

# POLIO... ARE WE STILL VICTIMS?

*By Meryl Dorey*

**THE VERY WORD POLIO STRIKES FEAR IN THE HEARTS OF ANYONE WHO LIVED THROUGH THE DEVASTATING EPIDEMICS OF THE 40'S AND 50'S. TWO PIONEERING SCIENTISTS, SALK AND SABIN, SAVED US FROM THE DREADED SUMMER EPIDEMICS. OR DID THEY? WHEN IT COMES TO THIS ISSUE, LIKE SO MANY OTHERS IN MEDICINE, THE EVIDENCE DOES NOT SUPPORT THE 'FACTS' AS WE THOUGHT WE KNEW THEM.**

**"When you inoculate children with a Polio vaccine, you don't sleep well for two or three weeks." Dr. Jonas Salk as reported from Pittsburgh Oct 11, 1954**

Like so many others who are my age or younger, I have very little personal experience with the dreaded Paralytic Polio virus. None of my friends ever contracted Polio though I once dated a man whose father had one short leg due to Polio infection and one of my husband's neighbours lost a brother to this disease as well.

I do, however, remember the stories my mother used to tell of my grandfather packing her, her sister and brother off to the country every summer so they would not be in New York and exposed to Polio. Every time they had a cold or a sore throat during the summer, my grandmother would not sleep until the symptoms had passed without a sign of paralysis.

I was raised hearing of Polio as ancient history – much like the Bubonic Plague and Scarlet Fever. A dread disease that we didn't see any more though, unlike Plague and Scarlet Fever, Polio had not died of natural causes. It was thanks to the twin saints – Salk and Sabin – that the world could once again enjoy summer without fear.

After my son Matthew had his vaccine reactions, it took a long time to stop vaccinating because my belief in vaccines and the sacrament of medicine were so strong as was my fear of disease.

The Polio vaccine was the last one to go. My youngest son, James, received nothing but Oral Polio – three times. I just felt that the risk of the disease was not worth taking a chance not vaccinating. And after all, it was oral so there were no shots to worry about and no screaming on the part of my baby. Just a quick swallow and back on the breast – all was well.

By the time my youngest child, Rebecca, came along however, there were 3 more years of research under my belt and my attitude towards this vaccine had altered drastically.

## **The History of Paralytic Polio**

There are stories and pictures in the tombs of ancient Egypt going back thousands of years which depict people who were crippled; whose legs were uneven lengths and who were said to have become this way almost overnight. These are thought to be the first recorded cases of Paralytic Polio.

There are many other viruses which can cause similar symptoms, but let us assume that this was in fact Polio.

The first case reported in the UK (and in fact in Western Europe as far as I have been able to discover) was Sir Walter Scott (1771-1832), the great Scottish poet and novelist, writer of such books as Ivanhoe.

Interestingly enough, when writing on his bout of polio, he stated that the disease, apart from leaving him lame in one leg, had in fact been good for him. "...my general health, which was of more importance, was much strengthened by being frequently in the open air, and, in a

word, I who in a city had probably been condemned to helpless and hopeless decrepitude, was now a healthy, high-spirited and, my lameness apart, a sturdy child." In fact, 6 of his brother and sisters died in infancy, but Walter Scott grew to over six feet tall and was strong and healthy.

It was not until more than 100 years later that we saw the first epidemic of Paralytic Polio in 1888 in Sweden.

When I was growing up, I was led to believe that Polio had been a problem throughout human history. It was a bit of an eye-opener to discover that this was not the case.

### What are the symptoms of Polio?

The word *poliomyelitis* comes from two Greek words: *polio*, meaning gray, and *myelitis*, meaning inflammation of the spinal cord. It is known to affect the young more often than adults and the elderly which is why it was formerly called infantile paralysis.

Even during outbreaks, fewer than one in 100 (possibly as few as one in 1,000) cases of infection with poliovirus would produce obvious disease<sup>1,2</sup> and even a smaller fraction of those infected would develop any kind of paralysis.

Polio virus is enteric in nature meaning that it's normally found in the small intestine and gut. Non-paralytic Poliomyelitis cannot be differentiated clinically from aseptic meningitis which is another word for viral meningitis and can be caused by many, many different agents.

This begs the question if, during the epidemics of polio which have occurred over the last hundred years, other viruses may have been responsible rather than polio itself?

### Polio = Paralysis, Right?

In fact, there are still an incredible number of cases of paralysis today – and many of them are *not* caused by Polio. Fifty years ago before we had the ability to determine the exact virus associated with paralytic symptoms, all cases of paralysis were assumed to be Polio infections. Now however, we know that this is not the case.

For example, in 1999, India reported 9,580 cases of Acute Flaccid Paralysis (AFP). Only 2,802 – less than one third, were determined to be Polio. In the same year, China reported 5,064 cases of AFP with only *one* case being associated with Polio virus.<sup>3</sup>

So, even though we have been vaccinating against Polio, we have not actually prevented paralytic illness.

According to Dr. Dennis H. Geffen, "We are apt to forget that Poliomyelitis is the least serious of all infectious diseases with the exception of that one complication or extension of the disease which destroys motor cells in the brain and spinal cord and causes paralysis. If we could be sure that an individual contracting poliomyelitis would not become paralysed then there might be much to be

said for spreading the disease in order that the community might develop immunity."<sup>4</sup>

The question then remains; why had this disease which only affected the odd individual over the last few thousand years all of a sudden became such a huge problem that it had changed the psyche of most of the developed world for the best part of 100 years?

### Two Vaccines for One Disease

In the early part of this century, there were efforts to isolate the agent or agents which were responsible for what, at that time, was called Paralytic Poliomyelitis. The virus was isolated in 1909 but it was not until 1949 that a method was developed to grow it in a culture. This enabled the development of both types of vaccine we currently use today – Oral and Injected.

From the very beginning, viral vaccines proved to be problematic. James McIntosh, Professor of Pathology at London University, stated in an address to the Royal Society of Medicine,<sup>5</sup> "Scientifically, it cannot be disputed that from every point of view, the injection of a virus capable of multiplying in the body of the individual is bad. When multiplication of the virus occurs, there is no possibility of estimating the dose to which the patient has been subjected. Thus the effect cannot be controlled, and in susceptible individuals, this may lead to unforeseen results." What a shame that doctors today are not this sensible!

The original vaccines were and continue to be grown on monkey kidney tissue. At the peak production time, more than 4000 monkeys a month were being killed in order to harvest their kidneys (and sometimes testicles) for vaccine production.

At least 60 simian or monkey viruses have been known to contaminate these vaccines. It was impossible to completely inactivate these viruses without also completely inactivating the Polio virus which would have defeated the purpose of giving the vaccines. Most of these viruses are, even today, completely unstudied and therefore we don't know anything about the effect of injecting them into humans. Some of them however have been shown to cause cancers and other chronic health problems. The next issue of *informed choice* will feature an in-depth report on the connection between Simian viruses and autoimmunity including cancer and AIDS.

The Salk injected Polio vaccine was launched on April 12, 1955. There was great fanfare and the vaccine was declared to be "safe, potent and efficient".

Just 13 days later, the first news of disaster arrived. Children who had received the vaccine began to develop Polio. In addition, contacts of vaccine recipients were also contracting Polio from being in close proximity to the vaccinees. It was discovered that even if the contact didn't contract Polio, they could become carriers of the virus and were passing it on to their own contacts.

In fact, the number of people contracting Polio after vaccination began was greater than what they would have been without vaccine. In Idaho, polio struck only vaccinated children in areas where there had been no



cases since the preceding autumn. In 9 out of 10 cases, the paralysis occurred in the arm in which the vaccine had been injected.<sup>6</sup>

It was discovered that the vaccine had not been properly inactivated by the formaldehyde treatment. This was all blamed on vaccine produced by the Cutter company which was subsequently withdrawn. The problem did not only involve Cutter stock however, since four out of six manufacturers licensed to produce this vaccine were found to have left residual live polio virus in their product as well.<sup>7</sup>

Perhaps these risks would have been considered to be acceptable if it weren't for the fact that the vaccine was not as effective as it was claimed to be. Dr. Salk optimistically claimed that his vaccine was potentially 100% effective. The Francis report however, a large study on the safety and effectiveness of injected Polio vaccine, found that the true protection was closer to 60-90% and even in those who were protected, the duration of immunity was unknown.

Dr. Albert Sabin, another researcher in the field of vaccinology, took issue with Dr. Salk's methods of producing an injectable, killed virus vaccine. Sabin claimed that killed vaccine would not confer life-long immunity and Polio is a more serious disease in adults than it is in children. Therefore, people who receive the vaccine as children would again be susceptible when they are grown and could have more serious symptoms than they would if they'd contracted Polio as a child. *(ed note – interestingly, this is an argument used by many vaccine-lobby groups about one of the downsides to all vaccines against childhood diseases such as Measles and Chicken Pox).*

Dr. Scheele, American Surgeon General, reported to the AMA, "that the Salk vaccine is difficult to make and no batch can ever be proved safe before it is given to children."<sup>8</sup>

So the Salk vaccine was phased out in most countries and Sabin's Oral Polio Vaccine (OPV) became the new vaccine of choice.

Dr. Sabin claimed that immunity conferred from oral vaccines would be long-lasting. He based these claims on the fact that in testing, people developed high levels of serum antibodies. *(As a point of interest, the first human 'volunteers' for testing of OPV were inmates in a reformatory. A different OPV was simultaneously being tested on children at a California institution for the feeble minded as the next step up after animal testing).*

Just as a bit of background, a vaccine is thought to be effective if, when blood is drawn after vaccination, a high level of antibodies is found in the serum. This is the ONLY test of vaccine effectiveness and it has been proven since the 1930's to be completely false!

Two studies which were published in 1939 and 1942, investigated the diphtheria antibody concentration in people who contracted diphtheria in England and Wales.

It reported, "on repeated occasions, it was found that a sample of serum, taken from a patient with a clear history of inoculation who had yielded diphtheria bacilli from nose or throat swabs (a sure sign of diphtheria infection) ...was found to contain quite large quantities of diphtheria antitoxin." *(in other words, they were serologically immune to diphtheria yet they contracted it)*

Ironically, they found, "...the occurrence of several instances of non-inoculated persons having no circulating antitoxin, harbouring virulent organisms and yet remaining perfectly well." *(they were unvaccinated, had active diphtheria bacteria detectable in their nose and throat and yet displayed no symptoms of illness).*

We know now and have known for over 60 years that our method of measuring immunity is completely wrong. Despite this, we continue to use these useless tests to show that vaccines work because after vaccination someone develops antibodies!

Back to polio vaccine.

Because the Sabin is a live virus vaccine, even though the virus has been attenuated *(Bacteria and viruses are made less virulent by being heated, dried, treated with chemicals, passed through another organism or cultured under unfavourable conditions – this is called attenuation. The OPV was attenuated by being passed many times over monkey kidney tissues)* it can revert to a virulent form at any time and cause polio in both vaccinees and their close contacts. This will most commonly happen within 90 days following administration of the vaccine, but there have been

documented cases of the virus remaining dormant in a vaccine recipient for more than 20 years before reverting to virulence.

There have been many outbreaks associated with oral Polio vaccine. In the year 2000, it was revealed that a large outbreak of Polio in the Dominican Republic

and Haiti was found to have been caused by the vaccine-strain of the virus which had reverted to a virulent form and spread. What was medicine's answer to this outbreak? A massive oral polio vaccination campaign.<sup>9</sup>

A few years earlier, *The Lancet* reported on a large outbreak of Polio among children in Oman. This outbreak occurred despite (or possibly because of?) the fact that the children were fully vaccinated.<sup>10</sup>

In fact, in both the United States and Australia, with the exception of cases which have been 'imported' from overseas, all cases of polio reported for at least the previous 20 years have been directly related to the oral polio vaccine.

As a result of this fact, the United States recently decided to stop using the OPV and instead, have opted to return to the IPV (injected Polio vaccine) which, they claim, cannot cause Polio.



## Waste not, want not

As we have seen many times and with many other items including banned pesticides, industrial chemicals and vaccines, once a country decides to stop using a product, it does not just throw away or destroy its existing stocks. Instead, it looks for another nation, perhaps one that is too poor to be choosy, and markets it there or, as sometimes happens, 'donates' it to a nation for good will or credit of some kind.

We have seen this very recently with US 'donations' of genetically engineered corn which could not be sold to Europe or other markets. It was donated to African countries and those nations which tried to refuse this gift have been threatened with serious ramifications.

In 1962, it was determined that the Oral Polio Vaccine which had been produced using the kidneys of Rhesus monkeys was contaminated with SV-40, a monkey virus which had been shown to cause tumours and cancer in experimental animals. Once this information came out, and it was not revealed willingly, vaccine manufacturers scrambled to find another animal upon which to produce their Polio vaccines.

They eventually settled on the African Green monkey which supposedly did not carry the SV-40 virus, though it does, like all other animals, contain many other contaminants.

The problem was that manufacturers were now left with substantial stocks of vaccine which were contaminated with SV-40 virus and could not be marketed in the United States or Europe.

The solution was to sell this vaccine to other countries that may not have had access to information about these issues. Australia and New Zealand both received batches of contaminated vaccine and continued to use them until many years after they were banned in the US.

We see the same thing happening today. Oral Polio Vaccine (OPV) is no longer used in the US. Due to Vaccine Associated Paralytic Polio (VAPP), the Americans are now using Injected Polio Vaccine (IPV). The oral vaccine however is now being marketed in developing countries.

One of the major problems with this is that this vaccine is contraindicated (not supposed to be used) for anyone who is immune-suppressed or who lives with someone with immune suppression.

African and Asian countries which are the recipients of countless millions of doses of OPV, are populated by immune-suppressed people. If we are not talking about the millions who have been diagnosed with HIV, we cannot forget the malnutrition inherent in these nations. These people are the most vulnerable to suffering the effects of VAPP and yet, this is not taken into consideration when choosing which vaccine will be used.

As we see in so many other instances however, whenever possible, vaccine-related injuries and deaths must be blamed on other causes.

This was demonstrated very clearly recently when, in November 2001, several thousand Indian children were hospitalised and at least 10 died following administration of Polio vaccine. The BBC website reported on this event and blamed it on the Polio vaccine.<sup>11</sup> Less than an hour later however, this story was removed and the words Polio vaccine were replaced with the words Vitamin A drops. It appears that Vitamin A is generally administered concurrently with OPV in India so, the decision was made that these reactions must not be blamed on the vaccine but instead, on vitamin drops. This, despite the fact that there were claims that the vaccine being used was past its use-by date. This is an Orwellian attempt to rewrite history on the fly.



## Polio is an iatrogenic (medically-caused) disease

As we've seen earlier, epidemics of Paralytic Polio simply did not exist until the late 1800's. Since the virus has been around and

humans have hosted it for thousands of years, we need to be asking what changed around this time that would have caused so many people to become paralysed from this normally very mild infection?

It has been known for some time now, though not openly talked about by doctors, that injections of any kind can cause normally benign polio virus to attack the central nervous system and become paralytic Polio.

Smallpox vaccination began in the late 1700's but by the late 1800's, was very widespread with several countries (England and Australia to name just two) having legislation requiring vaccination. It is not coincidental that the increase in vaccination rates coincided with the emergence of epidemics of paralysis.

In April of 1950, an article was published in the Lancet regarding Provocation Polio (*paralytic Polio which has been caused or provoked by injections*) it was found that a high percentage of children who developed paralysis had recently been vaccinated and that many times, the paralysis started in the limb which had received the vaccine.<sup>12</sup>

It was also revealed that removal of tonsils and adenoids could be associated with paralysis. As stated so well by Dr. Mark Donohoe:

*Do you ever wonder why the medical profession drops a procedure? Certainly not because they have paid their cars off.*

*There was a problem in that we were removing tonsils from people throughout the 40s and 50s. They were taken to be extra tissue not needed by humans, but only a source of trouble. Then, during the polio epidemics, it was found that people who had their tonsils removed were three to five times more likely to develop paralysis.*

*That does not mean that they got the polio virus more frequently. Simply that without the protection of the lymphatic tissue in the throat, there appeared to be a quite strong association between getting the polio virus and developing an illness.*

*There were many at that time that suggested that paralytic polio was an iatrogenic (doctor made) disease. The medical profession dropped tonsillectomy as if it was a hot potato, but I don't know*

that it told many about that. ...The iatrogenic part of it was that we caused thousands of cases of paralysis. To this day, I don't think the medical profession has owned up to that problem that it caused in the Australian health community.<sup>13</sup>

The irony of this whole situation is that vaccines and other medical procedures were the cause of most cases of paralytic polio experienced for the last 100 years and the answer to this problem has been a vaccination which has also caused paralysis!

## Did the vaccine really cause Polio to disappear?

We have all been told, just like I was as a child, that Polio is being wiped out because of both oral and injected vaccines. But is that really the case?

First of all, at the time the Polio vaccine was introduced in 1955, the disease was already on the decline. There was in fact a very big increase in reported cases after vaccination. In the United States, for instance, reported incidence went up by as much as 642% (in the state of Massachusetts) in the year following mass vaccination.

Due to the need to make it appear that vaccination had in fact caused a decline in disease, the criteria for diagnosing Polio was changed in July 1956 - 12 months after introduction of Polio vaccination in Australia and after an increase in disease reports due to vaccine-associated paralysis.

Nowadays, we have very sensitive laboratory tests that can very accurately determine what virus is associated with an illness. Back then, however, a diagnosis was based upon the symptoms that a person displayed.

Prior to 1956, a person was considered to be suffering from Polio if they displayed paralytic symptoms for 24 hours. After this time, however, paralysis would need to persist for 60 days and residual paralysis had to be confirmed twice during the course of the disease. This change on its own would have cut the number of reported cases by a huge amount – without ever having actually changed the incidence of paralytic disease which just months before would have been classed as Polio.

In addition, the definition of a Polio Epidemic was also changed. Previously, in order for an outbreak to be called an epidemic, you needed to have 20 cases per 100,000 population. Subsequently, you needed 35 cases per 100,000 – almost double the number.

So Polio did not disappear but was redefined out of existence. Even today, there are many other names for illnesses which, had they happened in the 1950's, would have been called Polio. Acute Flaccid Paralysis (AFP), Coxsackie Virus and Aseptic Meningitis, to name just a few.

In Los Angeles, USA, in the month of July 1955 (prior to polio vaccination), there were 273 reported cases of Polio and 50 reported cases of aseptic meningitis. By September 1956, there were 5 cases of Polio reported and 256 cases of Aseptic Meningitis.

## Polio today

According to the Commonwealth Department of Health, the last case of polio to have occurred in Australia was in the late 1980's. Interestingly enough however, until fairly recently, their own journal, the Commonwealth Department of Health (CDI) Bulletin regularly published statistics on Polio cases every year in their annual report. For example, CDI 15 November 1993<sup>14</sup> states that, "Polioviruses were reported for 185 patients, about average for recent years. ...67 had gastrointestinal disease as the reported syndrome, respiratory symptoms were reported for 55 patients and 20 were infants who had suffered SIDS (post-mortem tissue isolates).

So every year, it seems that just about 200 cases of Polio are reported, but they are not actually accepted by doctors as actually *being* Polio. The virus is assumed to be incidental to the illness – a phenomenon which is not normal in medicine. Especially in the case of tissue isolates in babies whose cause of death had been determined to be SIDS which, by definition, is the sudden and unexplained death of a previously healthy child. If a child on post-mortem is found to have polio virus in its body tissues, that cannot possibly be considered to be coincidental but rather, it should be considered causal.

Recent advances in technology which allow us to accurately differentiate between paralysis caused by Polio virus and paralysis from other causes, as well as other changes to diagnostic requirements have led to a decline in polio numbers.

Whether the vaccine has been responsible in any way for a decline in paralytic illness is an unknown.

What we do know is that our use of a live virus vaccine which causes shedding and excretion of Polio into the water system will guarantee that this virus will always be with us.

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# WOMAN VACCINATED AGAINST SMALLPOX DIES

WASHINGTON (AP) — A Maryland nurse recently vaccinated against smallpox died over the weekend of a heart attack, and health officials are trying to determine whether the inoculation contributed to her death, an official familiar with the case said Tuesday.

Based on historic data, a small number of people who receive smallpox vaccinations will die, but the vaccination has never been associated with heart problems before.

The official, who spoke on condition of anonymity, said the woman may have had a history of heart disease before receiving the vaccination.

The woman, a health care worker, was vaccinated March 18 and died five days later, on March 23, according to Karen Black of the Maryland Department of Health and Mental Hygiene.

It's the first death associated with either the civilian vaccination program that began two months ago or the military program launched in December.

As of March 14, states had vaccinated 21,698 civilians, mostly in public health departments and hospitals. Concerns about the vaccine's risk have helped keep the numbers well below the 450,000 initially expected.

The military program, where vaccinations are mandatory, has vaccinated "well over" 100,000 soldiers, the Pentagon said.

Based on studies in the late 1960s, experts estimate that one or two people out of every million being vaccinated for the first time will die. The death rate for those being revaccinated was lower: Two people died out of 8.5 million who were revaccinated in a 1968 study. Additionally, 14 to 52 people are expected to suffer life-threatening side effects.

That's because the smallpox vaccine is made with a live virus called vaccinia, a cousin to smallpox which can cause illness if it escapes the inoculation site and infects another part of the body. Vaccinia can also infect those who touch someone else's vaccination site.

Besides the Maryland case, two other cases of heart trouble among people vaccinated have been reported, one by the Centers for Disease Control and Prevention and one by the Pentagon.

[http://story.news.yahoo.com/news?tmpl=story&u=/ap/20030326/ap\\_on\\_he\\_me/smallpox\\_vaccinations\\_6](http://story.news.yahoo.com/news?tmpl=story&u=/ap/20030326/ap_on_he_me/smallpox_vaccinations_6)



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