There is a rarely mentioned epidemic raging in the world today, one that is crippling children in more than 100 countries. In extreme cases the disease starts with a fever, which is followed by vomiting, delirium and spreading pain. Within days of being infected, the motor-neurone cells in victims’ spines cease to function properly. Pain intensifies as victims’ limbs are paralysed. In the very worst cases, their chests are also paralysed, which prevents them from breathing. Even when the children recover, the illness often returns in later life. Health authorities say it has no cure. The number of cases increased by over 250 per cent worldwide between 1996 and 2003. It is a disease with a long history and many names. The condition’s official name now is ‘Acute Flaccid Paralysis’ but it was once known as ‘infantile paralysis’/’poliomyelitis’ (polio for short). Some people called it ‘the crippler’.
During the first half of the 20th century infantile paralysis surged like a bush fire, moving from place to place, afflicting large numbers of children... in the industrialised West.

Polio: are pesticides to blame?

Endocrinologist Morton Biskind said the spread of polio after WWII was caused by the ‘most intensive campaign of mass poisoning in human history’ – the spraying of some 3.1 billion pounds of pesticides

The first epidemic of poliomyelitis in a tropical nation was contemporaneous with the introduction of the pesticide DDT in that country. Towards the end of WWII, US military camps in the Philippines started to be sprayed daily with DDT in order to kill flies. Writing in The Journal of the American Medical Association two years after the war, Albert Sabin said that poliomyelitis became, after conflict, the major cause of death among the troops stationed at these camps. And yet unprayed neighbouring populations were not affected by the disease. At the end of the war, the US military’s stocks of DDT were sold on the public – despite the gravest warnings from establishment scientists.

In 1944, the US federal research centre the National Institutes of Health reported that DDT damaged the same spinal cord (the anterior horn cells) that is damaged in infantile paralysis.

Dr Morton Biskind further...
“Especially those who ate the most fresh fruit”

The use of lead arsenate to spray orchards was widespread in 1930s America. Orchards were sprayed 10 or more times a year. Spraying occurred in summer, when the season when children went down with infantile paralysis. Many researchers associated outbreaks of the disease with fruit supplies. The UK threatened to stop imports of US apples unless the pesticides were no longer used. Tobacco and other crops were also sprayed. Today the soil in tobacco farming areas remains so polluted that it is a major problem to housing development in many places the soil has to be completely removed.

into another monkey, and so on through an endless cycle. Monkeys, paralysing all of them in the process. Flexner and Lewis wrote, “We failed to uncover to discover bacteria... that could account for the disease [paralysis].” The infecting agent of epidemic poliomyelitis [probably] belonged to the family of non-infectious and filterable viruses that have not thus far been demonstrated with certainty under the microscope. In other words, we’re inferring a cause of the disease from evidence of this non-existent entity. Bacteria… that could account for the disease [paralysis]… The infecting agent of epidemic poliomyelitis… the more we learn about viruses, the more we learn about the microbe.”

Meanwhile, US president Franklin D Roosevelt, himself a victim of infantile paralysis, set up in 1938 the National Foundation for Infantile Paralysis (NFP). The NFP promptly decided that there was no cure for those already suffering from the disease. It would also refuse to examine reports of successful treatment involving antibiotics and toxins. It instead focused on raising money for vaccine research by releasing images about the horrors of infantile paralysis. The worst cases were indeed frightening: some victims had to be placed in ‘iron lungs’ to help them breathe. This advertising drive was sensationalist and effective both in raising money and in spreading fear of the poliovirus, especially among parents. But the authorities had little immediate help for them. They simply advised them to keep their children clean, away from places where infections could be passed on, such as public swimming pools, and to kill flies. The zeal of the parents was encouraged by advertisements showing giant flies attacking children. While the poorer families responded by swatting flies and using more soap and water, the more affluent tried to turn their homes into sterile zones by spraying them with insecticides. But these sprays proved useless. And what was even more peculiar was that doctors reported the disease was affecting mostly the children from better-off families – especially those who ate the most fresh fruit. People thus started to call the disease ‘the middle-class plague’. All this was so utterly inexplicable that parents were left feeling helpless and despairing.

By the end of the 1930s the vaccine scientists had tested various ‘viral isolates’ from infected monkey brains, but when these isolates were fed orally to monkeys the animals did not fall ill. Instead a different kind of disease was puzzling. The monkeys produced antibodies afterwards, but some virus must have harmlessly infected them. The only way the scientists found they could create a version of infantile paralysis in the monkeys was by injecting large quantities of virus directly into their brains. In 1941 the work of the virus hunters was suddenly cut short. John Toomey reported in 1941: “Even five years after the last patient had received a spinal injection we have found widespread immunity to the suspected poliovirus, and no evidence of infantile paralysis epidemics, in the Middle East, Asia and Africa. In Turkey they found little evidence for infantile paralysis ‘the American disease’. The doctors were surprised: immunity to the virus presumably meant that it had infected the population. So, how come it couldn’t cause epidemics in these countries? However, the scientists racing to find a vaccine were so convinced that a virus was to blame that they effectively disregarded any evidence to the contrary. Among these experts was Jonas Salk. In 1947 he found among the debits and toxins of ‘viral isolates’ from monkey brain experiments what he believed to be the poliovirus. Although he had not proved that this could cause polio in humans, he hoped he could use it to make a vaccine. But the highly respected bacteriologist Claas Jungheim thought otherwise. He observed that such ‘viral isolates’ did not cause disease in monkeys and thus they could not be confused with poliomyelitis. The scientists probably did not exist in the human cases of infantile paralysis. He concluded: “The highly specialised virus which has been found in human cases of infantile paralysis is not the virus of poliomyelitis… the more we learn about viruses the more we learn about the microbe.”

In 1951 they discovered a reason why quite simply, it was not always there. Instead a different virus might be present eg the Coxackie virus. This news was grimly received. Their planned polo vaccine would not work against the Coxackie. There was ‘some feeling of dismay... [this added] one more problem to the nebulous conditions surrounding poliomyelitis... the more we learn about poliomyelitis, the less we know,’ wrote A. Hoylton in the journal The Medical Clinics of North America. A Lancet editorial in the same year said this discovery brought ‘a coup de new snags’ to developing a vaccine.

Soon they discovered that it was possible for many different viruses to be present in these damaged nerve cells. If toxins caused the disease, this would be easy to explain. Many kinds of viruses are attracted to toxin-damaged cells. More bad news for the polo vaccine scientists. The public expected them to deliver Polio: are pesticides to blame? (cont.)

Yet DDT was used to replace lead arsenate as a pesticide in fruit farming and with which to wash dirty cows. Heavy levels of DDT were soon reported in milk supplies. The organochlorine pesticide DDE (which is several times more dangerous than DDT) was also widely used in the US. Both were known to penetrate the blood-brain barrier that protects the human brain from viral invasion. Housewives were actually advised to spray DDT to stop infantile paralysis. Children’s bedrooms had wallpaper pre-soaked in DDT. Epidemics of infantile paralysis started to occur every year. By 1952 the number of cases of infantile paralysis was three times higher than the figure for 1946. Disease killed over 200 patients affected with such neurological disorders. He found that many of these patients recovered when foods contaminated with pesticides were removed from their diets; this applied

Described in 1949 how DDT caused ‘lesions in the spinal cord resembling those in human pole in animals’, he commented. Despite the fact that DDT is a highly lethal poison for all species of animals, the myth has become prevalent among the general population that it is safe for man in virtually any quantity. Not only is it used in households with reckless abandon so that sprays and aerosols are inhale, the solutions are permitted to contaminate skin, bedding and other textiles. The same year in Germany, Daniel Dresden found that acute DDT poisoning produced ‘degeneration in the central nervous system’ that seemed identical to that reported in severe cases of infantile paralysis.
The case against the polio virus

When it was eventually photographed using an electron microscope, the poliovirus was shown to be tiny: an elegant sphere made up of triangular equal-sized sides, and in all just 25 millionths of a millimetre across. Is this ‘poliovirus’ the cause of infantile paralysis? Polio? Or is it an ancient and harmless companion of the human race? All the evidence suggests the latter.

1 It had been around humans for thousands of years and in nature only reproduces in the gut of living animals. Though viruses are normally totally harmless, since we have become adapted to them and they to us. It lived in the dirt ingested by human infants, and did not hurt them. Instead it helped activate their immune system, giving them a stronger resistance to illness.

2 If it were the dangerous pathogen that causes infantile paralysis, then it would be more common in countries with infantile paralysis epidemics, and less common in countries with no infantile paralysis epidemics. But the reverse is true.

3 To say it causes polio may violate one of the most famous laws of virology. These are called the Koch Postulates. They set up the rules for declaring a disease to be caused by a virus. The first Postulate states the disease must be found in every case of the disease as defined by its symptoms but the poliovirus was not always present in such cases of poliomyelitis.4

4 It widely infects children without causing them any illness. The Koch Postulates lay down that if it causes a disease, it should do so whenever it infects.

5 It seemed mostly to infect the cleanest children of middle-class parents. Infectious viruses are not supposed to behave in this way: they are indiscriminate as to social class, and do not thrive in conditions of good hygiene.

The US Centers for Disease Control and Prevention (CDC) has published a theory to explain this extraordinary behaviour. The children of US middle-class parents were uniquely liable to fall ill with infantile paralysis because in their homes parents went away from the dirt in which the virus lives. This meant these children were not infected when it was safest – while protected by their mothers’ milk. Once again, this theory contradicted everything known about infectious illness: good hygiene nearly always stops epidemics; with infantile paralysis, the CDC argued, good hygiene was the cause.5

Furthermore, the CDC’s theory was based on the assumption that working-class children are uniquely exposed to ordinary dirt. Yet surely middle-class children also go out into the garden? The theory was also conceived without checking medical reports on the early epidemics of infantile paralysis. Referring to a 1908 epidemic in Massachusetts, US health inspector Herbert Emerson noted that most cases occurred in households with no sewers and low hygiene. If the CDC’s theory was sound these children would have had antibodies and been immune to polio. In reality, they were the ones who fell ill.

6 If guilty of causing paralysis, it would have to travel from the gut through the formidable blood-brain barrier that protects our brains and spinal cords. We still have not observed it doing this, despite many decades of intense research.

7 It is rarely found in human blood – the easiest route from the gut to the blood-brain barrier. Yet here is where Jonas Salk’s vaccine was supposed to intercept it.

8 It has never been observed reproducing in victims’ motor neurone cells.

AN ALTERNATIVE PROPOSITION

Poliomyelitis researcher Dr Ralph Scobey suggested in 1954 a reason why viruses might be found on damaged motor neuron cells in cases of infantile paralysis. He posited that the body itself might activate or produce these viruses, perhaps when under threat or to clean up cellular damage. While ‘the fundamental cause of human poliomyelitis appears to be a poison or toxin’, Scobey said, ‘the virus is synthesised or activated within the human body as a result of the poisoning’. He suggested that the virus might remain ‘dormant’ within cells until something activates it. We now know that the poliovirus can be dormant. It is also widely known that toxic-damaged tissues attract viruses. One of the standard tests for toxins, the Ames Assay, utilises the fact if viruses mutate and multiply in the presence of a chemical then that amount is dangerous to toxic. Scobey went on to list anti-toxins that had proved effective in curing polio, citing 11 scientific papers written between 1936 and 1949.

vaccines that would stop the epidemics, it would be now evident that their polio vaccines worked at their best because they prevented some cases, the ones with their poliovirus.

And yet despite all the doubts and contrary findings, the vaccine vaccine vaccine vaccine remains accepted, virtually the entire apparatus of the US Food and Drug Administration (FDA) has announced: ‘The finding of [liver] cell alterations at dietary levels as low as five parts per billion of pesticides is no longer a matter of considerable storage of the chemical [in body fats], ... it becomes more and more severe from 1945 onwards. Biskind reported that this was due to the most intensive campaign of mass poisoning in known human history”, the spraying of some 3.1 billion pounds of pesticides. In a 1953 paper published in the American Journal of Digestive Diseases Biskind said: “It was known by 1945 that DDT is stored in the body fat of mammals and appears in [their] milk... Yet, far from admitting a causal relationship between DDT and polio, it so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific

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continued page 43
that working-class children were already immune as a result of exposure to the virus in dirt. It is not known if Salk ever checked to see if children were already immune before he vaccinated them, but Hilary Koprowski reported in 1957 that the inhabitants of the Congo were 85 per cent immune before they ever saw a dose of polio vaccine. (Amazingly this didn’t stop Koprowski. He went on to uselessly administer to them hundreds of thousands of doses of his experimental vaccine.)

The Salk vaccine could have been derailed if a 1954 report by Dr Bernice Eddy, the scientist in charge of the US government safety-testing lab, had taken seriously. Eddy stated that when she tested the Salk vaccine it caused severe paralysis in monkeys. She photographed the diseased monkeys, took these photos to her boss – and was reprimanded as an alarmist. She was not sure what it was in the vaccine that caused the paralysis: it was a virus, cellular debris or a toxin? Something

The first news of disaster came only 13 days after Salk was awarded a Congressional Medal in 1955 with his vaccine being acclaimed as one of the greatest medical discoveries of the century.

Vaccine Paralysis

1. Muscles can be poisoned and paralysed by being repeatedly injected with vaccines or antibiotics; this is now called ‘provocation paralysis’, and was no secret in the 1950s. In 1952 vaccinations had been suspended for the summer in the UK and US (the ‘infantile paralysis season’) as the injected arms of many children had been paralysed. The Lancet had reported: ‘Clinically, the cases associated with recent immunisations were indistinguishable from the acute cases of paralytic poliomyelitis.’ By 1955 US children were receiving three injections with Salk’s polio vaccine, as well as the smallpox and whooping cough vaccines.

2. Also, the Salk vaccine was far from pure. We now know that it was contaminated with a small amount of formaldehyde and viral debris.

Prior to 1956, the authorities recorded a patient as having paralytic polio (infantile paralysis) if they suffered from paralytic symptoms for 24 hours. After 1956 patients had to have these paralytic symptoms for at least 60 days to be counted as having polio. As many people recovered within 60 days, this measure alone dramatically cut the official number of cases. This ‘drop’ in polio cases was probably credited to the vaccine.

The Salk vaccine could have been totally safe and effective. Within two weeks of the launch the number of cases of polio in vaccinated children had nearly reached 200. This created near panic in the White House. President Eisenhower had publicly endorsed the vaccine at its launch, so he sent the US health secretary Oveta Hobby to make it very plain to the Surgeon General that the president needed to be spared the embarrassment of further such cases. On 8 May 1955 the Surgeon General suspended the entire US production of the vaccine. After hurried meetings between Salk, manufacturers and the surgeon general, distribution of the vaccine was resumed five days later, with new regulations in place to ensure better standards in the vaccine laboratories.

The general consensus was that these cases had been caused by viruses in the vaccine that had survived the formaldehyde, despite evidence that repeated injections can cause paralysis. However, despite these new regulations, four months later more than 2,000 cases of infantile paralysis were recorded in Boston, despite the vaccination of 130,000 children in the city. The previous year it had seen only 273 cases. The number of cases doubled in vaccinated New York State and Connecticut, and tripled in Vermont. They increased by five times in both Rhode Island and Wisconsin. Many were paralysed in the injected arm.

It seemed that the vaccine would soon be totally discredited. So, to protect the President, Salk, the vaccine manufacturers and themselves from the humiliation of an unmitigated failure, the US health authorities had to dramatically slash the incidence of poliomyelitis. They managed this by simply changing the way they recorded the incidents of poliomyelitis. It worked like this:

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The first news of disaster came only 13 days after Salk was awarded a Congressional Medal in 1955 with his vaccine being acclaimed as one of the greatest medical discoveries of the century. Quite deadly was clearly present. (One year later, after her warnings proved true, she was stopped from working on polio.)

On April 12 1955, Salk’s polio vaccine was pronounced totally safe and effective in providing complete protection against poliomyelitis (infantile paralysis), when it was launched by the National Foundation for Infantile Paralysis before an invited audience of 500 doctors and 200 journalists. The launch ceremony was relayed by closed-circuit television to some 54,000 doctors in cities throughout the US and Canada. Salk was immediately awarded a Congressional Medal by US president Dwight Eisenhower. Church bells were rung in celebration of Salk’s victory. In The
The triumph of modern medicine. What rendered permanently immune to the disease. There are probably several times this number of incidents of aseptic meningitis that did not require hospitalisation, but statistics are no longer kept for such cases.

Then another scam was enacted to massage down the poliomyelitis figures. It took advantage of the 1951 discovery that different viruses could be present in cases of infantile paralysis. Prior to 1958 this did not matter. A doctor diagnosed a patient as having polio if the poliovirus could be isolated. The CDC describes this as a ‘serious but rarely fatal’ disease. Henceforward, they would be reclassified. A diagnosis of meningitis could be made instead.

The New York Times reported that nearly 50 per cent of cases of infantile paralysis in children between the ages of five and 14 had occurred after vaccination. So, more regulatory and statistical changes were needed in order to give the polio vaccine the appearance of a triumph of modern medicine. We now know that human bodies need and create viruses. Our cells contain tiny molecular engines, known as transposons, which can adapt and our DNA. Sometimes we may need to send genetic code from one cell to another - perhaps so as to resolve genetic problems or to deal with toxins. Cells can do this by turning transposons into messengers that carry genetic code from cell to cell. Travelling transposons are called ‘endogenous’ viruses: we manufacture them ourselves. They are essential to our genetic information highway. We make millions of such viruses.

Other viruses are ‘exogenous’: they originate from outside the human body. They must enter (infect) cells in order to reproduce. Some kill the cells they use to do this - others do not. If they are viruses that we have never met before, then they are more likely to be dangerous to us. Such a virus has recently been found present in 85 per cent of all cases of cancer. Mesothelemma, which is caused by asbestos. This virus, SV40, seemingly makes this toxin more dangerous to us, by switching off a human gene, p53, which protects us against cancer. And yet many exogenous viruses also do us no harm. We sometimes welcome them by making their genetic code part of our DNA. As such these harmless viruses are likely to have been around for humanity for a long time. We have become adapted to each other.

By the time Jonas Salk’s polio vaccine was introduced in America in 1955, the level of infantile paralysis in the country was already a third of what it had been in 1952, due to legislative restrictions on the use of pesticides.
The hidden epidemic

The disease that struck down so many in the 20th century epidemics was then known as infantile paralysis, or poliomyelitis. It was this disease the polio vaccines were intended to eliminate. But today infantile paralysis is renamed as Acute Flaccid Paralysis (AFP). How could the WHO be claiming to have nearly eliminated this intended to eliminate. But today infantile paralysis when, by its own figures, epidemics of AFP are not ending but rapidly getting worse.

Take the WHO’s figures for the east Asian/Pacific region as an example. They reveal that the incidence of AFP went up between 1994 and 1998 by 50 per cent in China, 400 per cent in Malaysia, and 1,500 per cent in the Pacific islands. But other than providing these statistics, WHO pays little attention to any of these cases in which the poliovirus is absent – meaning nearly all of them.

To this tally of ‘Acute Flaccid Paralysis’ one could add the many more cases of AFP reported by the CDC as occurring in an epidemic that has swept across the US over the past five years, and which is attributed to the ‘West Nile’ virus (WNV). The CDC states that WNV can cause a ‘polio-like’ paralysis. Many scientists have been less ambiguous. They say WNV is clinically indistinguishable from poliomyelitis. A paper recently published by the British Medical Journal suggests WNV may be ‘rapidly evolving to fill new ecological niches.’ In 2003 there were 9,389 cases of this disease in the US, of which 2,773 showed damage to the nervous system and 246 were fatal. Some researchers think WNV has links to pesticides and other pollutants. A legal action is currently underway in New York to stop the aerial spraying of the city with Malathion, an organophosphate pesticide first used in the 1950s. The city authorities want to use it to kill the mosquitoes it blames for WNV. The litigants maintain that the pesticide is more likely to cause the disease than prevent it. How does WHO distinguish the very few cases of AFP? If it says they are caused by polio from other cases of AFP? It cannot do this easily – as there is no distinguishing symptom. Instead it instructs doctors to send two samples of excrement for poliovirus. If it is present, WHO says it is registered as a case of AFP. If they don’t find the virus, then it is registered as a case of ‘Non-Poliomyelitis AFP.’

The search for a virus and vaccine for polio was based on a flawed theory. This tragically distracted the medical establishment from the environmental science that might have cured a large number of children – and which could still do so.

The Sabin polio vaccine has been chosen by WHO to finally eradicate the poliovirus. It hopes to achieve this by inspecting the excrement from every case of AFP reported. Should it find a case in which the poliovirus is present, then the polio vaccine will be administered on a national scale so as to eliminate the risk of its spreading. This has happened now so many times that in countries like India children have received up to 10 doses of the vaccine. But this is the strangest tool for the WHO to choose to eradicate the poliovirus with. Sabin’s vaccine, unlike Salk’s, contains living mutated poliovirus. This will breed in the vaccinated. WHO recommends this vaccine for the developing world for this very reason, for the vaccinated widely spread the virus, to infect and immunise those who have refused vaccination. WHO is thus strangely choosing to spread a poliovirus in order to eliminate it.

WHO shows little concern over replacing the natural poliovirus in the environment with an ‘unnatural’ laboratory-made mutated poliovirus bred in monkey cells. This is astonishing, given that this synthetic virus does not remain stable, but continues to mutate. Poliovirus contains RNA – a type of genetic coding that allows rapid mutation – and the vaccine’s mutated poliovirus has acquired a reputation...
But why do we still have epidemics of infantile paralysis/AFP?

Organochlorine and organophosphate pesticides are back in widespread use. They may be better regulated, but their toxins still accumulate in body fats until they reach dangerous levels. The level of pesticide pollution on farmland in America is now so bad that the US Environmental Protection Agency ‘estimates that there are 10,000 to 20,000 cases of physician-diagnosed pesticide poisonings’ every year among agricultural workers. The CDC reports that approximately one billion pounds of pesticides are now used every year in the US. The global market for pesticides was estimated at $1,761 billion in 1989; it would surely be bigger today.

The fact is, the victory won against viruses in the early 1950s was very short-lived. In 1955, the very year that Salk’s vaccine was launched, organophosphate pesticides were introduced into the US in partial replacement for organochlorines like DDT. The organophosphates were perhaps less dangerous than the organochlorines, but they were still highly neurotoxic.

It was only after the publication of Rachel Carson’s sensational book Silent Spring in 1962, telling how pesticides were endangering the survival of America’s symbolic bald eagles, that more meaningful restrictions were put on organophosphates and the remaining organochlorines. They were banned in the US in 1972, but not for long. In 1983 organophosphate pesticides were reintroduced.

During the ban, US pesticide manufacturers simply shifted markets. They redirected most of their sales to the developing nations as infantile paralysis ceased to be the ‘American disease’. The first polio epidemic in Manila happened in 1972. Today the WHO encourages developing nations to use cheap DDT to kill malaria-spreading mosquitoes, while it organises vaccination campaigns in the same countries to fight the polio that DDT may cause. Effectively, the pesticide companies are now partners to the WHO in its war against viruses. It’s safer for them to blame a virus for polio than pesticides: viruses can’t be sued.

WHO is now raising over a billion dollars, not to cure those still suffering from the original disease, not to look to see if toxins caused the children’s paralysis, but solely as a matter of pride to try to win for the polio vaccine a seeming victory by eliminating a practically harmless virus. It states on its website: ‘There is no cure for polio: its effects are irreversible.’

This is only so because public funds have been wasted on an ineffective and wrongly targeted vaccine that cannot cure a single case of AFP. This is very nothing other than tragic for the thousands of children involved.

And finally, why is the WHO ignoring the possible role of pesticides, and sticking with its vaccination assault? Is it because in our increasingly specialised, non-holistic world, the virologists involved with vaccines have not been talking to the toxicologists involved with chemicals? Despite the fact that there are literally hundreds of papers produced by the latter documenting how pesticides can harm our immune systems, dramatically lower the number of our vital illness-fighting ‘T-cells,’ and cause numerous other diseases as well as paralysis 12, this research unfortunately does not seem to be filtering through to the vaccine industry, which is still based on the theory that viruses must be the principal cause of all paralytic epidemics.

One hopeful sign of progress was a recent report by the US National Academy of Sciences, documenting how current levels of food contamination by organophosphates can cause ‘acute poisoning in children’. Another ground-breaking piece of recent research focused on treating individuals suffering from paralysis up to 40 years after becoming ill with poliomyelitis. A group of 17 individuals were placed into an environment from which most toxic substances had been removed, and were treated with antidotes to toxins. ‘Long-term follow-up of the 14 improved patients showed general return of wellbeing and renewed vigour,’ and ‘eight became totally pain-free’. The researchers concluded that ‘post-polio syndrome’ was due to an ‘overload of environmental pollutants on wounded target organs’. 47

The evidence strongly suggests that the polio epidemics of the past were man-made and caused primarily by the gross overuse of very dangerous pesticides.

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The evidence thus strongly suggests that the infantile paralysis (polio) epidemics of the past were man-made disasters caused primarily by the gross overuse of very dangerous pesticides, and that these epidemics are continuing. The poliovirus, along with other viruses, may play a role, but it seems it is a far smaller role than that given to it by the vaccine industry. The weight of evidence also strongly suggests that the search for this virus, and for a vaccine, was and is based on a flawed theory. This has tragically distracted the medical establishment from the science that might have cured a large number of children – and which could still do so.

The consequence of the campaign to spin the polio vaccine as a great success is not simply that the public has been deceived. If toxins are the primary cause of this disease, then countless thousands of paralysed children have never been treated correctly. Many could have had their pain removed. Many might have been able to walk again. This is not some abstract academic issue: it affects real people, enduring real suffering and real paralysis. This is a story of a hidden epidemic: It is surely time to cast aside the fog of doctrine and urgently consider what can be done to cure such people.