

# A PHYSICIST'S VIEW OF Gulf War Syndrome and Systemic Corruption in the Federal Government

## Vaccines are not Safe and/or Effective, Particularly When They have been Purposely Contaminated

*Part Three of Four Part Article*

**By Gary Wade, Physicist**

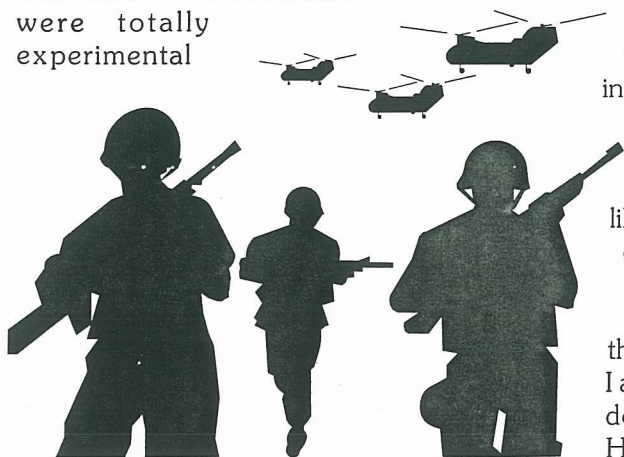
Contrary to popular belief derived from pharmaceutical manufacturers and medical propaganda, vaccines are not safe and effective. As was discussed in Part 2 of this series, vaccines are regularly contaminated with unintended viruses, bacteria, and bacteria spore like entities. These contaminations can cause immediate and/or time delayed health problems many years later to the vaccination victim. Our troops received a large number of vaccinations before and during their deployment in the Gulf. Some of these were standard FDA approved vaccines. Some were experimental with FDA approval given for use, provided the individual soldier gave their informed consent. Some were totally experimental

with no conditional FDA approval given for use. Contrary to the supposed or currently purported agreement between the FDA and the military, no informed consent forms were provided to our troops, only orders to take the vaccines or else. (The else being a court martial.) Some military units were told by the administering medical personnel that they were getting experimental recombinant anthrax vaccine, not the standard FDA approved antigen anthrax vaccine.

Now what if some of the vaccines our troops received were purposely contaminated with viruses and or bacteria? That does not sound right! Our medical personnel would not knowingly infect our troops with disease causing microbes. If I were an Army, Navy or Air Force doctor, I, just like you, would have no way of knowing that the vaccine I am about to inject into you is any more contaminated than the regular vaccines. So, I am not accusing our military doctors of violating their Hippocratic oath (...give no

deadly medicine to anyone... ; ...do no harm...) anymore than they already have with regular vaccinations.

But, what if some of the vaccines and or vaccine batches were purposely contaminated? Who would do a thing like that and why? To answer these questions, let us first establish that there are plenty of medical researchers, medical doctors, and so called public health officials around with low enough integrity and morals, and are quite capable of purposely contaminating vaccines and then allowing disease-ridden vaccine victims to suffer and die. To establish this state of low integrity and morals we will review the truth about vaccines and the people who make them. It will then become obvious how our troops could have been given vaccines that were purposely contaminated with deadly microbes. In fact, toward the end of this article I will give specific examples of purposely contaminated vaccines used in mass vaccination campaigns. However, this will not answer the question of why. The simple answer to the why is world population and resources control under the New World Order. Details of the why are complicated and will be dealt with in Part 4.



# A PHYSICIST'S VIEW



I am now going to list the common problems associated with vaccines in general. I will then document these problems by close examination of specific, commonly-used vaccines, many of which are given as mandatory vaccinations in the military. It should become clear that many of the problems some Gulf War Veterans now suffer from are a result of the standard vaccines. However, the main microbe causing the majority of symptoms of what has become known as the Gulf War Syndrome is mycoplasma fermentans (incognitus strain) originating from Fort Detrick, MD.

## THE PROBLEMS WITH VACCINES

- 1) Vaccinations give at best only limited short term protection against the disease they are intended to protect against.
- 2) Vaccines commonly cause/give the disease that they are suppose to protect against.
- 3) Vaccines are commonly contaminated with other live viruses and bacteria which cause many other illnesses and diseases shortly after the vaccination and up to many, many years later.
- 4) Vaccines contain large numbers of poison chemical compounds and toxins, which can cause adverse reactions, i.e. sickness and death, particularly in infants.
- 5) Doctors and public health officials regularly lie to parents and the general public about vaccine effectiveness and safety.

## VACCINE PROBLEMS 1 AND 2:

a) Polio vaccine — The polio death rate in the United States declined on its own by 47% from 1923 to 1953. A similar decline occurred in European countries as well.<sup>1</sup> There is no credible evidence that the polio vaccines caused polio to disappear.<sup>2</sup> When the polio

vaccines became available (Salk vaccine 1955 and Sabin 1959) many European countries questioned their effectiveness and refused to systematically inoculate their populations. Despite these refusals to use the vaccines, polio epidemics also ended in these countries.<sup>3</sup>

The number of reported cases of polio following mass inoculations with the Salk vaccine jumped dramatically.<sup>4</sup> For example, when comparing the number of polio cases over a one year period just prior to the Salk vaccination to a one year period just following the vaccinations, we have: Vermont (266% increase), Rhode Island (454% increase), New Hampshire (239% increase), Connecticut (92% increase) and Massachusetts (642% increase).

Doctors and scientists at the National Institute of Health knew the Salk vaccine was ineffective and deadly: "worthless as a preventative and dangerous to take".<sup>5</sup> Dr. Salk stated: "When you inoculate children with a polio vaccine you don't sleep well for two or three weeks".<sup>6</sup> The U.S. Public Health Service was coerced by the National Foundation for Infantile Paralysis and pharmaceutical companies, which had large investments in the vaccine, into signing a false proclamation claiming the vaccine was safe and 100% effective.<sup>7</sup> Recall the Tuskegee, AL syphilis experiments carried out by the U.S. Public Health Service and you will have no trouble believing the total lack of integrity in that agency. In 1976, Dr. Salk testified that his vaccine was "the principle, if not sole, cause" of all reported polio cases in the United States since 1961.<sup>8</sup> The Centers for Disease Control (CDC) currently admits that the live-virus vaccine of Dr. Sabin is overwhelmingly the cause for essentially all polio since 1983.<sup>9,10</sup>

Polio is a contagious disease caused by an intestinal virus that may attack nerve cells of the brain and spinal cord. Symptoms include fever, headache, sore throat, and vomiting. Some victims develop neurological complications, including stiffness of the neck and back, weak muscles, pain in the joints, and paralysis of one or more limbs or respiratory muscles. In an apparent attempt to make the Salk polio vaccine and later the Sabin oral vaccine seem successful against polio, the definition of what constitutes a polio case and a polio epidemic were changed.<sup>11,12</sup> The net effect of this deception was to make the vaccine look like a great success story. For example, aseptic meningitis, an infectious disease often difficult to distinguish from polio, was now under the new polio definition more often reported as a separate disease from polio after the Salk vaccine was introduced. In Los Angeles County in July 1955, before introduction of the Salk vaccine, there were reported 273 polio cases and 50 aseptic meningitis cases, for a total of 323 cases. In Los Angeles County in Sept. 1966 after the Sabin oral vaccine was introduced, there were reported 5 polio cases and 256 aseptic meningitis cases, for a total of 261 cases. The true cause for the near disappearance of polio seems to be safe water supplies and generally better personal hygiene habits for the general population.

Before finishing up this corruption story of the polio vaccination program, we should note the contributions to the number of polio cases made by the utterly corrupt behavior of the corporate user class which owns and runs the sugar "food" industry. I quote here directly from *Vaccines: Are They Really Safe And Effective* by Neil Z. Miller. (Note: Ignore the reference numbers in

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# A PHYSICIST'S VIEW

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parentheses, except to note how everything he states is verifiable)

"In 1948, during the height of the polio epidemics, Dr. Benjamin Sandler, a nutritional expert at the Oteen Veterans' Hospital, detailed a relationship

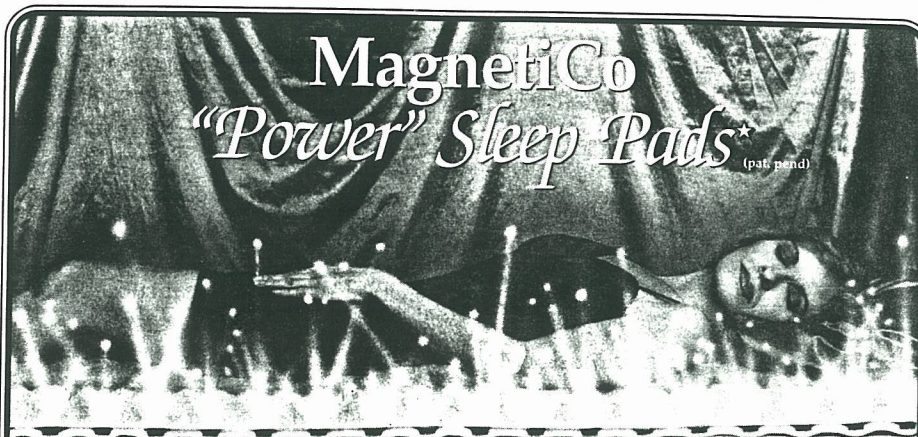
between polio and an excessive consumption of sugars and starches. He compiled records showing that countries with the highest per capita consumption of sugar had the greatest incidences of polio. He claimed that such "foods" dehydrate the cells and

leech calcium from the nerves, muscles, bones, and teeth. A serious calcium deficiency precedes polio.<sup>22</sup>

"Researchers have always known that polio strikes with its greatest intensity during the hot summer months. Dr. Sandler observed that children consume greater amounts of ice cream, soda pop, and artificially sweetened products in hot weather. In 1949, before the polio season began, he warned the residents of North Carolina (through the newspapers and radio) to decrease their consumption of these products. During that summer North Carolinians reduced their intake of sugar by 90 percent and polio decreased in that state in 1949 by the same amount. (The North Carolina State Health Department reported 2,498 cases of polio in 1948 and 229 in 1949).<sup>23, 24</sup>

"Note: One manufacturer shipped one million less gallons of ice cream during the first week alone following the publication of Dr. Sandler's anti-polio diet. Coca Cola sales were down as well. But the powerful Rockefeller Milk Trust, which sold frozen products to North Carolinians, combined forces with the Coca Cola power merchants and convinced the people that Sandler's findings were a myth and the polio figures a fluke. By the summer of 1950 sales were back to ordinary levels and polio cases returned to "normal" during that year."<sup>25</sup>

b) Diphtheria vaccine — An upper respiratory disease, diphtheria is contagious and caused by a bacteria. In the United States, from 1900 to 1930, years before the diphtheria vaccine was introduced, a greater than 90 percent decline in reported deaths from diphtheria had already occurred.<sup>13</sup> The disease is generally conveyed by direct contact with the diphtheria germ. Thus, diphtheria is readily controlled through simple sanitary measures.<sup>14</sup> And some



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researchers attribute the diphtheria decline to increased nutritional and sanitary awareness.<sup>15,16</sup>

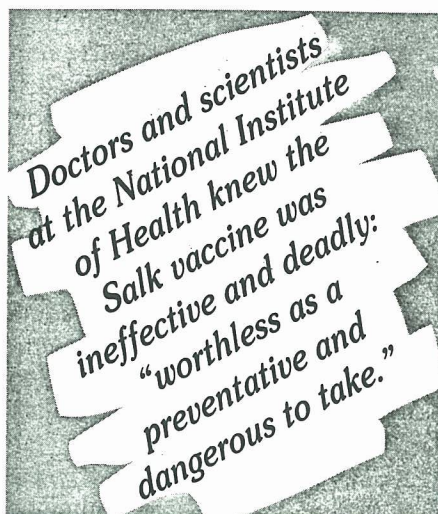
In 1939 Germany began compulsory vaccinations for diphtheria. Following this country wide vaccination program Germany had a diphtheria epidemic of 150,000 cases.<sup>17</sup> After the German occupation of France, France was forced to have a mass diphtheria vaccination program and France suffered a diphtheria epidemic in 1943 of 47,000 cases following the vaccinations.<sup>18</sup> In nearby Norway, which refused vaccinations, there were only 50 diphtheria cases in 1943.<sup>19</sup>

The Bureau of Biologics and the FDA in 1975 concluded: 1) That diphtheria toxoid "is not as effective an immunizing agent as might be anticipated"; and 2) Diphtheria may occur in vaccinated individuals, and noted that "the permanence of immunity induced by the toxoid ... is open to question".<sup>20</sup> Now in light of the above historical information on the lack of success of diphtheria vaccination programs and their linkage to diphtheria outbreaks, can you see what a self-serving understatement these 1975 pronouncements are?

c) Measles vaccine — Caused by a virus, measles is a contagious disease that affects the respiratory system, skin, and eyes. Treatment usually consists of allowing the disease to run its course. In populations newly exposed to measles, serious complications among adolescents and young adults increase, thus raising mortality rates.<sup>21</sup> This was a fact well known and used by our immoral and criminal forefathers in the U.S. military when they supplied measles contaminated blankets, as well as small pox contaminated blankets to native American peoples. However, most cases of measles are not serious, especially when large numbers of the past

population have already been exposed to the germ.<sup>22,23</sup>

There were 13.3 measles deaths per 100,000 population in 1900. That death rate had declined by 97.7% to .03 deaths per 100,000 in 1955.<sup>24</sup> Eight years later in 1963 a measles vaccine was developed and mass vaccinations soon began. The death rate from measles in the mid-1970's after mass vaccination remained exactly the same as in the early 1960's before the measles vaccine.



The chances are about 14 times greater that measles will be contracted by those vaccinated against measles than by those who are left alone.<sup>25</sup> There is considerable question as to whether there is any effective immunity from the measles vaccination. In some measles outbreaks over 95% of cases had previously been vaccinated against measles.<sup>26</sup> 58% of the U. S. school age children that contracted measles in 1984 had previously been vaccinated for measles.<sup>27</sup> 80% of the reported 1,984 cases of measles in 1985 were of people who had been previously vaccinated against measles.<sup>28</sup> There are more recent measles outbreaks reported where essentially 100% of the cases were previously vaccinated against measles.<sup>29</sup>

d) Rubella vaccine — When contracted by children Rubella, a contagious virus disease, is usually so mild it often escapes detection. However, if a pregnant woman develops the disease during her first trimester, her baby may be born with birth defects. These include impaired vision and hearing, limb defects, mental retardation, and heart malformations.

It is not necessary to protect children from this harmless disease, and it confers natural immunity to those who contract it so they are unlikely to experience a recurrence as adults. In one study at the University of Pennsylvania School of Medicine, 36 percent of

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adolescent females who had been vaccinated against rubella lacked serological proof of immunity.<sup>30</sup> In general, 25% of the people vaccinated for rubella show no evidence of immunity within five years following their rubella vaccinations.<sup>31</sup> In a Casper, Wyoming rubella epidemic 73% of the cases occurred in rubella vaccinated children.<sup>32</sup> In a study from Australia, it was reported that among the reported cases of rubella, 80% of all army recruits who had been vaccinated for rubella just four months earlier still contracted rubella.<sup>33</sup>

A recent survey of sixth graders in a well-vaccinated urban community revealed that about 15% of this group was still susceptible to rubella.<sup>34</sup> Nearly 85% of the population was naturally

immune to rubella before the rubella vaccine was available.<sup>35</sup> So where is the so called benefit of this and other vaccines? Perhaps we will have to look in corporate bank accounts and allopathic medical doctors' bank accounts to find the only true benefits of vaccines.

## VACCINE PROBLEMS 3 AND 4:

a) Polio vaccine — The Salk polio vaccine provides an excellent example of what can go and has gone wrong with live virus vaccines. Even though no medically literate doctor uses the Salk vaccine anymore, there are millions of people alive right now who were given the Salk vaccine. Here is a description of how the Salk vaccine was made, I quote directly from *The Vaccination It Requires*, published in England:

## "POLIO VACCINE

"Rhesus monkeys are infected with the virus of infantile paralysis and when they are paralyzed they are killed.

"Then the kidneys are removed. These are immediately decapsulated and chopped up into small pieces and placed into a nutrient medium. A pre-warmed solution of trypsin (a digestive enzyme) is added and the mixture is stirred. About 20 minutes later the fluid is discarded and another solution of trypsin is added. After a further 20 minutes the solution is decanted into sterile tubes. A 2% calf serum in nutrient medium is added, and eventually a portion of the stock virus preparation is introduced. The cultures are replaced in the incubator and degeneration of the cells due to the virus becomes apparent within two or three days. All the material is pooled and the cell debris is allowed to settle in the cold. The supernatant fluid is carefully decanted off and filtered. It contains the crude virus preparation. In the case of Salk vaccine Formalin is then added to kill the viruses. Samples are then dialysed free of Formalin and tested in tissue culture for living virus.

"The general form of preparation of other vaccines is similar and when living virus vaccines are required the killing stage is omitted.

"A brief account of the original isolation of the virus may be of interest:

"Viruses are isolated simply by preparing a bacteria-free suspension of infected material and exposing susceptible cells to it. As an example the isolation of poliomyelitis virus from feces will be described. A 1 / 10 suspension of a specimen of feces is prepared by stirring it in B.S.S. (a balanced salt solution) with a glass rod until all lumps have disappeared. The solid matter is then removed by centrifugation. The

## "MODERN METHODS OF PRODUCTION

"Whilst some of the older methods are still being used, tissue culture techniques are replacing a number of them. The vaccinia virus can readily be grown in tissue cultures made from chick embryos, and most viruses can be grown on chopped tissue dropped or suspended in a nutrient medium. A general outline of the technique for growing vaccine virus for poliomyelitis is now given.

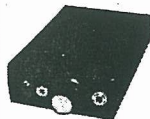
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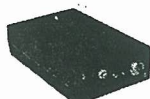
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clear supernatant is removed for testing. A mixture of antibiotics (penicillin, streptomycin and mycostatin) is added. The fecal extract is tested on monkey kidney cells or cells from a human afterbirth, and these are examined daily for the appearance of typical destructive effects."

Now how many places in this vaccine production process did you see for unwanted and unknown virus, bacteria, rickettsia, and spore contamination to occur? Simian monkey kidneys used to make the polio vaccine during the 1950's and 60's were contaminated with the SV-40 virus.<sup>36 to 43</sup> SV-40 is a powerful immunosuppressor and can quickly turn HIV positive status into full blown AIDS. SV-40 is considered to be a cancer causing virus.<sup>44</sup> It has been found in brain tumors, leukemia, and other human cancers as well. SV-40 is not the only known monkey virus to contaminate the polio vaccine. Dr. Hilary Koprowski, has warned congressmen that "an almost infinite number of monkey viruses" can contaminate polio vaccines.<sup>45</sup> It is extremely likely that these viruses contaminated vaccines in the 1950's, 60's, and 70's, before virus detection techniques were developed and refined.<sup>46</sup>

b) Measles vaccine — The measles vaccine may cause ataxia, learning disability, retardation, aseptic meningitis, seizure disorders, paralysis, and death. Other researchers have investigated it as a possible cause of or co-factor for Multiple Sclerosis, Reye's syndrome, Guillian-Barre syndrome, blood clotting disorders, and juvenile-onset diabetes.<sup>47</sup>

c) Rubella vaccine — Adverse reactions to vaccine include arthritis, arthralgia, and polyneuritis.<sup>48</sup> Another problem is vaccine contamination with Epstein-Barr Virus, an immunological suppresser. The Epstein-Barr Virus can

be passed on to adults through casual contact years after the vaccination.<sup>49,50</sup>

The rate of side effects among teenage girls is 5 to 10%. Among women it is greater than 30%.<sup>51</sup>

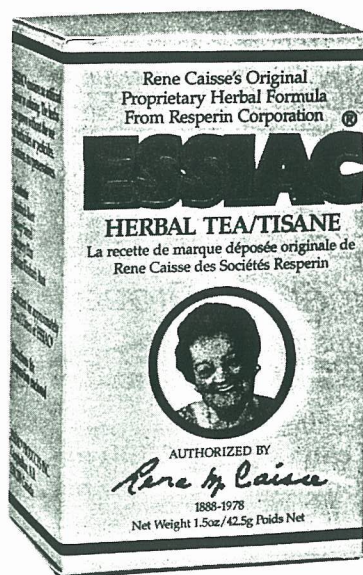
d) DPT vaccine — The diphtheria vaccine, the pertussis vaccine, and the tetanus vaccine are combined into one vaccine called DPT vaccine. This is one of the most dangerous and deadly vaccines forced on defenseless infants

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# A PHYSICIST'S VIEW

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and trusting ignorant sheep-like parents by the corrupt allopathic medical industry. I quote directly here from, *Vaccines: Are They Really Safe And Effective?* (page 36). (Ignore Ref.)

"Scientists have developed an indirect test to determine the efficacy and safety of pertussis vaccine. If the vaccine renders immunity in mice, it is considered effective in children. If the mice do not lose weight, it is presumed to be non toxic. (106)

"The pertussis vaccine may cause fever as high as 106 degrees, pain, swelling, diarrhea, projectile vomiting, excessive sleepiness, high-pitched screaming (not unlike the so-called criecephalique, or encephalitic scream associated with central nervous system damage), inconsolable crying bouts, seizures, convulsions, collapse, shock, breathing problems, brain damage, and sudden infant death syndrome (SIDS). (107, 108) In one study, serious

reactions (including grand mal epilepsy and encephalopathy) were shown to be as high as one in 600. (109) In another study it was reported that out of 15,752 shots that were administered to children, only 18 serious reaction (shock-collapse or convulsions) occurred (1 in 875). However, each child in the study received three to five shots. Thus, approximately one out of every 200 children who received the full DPT series suffered severe reactions. (110)

"Studies show that children die at a rate eight times greater than normal within three days after getting a DPT shot. (111) The three primary doses of DPT are given to infants at two months, four months, and six months. Approximately 85 percent of SIDS cases occur in the period one through six months, with the peak incidence at age two to four months. (112)

"In a recent scientific study of SIDS, episodes of apnea (cessation of breath-

ing) and hyponea (abnormally shallow breathing) were measured before and after DPT vaccinations. Cotwatch (a precise breathing monitor designed by Leif Karlsson) was used, and the computer printouts it generated (in integrals of the "weighted apnea-hypopnea density" — WAHD) were analyzed. The data clearly shows that vaccination caused an extraordinary increase in episodes where breathing either nearly ceased or stopped completely. These episodes continued periodically for months following vaccinations. Dr. Viera Scheibnerova, the author of the study, concluded that "vaccination is the single most prevalent and most preventable cause of infant deaths"(Figure 9). (113)

"In another study of 103 children who died of SIDS, Dr. William Torch, of the University of Nevada School of Medicine at Reno, found that more than two-thirds had been vaccinated with DPT prior to death. Of these, 6.5 percent died within 12 hours of vaccination; 13 percent within 24 hours; 26 percent within three days; and 37, 61, and 70 percent within one, two, and three weeks, respectively (Figure 10). He also found that SIDS frequencies have a bimodal peak occurrence at two and four months — the same ages when initial doses of DPT are administered to infants." (114)

Now, the ineffectiveness of the vaccine has been shown and the evidence of the danger to and damage done to infants is clear, so why have allopathic doctors not stopped DPT vaccinations? (... "do no harm" ...; "Give no deadly medicine to anyone.")

## SYSTEMIC CORRUPTION BEHIND THE SCENES

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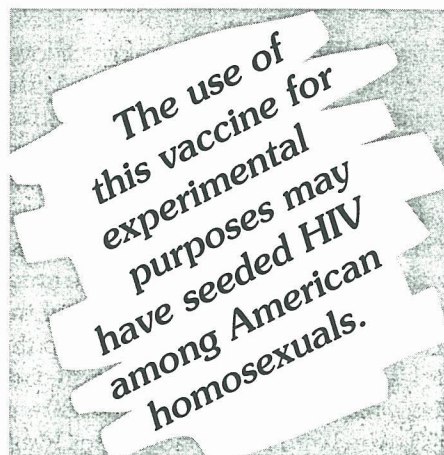
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occurrence and spread of AIDS. I quote here directly from *Vaccines: Are They Really Safe And Effective?* (pages 49 to 51). (Ignore Ref.)

"AIDS: During the 1950's and 1960's millions of people were injected with polio vaccines that were contaminated with the SV-40 virus (undetected in the Simian monkey organs used to



prepare the vaccines). (197 to 204) SV-40 is considered a powerful immunosuppressor and trigger for HIV — the name given to the AIDS virus. It is said to cause a clinical condition indistinguishable from AIDS, and has been found in brain tumors, leukemia, and other human cancers as well. Researchers consider it to be a cancer-causing virus. (205)

"Esteemed polio researcher, Dr. Hilary Koprowski, has warned congressmen that "an almost infinite number of monkey viruses" can contaminate polio vaccines. (206) In fact, the genetic sequences of some monkey viruses are as close to some strains of the AIDS virus as some strains of the AIDS virus are to each other. (207) But tests to determine the existence of some of these viruses were not developed until the mid- 1980's. This makes it extremely likely that these viruses contaminated vaccines in the 1960's and

1970's, before virus detection techniques were refined. (208) And at least one health official has voiced the obvious regarding our knowledge of animal viruses and the status of vaccines today: "You can't test for something if you don't know it's there. (209)

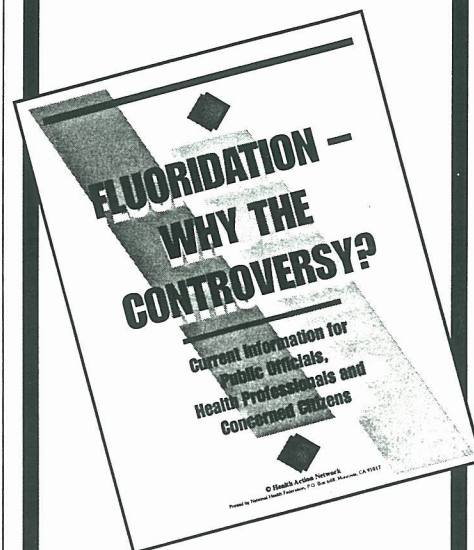
"In a recent article published in the British medical journal *Lancet*, the author noted that the oral polio vaccine — which was also used experimentally during the mid-1970's to treat recurrent herpes — was probably contaminated with a number of potentially dangerous retroviruses. The use of this vaccine for experimental purposes may have seeded HIV among American homosexuals. (210)

"Scientists and other researchers have uncovered a link between the smallpox vaccine and AIDS. According to Dr. Robert Gallo, the chief AIDS researcher at the National Cancer Institute, "the use of live vaccines such as that used for smallpox can activate a dormant infection such as HIV." In fact, the greatest spread of HIV infection coincides with the most intense and recent smallpox vaccination campaigns. Information on the seven Central African countries most infected with AIDS — Zaire, Zambia, Tanzania, Uganda, Malawi, Ruandi, and Burundi — precisely matches WHO figures indicating the number of people vaccinated. Brazil, the only South American country included in the smallpox campaign, has the greatest incidence of AIDS on that continent. (211)

"In Central Africa (where the AIDS epidemic is thought to have originated) AIDS was more evenly spread among males and females than in the West. But about 14,000 Haitians were in Central Africa on a United Nations assignment when the smallpox campaign took place. They were also vaccinated against smallpox, and began to return home at

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## Fluoridation — Why the Controversy?



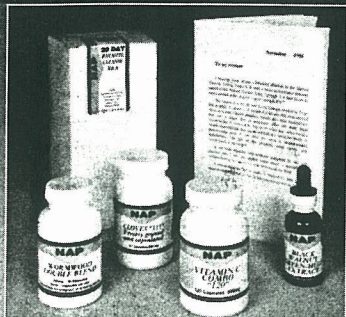
"That nearly all physicians, dentists and other members of the dominant health professions have come to hold such uncritical faith in fluoride as a tooth decay remedy, raises serious questions about the content and quality of their training as scientists and practitioners. That so many professional leaders and government officials have been willing to falsify or obscure scientific data in their zeal to maintain the fluoridation pretense, raises concerns that are even more far-reaching."

— Janet Nagel, Ed.D.

Quote from *Fluoridation — Why the Controversy?* Booklet available through the National Health Federation, \$6.

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# A PHYSICIST'S VIEW

*Continued*

a time when Haiti had become a popular getaway for San Francisco homosexuals.. (212)

"In 1969, the U. S. Department of Defense sought funds from Congress to create a "synthetic biological agent, an agent that does not naturally exist and for which no natural immunity could have been acquired". (213) In a controversial article published by *Health Freedom News*, William Campbell Douglass, M.D., claims that this virus — the AIDS virus — was deliberately manufactured by the National Cancer Institute in collaboration with the World Health Organization. (214) He supports this assertion with direct quotes from a bulletin published by WHO in 1972. Evidently, they wanted to create a hybrid virus in an attempt "to ascertain whether viruses can in fact exert selective effects on immune function. (215) He describes a Dr. Theodore Strecker's research into how these organizations combined two deadly retroviruses — bovine leukemia virus (BLV) and sheep visna virus — to create the AIDS virus. (Some retroviruses may take up to 40 years to manifest.). (216) Dr. Douglass asserts that during official proceedings in 1972, WHO suggested that a useful way to study the effects of the new virus would be to put it into a vaccination program and observe the results. He and Dr. Strecker claim WHO used the smallpox vaccine for this study and chose Central Africa to begin. (217)

"Needles were reused 40 to 60 times during the Central African smallpox vaccine campaign. The primary method of sterilization consisted of waving the needle across a flame. Needle-sharing contributes to the transmission of infectious disease. (218)

"Note: Immoral, unethical, and illegal medical experimentation still occurs. For example, in December of 1990 a federal regulation was

adopted permitting the Food and Drug Administration (FDA) to circumvent U.S. and international laws forbidding medical experiments on unwilling subjects. This regulation permits the FDA to inject American troops with unapproved experimental drugs or vaccines without their informed consent. The FDA merely needs to deem it "not feasible" to obtain the soldier's permission. (219)

"Dr. William Douglass also acknowledges that AIDS was brought into the United States from Haiti by homosexuals, but implicates the hepatitis B vaccine for the sudden proliferation of AIDS in the homosexual population. (The hepatitis B vaccine exhibits the exact epidemiology as AIDS.) He notes that a Dr. W. Schmugner, head of the New York City blood bank, set up the rules for the hepatitis vaccine studies. Only males between the ages of 20 and 40, who were not monogamous, were allowed to participate. Because all vaccine recipients in the study were required to be promiscuous, Dr. Douglass speculates that there was a deliberate attempt to spread something among the population. Although this information appears fantastic, in 1981 the CDC reported that four percent of those receiving the hepatitis vaccine were AIDS infected. In 1984 the CDC acknowledged that the true figure is 60 percent. By 1987 they refused to give out any figures at all. (220)

"Finally, even though several plausible theories linking vaccines to AIDS have been offered, health officials remain obstinately opposed, even hostile, to suggestions that further investigations be made. Dr. David Heymann, head of the Office of Research for the World Health Organization's Global Program on AIDS, stubbornly insisted that "any speculation on how (the AIDS virus) arose is of no importance. (221) And even though the original seed stocks



of the polio vaccines from the early 1960's are available, the FDA claims they were never tested, even by WHO. According to the FDA, this is because there are not enough vials of the material, and testing "might use it all up". (222)

Is it not strange that the great increases in certain cancer rates can now be traced directly back to the National Cancer Institutes' research on both developing biological weapons, and cancer causing viruses for cancer vaccine research?<sup>52,53,54,55</sup> Is it not also strange that these cancer causing viruses have ended up as contaminants in our vaccines?<sup>56,57,58</sup> Ever since the first mass polio vaccination programs we have had SV 40 and other Simian monkey cancer causing viruses contaminating our vaccines. If you doubt the truth of this, read *Emerging Viruses: AIDS and Ebola — Nature, Accident or Intentional?* by Leonard G. Horowitz, D.M.D., MA., M.P.H. Dr. Horowitz documents the National Institutes of Health and National Cancer Institute research crimes in fine detail. (800-336-9266)

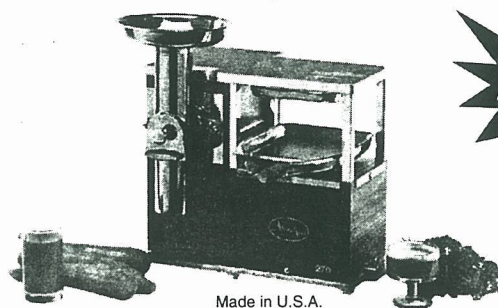
We need to look at one more vaccine program to see how perhaps the majority of our troops suffering from Gulf War Syndrome got it. That program was supposedly an influenza vaccine being developed in the early 1980's under Dr. Robert Couch (former U.S. Army Medical Corps officer) in the Department of Microbiology and Immunology at Baylor College of Medicine, Houston, Texas. Working in this Influenza Virus Immunization Program was a Dr. Shyh-Ching Lo. Dr. Lo, now of the Armed Forces Institute of Pathology in Washington, D.C., originally isolated mycoplasma fermentans (incognitus strain) from a weapons-grade anthrax culture when working at the Biological Warfare facility at Fort Detrick, MD, run by the U.S. Army. Dr. Lo worked for Tannox Biosystems which

subcontracted to Baylor College of Medicine in the early 80's to assist in the Influenza Virus Immunization Program. Now what was Dr. Lo, an expert on mycoplasmas, who worked for Tannox Biosystems on a contract with the U.S. Army to study mycoplasmas doing for

the Influenza Virus Immunization Program at Baylor College of Medicine? Could it be that the Influenza Virus Immunization Program was actually a biological warfare weapons program in violation of treaties? The so-called influenza vaccines that came out

*Continued*

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# A PHYSICIST'S VIEW

Continued

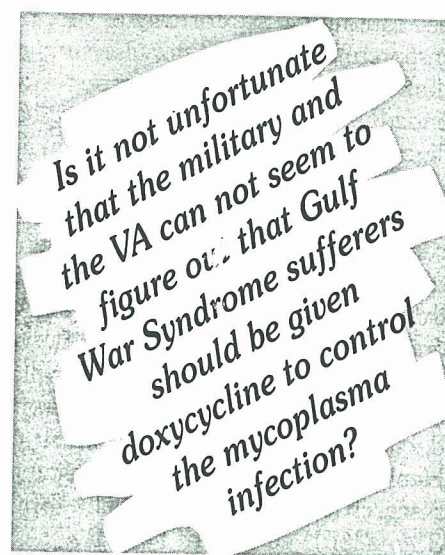
of this program were field tested in selected prisons of the Texas Department of Corrections (TDC), i.e. Huntsville Prison and Palatine Prison. Another biotech company which assisted in the field testing and evaluation of these Influenza vaccines was Cold Spring Harbor Laboratory. You may be familiar with this laboratory from all the notoriety it received from the Human Genome Project. In the Influenza Virus Immunization Program's field tests, the Cold Spring Harbor Laboratory's on-site prison program overseer was Dr. James Watson. Yes, that is correct, Dr. James Watson the Nobel Prize winner for discovering DNA genetic code structure.

Now is it not interesting that people who got these influenza vaccines quite

often got flu-like symptoms and other ailments that became chronic. Pretty much the same sort of symptoms now described by Gulf War Syndrome sufferers. In fact, these symptoms have now spread throughout the TDC employees at these prisons. Tests conducted on blood samples obtained by the Nicolson's from TDC employees and their family members showed they were infected by exactly the same mycoplasma fermentans (incognitus strain) that the majority of Gulf War Syndrome sufferers have. The same mycoplasma fermentans (incognitus strain) that Dr. Nancy Nicolson contracted at Baylor College of Medicine while working across the hall from Dr. Lo's lab. She almost died from it. However, fortunately Dr. Lo suggested that she be given several regiments of doxy-

cycline. Is it not unfortunate that the military and the VA can not seem to figure out that Gulf War Syndrome sufferers should be given doxycycline to control the mycoplasma infection?

Is there a connection to Tannox Biosystems being named in lawsuits as selling or supplying Chemical and Biological Weapons to Iraq and our troops being exposed to mycoplasma



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fermentans (incognitus strain)? When the high command ordered the demolition of the ammunition dump complex at Kamisiyah, in southern Iraq, which was full of chemical and biological weapons, did that act spread mycoplasma fermentans (incognitus strain) throughout the region? There was no legitimate military need or sane reason to blow up that ammunition dump complex. It's destruction only served to destroy evidence of chemical and biological weapons and to spread them throughout the region. Our generals are without honor.

### CONCLUSION

We now have a strange mystery disease(s) called "Gulf War Syndrome". The military does not want to admit it exists and when pressed can't seem to figure out what could possibly be caus-



ing it. It is sort of a replay of the Agent Orange military crimes. Just how many years did it take the military to admit that a very small amount of dioxin was present in the Agent Orange spray? How long did it take the government to admit the connection between the dioxin (probably the most deadly carcinogen known outside of plutonium) and the fatal health problems of thousands of veterans? How many years before the military and FDA will finally admit the cause of "Gulf War Syndrome" was the mandatory experimental vaccinations given to the troops or the experimental anti-nerve gas drug given to the troops or biological weapons used by Iraq and or by our own military on our own troops or a combination of all of the above? Persian Gulf troops were forced to take at least two experimental vaccines and the experimental anti-nerve gas drug pyridostigmine. The experimental Botulism vaccine was given to 8,000 individuals in the Persian Gulf. The Anthrax vaccine was given to approximately 150,000 individuals in the Persian Gulf. What percentage of those Anthrax shots were experimental recombinant vaccines? What percentage were contaminated with mycoplasma? And let us not forget all the other standard vaccinations and booster shots the reservist and regular troops had to take, i.e. adenoviruses, measles, rubella, bivalent influenza, trivalent poliomyelitis, tetravalent meningococcus, tetanus, and diphtheria. High ranking military officers have turned their backs on their Gulf War troops and are now without honor.

The problem is that the great majority of the population has been sold on the lie that vaccines are safe and effective. Only those who work professionally with vaccines and/or, those like myself, who go to the trouble of studying the facts, known the ugly truth about vaccines and those who make them and give them.

If we had honest decent generals, admirals, and civilian officials in the Pentagon all of our Gulf War veterans, along with their family members, who are currently suffering from GWS would have long since been put on doxycycline and/or the other antibiotics that Professors Garth and Nancy Nicolson have found successful in controlling mycoplasma fermentans (incognitus strain) that came from Fort Detrick, MD. If these antibiotics would have been given most of the veterans would now know if they were a biological warfare victim and/or also a chemical warfare victim. And the majority of the veterans, along with their family members, would be much healthier, no longer suffering, and thousands would not have died

horrible deaths. However, the generals, the admirals, and the civilian officials have turned their backs on our veterans and they are now without honor.

In Part 4 we will delve into the WHY of this biological warfare.

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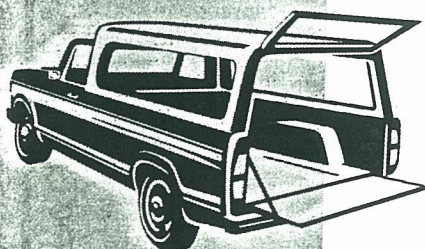
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