

Smallpox epidemic: Predicted or planned?

There are more than 65 known biological warfare agents. The choice of smallpox for biological warfare is curious since the disease is one of the least virulent.

<http://www.vaclib.org/news/smallpoxalert.htm>

So, why smallpox? Unlike other biological warfare options, there is a vaccine for smallpox. Smallpox vaccine is the most dangerous of all vaccines—stockpiles of which have been in storage since the World Health Organization declared the world free of smallpox in 1980.

Variola, Vaccinia—What Is Smallpox?

“Variola” is the virus associated with the natural form of smallpox affecting humans. The virus used in the vaccine to create immunity to variola is called the “vaccinia” virus and is cultured in diseased material taken from cows.

Edward Jenner is the pioneer of modern vaccinations and is credited with the first “successful” smallpox vaccine in 1796. Jenner’s work capitalized on the “fear” of smallpox. For this he is revered in some circles and reviled in others (see page 2).

By 1900, Dr. Charles Campbell of Texas had already established that controlling malaria-carrying mosquitoes with mosquito-eating bats in Central America effectively controlled malaria. Dr. Campbell then began looking at bedbugs and their relationship to variola. His research determined that variola was spread by bedbugs and is complicated by poor sanitation and malnutrition. He also determined that the smallpox vaccine containing the vaccinia virus did not create immunity to variola in at least 80 percent of cases (see page 3).

Smallpox Hysteria Returns

In 1999, Lawrence Gostin, a law professor at Georgetown University in Washington, D.C. and a professor of public health at Johns Hopkins University in Baltimore, was commissioned by the Centers for Disease Control and Prevention (CDC) to develop the 40-page Model State Emergency Health Powers Act (MEHPA). Released to all 50 states October 31, 2001, MEHPA focuses on state executive power to declare medical emergencies and mobilize mass vaccination delivery systems. MEHPA specifically mentions that governments, individuals and facilities will not be held liable for destruction or damage to life or property occurring during a declared state of medical emergency. The vaccine most likely to require the adoption of strong immunity provisions is smallpox.

Gostin’s MEHPA was released October 31, 2001 less than two months after 9-11. While the collective American mind was fearful of further terrorist attacks, unconstitutional legislation such as the USA Patriot Act was passed under the guise of strengthening national security.

In an October 2, 2001 Washington Post article entitled “Vaccinating Against Fear,” Philip Russell, professor emeritus at Johns Hopkins University School of Public Health and an expert on infectious diseases, reportedly stated that vaccinating the entire country against smallpox would cause tens of thousands of deaths and tie up funds that might be better spent elsewhere.

Much Ado About Smallpox

Two distinct schools of thought regarding how to address smallpox from a public health standpoint have emerged. One involves fear of the unknown resulting in the masses being vaccinated with an animal form of smallpox; the other recommends that people implement sanitary living conditions and eat properly. One is a multi-billion dollar per year, fear-based industry; the other is not.

Mass vaccination may or may not be the most logical approach to the threat of biological attack from smallpox. Regardless, the U.S. government has, by its own admission, stockpiled some 300 million doses of smallpox vaccine one for every man, woman and child in America.

The CDC and vaccinia vaccine producers admit that fluid from pustules developing at the injection site is extremely contagious for up to 21 days. Unless the site is covered and kept clean, people, particularly children, can easily rub the injection site, then rub their eyes, ears, nose, another part of their body or the bodies of others with whom they have even casual contact. Called a secondary inoculation, blindness, deafness, disfiguring tissue damage and death can result.

A successful smallpox vaccination campaign will result in 80 percent of the 280 million Americans developing post-vaccinal pustules that are highly contagious for up to 21 days. The CDC also predicts that some people will get sick and/or die from the vaccine or from coming in contact with a vaccinated person.

Prior to adopting its mass vaccination plans, the CDC heard testimony from qualified experts describing how smallpox vaccination has not been proven to prevent the disease. Historical documents describing the dangers inherent in mass smallpox vaccination were also presented.

Under the circumstances we must ask ourselves: "Is the CDC protecting the nation from a predicted smallpox (variola) epidemic or planning and promoting a cowpox pus (vaccinia)-induced pandemic?"

Forced Vaccination Begg Question: Does Government "Own" Your Body?

In America we grow up not only believing all men are created equal but that they are also endowed by their Creator with certain inalienable rights, among which are the right to life, liberty and property. The most basic property right is "ownership" of our own bodies.

If government is allowed to force dangerous and experimental vaccines into our bodies, then we can no longer claim ownership of ourselves. "Freedom over one's physical person is the most basic freedom of all, and people in a free society should be sovereign over their own bodies. When we give government the power to make medical decisions for us we, in essence, accept that the state owns our bodies," U.S. Representative Ron Paul (R-Texas) recently commented.

Rep. Paul, an M.D., describes the Bush administration's mass and mandated vaccination plans as, "Bad medicine." From his seat in the U.S. House of Representatives, Rep. Paul cautions, "The possibility that the federal government could order vaccines is real. Provisions buried in the 500-page homeland security bill give federal health bureaucrats virtually unchecked power to declare health emergencies."

Dr. Benjamin Rush, a signer of the Declaration of Independence and a member of the Continental Congress, described what would happen if Americans failed to maintain "ownership" of their own bodies: "Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship...The Constitution of this Republic should make special provisions for medical freedom as well as religious freedom."

President Bush admitted Dec. 14, 2002, there is no evidence "terrorists" intend to use a weaponized form of smallpox against American citizens.

Rep. Paul's 21st century observations support the 18th century premonitions of Dr. Rush. Medicine in America has become an undercover dictatorship: It orders that Americans submit to dangerous smallpox vaccinations in the absence of any proof that would validate such actions.

CDC Pandemic Preparedness: The Grip

The Federal Guidebook to Pandemic Preparedness details how state and local governments, under the direction of the federal government, will legally and logistically execute a pandemic preparedness plan during declared states of public health emergency.

The guidebook began to take shape in 1973 by order of President Ford in response to the swine flu mass vaccination disaster. According to the Centers for Disease Control and Prevention (CDC), 150 million doses of swine flu vaccine were created and tested in short order to protect the public against the feared disease. The program, terminated after 45 million Americans were vaccinated against swine flu in 77 days, caused epidemic proportions of vaccinated people to develop polio (renamed Guillain Barré).

The guidebook was still in draft form as of 1993 when the CDC formed the Working Group on Influenza Preparedness (GRIP) under order of President Clinton. The GRIP was commissioned to design a comprehensive national pandemic preparedness plan emphasizing disease surveillance, vaccine delivery and interagency communications.

The GRIP was also commissioned to insure that appropriate statutes be in place at the city, county and state levels so that federal public health officials could legally assume jurisdictional authority in a public health emergency. The GRIP was even authorized to draft model legislation that would be forwarded to local governments for adoption.

The CDC submitted the Model State Emergency Health Powers Act (MEHPA) to all 50 states in October, 2001. If adopted by state legislatures, MEHPA would empower the governor to declare a state of medical martial

law. Under MEHPA, government may seize, condemn or destroy private property without just compensation and force individuals to voluntarily be vaccinated and/or detained indefinitely and vaccinated against their will.

Only a few states adopted versions of MEHPA last year. However, last September 22, the CDC forwarded a 49-page report to state health departments. The report detailed guidelines of how entire communities may be vaccinated against smallpox within a few days once a single case is reported.

Mass Vaccination (Public Health) Plans Confidential

Health districts were given until last Nov. 22 to submit their mass vaccination plans to the CDC. While the more generalized state plans are supposedly available to the public, local health district plans are "confidential," according to Jeanne Bock of the Panhandle Health District which serves Idaho's five northern counties.

Attempts to secure copies of state plans as submitted to the CDC have been unsuccessful. The plans apparently contain sensitive information such as: Storage locations for vaccines, amount of vaccine in district, facilities and personnel needed to administer mass vaccinations and inventory of antibiotics, beds and other logistical supports required to treat statistically inevitable quantities of casualties.

"... I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases (of smallpox) as 'pustular eczema,' 'varioid' or what not [anything] except smallpox." ~George Bernard Shaw (1856-1950).

Who was Dr. Charles Campbell?



After solving the malaria riddle, this turn-of-the-century Texas physician solved another public health riddle: Smallpox

If Dr. Campbell and his work were common knowledge today, people would view the Bush administration's plan to vaccinate every man, woman and child in America against smallpox as the most medically illogical public health policy since blood letting. History has also conveniently forgotten the work of other men as well. If Dr. Antione Bechamp's discovery that dis-ease causes germs had been embraced over Pasteur's errant conclusion that germs cause disease, ill-health would be remedied holistically today instead of being treated with pharmaceutical drugs. Historians conveniently forget brilliant people whose discoveries empower the individual and, instead, glorify those whose products increase our dependence.

Around 1900, the cause and control of two life-threatening diseases was discovered, each by two distinguished medical doctors. One is famous. His name is in encyclopedias and textbooks. About 60 years ago, a movie heralding his discovery was made and a hospital was named after him.

by Walene James

The other doctor is practically unknown. I know of only one book written about his discovery and that, as far as I know, is out-of-print. In my opinion, his contribution was the more remarkable because he discovered the cause and cure of a disfiguring disease that has plagued mankind for thousands of years.

Doctor #1: Walter Reed

Walter Reed is the doctor first mentioned and the hospital named after him is the Walter Reed Army Medical Center in Washington, D.C.

In 1900, he headed a commission to investigate the cause of yellow fever, which, along with malaria, was the main obstacle to completing the work on the Panama Canal. He and a medical staff carried on a series of experiments involving several doctors and a number of soldiers who volunteered to be infected by the yellow fever virus. Two died as a result, but the experiments established that the aedes aegypti mosquito transmits yellow fever. Dr. Reed and his team said that the best control was to kill the mosquitoes.

However, isn't it better to eliminate the conditions that create a disease, rather than merely controlling it? In 1904, army surgeon William Crawford Gorgas was sent to Panama and instituted sanitary reforms, cut back the brush and drained the swamps which were mosquito breeding grounds. In two years he eliminated

yellow fever from the canal region. Outbreaks of malaria, a disease transmitted by the anopheles mosquito, were also brought under control using Dr. Gorgas' methods.

Doctor #2: Charles A.R. Campbell

The second doctor, Charles A.R. Campbell, discovered the cause and cure of smallpox. Through a series of carefully controlled experiments (even using himself as a subject) Dr. Campbell, along with Dr. J. A. Watts, discovered that smallpox was transmitted by an insect, cimex lectularius (Latin for bedbug). Similarly yellow fever and malaria are spread by mosquitoes. They also discovered that the disease was neither contagious nor infectious and that vaccinations did not prevent it. In fact, Dr. Campbell demonstrated from his own patient records that smallpox vaccination showed an 80 percent failure rate.

Even more importantly, Dr. Campbell discovered that the severity of the disease was directly proportional to the general ill health and malnutrition of the patient. He spoke of "scorbutic cachexia" and related it to scurvy, the "disease caused by lack of green food." He said, "the removal of this perversion of nutrition will so mitigate the virulence of this malady as to positively prevent the pitting or pocking of smallpox" (Bacteria, Inc., Cash Asher, Bruce Humphries, Inc., Boston, MA, 1949).

Even though Drs. Campbell and Watts and possibly others tried to publish their findings, their work was ignored. However, it was Dr. Campbell who first called attention to the bedbug as the carrier of smallpox. I might mention that Dr. Campbell was recognized as an outstanding scientist of his generation, even being nominated for the Nobel Prize for his work on the value of bats as mosquito eradicators. Today he is all but forgotten and smallpox is considered a highly contagious and dangerous disease with no known cure.

Why Is One Doctor Honored And The Other Ignored?

When cimex lectularius was exposed as the carrier of smallpox, the manufacturing of serums had grown into a profitable industry and smallpox vaccinations had become a lucrative part of medical practice. The vaccination of every child had become an established practice. Many states had laws making vaccinations compulsory for school entrance requirements. When the cause and control of yellow fever was discovered, the vaccine for it had not been developed (It was developed in 1937).

Perhaps even more economically threatening was Dr. Campbell's assertion that a change in diet, not drugs or vaccines, could prevent the pocking or pitting of smallpox, even mitigating the severity of the disease.

For your consideration: Economics run organized medicine, not the desire to ameliorate the conditions conducive to human suffering. Is history written by those in power to reinforce their positions? Do you think this brief description of two different outcomes for two discoveries made about the same time is an isolated example?

For further research: Could the nutritional principal discovered by Dr. Campbell be applied to other insect-borne diseases, besides malaria, thus mitigating their severity?

Why Were Smallpox Shots Discontinued?

Regardless that the World Health Organization (WHO) declared the world "smallpox free" in 1980, it wasn't. And the public health gurus know it. So why were smallpox shots discontinued in 1977?

By 1978, several scientific reports published in esteemed medical journals were linking the smallpox vaccine to a broad spectrum of increasingly common diseases and disorders. Autism, diabetes, neuromyelitis, other neurological diseases, tuberculosis, chromosome damage and sudden infant death were being scientifically associated with the smallpox vaccine. References to those reports, as published in the world's leading (primarily foreign) medical journals between 1960 and 1978, are available at www.vaclib.org/basic/smallpoxindex.htm .

So, rather than accept liability for a smallpox vaccine linked to worldwide explosions of seemingly unrelated medical conditions, WHO declared the world free of smallpox after renaming it cowpox and monkey pox—and then attributed the falsely claimed eradication of the disease to vaccination. Is there evidence of animals displaying a pocking disease?

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