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Immune Activation: Vaccines and the Developing Brain

The following article, by neurosurgeon Dr. Russell Blaylock, was written as the foreword to Neil Z. Miller's wonderful publication, the Vaccine Safety Manual.

We are honored to be granted permission to re-publish this classic explanation of how vaccines affect childrens' brains.

When I attended medical school more than 35 years ago, vaccine reactions were rarely discussed. Like most people today, I was taught that vaccines saved mankind from mass death during sweeping epidemics and pandemics afflicting the world over the millennia. It was one of those foregone conclusions implanted in our brains. It was mentioned to us that, yes, sometimes, on rare occasions, adverse reactions do happen, but "the benefits far outweigh the negative effects."

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In the course of my neurological training during my neurosurgical residency, I studied a number of cases of severe damage to the nervous system associated with vaccines, such as subacute sclerosing panencephalitis (SSPE), brachial plexitis, post-vaccinal encephalitis, transverse myelitis and peripheral neuropathies. The SSPE cases were especially depressing and laden with emotion because one witnessed the slow destruction of a child's mind to the point of coma and death. I never forgot these vaccine-related events and they flashed through my mind when it came time for my children to receive their vaccines. Like so many things in medicine, you have to see them and deal with them on a day-to-day basis to really understand the heartache and deep-seated pain associated with such an injury. Parents know this pain better than anyone.

Patients with chronic illnesses have a greater impact on the doctor's emotions than anything else, not only because he deals with all the numerous problems that will occur during the course of the illness, but because he becomes close to his patients, as well as their parents and other family members. In my experience, they become part of my family—you never forget them. At least that is the way it should be. Nowadays, I am seeing doctors who behave more like federal bureaucrats than humane men of healing.

As medicine becomes more regimented, collectivist physicians begin to lose their sense of humanity. In a collectivist system, it is the "plan" that matters, not individuals. In fact, individuals are to be sacrificed for the "plan." What you will be reading about in this monumental work [*The Vaccine Safety Manual*] is a description of the human effects of one of these "plans"—the vaccine program.

I was told by a researcher in the field of autism, that when he attended a conference in Italy on the genetic aspects of autism and mentioned the link between the vaccine program and autism incidence, one of the public officials in the Italian Health Department stood and told him in an angry tone that everyone knew that the vaccines were causing injury to children's brains, but the success of the vaccine "program" was more important. Further, he stated, these problems need to be downplayed so as not to endanger the vaccine "program."

I reported a similar conversation coming from the Simpsonwood Conference held in Norcross, Georgia, attended by 53 specialists in vaccine effects—including members of the World Health Organization and major vaccine manufacturers—concerning data indicating that the vaccines

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were causing a statistically significant increase in childhood neurodevelopmental problems. One of the attendees stated that his main goal is to see that every child in this country receives his vaccines, today, tomorrow and forever. In other words, he could care less that the vaccines are significantly damaging children's brains and altering their brain development.

In this book, *Vaccine Safety Manual for Concerned Families and Health Practitioners*, you will learn of a great number of similar outrages and incidences of people in positions of power and influence who are purposefully putting your children at risk of serious disease and injury, often for little or no benefit. The collectivist mind-set asserts that for the "plan" to be successful it must override the wishes and even safety of the individual. You will see numerous examples of this cold, calculating mentality in this book.

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A number of people will respond with incredulity. They cannot bring themselves to believe that men and women in positions of such important responsibility could do such a thing as destroy the health of tens of millions of people—young, old and yet unborn. Yet, we witness similar events every day—CEOs of major corporations who lose the life savings and jobs of tens of thousands of workers who trusted them; corporations who taint foods with deadly poisons to increase profits; and government bureaucrats who destroy lives with the stroke of a pen. It has been said that lying asleep beneath all societies are monsters, red of tooth and claw, just waiting to burst forth and destroy society with their greed and avarice. History books are filled with such examples.

Those who move in the shadows of power often see the world differently than the rest of us. Where we see suffering and need, they see opportunity for profits. Where we see individuals, they see statistical tables and "masses"—people who are expendable and are to be moved around like chess pieces. The collectivists see individuals as mere cogs in a wheel of an all-embracing business-governmental coalition.

In this modern age, we are witnessing the absolute regimentation of man, where people are given instructions and expected to follow them without question. Physicians are more regimented than at any time in history, which is ironic because they were always considered the most independent thinking of the professionals. Today they do what they are told without question. I recently wrote a paper on this subject called "*Regimentation in Medicine and the Death of Creativity*," which I encourage you to read: www.russellblaylockmd.com. It will give you a better understanding as to why doctors react the way they do—with conventional denials—when confronted by the parents of vaccine-damaged children.

As a board-certified neurosurgeon with over 25 years of neurosurgical experience, I have a deep interest in the human brain and the diseases that affect it. Some 12 years ago I wrote a book called *Excitotoxins: The Taste That Kills*, in which I explained a mechanism by which certain food additives can cause damage to the brain. Of special interest to me was the effect on brain development. Over the years, I have researched the connection between vaccination and injuries to the brain, and have discovered that this excitotoxic mechanism is central to this process. The vast majority of physicians have never heard of excitotoxicity, despite the fact that it is the most discussed mechanism in the field of neuroscience. Likewise, it is the major mechanism in virtually all brain disorders, including strokes, neurodegenerative diseases, viral, bacterial and mycoplasmal infections of the nervous system, seizures, brain trauma and multiple sclerosis.

As you read through this book, you will notice that some of the most devastating side effects of vaccines involve neurological damage, including encephalitis, transverse myelitis, peripheral nerve damage, autism, seizures, mental retardation, language delays, behavioral problems, multiple sclerosis and SSPE. Most physicians, especially pediatricians, think these events are "rare" and must be accepted to gain the benefit of vaccines. Most parents trust their pediatrician and feel that he or she knows the answers. In fact, these adverse vaccine reactions are not as rare as many believe. As you shall see, medical authorities are using clever ploys to hide and alter the data on vaccine injuries. They reclassify problems, deny a connection to the vaccines and more often than not, just brush such reactions off as "normal." For example, one deception is to classify cases of polio as "aseptic meningitis." By doing so, vaccine proponents can give the illusion that the polio vaccine policy was more successful than it actually was.

A more blatant example of this reclassification ploy is the label of sudden infant death syndrome (SIDS). As Neil Miller's book demonstrates, 70 percent of SIDS cases have been shown to follow pertussis vaccination within three weeks. A number of the new vaccines are also associated with sudden infant death. In order to avoid admitting that the sudden stoppage of breathing by a baby within hours to weeks of these vaccines was due to the vaccines, the vaccine defenders merely created a new disease and gave it the incredible name of sudden infant death syndrome (SIDS), which is like naming it the "Baby Mysteriously Dies of Anything but a Vaccine Injury Syndrome" (BMDAVIS).

As David Oshinsky details in his book, *Polio: An American Story*, both Jonas Salk and Albert Sabin, as well as other influential virologists, were aware that the early polio vaccines were contaminated with a number of other viruses, and that

over 100 million people had been exposed to these viruses. They also knew that Dr. Bernice Eddy, a microbiologist at the National Institutes of Health (NIH), had proven that the SV-40 virus, present in both the killed and live vaccines, caused cancer in experimental animals. The public was not informed of this contamination until decades later. Worse, they continued to give the tainted vaccine to children assuming that it would not cause cancer. Modern science has proven them wrong.

Today we are facing a new problem of astronomical proportions. There is evidence that the great number of vaccines given to our children, and adults, is causing injury to their nervous systems and that it reduces the ability of people to think, learn, behave and function as normal adults. Sadly, we have understood for quite some time how this process works. It is well known and accepted that when you vaccinate someone, let's say by a shot in the arm, the body's immune system is thrown into high gear. What is less well known by doctors in practice, especially by pediatricians, is that it also activates the brain's special immune system. (Blaylock, RL. JANA 2003;6:21-35.) The central immune cells in the brain are called microglia (they also involve astrocytes). These normally sleeping immune cells become highly activated when a vaccination is given. Until activated they remain immobile, but after activation they can move around the brain like an amoeba, secreting very toxic amounts of inflammatory chemicals (called cytokines) and two forms of excitotoxins (glutamate and quinolinic acid). This puts the brain in a chronically inflamed state. When the brain is inflamed, it results in a physical change, something we call sickness behavior. You may recall how you feel when you have the flu, with difficulty thinking, being very sleepy and restless. Headaches are also common with an inflamed brain. As you will see in this book, many of the mothers noticed that their children had a high-pitched cry soon after their vaccination or vaccinations. This is called the encephalitic cry, meaning that it is caused by an inflamed, swollen brain. It also explains the difficulty many mothers have in waking their children, the vomiting, passing out and irritability following vaccinations. These are all signs of an inflamed brain.

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The reason that pediatricians are telling these mothers that their children's reactions to these vaccines are normal is based on at least two factors. One, most pediatricians, in my experience, know absolutely nothing about a child's brain. When I was practicing, if anything happened to a pediatrician's patient that in any way indicated something was wrong with the child's brain, the doctor was on the phone with me in an instant. Most admitted they knew nothing about the brain. The second reason is that they are trying to avoid a lawsuit. If they can convince the mother that everything is well, they may avoid a trip to the courtroom. Most physicians are gun-shy about lawsuits. It can also hurt their reputation.

I made a special note while reading this book, of the number of cases of seizures being reported, which for some vaccines can increase over threefold. Multiple vaccines during a single office visit, or combination vaccines, raise the risk even higher. Seizures following a vaccination are due to two things happening in the brain. One is that many vaccines can cause a high fever, and this can trigger a seizure in seizure-prone babies, children and some adults (called febrile seizures in children). It is also known that overstimulation of the immune system, which can occur with certain types of vaccines and especially when multiple vaccines are given during one office visit, can cause seizures. The mechanism is the same as described above. The excess activation of the body's immune system leads to overactivation of the brain's microglia, and the subsequent release of the excitotoxins leads to the seizure. This mechanism has been carefully worked out in the laboratory—it is not theory.

When a vaccine or series of vaccines are given and a child develops a seizure minutes later or even several days later, there is no question that the vaccine triggered the seizure. Multiple seizures indicate a severely inflamed brain and emergency procedures need to be implemented. In many cases, the seizures can be silent, that is, they have other neurological or behavioral expressions, such as irritability or periods of confusion, rather than an obvious convulsion. (Blaylock, RL. JANA 2003;6:10-22.) Treatment means more than just prescribing anti-seizure medications, since this only masks the true process going on in the child's brain, that is, severe brain inflammation and excitotoxicity.

Parents and especially doctors should know that the human brain is different from the animal brain in that with humans the brain undergoes dramatic formation of its pathways long after birth. A great deal of the brain is formed in humans during the first two years after birth and continues until age 25 to 27. Excess vaccination disrupts this critical process and can result in a malformed brain, which manifests as either subtle impairment in thinking, concentration, attention, behavior or language, or serious problems with these processes. There are a number of factors that determine the severity of the damage.

It has also been shown that excess immune stimulation by vaccination can trigger an interaction between excitotoxicity and brain inflammatory cytokines that greatly magnifies the

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damage, and can do so for decades. A recent study of people with autism has shown that even in those 45 years of age, one sees continual activation of the brain's inflammatory systems (microglia and astrocytes).

As Neil Miller illustrates, vaccines are designed to powerfully stimulate the body's immune system using components called adjuvants. These include toxic metals such as aluminum and mercury, animal proteins (gelatin, hydrolyzed proteins and even MSG) and special lipids. Recent studies have shown that immune adjuvants can cause powerful stimulation of the immune system for as long as two years, which means the brain's immune system also remains overactive.

A growing body of research indicates that overactivity of the brain's immune cells (microglia) can lead to a gradual loss of brain connections (synapses and dendrites) and can even cause the brain to be miswired (abnormal pathways development). Once again, this is not theory—it is neuroscience fact. The problem is, most practicing physicians do not know this, primarily because they never read the scientific literature concerning these mechanisms.

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It is unfortunate that most of the public are of the opinion that their physician has an in-depth knowledge of how the body works. For example, most parents assume that the pediatrician understands the immune system and therefore knows all about vaccine effects. Nothing could be further from the truth. In most medical schools, the basic sciences are taught during the first year. Medical students, in general, hate the basic sciences and see them as useless to the practice of medicine. Even worse, there are certain subjects that receive little or no coverage in medical education. Many people are aware that nutrition rarely receives any attention in the curriculum. Yet, of the basic sciences, it is immunology that gets little more than a footnote.

As you will discover in this book, even people making decisions concerning the vaccines your child will receive have admitted they know little or nothing concerning immunology. This is appalling. Anyone with even a basic understanding of immunology or having read the available research on the effects of excessive vaccination on the developing brain, would know that the present crowded vaccine schedule is extremely destructive to the child's brain. Likewise, there seems to be little concern as to the effects of multiple immunizations on the developing child's immune system. Pediatricians and public health authorities are of the opinion that they can give an unlimited number of vaccines to babies and small children without risk. Our neuroscience proves this is insane. Almost every year, these vaccine enthusiasts add another set of vaccines to the schedule, despite the growing list of neurological and other health disasters occurring in our children.

One of the principles of brain immunology is that priming the microglia can greatly aggravate the damage caused by subsequent vaccinations or even natural infections. For example, let's say a newborn is given the hepatitis B vaccine before leaving the hospital. The vaccine activates the baby's brain microglia (called priming). Then, shortly after this, let's say the child develops an ear infection (otitis media). The ear infection once again activates the baby's immune microglia, but this time the activation is greatly aggravated because of the previous vaccine-induced priming, resulting in a seizure or even sudden death. The pediatrician will blame it on the ear infection, not the previous vaccine.

Another scenario would be a baby who receives a hepatitis B vaccine at birth and then gets his or her DTaP vaccine within months of birth. Two weeks later, mom finds the baby dead in its crib. The doctor blames it on SIDS and never reports it to the CDC as a vaccine reaction. In this case the triple antigen exposure (diphtheria, tetanus and pertussis) triggers the baby's already primed microglia— this time in the brainstem, where the respiratory control neurons reside. When the baby is placed on its stomach, it cannot muster enough force to fill its lungs. Any fumes from the mattress only aggravate the problem. For the pediatrician, it is easier and safer to blame it on a mysterious disorder called SIDS, than to admit it was a sequential vaccine reaction.

In the case with live virus vaccines, such as the chickenpox vaccine and MMR (measles, mumps and rubella vaccines) studies have shown that these viruses frequently survive in the body and can enter the brain. A recent study of the elderly dying from non-infectious causes has shown that 20 percent of the brains contained live measles virus. They also found that 45 percent of the people autopsied had live measles virus in other tissues and that all these viruses were highly mutated. This means that the measles virus can persist in the body for a lifetime. In this book, you will read about a father whose son died after an MMR vaccine. The child's brain was examined and the live measles virus was cultured from the boy's frontal lobes. Immunological typing proved it was the same virus from the vaccine that he was given.

In this case, the measles virus in the child's brain (as well as adults') acts to prime the microglia, causing the brain's immune system to chronically secrete damaging inflammatory cytokines and excitotoxins. Any subsequent vaccinations or infections will greatly aggravate the immune/excitotoxic degeneration of the child's brain. This can result in developmental language problems, learning problems, behavioral problems (irritability, anxiety, depression, and violent episodes), in addition to

seizures. It is instructive to note that a large percentage of autistic children have recurrent seizures deep within their brains, which are often missed by conventional EEG studies. It requires special MEG studies to uncover them.

Another thing that can prime microglia is vaccine adjuvants such as aluminum, mercury and protein additives. These products easily enter the brain, are stored for decades and can powerfully activate the brain's microglia, and do so for prolonged periods. Most pediatricians and family practice doctors have never heard of this.

Mercury tends to accumulate in the brain, especially in the brain's immune cells. This has been shown to not only result in priming, but also is a powerful stimulus for excitotoxicity within the brain. In fact, several studies have shown that mercury, even in extremely small concentrations, can powerfully activate microglia and cause the accumulation of toxic amounts of the excitotoxin glutamate within the brain. Again, this is not speculation, rather this is based on the work of some of the most respected experts in the field of brain mercury neurotoxicology. Yet, this important work is never reported in the media or among vaccine review studies conducted by government/pharmaceutical-selected panels. As I demonstrate in my review of the Simpsonwood panel, many of the so-called experts were not experts at all. In fact, one stated that he had to do a lot of review to catch up on mercury toxicity literature before he attended the conference.

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Several studies have shown that many vaccines are contaminated by a number of bacteria, viruses, viral fragments and mycoplasma. When injected with the vaccines, these can easily enter the brain where they reside for a lifetime and thereby act to prime the brain's microglia. They cannot be removed. Proof of this mechanism has been shown in cases of herpes encephalitis in which the virus was killed in the brain by the immune system, yet degeneration of the brain continued. The evidence indicated that retained viral fragments acted as a source of continued microglia activation and that it was excitotoxicity that was causing the chronic brain destruction.

Another consideration is the ability of attenuated viruses to undergo mutation over time, eventually resulting in organisms that can cause new diseases. When live viruses are used to make vaccines, a process of repeated passage of the virus though growth media reduces its virulence, or the ability of the virus to cause disease. However, as occurs with measles, rubella and many other viruses used in vaccines, once in the body the attenuated viruses can be converted to quite virulent viruses. This is thought to explain the high incidence of Crohn's disease in people who were vaccinated as children with live measles viruses. (Broide, LA., et al. Dig Liver Dis 2001;33(6):472-6.)

The above referred to study found that the mutated measles viruses differed in each tissue, meaning that a variety of disorders could result. The risk of persistent viruses following vaccination with live viruses appears to be growing and may be secondary to a number of factors, which include the nutritional status of the person and the preexistence of immune suppression. Immunologists have voiced concern that the growing number of vaccines being given early in life may impair immune function for life. As this book demonstrates, the number of immune related disorders, such as lupus, rheumatoid arthritis and asthma, is growing substantially. All of these disorders have been linked by careful studies to vaccines.

Recent studies have also shown that when a person is generating high levels of free radicals, as seen with all chronic diseases (diabetes, heart disease and autoimmune ailments), the viruses retained in the body undergo rapid mutation, producing highly virulent organisms. These organisms can then spread through society causing epidemics of new diseases or atypical old diseases. To purposefully inject live viruses into millions of people is to invite disaster, as these viruses mutate in these unfortunate people and in those who come into contact with them. In essence, this could eventually produce deadly epidemics of whole new types of viruses. As you will discover, we are already seeing this. The age at which people are susceptible to certain viruses and bacteria is changing with the mass vaccination programs. For example, mass vaccination with Hib (haemophilus influenzae type B) shifted the disease from infants and small children to adults. The measles vaccine shifted the disease from normal at risk groups to very small babies and adults, who are more likely to suffer serious complications or death. We see the same thing with meningococcal and pneumococcal vaccines.

Vaccination programs can also cause the emergence of subtypes of viruses and bacteria that in the past rarely produced disease. This is a major worry with organisms that contain dozens or even hundreds of subtypes. For example, the human papilloma virus (HPV) contains more than a hundred subtypes. The vaccine protects against only four subtypes, and perhaps for only a relatively short period. If sexual promiscuity continues among the population, new subtypes will emerge and may be even more carcinogenic than the subtypes used in the vaccine.

Another major problem with vaccine programs is the lack of long-term protection, as occurs with natural infections. Natural immunization is now quite rare in younger people.

For example, in the past most women were protected against these childhood infections by contracting them as children themselves. The protection was life-long. Most mothers were infected with wild-type viruses, such as measles, rubella, chickenpox, etc., early in life, which not only protected them, but also their newborn children. This transmaternal protection usually persists for 15 months after birth of the child. Vaccinated mothers do not offer this protection to their children. Thus, because of the mass vaccination programs, pregnant women and their babies are at increased risk.

Of great concern is the recent finding that immune activation in pregnant women can have dire consequences for the developing baby. At one time it was thought that viral infections in the mother endangered the baby because the virus was passed through the placenta into the baby's body. New research demonstrates that it is the mother's immune cytokines that are causing the damage, once they enter the baby's body, and is not caused by the virus itself. (Buka, S., et al. Brain Behavior Immunol 2001;15:411-420.) Researchers found that the eventual effect of maternal immune stimulation depended on the timing of the immune activation. Activation at mid-term could result in autism; stimulation late in the pregnancy could result in schizophrenia as the child grows into adulthood. What this means is that vaccinating a pregnant woman is associated with a high risk of autism, psychosis and other neurological problems as the baby reaches adolescence or adulthood. This is being completely ignored by those designing vaccines and making recommendations. At present, flu, chickenpox, hepatitis B and rubella vaccines are recommended for pregnant women. HPV was recommended for pregnant women at the beginning of the program, but a number of HPV-vaccinated women lost their babies or had babies born with deformities, resulting in a halt to such a dangerous practice.

One of the grand lies of the vaccine program is the concept of "herd immunity." It is based on the idea that if a certain percentage of the population is immunized against an infectious disease, epidemics can be prevented. The exact percentage changes, mainly, in my opinion, to suit the vaccine manufacturers. In the beginning it was 68 percent, but now some are calling for 95 to 100 percent immunization to reach these goals. We are constantly told, and many doctors believe, that herd immunity has prevented epidemics from occurring in modern America. Unfortunately, there is very little evidence of this for a number of reasons. For instance, it is assumed that high percentages of the population have been immunized through vaccine programs against diphtheria, smallpox, tetanus and pertussis, some of the older vaccines in the schedule. According to recent studies, the problem with this is that most of the protection afforded by these as childhood vaccines waned many decades ago, so that most baby boomers, the largest percentage of the population, have no protection. In fact, vaccines for most Americans declined to non-protective levels within 5 to 10 years of the vaccines. This means that for a majority of Americans, as well as others in the developed world, herd immunity doesn't exist and hasn't for over 60 years.

Aluminum is a very powerful inducer of brain microglia and macrophages. Its immune-enhancing effects led manufacturers to add aluminum to vaccines. However, until recently, most vaccine authorities ignored the possible toxicity of aluminum in vaccines, despite growing evidence that it is a significant neurotoxin (brain poison). Links to Alzheimer's disease have been made, but until recently the mechanism was poorly understood. We now know that aluminum causes significant abnormalities in neurotubules, microscopic tubes in neurons essential to their function, and these abnormal neurotubules are strongly associated with Alzheimer's disease.

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Aluminum enters the brain by a number of mechanisms, for example by attaching to glutamate and fluoride. With the widespread use of the excitotoxin glutamate as a food additive and fluoride being added to drinking water supplies, aluminum absorption is common. In addition, injected aluminum can complex with fluoride within the body to produce a compound, fluoroaluminum, that has a number of harmful effects, including brain injury. There is some evidence that fluoride can trigger microglial activation and excitotoxicity, which in combination is particularly injurious to the brain. (Blaylock, RL. Fluoride 2004: 37(4);301-314.)

In 2001, Dr. R. K. Gherardi and co-workers described a new condition associated with retained aluminum in injected tissues from aluminum hydroxide vaccine adjuvants, which they called macrophagic myofasciitis. This infirmity was associated with intense, diffuse muscle pains, weakness and various neurological complaints. At the time of their first report there were 130 patients from France and a growing number of cases from Germany, USA, Portugal and Spain. In all cases, the problem was linked to hepatitis B (86%), hepatitis A (19%) or tetanus toxoid (58%) vaccines. A subsequent report found a number of patients with a multiple sclerosis-like illness. In 2004, a study reported in the journal Neurology (63:838-842) found that people exposed to the complete series of hepatitis B vaccines experienced a 300 percent higher risk of developing multiple sclerosis than the unvaccinated public. Others dispute this link.

One of the underhanded methods used by the promoters of vaccine schedule expansion is to resort to scare tactics. Many people have heard of the 36,000 deaths from flu each year ploy,

which is unsupported by the data. Another way to scare the public is to use morbidity and mortality tables from previous historical eras or from Third World nations. In this way vaccine promoters can speak of deaths in the tens of thousands or millions infected. For example, if they send out warnings through the media that tens of thousands of infants may die of measles if children (and adults) are not vaccinated each year, it has a major impact on parental decisions to vaccinate. Vaccine promoters count on most of their audience being young parents, that is, those who do not remember when MMR vaccines didn't exist and when virtually all of us contracted measles. I cannot remember a single kid in any of my classes who was seriously injured or died by getting the measles. In fact, mothers used to purposefully expose their children to the measles to get it over with. Like nearly all of my classmates, I contracted most childhood infectious diseases—measles, rubella, mumps, chickenpox and pertussis. We all have life-long immunity as a result.

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In my hometown of Monroe, Louisiana, during the peak of the polio epidemic in 1952, not a single child in any of my classes died of polio and only one girl had any paralysis (a weak lower leg). The incidence of polio at the time was 37 cases per 100,000 population. There were twice as many cases of muscular dystrophy in 1954, a very rare disease. Yet, modern vaccine proponents would have the present generation believe that the streets were piled high with dead and dying children, and that the rest were in varying states of paralysis. Polio was a terrifying and deadly disease for a small percentage of people, but the incidence is greatly overblown in present reports by vaccine scaremongers.

As you will learn, polio was a very mild disease in the majority of children who contracted it and extremely rare in adults. The most famous case was that of Franklin D. Roosevelt, who was stricken at the age of thirty-nine. His case is illustrative as to why some people developed paralysis and others didn't. According to Oshinsky, Roosevelt had been under enormous stress as a result of a government scandal. While vacationing at his home in Campobello Island, he engaged in regular drinking and a number of strenuous physical activities, one of which resembled an Ironman event. Exhausted, he spent much of the night drinking. The next day he experienced symptoms that were later diagnosed as polio.

Of great interest is the fact that Roosevelt had a carefully sheltered youth, which included a tutored education. Oshinski notes that he was protected from all childhood diseases until his teen years. At that point he caught virtually every infectious disease he was exposed to. It is critical for children to be exposed to these infectious organisms early in life, not only to protect them from later infections by these viruses, but because they strengthen the immune system and stimulate its proper development. This also explains the observation that polio was much less common as a paralytic disease among the poor and slum dwellers. It was the wealthier neighborhoods that were the focus of polio outbreaks. It was hypothesized that the poorer kids were exposed to the polio virus in large numbers, which gave them lifelong immunity. Because they had well-developed immune systems from being exposed to a number of bacterial and viral diseases early in life, they experienced mostly mild forms of the disease.

If this hypothesis is indeed true, then the mass vaccination programs are ruining the immune systems of our youth, in essence, setting them up for a lifetime of poor health and putting them at a greater risk of disease complications when they are exposed to infections. The evidence for this scenario is growing, with the rise in asthma, type-1 diabetes and other autoimmune diseases. With parents dragging their children to the pediatrician or medical clinic for a tetanus shot and antibiotics every time they have a cut or abrasion, the problem is compounded. As a child, I rarely went to the doctor. My parents, as most parents, knew a number of home remedies. Cuts and abrasions were treated with a little antiseptic or just warm water and soap.

When I worked in the emergency room, mothers would bring in their children with cuts so small they were difficult to see. My colleagues would dutifully give them all a tetanus booster. Children today are given multiple doses of antibiotics, often broad-spectrum, for virtually everything, even viral illnesses. This not only prevents them from developing immunity to the infection, but the antibiotics also destroy the probiotic (friendly) bacteria in the colon, which increasingly is being shown to play a vital role in immune system function and development.

Another important discovery being all but ignored by proponents of vaccination is that free radicals can cause previously benign viruses (attenuated viruses) to change their genetic expression, leading to a dramatic increase in their virulence. That is, they switch from benign viruses to powerful disease-causing viruses. This may explain the sudden appearance of the Spanish flu virus that killed millions in 1917-1918. This pandemic began during World War I. Preceding it,

the soldiers experienced a mild flu epidemic. Then suddenly, the flu returned with a vengeance. Medical historians have been unable to provide an explanation for this. We know that the soldiers were living in crowded conditions, were under great stress, were extremely exhausted and were often suffering from malnutrition. Recent research has shown that when viruses of low virulence exist in the body (the first flu episode), the presence of large numbers of free radicals can convert these organisms into new "killer bugs." The soldiers were producing enormous amounts of free radicals and their poor diets provided few antioxidants for protection. This set the stage for the pandemic disaster.

The same process can work with any virus, including the measles, chickenpox, rubella, polio or mumps viruses. While they are of low virulence upon injection, over a lifetime the virus will be converted by free radicals produced in the body into viruses of varying virulence. This was proven in the previously mentioned case of the measles viruses isolated during autopsy of the elderly. The measles viruses in their organs were highly mutated. For this reason, live viruses should not be used in vaccines. A person with either a pre-existing inflammatory disease or who subsequently develops a chronic inflammatory disease (both of which are associated with the generation of enormous numbers of free radicals) will be at risk. Of even greater importance was the finding that this also put everyone else in danger, because these new mutated viruses could then spread the deadly infections throughout society—that is, the sick people would act as deadly virus generators.

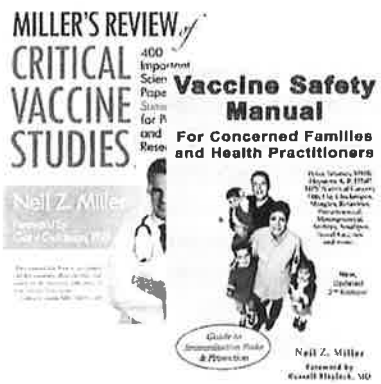
Finally, a word needs to be said about vaccine contamination, which is much more common than the public or media understand. Studies have shown that 60 percent of vaccines examined from a number of manufacturers contained one or more contaminating organisms in the vaccines. The organisms included simian immunodeficiency virus (SIV—which resembles HIV, a precursor to AIDS), mycoplasma, pestivirus, SV-40 and cytomegalovirus. In addition, a number of vaccines contained viral fragments, which can trigger microglial activation and even become inserted in other viruses, creating dangerous chimeras. The finding of cytomegalovirus is especially important because of its link to strokes. One study found the virus in the carotid arteries of 70 percent of stroke victims examined.

The SV-40 virus is also of special concern because it contaminated millions of doses of the polio vaccine, both killed and live. Studies by Michele Carbone and co-workers proved conclusively that the SV-40 virus from the vaccines causes human brain tumors as well as mesotheliomas and osteosarcomas. He has linked this virus to a number of brain tumors, including medulloblastoma, ependymomas and choroid plexus papilloma. Despite a massive coverup, there exists absolute proof that this contaminating virus has caused, and continues to cause, thousands of cancers in this country and others.

It has been shown that people who were infected with the SV-40 virus from earlier vaccines (up until 1963) have passed the virus to their children (called vertical or transplacental transmission). This is why vaccine proponents continue to cover this disaster up—since knowledge of this mass contamination of tens of millions of unsuspecting people and future generations would devastate public trust in government health authorities and the sacrosanct vaccine program.

Virologists acknowledge that present vaccines may contain a great number of viruses and mycoplasma, many of which could be carcinogenic. It is known that when two weakly carcinogenic viruses are combined, sometimes they become powerfully carcinogenic through genetic recombination. It is also known that weak carcinogenic viruses in the presence of chemical carcinogens can greatly enhance the carcinogenicity of both. This may even be the case with fluoridated water, which appears to be a carcinogen.

When you consider the devastating effects of carcinogenic viruses contaminating vaccines and the effect of multiple vaccination on the immune system and brain, especially as regards autism, one can only speculate on how the perpetrators will be brought to justice. Decisions by parents to vaccinate their children, and the adult's decision to receive vaccinations, should depend on a careful study of the risks involved and an intelligent assessment of the real—not imagined—benefits. This book, *Vaccine Safety Manual for Concerned Families and Health Practitioners*, will go a long way toward helping people make those critical decisions.



We appreciate Neil Z. Miller's kind support in allowing us to reprint Dr. Blaylock's forward to the *Vaccine Safety Manual*. The forward first appeared in the 2008 Edition. Neil is a medical research journalist. He can be contacted through his website: www.thinktwice.com/

Neil's well researched books on vaccination are most highly recommended for parents seeking credible, science based information on vaccines and so called 'vaccine preventable' diseases.

- Miller's *Vaccine Safety Manual*, updated in 2017, is a classic that we recommend all parents have at hand as "**the world's most complete guide to immunization risks and protection**".
- His most recent book, *Miller's Review of Critical Vaccine Studies* provides a summary of 400 important scientific papers summerized for parents and researchers.