US Congress, released a report on the prospect of terrorism in the United States. According to the report, *"For many years to come, Americans will become increasingly less secure. America will become increasingly vulnerable to hostile attack on our homeland and our military superiority will not entirely protect us. Americans will likely die on American soil, possibly in large numbers. Threats to American security will be more diffuse, harder to anticipate and more difficult to neutralize than ever before."* According to Colonel Dr. Edward Etizen Jr., with the U.S. Army Medical Corps at Fort Detrick, Maryland, the greatest threat to the U.S. in the early part of the 21st century, *"will not come from a military confrontation, rather it will come from an attack from within our borders from a single individual or group that has access to weapons of mass destruction."* The September 1999 report from the Commission on National Security said that the U.S. government was concerned about the possible use of biological weapons by terrorists and that terrorist groups were known to be acquiring the material and the technical ability necessary to implement acts of biological terrorism. The report said, *"The most serious threat to our security may consist of unannounced attacks on American cities by sub-national groups using genetically engineered*

pathogens. In the hands of despots, the new science could become a tool of genocide on an unprecedented scale." Dr. Christopher F. Richards from the Brigham and Women's Hospital in Boston, Massachusetts gave some further insight into this *"genocide on an unprecedented scale"* when he wrote, *"A biological attack on a major city could approximate the lethality of a nuclear explosion."*³

There is nothing exotic about the technology. Several college-educated terrorists with access to technical libraries and financial backing could make large amounts of the biological weapon Anthrax. Anthrax can be easily isolated from the soil in some parts of the United States. One van loaded with tanks of Anthrax could drive around Manhattan and spray enough contaminates to kill several million people within one week. One cargo aircraft flying a pattern over the populated areas of central and eastern United States could result in 20 million deaths within one week. The problem with Anthrax is that once you feel the symptoms, it is too late for treatment. Anthrax's long incubation period would allow the terrorists to escape long before the victims even realized they had been attacked.

So what do we do about this seeming sword of Damocles that is hanging over the heads of humanity? According to a March 1996 statement on the biological threat by Georgia Senator Sam Nun, the U.S. had a *"remarkable lack of domestic preparedness."* The advice of Scott Lillibridge, director of the Bioterrorism Preparedness Program for the Center for Disease Control and Prevention is to, *"Be prepared for the unexpected — whether it be a naturally occurring event such as a worldwide influenza pandemic or a deliberate*

release of anthrax by a terrorist."

According to a taskforce of the American College of Emergency Physicians, **"Without awareness and planning, a bioterrorism event may be unrecognized or dismissed as a natural epidemic until the scope of such a disaster becomes catastrophic."** In July of 1999 Secretary of Defense William S. Cohen said, **"The race is on between our preparations and those of our adversaries. We are preparing for the possibility of a chemical or biological attack on American soil because we must. There is not a moment to lose."**

These are strong words from a man who is privy to the highest levels of classified information! Not only do they reflect urgency, but they also suggest that the worse case is very probable. In many ways the U.S. government seems to be stuck in a Catch-22 situation. The government has to deal with the threat, but no administration wants to give the public too much bad news, lest it upset investor confidence and create a crisis on Wall Street.

The U.S. government has been doing more than just talking about the problem. According to Dr. Jeff Kopland, head of the U.S. Center for Disease Control and Prevention, the CDC has put together eight of what they call "Push Packages." Each Push Package includes 109 air cargo containers filled with antibiotics and related medical supplies that can be flown to any site of a bioterrorist incident in the U.S. within twelve hours. The CDC has also set up 81 labs around the U.S. that are equipped to test for six of the most likely biological agents that terrorists might use: plague, tularemia, botulin toxin, smallpox, Ebola and anthrax.

The Economics of Mass Destruction

If a government or group wanted to exterminate all human life in a given square kilometer of land using nuclear weapons it would cost them about \$2000. To exterminate all human life in the same square kilometer using area chemical weapon like nerve gas, it would cost about \$800. But it would only cost \$1 to exterminate all human life in that same square kilometer area using biological weapons like anthrax spores or ricin. What a bargain!

Protecting Yourself from Biological Terrorism

In terms of bio-warfare the only solution is some sort of airtight safe room or shelter equipped with an air filtration system that has a HEPPA quality filter. During the Gulf War when Saddam Hussein's army was firing scud missiles at Israel, there was major concern that Iraq might be arming these scuds with chemical and biological weapons. What the Israeli population did, besides getting issued a gas mask, was to construct safe rooms. These rooms were a designated room in a house that was lined and sealed off from the outside with 4-6 mil poly sheeting that comes in rolls. The sheeting was sealed at the edges with duct tape. The whole idea was to create a sort of makeshift clean room. One important factor here is that this room needs to have an air filtration unit, with a HEPA filter, bringing air into the sealed room. If the room is sealed, people will eventually suffocate if there isn't a dependable source of filtered air.

Most air filtration devices require some sort of power. In an all out bio-warfare event

the panic and hysteria could potentially cause disruptions in the power supply. Any foolproof air system should ideally have access to an independent back-up power system that won't be effected if the local utility fails. From this point of view many of the essential services including law enforcement, emergency medical services, water and food deliveries to local markets would probably be interrupted for a time. General preparedness is the key here. Have some sort of long-term food storage program, an alternative water source and an ability to purify it. Have a good first aid kit and some basic first aid training. And know how to protect your family and property if the police are too busy to help you. If the reader wants to prepare for bio-terrorism he or she should read the chapters in this book that cover: food, water, air, medical, security and shelters. Really, the best solution is to get out of the way. The major cities are going to be the obvious targets if it ever happens and one might not even know it happened until after the fact.

Influenza Epidemics

In 1918 a virulent form of influenza killed 30 to 40 million people worldwide including 500,000 Americans. Normal flu usually has little serious effect on the healthy, but half of those killed by this strain were young adults between 20 and 45 years of age. People between the age of 18 and 30 were five times more likely to die from this strain of flu than were people in their sixties. This outbreak killed more people in a shorter time than any other outbreak of an infectious disease including the bubonic plague.

The outbreak started on March 4th, 1918 in Camp Funston, a U.S. Army base in Kansas. A total of 500 soldiers initially came

down with the flu and 48 of these died. At that time millions of men were mobilizing to help in the war effort. Troop ships carried the epidemic over to Europe and the infection spread across the continent. In August of 1918, somewhere in Western France, the virus mutated and became highly contagious and lethal. The effects of the new strain included severe pneumonia. This caused a second more deadly outbreak that spread across Europe. Ships carried the outbreak from France back to the U.S. and to Africa, India and China. This flu was particularly devastating in densely populated poor nations like China and India. It is estimated that the flu killed as many as 10 million in India. The only places on the planet that escaped this epidemic were parts of Iceland and American Samoa.

Plagues are not something strictly relegated to the ancient past. Three to four pandemics have occurred each century since the 1500's and it has only been about 33 years since the last wide scale epidemic. In 1968 a flu strain called the Hong Kong flu killed 46,500. According to Nobel Prize-winning geneticist Joshua Lederberg, *"We'll be fortunate to get through the next 20 to 30 years without a major pandemic."*⁴

Historically most of the normal flu epidemics start in China where people live in very close proximity to chickens and pigs. This close proximity facilitates a cross species jump into the human population. In April of 1997 4,500 chickens in Hong Kong died from what was named the H5N1 "bird flu". During the same time period hundreds of thousands of chickens were reported to have died from H5N1 in adjacent areas of Southern Red China. In May of 1997 a three-year old boy in Hong Kong died from H5N1

"bird flu." H5N1 ended up infecting eight people, four of which died from multiple organ failure.

There is a new theory out relating to the origin of flu epidemics. According to astrophysicist Sir Fred Hoyle and his colleague Chandra Wickramasinghe with Cardiff University, all of the major deadly flu outbreaks were caused by dust deposited high in the atmosphere by passing comets. According to the theory, sunspots caused comet deposited microbes to be forced down to the earth's surface. Hoyle and his colleague claim that the 11-year sunspot peak cycles correlate with all the major flu outbreaks since 1761 including the 1918 epidemic.

Human Population Control and Biological Events

We are periodically seeing new reports of strange diseases and viruses appearing out of nowhere. The real possibility exists that some of these are perhaps being created and intentionally released into the world as part of the global population reduction scheme. In 1798, a British historical figure named Thomas Malthus wrote a work titled "An Essay on the Principle of Population as it Affects the Future Improvements of Society." The assumptions of Malthus' work have been adopted by elite think tanks in the West. Malthus' basic assumption was that overpopulation would destroy the world unless war, famine and / or disease checked human population growth. If we were to rearrange the wording of Malthus' assumption it reads, the only things that can save the world from inevitable over-population destruction are war, famine and / or disease. In other words, for humanity's sake, from time to time, certain

portions of the planet's population need to be stabilized, i.e. eliminated. Population reduction has become the popular theme of the U.S. State Department, the Council on Foreign Relations, the United Nations, the Ford Foundation and the Rockefeller Foundation. This philosophy pervades the privileged levels of Western society. One policy objective of the Council on Foreign Relations is for substantial worldwide depopulation including half of the current U.S. population. According to the late Jacques Cousteau, ***"It's terrible to have to say this. World population must be stabilized and to do that we must eliminate 350,000 people per day. This is so horrible to contemplate that we shouldn't even say it."*** Cousteau is not the only one who thinks this way. Henry Kissinger while acting as Secretary of State under the Nixon administration said, ***"The world's population must be reduced by 60%,"*** and that ***"60% of the population must be eliminated as useless eaters."*** Ted Turner says the earth has 80% more humans than it can handle. Not very heart warming.

So what do you imagine the think tanks of the elite came up with to solve this over population problem? Laboratories with government funding went to work synthetically creating new viruses and toxins that on at least two known occasions were released upon an unsuspecting and defenseless world.



Population Control Using Smallpox Vaccine as an AIDS Carrier

It is documented that the outbreak of AIDS in Central Africa was caused by the UN World Health Organization's immunization of central Africans with a contaminated smallpox vaccine. Every person who was immunized during one particular immunization campaign developed AIDS. On May 11, 1987, The London Times carried a cover story connecting the World Health Organization's African smallpox vaccine programs with the outbreak of AIDS in central Africa. The origin and spread of AIDS had nothing to do with green monkeys. The doubling time of the AIDS epidemic in Africa occurred over a 12-month period. If one infected green monkey bit an African native, it would have taken 20 years for AIDS to infect one million Africans. Some estimates indicate that millions of Africans simultaneously became infected with AIDS. Also, the African monkey theory does not explain how the white homosexual epidemic started in Manhattan at the same time as the AIDS epidemic was taking off in Africa, Haiti and Brazil. The other argument against the green monkey theory is that the AIDS outbreak did not start in rural African villages, but it started in the cities where there are no wild monkeys. It is obvious that some sort of simultaneous seeding process took place. At that time the only worldwide simultaneous seeding program was the World Health Organization's smallpox vaccine program.

For the first time since the 14th century, when the Black Plague spread through Africa, population levels in the African countries hit hard by AIDS, will actually drop. It is being projected that AIDS will reduce the expected life span in some African countries

from 70 years to 30 years and by the year 2020 the death rate for black Africans aged 20 to 45 could be 45 times higher.⁵

On June 9, 1969, Dr. D.M. MacArther, Deputy Director of Research and Technology for the Department of Defense, in an appearance before the House Subcommittee on Appropriations stated that, "***Molecular biology is a field that is advancing very rapidly, and eminent biologists believe that within a period of 5 to 10 years it would be possible to produce a synthetic biological agent, an agent that does not naturally exist and for which no natural immunity could have been acquired...a new infective microorganism which could differ in certain important aspects from any known disease-causing organisms. Most important of these is that it might be refractory [resistant] to the immunological and therapeutic process upon which we depend to maintain our relative freedom from infectious disease... A research program to explore the feasibility of this could be compiled in approximately 5 years at a cost of \$10 million.***" You couldn't find a better textbook definition of AIDS.

AIDS is a synthetically created virus. AIDS was probably created through recombinant genetic engineering techniques. Recombinant genetic engineering involves the rearranging of genes between two or more species of plants or animals. The other possibility is that AIDS was created through a process called serial passage. This involves the growing of a virus in a series of generations of tissue culture cells or live animals. This causes the virus to adapt to a new species. By using human tissue culture cells the virus can be made to adapt to humans. AIDS was not a disease that came from

Africa to America: AIDS came from U.S. bio-warfare research labs and simultaneously went to both Africa and the U.S. homosexual population.

Eradication of Undesirable Elements Using Hepatitis B Vaccine as an AIDS Carrier

AIDS in America traces back to a November, 1978 hepatitis B experiment at New York City Blood Center. Between 1978-1981 over 1,000 homosexual and bisexual volunteers were injected with an experimental hepatitis B vaccine. In order to be eligible for the experiment applicants had to be young, healthy, promiscuous, and under the age of 40. Three months after the start of the program the first case of AIDS in the U.S. was discovered. The infected person was a young, white Manhattan gay. Starting in March of 1980, similar experiments began in Los Angeles, San Francisco, St. Louis, Denver, and Chicago. In the fall of 1980, the first AIDS case in San Francisco was reported; again a young, white, gay male.

The CDC reported 26 AIDS cases in August 1981. All 26 were gay, 20 were from Manhattan; 6 were from Los Angeles and San Francisco; 25 were white; the average age was 39. This is basically the selection profile for the 1978 hepatitis B experiment at New York City Blood Center.

Population Control Using Tetanus Vaccine as a Toxin Carrier

When something happens once you can right it off as an accident, but when it happens twice you have to start wondering. In 1995 it

was revealed that the World Health Organization (WHO), in concert with the Centers for Disease Control, the American Academy of Pediatrics, the World Bank, the United Nations, the Rockefeller Foundation, the Population Council, the U.S. National Institutes of Health have been working for nearly 25 years on the development of an anti-fertility vaccine. This anti-fertility vaccine was finally created by tying hCG (human chorionic gonadotrophin) to the tetanus toxoid vaccine. Under the guise of giving women in third world countries free tetanus shots the WHO inoculated them with hCG that was piggybacked on the tetanus toxoid. As a result, the immune systems of the women injected produced anti-bodies against hCG. As a consequence, when these women subsequently became pregnant, the hCG antibodies caused them to have a miscarriage. The World Health Organization inoculated millions of unsuspecting women in Mexico, the Philippines and Nicaragua with this covert anti-fertility vaccine.

When vials of the vaccine were independently tested in the Philippines it was discovered that the tetanus vaccine contained the hCG toxoid. This WHO tetanus campaign targeted third world women of child bearing age. The program also included giving these women three repeated tetanus vaccinations over a 120-day period. The normal tetanus shot is supposed to protect a person for ten years. And why didn't the program focus on the working male population that suffers the highest incidence of lock jaw. The answer is simple, WHO was not looking to improve health in the third world, they were looking to reduce its population.

These three incidents involving contamination of smallpox, tetanus and hepatitis B

vaccine programs were implementations of a eugenics agenda by the WHO and the western corporate establishment.

Gulf War Syndrome - Using Vaccines to Gut the U.S. War Machine

Research done by Drs. Garth and Nancy Nicolson of the University of Texas M.D. Anderson Cancer center resulted in the discovery of mycoplasma incognitus as the cause of Gulf War syndrome. Normal laboratory blood tests do not detect mycoplasma incognitus. The only way to detect this mycoplasma is to use a sensitive genetic marker analysis. Even with this method it is still difficult to detect because it is found mainly inside the cells and not in body fluids like a conventional bacteria.

Mycoplasma incognitus causes chronic fatigue, recurring fever, night sweats, joint pain, stomach upsets, stomach cramps, headaches, skin rashes, heart pain, kidney pain, thyroid problems, and in extreme cases, autoimmune-like disorders. The effects of mycoplasma incognitus are suppressed by the antibiotic doxycycline but it does not cure the underlying disease.

The big question is how did such a wide spectrum of U.S. service personnel, including some who never left the U.S., contract mycoplasma?

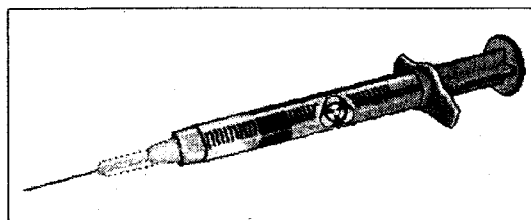
Almost all military personnel who participated in the Gulf War were inoculated with one or more mysterious vaccines. The standard FDA approval sequence for this vaccine, as determined by the Food, Drug and Cosmetics Act, was bypassed. The DOD could legitimately give these drugs as an

“Investigational New Drug,” but only after informing a person of the potential risks and benefits, and giving them the freedom to choose whether or not to participate.

Interviews of Persian Gulf War veterans indicate that immunizations were mandatory and were given without informing personnel of the risks involved. In some cases individuals were ordered under threat of court martial not to discuss the vaccinations they received with anyone including their physicians.

Persian Gulf War veterans were administered botulism toxoid, pyridostigmine and in some cases anthrax vaccine. One survey indicated that as much as 90 percent of the veterans have suffered illness since serving in the Gulf war, and as many as 10,000 have died as a result. Interestingly enough 700,000 service-related immunization records have inexplicably disappeared and now blood samples from some sick veterans are showing traces of a compound called squalene, a component of an experimental HIV immunization.

Starting in December of 1997, the U.S. Department of Defense began inoculating all members of the armed forces with anthrax vaccine. Tests have determined that this vaccine is only marginally safe and that it provides little or no protection from airborne anthrax. Airborne anthrax is the only form of anthrax that can be effectively used in bio-warfare.



The Domestic Vaccine Threat

The so called "immunizations" forced on school age children and members of the Armed Forces in America over the last forty years has resulted in previously unknown epidemics. These include chronic fatigue immune dysfunction (CFIDS), fibromyalgia, lupus, Guillean Barré, Crone's disease, rheumatoid arthritis, type-1 diabetes, and other autoimmune related disorders such as lymphoma, leukemia and sarcoma. In addition autism, attention deficit disorder and hyperactivity have increased dramatically with mandatory vaccinations. In fact a 75% increase in childhood diabetes and asthma has been attributed to immunizations.⁶ One study indicated that vaccinating infants with pertussis increases the risk of asthma five fold.⁷

The incidence of immune system diseases such as cancer and asthma is higher now than ever before. The simple reason is that immunizations are an attempt to artificially manipulate a desired reaction out of the human immune system. The problem here is when you start trying to manipulate Mother Nature, every action results in an equal and opposite reaction. Modern medicine sings the praises of immunizations, but they refuse to recognize its negative and many times deadly side effects.

The reason for this "see no evil" attitude goes back to the control that corporations exercise over policy making functions of the U.S. Government. Half of the members on the two advisory committees at the Center for Disease Control that come up with the list of mandatory immunizations for children are representatives from various vaccine manu-

facturers. This is like putting the fox in charge of the hen house. Also most of the deliberations of these committees is done behind closed doors in working groups.

It is interesting to note that at the behest of the pharmaceutical lobby, Congress in 1986 put into law the National Childhood Vaccine Injury Act that established a trust fund to compensate the families of children who were damaged or killed from adverse reactions to vaccines. This trust was funded by charging an extra \$.75 for every administered vaccine shot. What this trust did was get the pharmaceutical companies off the hook for product liability at the expense of parents nationwide. The elimination of the litigation threat has boosted profits and acted as an industry incentive to develop new vaccines and push for their use to be mandated by the government on the general population. According to a 1998 projection by Smith Kline, ***"In 10 years the worldwide vaccine market will triple from the current \$3 billion..."***⁸

The mainstream medical profession does not deny the potential for cancer causing retroviruses to cross over into the human population through animal organs. This issue has been addressed in relation to using animal kidneys and hearts in human transplants. Virologists were concerned that animal viruses could infect human cells. Professor George Griffen, member of the United Kingdom Xenotransplantation Interim regulatory Authority, said ***"There is always going to be a chance that a viral stowaway could be transplanted into a human along with a pig heart or kidney. It could then spread through his or her body, and then to other individuals, triggering a new epidemic."***⁹

Salk Polio Vaccine

Well this is exactly what happened with the polio vaccine administered to Americans starting back in the 1950s. The Salk Polio vaccine developed in 1955 was grown on green monkey kidney tissue. By 1960 researchers had detected the presence of a viral contaminate called SV40. These retroviruses were found to cause leukemia and cancerous tumors in laboratory animals. Instead of recalling the vaccine the government told the manufacturers to find a monkey free of SV40 and continue production. As a result the green monkey kidney tissue was replaced with rhesus monkey tissue. It is interesting to note that the accepted medical establishment theory for AIDS was that a green monkey bit some African and created the overnight explosion of the AIDS epidemic. Also worth noting is the fact that the SV40 virus is very similar in structure to the AIDS virus.

In the early 1990's, Michele Carbone, Assistant Professor of Pathology at Loyola University, isolated fragments of the SV40 in human bone cancers and in mesotheliomas lung cancers. Michele Carbone's studies found SV40 in 33 percent of the osteosarcoma cancer cases, in 40 percent of all other bone cancers cases and 60 percent of the cases of mesotheliomas lung cancer. An Italian research team led by Dr. Fernanda Martini from the Institute of Histology and General Embryology at the University of Ferrara, discovered SV40 in various cancer tumors. Another study found SV40 in normal healthy adults. This study found SV40 in the blood of 23 percent of those tested and in the sperm fluid of 45 percent of the males tested. The conclusion here is that SV40 can be transmitted both sexually and through blood

transfusions. In fact SV40 is appearing in 61 percent of all the new cancer patients that are too young to have been contaminated by the original 1950s immunization program. The reason for this is that a woman infected with SV40 will pass it on to her offspring during gestation. Studies have also shown that people who received batches of the Salk vaccine that were known to be contaminated with SV40 ended up with a incidence of osteosarcoma cancer ten times higher than those who received batches known to be free of SV40. How effective or safe are the current batches of Polio vaccine?

There is a class action lawsuit pending against Merck who manufactured the Salk oral polio vaccine that contained the monkey cancer virus and is now linked to cases of human cancer. Eighty nine million Americans received doses of the Salk vaccine. To date all known cases of Polio are directly attributed to the vaccine itself.

Hepatitis B

Hepatitis B is most commonly spread through contact with blood and body fluids. About 4,000 to 5,000 people die every year from hepatitis B. The disease is typically transmitted through sexual contact or through sharing a dirty needle with an infected drug user. A small number of cases occur where infected mothers pass hepatitis B to their children. Since infants aren't typically involved in sexual contact or sharing a dirty needle with an infected drug user it seems hard to understand why the CDC would go along with a recommendation to impose this vaccine on infants and children. The French Government recently imposed a moratorium on childhood hepatitis B vaccine due to documented links to neurological illness including multiple scler-

rosis (MS). According to Dr. Bonnie Dunbar, a cellular biologist at Baylor College of Medicine, the hepatitis B vaccine sets off an explosive chain of events in certain people. Referring to those who experienced reactions to the hepatitis B vaccine Dr. Dunbar said, ***"The only thing that happened is they took this vaccine, and within a month most of these people have had completely debilitating lifestyle changes."***¹⁰ Since 1991 CDC records show that 274 infants have died as a result of hepatitis B vaccine reactions and according to a 20/20 report an additional 2,600 infants have suffered serious medical complications.¹¹ Another aspect to the hepatitis B vaccine is that 50 percent of the reported reactions were categorized as "serious" where the average of other vaccine reactions is 15 percent.¹²

These figures are in reality just the tip of the iceberg, since the medical profession tends to not want to acknowledge the validity of vaccine reactions. Most doctors are reluctant to admit that an injection they gave resulted in a death or injury. For this reason a large number of serious reactions are never counted in the CDC's Vaccine Adverse Reaction Reporting System (VAERS). The CDC admits that the reported number of cases of adverse vaccine reactions probably represents only ten percent of the actual number of adverse reactions.¹³ Health officials write off a significant portion of the vaccine-related deaths and injuries to other causes. The favorite nondescript category on which to blame vaccine related infant deaths is sudden infant death syndrome (SIDS). This category is a convenient place to put the blame especially since the cause of SIDS is unknown.

In 1996 the incidence of hepatitis B in the U.S. was four people out of one hundred thousand and reports indicate that one serious reaction occurs for every one thousand hepatitis B vaccinations. The numbers indicate that there is more threat in the vaccine than there is in the disease.

MMR Vaccine and Autism

Autism is a new disease phenomenon. The condition did not exist before the implementation of the Mumps, Measles and Rubella (MMR) vaccine. In the last ten years the U.S. has seen a sevenfold increase in autism. Since 1988 autism increased 273 percent in California and 571 percent in Florida. One out of every 500 children is suffering from autism. Professor Andrew Wakefield, a consultant gastroenterologist at the Royal Free Hospital in London has identified nearly 170 cases of a new syndrome of autism and bowel disease in children who received the MMR vaccine. Professor Wakefield said that in the majority of the cases the parents had documented evidence that their child's physical condition and mental decline had followed the vaccination. Wakefield says he keeps hearing the same story from pediatricians around the UK that refer patients to him, ***"This child developed normally, had a reaction to MMR and is now autistic."***¹⁴ According to Dr. Bernard Rimland of the Autism Research Institute, the combination of giving three vaccines together, mumps, measles and rubella, is too much vaccine to be given all at once. This puts more poison in a child's body than their systems can absorb. As a result the poison damages or destroys the child's central nervous system.

Some researchers believe that children may obtain natural benefits from contracting childhood sickness such as mumps, measles and chickenpox.

DPT / Pertussis and Irreversible Brain Damage

Tens of thousands of cases of brain-damaged children have been linked to the DPT vaccine. Between July 1990 and November 1993 the CDC's Vaccine Adverse Reaction Reporting System received a total of 54,072 reports of adverse vaccine reactions. Some 12,504 of these reported cases were related to DPT vaccinations and 471 were DPT related deaths.¹⁵ The DPT vaccine causes brain damage in one in every 62,000 children who receive the immunization.¹⁶ The main culprit in the DPT shot is considered to be the pertussis vaccine component for whooping cough. According to Dr. William C. Douglas, MD, who was honored twice as America's Doctor of the Year, "***The worst vaccine of all is the whooping cough vaccine [pertussis] ...it is responsible for a lot of deaths and for a lot of infants suffering irreversible brain damage.***"

Sudden Infant Death Syndrome (SIDS)

Research done in 1985 by Dr. Scheibner, an Austrian research scientist, indicates that Sudden Infant Death Syndrome (SIDS) is directly related to vaccinations. Over a three-year period Dr. Scheibner monitored hundreds of babies that were considered at risk for SIDS with a special breathing monitor. The data generated by the breathing monitor scientifically established a causal link between SIDS and vaccinations. From analyzing the

data, Scheibner found that SIDS often occurred in the critical days after vaccinations.¹⁷ Crib death or SIDS was so infrequent in the pre-vaccination era that it was not even mentioned in the statistics. It started to climb in the 1950s with the implementation of mass vaccinations.¹⁸

Toxic Mercury in Vaccines

Since the 1940's manufacturers have been using a toxic form of mercury, thimerosal, as a preservative in vaccines. Thimerosal is presently used in the following vaccines: hepatitis B, whooping cough, diphtheria, tetanus and bacterial meningitis. High levels of mercury can cause brain damage. A baby under six months of age receiving multiple vaccinations could end up exceeding the safe limit set by the Environmental Protection Agency. The problem here is the vastly increased number of recommended vaccinations for infants.¹⁹ The average school age child must receive 33 immunizations before he can attend public school. In contrast, back in the 1970s there were only 6 required vaccines. This dramatic increase in mandatory immunizations is mainly due to the 1986 National Childhood Vaccine Injury Act that eliminated the litigation threat against the pharmaceutical companies and thus created an industry incentive to develop new vaccines and get them mandated on the public.

Every year an estimated 100,000 to 200,000 persons experience adverse vaccine reactions.²⁰ Statistics clearly show that immunizations are more dangerous than the diseases they are supposed to protect our children from. In spite of all the data that keeps piling up, the advice of medical professionals remains: "***We think vaccines are safe and we don't want parents to worry...***"²¹ The

CDC, the AMA and the corporate pharmaceutical lobby are doing their best to keep the public in the dark regarding the true extent of the deaths and injuries caused by vaccines.

Not all the members of the medical profession advocate mandatory vaccinations. In November of 2000, the members of the Association of American Physicians and Surgeons (AAPS) passed a resolution calling for an end to mandatory childhood vaccinations. The resolution, made at their 57th annual meeting in Saint Louis, MO, passed without a single no vote. According to AAPS executive director Dr. Jane M. Orient MD, ***“Our children face the possibility of death or serious long-term adverse effects from mandated vaccines that aren’t necessary or that have very limited benefits.”***²²

Mad Cow Contamination in Vaccines

One final issue with immunizations is the threat of Mad Cow Disease contamination in the vaccines. The FDA discovered in February of 2001 that cow-derived ingredients from European countries infected with Mad Cow Disease were being used by certain unnamed pharmaceutical companies in the manufacturing of vaccines. The two specific vaccines mentioned in the report were polio and diphtheria. Back in 1993 the FDA warned vaccine manufactures not to use cattle derived ingredients from infected countries. The report indicated that the viral cultures were bathed in the blood from calves.²³ Nonetheless, the FDA did not require the recall of vaccines made with the potentially contaminated cow-derived ingredients.

Mad Cow and Creutzfeldt-Jakob Disease

Mad cow disease (BSE) and Creutzfeldt-Jakob disease (CJD), its human form, are rapidly gaining the attention of the world. Creutzfeldt-Jakob disease is caused by a bovine spongiform encephalopathy. Creutzfeldt-Jakob disease attacks and kills brain cells creating gaps in tissue. CJD and BSE are not viruses but a sort of crystallized prion protein. The infected brain ends up taking on a sponge-like appearance. The disease is causing many Europeans to become vegetarians for good reasons. At least 80 to 100 people in Britain and France have died from the disease. The first reported cases of U.S. deaths from Creutzfeldt-Jakob disease were announced in the UK media on March 24, 2001. Two patients being treated at Saint Joseph Hospital in Denver, Colorado died of Creutzfeldt-Jakob disease. The report indicated that six other patients were potentially exposed to CJD through surgical instruments.²⁴

In some ways CJD is extremely contagious. In the UK they found that numerous patients were infected with CJD through surgical tools. Surgical tools are always run through an autoclave that goes up to 700 degrees F. CJD can survive over 2,000 degrees. After doctors in the UK did surgery on a patient who had CJD, subsequent patients who were operated on with those same surgical tools contracted the disease. If we examine this sequence we might realize some very unsettling points. What happens when you run a cow carcass infected with mad cow disease through a meat grinder? Will all the meat that goes through that meat grinder become contaminated with mad cow disease? And if CJD can survive 2,000

degrees F., what happens if you fry a burger on a commercial grill at a fast food restaurant that is contaminated with mad cow disease? Will subsequent burgers fried on that grill become contaminated?

One of the frightening aspects of CJD is that spongiform encephalopathies have extremely long incubation periods. With BSE it typically takes 6-8 years or more for infected cows to show signs of the disease. This is likely to be the same with CJD. The implication here is that thousands of animals and humans may now be infected yet not show symptoms for many years. The U.S. government is doing its best to assure the public that they have everything under control and that BSE and CJD are not in the U.S. The flaw in this theory is that the deer and elk populations in Colorado, Wyoming and possibly Nebraska have been infected with a BSE variant. This BSE variant has killed humans in the U.S. The real key here is how did the deer and elk contract BSE? The answer is that ranchers were putting out high protein feed supplements in feeders out in the pastures for the cows. These high protein feed supplements contained animal byproducts from rendering plants. The rendering plants unknowingly processed an animal that died from BSE and turned it into a high protein feed supplement. Well, at night the deer and elk came down and helped themselves to a free lunch.

So the next obvious question is what happened to the cows that ate that BSE contaminated feed? Well no good rancher wants to suffer an economic loss. Generally when an older cow gets sick you give him an injection of antibiotics to get him back on his feet and you send him off to market. The cow ends up

going into hamburger. You can't say that there is not BSE in the cattle in the U.S. food chain until you can account for all those cows who ate out of the same feeders that infected the deer and elk.

Milk is another BSE concern. The risk of contracting CJD from drinking milk is probably much smaller than the risk of contracting CJD from eating beef or beef by-products. There has been at least one human case that suggests passage of prions in milk. A woman in the UK dying from CJD showed signs of CJD contaminate in the colostrum found in her breast milk. Microbiologist Stephen Dealler, who first warned of the possibility of BSE being passed to humans said, "***I would certainly expect there to be some degree of infectivity in milk, although it would be a very small amount.***"²⁵

For those who think that since they have been vegetarians for quite a while CJD is not a threat to them, think again. Gelatin is used everywhere in the human food chain with a wide field of application that includes innumerable food products and medications. It acts as a supplementary source of protein, carrier material, bonding agent, stabilizer and emulsifier. It is found in jelly, ice cream, margarine, candy, gummy bears, soft caramels, marshmallows, licorice and cream-filled chocolate cakes. It is also used in fillings, desserts, chocolate, and in milk products such as yogurt, milk-shakes, cream cheese and in salad dressings. In some countries gelatin is used to remove tannin and bitter elements during the brewing process of beer. The pharmaceutical and nutritional industries use gelatin for capsules and for binding in tablets. Gelatin is also used as a colloid to expand the plasma after severe losses of blood. Gelatin is used in cosmetics. Milk

replacer for lambs and calves also contains gelatin. Gelatin is used everywhere. It is almost impossible to avoid consuming it. All gelatin comes from animals. Most of it comes from cows.

The prions of BSE, CJD and Scrapie are extremely resistant to physical and chemical influences. Scrapie is the original sheep form of this prion disease. In experiments, Scrapie and BSE were able to withstand acidic conditions ten times as high, alkaline concentrations twenty times as high and drying temperatures 220°C higher than the normal conditions that occur during gelatin production. In 1993, the European gelatin industries paid for a scientific study that was done in Scotland to determine the potential for BSE transmission through the processing of gelatin. A scaled-down simulation was done of the acid and lime treatment stages involved in the manufacturing of gelatin. Scrapie infected byproducts were used in the test process. The results showed that the acid and lime treatment did not reduce the infectivity of scrapie.

In the UK there is concern that some rendering plants and slaughterhouses are discharging liquid effluent into the soil. This could contaminate the soil and water tables for an indefinite period. Dr Colchester from the UK alleges that prions could survive the rendering process and pollute land and water supplies for years. According to Dr Colchester, ***“Prions are definitely very different from viruses and bacteria when it comes to how they behave in the face of all the usual processes of destruction of infectivity.”*** In regards to the Canterbury Mills rendering plant in Kent, UK, Dr Colchester recommended that the surrounding land might have to be quarantined, “possibly indefinitely.” According to Dr Colchester

it is very difficult to detect prions and it could take years to develop effective water and soil land tests.

If you have been eating beef and using other animal products for years is it already too late? The answer is clearly, “no.” In the case of human prion related diseases, there is evidence that the total amount of prion exposure affects the incubation period of the disease. In other words, someone who eats a large amount of prion containing foods may develop the disease in 10 years or less, while someone with moderate, yet significantly less, exposure may develop the condition in 15-20 years. Another with still smaller exposure may not come down with the illness for 30 or more years.

Thus, even if a person has been infected with CJD it may well be possible to delay the eventual onset of the disease significantly through changes in diet.

Conclusion

The bioengineering of new viruses and the subsequent creation of incurable diseases poses a significant threat to life on this planet. Evidence would indicate their creation and application is part of a global population reduction program. What can you do to maneuver around this peril? Avoid vaccines, eat a better diet and avoid commercial beef. If you don't know how it was fed and raised, don't eat it. Try to become more food self-sufficient. We may be seeing the initial symptoms of the compromise of civilization's centralized food production and distribution infrastructure.

Required reading on this subject is the book, *Emerging Viruses – AIDS & Ebola* by

Dr. Leonard Horowitz, (800) 336-9266, Web<<http://www.tetrahedron.org/horowitz.htm>>. Information on Gulf War Sickness can be obtained from Captain Joyce Riley of the American Gulf War Veterans Association, (800) 231-7531, E-mail <gulfwar@flash.net> Web<<http://www.gulfwarvets.com/links.htm>>.

FOOTNOTES:

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25. August 4, 1996 article from Reuters News Service