

# The Possible Cause of Polio, Post-Polio, CNS, PVIPO, Legionnaires, AIDS and the Cancer Epidemic – Mass Acidic Chemical Poisoning?

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## Abstract

There is now over 100 years of documented history and research on the Polio virus and whether or not its treatment by inoculation has been successful in eradicating Polio. I am suggesting in this article that there are significant findings based on historical and past and current research, including my own research that the theory of Polio and possibly other modern-day diseases, such as Post-Polio Syndrome, Polio Vaccine-Induced Paralysis, Legionnaires, CNS disease, Cancer and AIDS may be caused by acidic chemical poisoning from DDT (dichloro-diphenyl-trichloroethane) and other related DDT pesticides, acidic vaccinations, and other factors including lifestyle and dietary factors rather than from a lone infectious Poliovirus. The following eleven graphs outline the history of Polio, the production of DDT, BHC, Lead, Arsenic, Polio vaccinations and the author's theory that chemical poisoning, vaccination, and lifestyle and dietary choices are a more likely cause for the symptoms of Polio, neurological diseases, Cancer and AIDS.

**Keywords:** Polio; Poliomyelitis; Post-polio; Poliovirus; Salk vaccine; Sabin vaccine; Oral polio vaccine; CNS; Polio Vaccine-induced paralysis; Legionnaires; HIV; AIDS; Kaposi's sarcoma; Cancer; Organochlorines; Chlorobenzene; Roundup; Gycophosate; Lead; Arsenic; Chemical poisoning; Acids; Acidic poisoning

## Introduction

### Polio in the united states – graphic timeline: US 1870 – 1998

Some prominent organochlorines are chlorobenzene, PCBs (polychlorinated biphenyls) and DDT (dichloro-diphenyl-trichloroethane) [1-3]. Chlorobenzene is a precursor, a foundational compound used in the production of many industrial organochlorines as a chemical pesticide [4]. In the U.S., high production of chlorobenzene began in 1915, soon after the beginning of World War I [5].

The above graph is a compilation of new cases per year (not incidence, as portrayed elsewhere herein). The data for the last half of the 20th century was gathered from U.S. Vital Statistics [6]. The very earliest numbers, from 1887 to about 1904, and the post polio numbers, are interpolated from the general historical commentary regarding those periods [7]. (see bibliography on Homepage and NYC Health Commissioner Haden Emerson's compilations). While the graph is not perfectly accurate, due to changing methods of diagnoses and record-keeping within the medical system, it does give a reliable overall picture of Polio cases in terms of known literature and records.

The source for the U.S. and Swiss discoveries of paralysis in calves is from Van Nostrand's Encyclopedia of Science and Engineering (1995), vol. 5, p1725. The phrase "Pesticides as a Panacea: 1942-1962" is a subtitle found in Encyclopedia Britannica, Macropaedia (1986) [8]. Refer to other graphs (Overview) for specific pesticide comparisons with Polio incidence.

In 1915 Hooker Electrochemical began massive, unprecedented production of chlorobenzene (8,200 metric tons per year) and Dow Chemical began large-scale production soon thereafter [9].

Chlorobenzenes are the basis for picric acid explosive used in World War I [10]. They have also been used in the manufacture of wood treatments, war gas, herbicides, insecticides, bactericide, moth control, and polymer resins [11]. (Mono) chlorobenzene is the base compound for DDT production [12]. Currently in the U.S., 15 million pounds of p-dichlorobenzene production goes into room deodorants [13]. According to Peter Duesberg, CDC's investigation into Legionnaires disease ignored toxic chemical causes and created a new false field of study regarding the Legionella bacterium [14].

The sudden surge of chlorobenzene production coincides in time and place (1915, Niagara Falls) to be considered as probable cause for the epidemic of central nervous system diseases that followed the next year in the New York City region [15]. This epidemic lasted only six months, June to November, with 82% of the cases occurring in just 8 weeks [15]. While Polio literature terms this a world-wide Polio epidemic, it was peculiarly a phenomena of the U.S. and was especially prominent in the New York City region [15]. This is strange behavior for a supposedly so-called predatory Poliovirus, in an era, a continent, wholly unprotected by so-called miracle vaccines!

The number of new cases for 1916 (40,485) were calculated by multiplying the U.S. incidence rate by the U.S. population [16]. The number seems too high because of Naomi Rogers' statements that worldwide new cases in 1916 were 27,000, that two-thirds of world Polio new cases were in the U.S. and that New York City new cases were 9,000 [17]. While this discrepancy exists, the data is still useful for showing relative case numbers and/or incidence for the early 20th century (Figures 1-8).

Both Polio epidemics occurred two years after the beginning of World War I and World War II, if we use the dates of the epidemics, 1916 and 1942 [18]. DDT and "DDT-like chemicals" are used to represent the major organochlorine pesticides and organochlorines of similar neurotoxic character [19]. Most of the industrial organochlorines can produce CNS disease symptoms similar to Polio [19] (Figures 2,4-10). below to see the relationship between DDT and DDT-like chemical production and the incidence of Polio.

### Other poisonous DDT-like pesticide composite

Just over three billion pounds of persistent pesticides are represented in the Figure 9 above and Figure 2 below. Virtually all peaks and valleys correlate with a direct one-to-one relationship with each pesticide as it enters and leaves the US market. Generally, pesticide production precedes polio incidence by 1 to 2 years. The variation may be to variations in reporting methods and the time it takes to move pesticides from factory to warehouse, through distribution channels, onto the food crops and to the dinner table. A composite of these graphs, of the persistent pesticides—lead, arsenic, and the dominant organochlorines (DDT and BHC) is presented in Figure 4.

The four chemicals were not selected arbitrarily. These are representative of the major pesticides in use during the last major polio epidemic. They persist in the environment as neurotoxins that cause polio-like symptoms, polio-like physiology, and were dumped onto and into human food at dosage levels far above that approved by the FDA. They directly correlate with the incidence of various neurological diseases called "polio" before 1965. They were utilized, according to Dr. Morton Biskind, in the "most intensive campaign of mass poisoning in known human history [1]."

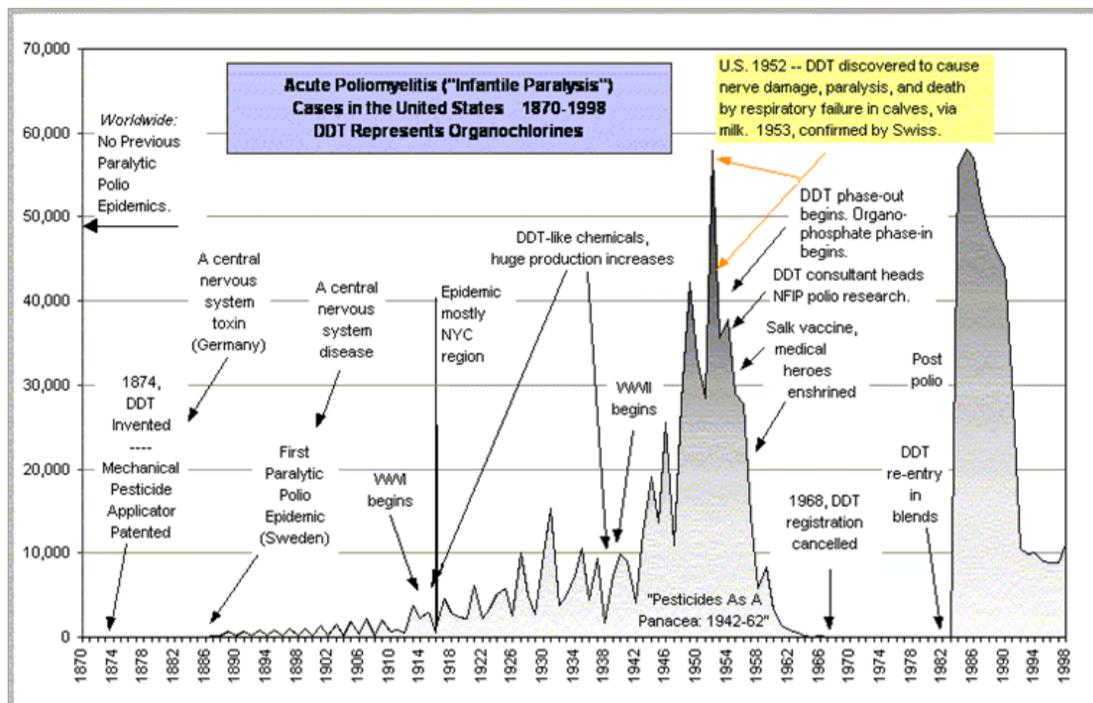
### Critique of pesticides and polio vaccination

It certainly appears, from the above graphs, that the vaccination programs arrived a few years too late to be credited for declining polio case numbers. The programs were close enough, however, for media to shoehorn them into their historical position. This quote from Time Magazine (March 28, 1994) is a typical example: "The great postwar epidemic peaked in the U.S. in 1952, when more than 20,000 children were paralyzed by polio and it tapered off in the early '60s, after the Salk vaccine and then the Sabin oral version were introduced [1]."

This smooth, loaded phrase, framed with glossy photos and clever captions, goes down like several shots of Vodka and with the same physiological effects. However, if we contain

our admiration, and review the actual data, we realize that the great Polio epidemic actually occurred from 1942 (or gradually, beginning decades earlier) to 1962, that is, it was not a “postwar epidemic” (Figure 1). The epidemic declined not “in the early ‘60s”, but a full decade earlier, in the early 1950s. Polio cases per year did not “taper off... after the Salk vaccine” as Time would have us believe - new cases per year dove resolutely downward two years before the Salk vaccine field trials and four years before the vaccination programs were firmly underway. The decline of Polio actually occurred after heated discussions regarding the dangers of DDT that began with in-house government/

industry reviews of DDT in 1951, following Dr. Morton Biskind and other’s criticism of pesticides which began in 1945 [1,19-81]. These discussions were followed by a phase-out through industry compliance, a huge shift of sales to third-world countries, a phase-in of less-persistent pesticides, which was facilitated by legislation in 1954 and 1956 [82], a renewed public image regarding the proper use and dangers of pesticides [83], the cancellation of DDT registration by 1968, [84] and eventually the official ban of many of the persistent organochlorine pesticides by 1972 (in U.S. and developed countries) [84].



**Figure 1:** This graph shows polio in the United States in a context rarely (if ever) portrayed since Dr. Morton Biskind, the environmental context [1]. “DDT” and “DDT-like chemicals” are selected for this graph as the least complex way to represent a broad overview of the evolution of the technology of, and potential for, mass acidic chemical poisoning. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].

Notice that while pesticide production directly correlates with new polio cases per year through every peak and valley, the Salk vaccine enters only after Polio’s decline (Figures 1 & 4). Salk’s point of entry is not sufficient evidence to be routinely offered as proof for the victory of vaccines over the Poliovirus, as Time implies [11], and as implied by Hayes and Laws [2], and virtually all other presentations of polio history in whatever media or educational forum.

The molecular biologist, Peter Duesberg, in his attempt to give Modern Medicine some credence with regard to virus causality (before refuting HIV causality with AIDS) [85], apparently felt he could assume, in Inventing the AIDS Virus, that, ...the sudden, frightening polio epidemic that exploded in the Western nations, brought home by troops returning from the Pacific theater in 1945 [85].

Yet a glance at the graphs in Figures 1 & 3 shows his

statement to be inaccurate. Polio was entrenched in the U.S. long before returning troops, and the increased Polio cases per year correlate much more consistently with pesticide production than returning troops. A rise in new cases per year that peaked in 1945 can be clearly attributed to the government’s release of war surplus DDT to the public market in 1945, not vague data about “troops returning from the Pacific theater in 1945”. The troops were heavily treated with DDT years before the U.S. civilian population and as can be expected, in light of the acidic chemical poisoning-theory, the troops suffered unusually high Polio incidence rates when compared to the non-treated populations where they were stationed, and soldiers based in the U.S. [1]. The unusual drama and rash assumption that fills this excerpt of Peter Duesberg’s writings gives a sense that he has taken the whole package of ingrained Polio images for granted [85].

### Pesticide phase-out and vaccinations phase-in

DDT and BHC were phased out from the developed nations and at the same time vaccination programs were dramatically credited with saving these countries from the ravages of the Poliovirus [84]. However, the banned pesticides continued with higher than ever total distribution in the under-developed countries thanks to W.H.O.'s anti-mosquito campaigns, where to this day acute flaccid paralysis (AFP), Polio, and DDT/BHC still prevail [86]. DDT application, DDT phase-out programs, and Polio vaccination programs are all being directed in these countries concurrently by the World Health Organization with little or no success [86].

Registration for DDT was canceled in 1968, and DDT was banned by the EPA in 1972 - after the major organochlorines (DDT, BHC) had been gradually phased out of the U.S. market by the chemical industry and replaced with the less environmentally persistent pesticides, the organophosphates [84].

### Post-polio pesticides

In 1983, via new legislation, DDT was allowed back into the U.S. marketplace, but only in pesticide blends [84]. Within only a few months of this re-entry, a new kind of polio epidemic suddenly occurred [84]. It was labeled "Post-Polio", the re-emergence of Polio symptoms in former victims [87]. This has involved approximately 600,000 victims and is shown in Figure 1 above. Like most of the data, this correlation was not even a whisper in the mainstream media.

Central nervous system diseases other than Polio continues in the U.S. and throughout the world: acute flaccid paralysis, chronic fatigue syndrome, encephalitis, meningitis, muscular sclerosis, and rarely in humans, rabies [87].

The harsh realities of government policy are stated in Casarett and Doull's Toxicology (1996): "Although government agencies and industry have been slow in their re-evaluation of a vast array of pesticides in use, reassessment often comes in the wake of or concomitant with some recently disclosed adverse environmental or health effect [88]." This after-the-fact approach to pesticide poisoning is puzzling enough without questioning Casarett and Doull's careful usage of the words: "often", "some", "recently", and "disclosed". The acidic chemical environmental correlations of "Post-Polio is overlooked.

Searching PubMed has not been successful. However, an online paper entitled "The Environmental Aspects of The "Post-Polio" Syndrome", was found. This article establishes a strong correlation between environmental acidic chemical factors and "Post-Polio" [87].

No other similar articles are to be found, and no abstracts were available, although it can be ordered from PubMed. Poliovirus presence in "Post-Polio" according to immunity and vaccination theories, if anyone should be immune to Polio, it should be former Polio victims, however, numerous studies of "Post-Polio" victims have found evidence of active Poliovirus [89-91]. Polio images are projected as if this data doesn't exist. It does not appear that money is

being directed into these kinds of research studies.

### Farr's law

Farr's Law requires, for an epidemic to be a valid example of contagion, that the epidemic increase its incidence rates exponentially [92]. Since Polio has been ubiquitous since the beginning of human history, its incidence rate should have peaked long ago and universal immunity conferred, if immunity was ever required, and if the Poliovirus was actually a predator or even existed! Polio's non-compliance with Farr's Law is explained by viro pathologists with a unique argument, the inverse of the argument usually given to support so-called germ theory [92]. The argument is that the Poliovirus, which has been intimate with mankind since the beginning of history, suddenly became estranged from humans because of modern hygiene, and thus humans lost their natural immunity to the virus [1]. So it is modern hygiene and the resulting lack of exposure to the virus that is said to have caused the Polio epidemics to rage as never before [1]. It is interesting that for only one brief moment, viro-pathologists are willing to become eco-nutritional types who appreciate the value of natural breast feeding and the importance of the internal microbiological ecology conferred positively upon humans as I have suggested in my pH Miracle books and other published articles [93].

Three different promotions of their inverse or perverse argument follows:

- The prominent book on polio history by Naomi Rogers, where the inverse argument resides in the title, *Dirt and Disease: Polio Before FDR* [94]. The language style here is popular [94].
- In *Textbook of Child Neurology* (1995), John H. Menkes promotes the inverse argument with scientific language style: "Poliomyelitis... is less likely to be symptomatic in areas with inadequate sanitation, because poor sanitation is conducive to exposure at an age when lingering transferred maternal immunity can attenuate the clinical picture [95]."
- In the propaganda film, *A Paralyzing Fear: The Story of Polio in America*. This was funded by the government and pharmaceutical firms and released in 1998 [96].

The New York Times (March 4, 1998) reviews the film. It reinforces the fundamental tenets of the Polio culture, beginning with a quotation from a section that portrays a "vintage film clip": "My name is virus Poliomyelitis," intones a cultivated, sinister male voice, as a camera pans over fair-weather clouds from which a hollow shadow emerges carrying the silhouette of a crutch. "I consider myself quite an artist, a sort of sculptor," the voice continues. "I specialize in grotesques, twisting and deforming human bodies. That's why I'm called The Crippler."

Having dramatically demonized the Poliovirus, the medical cavalry rides to the rescue: ...the epidemics grew steadily worse each year, with the number of new cases climbing from 5,000 in 1933 to 59,000 in 1952 (Figure 1 & 3).

Salvation came in 1954 with the Salk vaccine...And the inverse argument is now fit to print: "The irony of the rise of polio in the 20th century, the movie reports, is that its prevalence was a result of improved sanitation. In grubbier times, babies and very young children developed antibodies to the disease, which had been around forever. A cleaner environment left increasing numbers of children with no natural immunity [97]."

So The New York Times review concisely presents the standard Polio images: "the predatory virus, paralytic horror, epidemics, salvation via the Salk vaccine, and a unique exception from Farr's Law [97]."

The Epidemic Intelligence, Inventing The AIDS Virus (1996): The CDC's disease-control mission was increasingly being regarded as obsolete, prompting serious discussions about abolishing the CDC altogether [85]. The situation changed in 1949 when the CDC brought on board Alexander Langmuir, an associate professor at the Johns Hopkins University School of Hygiene and Public Health [85]. Langmuir was the CDC's first VIP, bringing with him both his expertise in epidemiology (the statistical study of epidemics) and his high-level connections - including his security clearance as one of the few scientists privy to the Defense Department's biological warfare program.....Langmuir and talked public officials and Congress into giving the CDC contingent powers to deal with potential emergencies... [85].

In July of 1951 he assembled the first class of the Epidemic Intelligence Service (EIS), composed of twenty-three young medical or public health graduates. After six weeks of intensive epidemiological training, these EIS officers were assigned for two years to hospitals or state and local health departments around the country. Upon completing their field experience, EIS alumni were free to pursue any career they desired, on the assumption that their loyalties would remain with the CDC and that they would permanently act as its eyes and ears [85]. The focus of this elite unit was on activism rather than research and was expressed in its symbol - a shoe sole worn through with a hole. According to British epidemiologist Gordon Stewart, a former CDC consultant, the EIS was nicknamed the "medical CIA" [85].

### The director of polio research

The National Foundation for Infantile Paralysis (NFIP) used the "The March of Dimes" to fund its polio research which lead to the Salk vaccine field trials in 1954 [98]. The Director of Polio Research was Dr. Henry Kumm [98].

According to the brief sketch in American Journal of Digestive Diseases, May 1953, Dr. Henry Kumm was born in Wiesbaden, Germany. He came to the U.S. via Britain and became an American citizen in 1945. He had spent 23 years on the staff of the Rockefeller Foundation for Medical Research before joining the NFIP in July, 1951 [99].

In April 1953, Dr. Henry Kumm replaced Dr. Harry M. Weaver as Director of Polio Research at NFIP. During World War II he had served as civilian consultant to the Surgeon General of the U.S. Army in Italy, directing field

studies for the use of DDT against malarial mosquitoes in the marshes near Rome and Naples [99]. As Dr. Kumm is a prominent DDT consultant, there is definitely a conflict of interest for this key player in polio research. Earlier in his career Dr. Kumm worked extensively on transmission modes of the disease. He also worked with the Jamaican Yaws Commission Scobey, refers to allegations that arsenic injection treatments for years had caused an epidemic of polio in Samoa in 1936 [99]. It is not presently known to what extent these events also could have compromised Dr. Kumm's position regarding Polio.

### Polio timeline: U.S. 1945-1963 and beyond

1945, DDT was released to public and aggressively promoted, against FDA advice [45]. March, 1949, Dr. Morton Biskind's "Poisoning and the Elusive 'Virus X'" was published, April, 1949 [100]. 1949, Dr. Morton Biskind's study on neuropsychiatric manifestations of DDT was published. 1949 (approx.), Dr. Morton Biskind was attacked with blatantly false data [100]. December 12, 1950, Dr. Morton Biskind presented "Statement" on DDT to the House of Representatives [101].

1950 Professor Pierre LePine, noted scientist at the Pasteur Institute in Paris, is reported in the March 30, 1950 edition of the New York Times, as saying "no more than one injection in 2000 really prevents polio [102]." 1950 and 1951, pesticide discussions began with government and industry [103].

May, 1951, Ralph R. Scobey's "Is The Public Health Law Responsible for the Poliomyelitis Mystery?", was published [104]. July, 1951, the first Epidemic Intelligence Service (EIS) class was assembled. EIS agents began movement into key positions - in hospitals, government health departments, and media [105]. July, 1951, leading DDT consultant, Dr. Kumm, joined the NFIP, as Director of Polio Research [8].

1952, the formulation of the polio vaccine begins. Tens of millions of doses of polio vaccines produced from virus grown in monkey cells infected with cancer causing SV-40 (Simian Virus #40). Scientists 'perform experiments in laboratories to determine the correct doses of antigen and supplementary chemicals to use in the polio vaccine. (Ironically, since the scientific premise of vaccination is faulty, a 'correct dose of antigen and chemicals' does not exist) [102]. April, 1952, Scobey's "Statement" on the "Poison Cause of Poliomyelitis and Obstructions to its Investigation" to the House of Representatives was published [106]. 1952, U.S. DDT/milk studies found DDT causal for paralysis in calves [2].

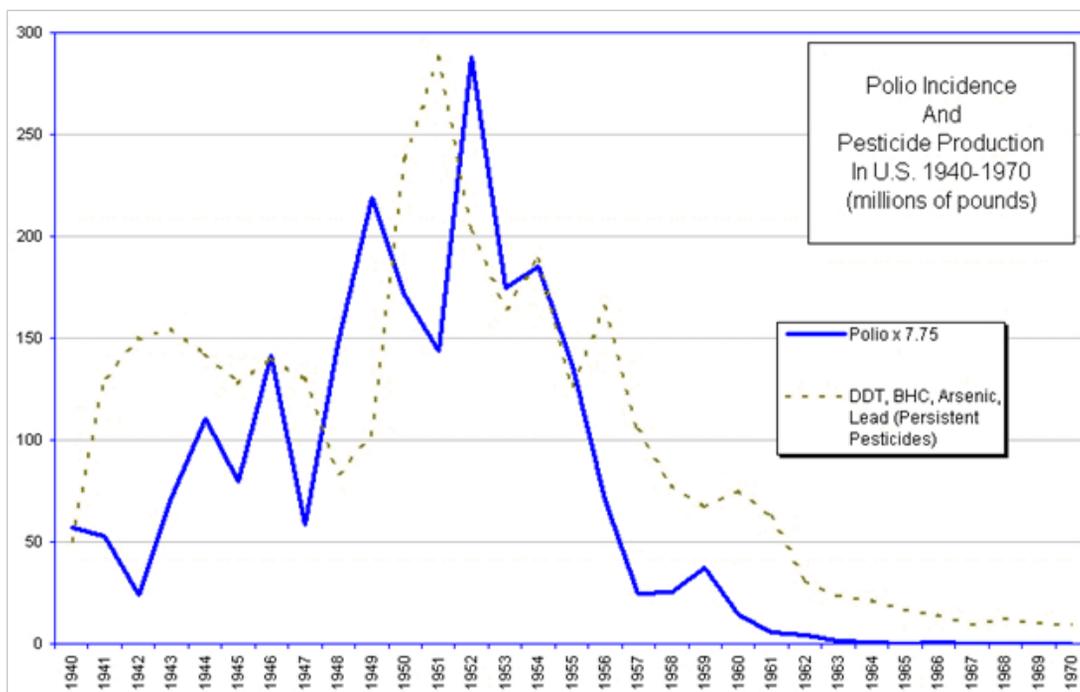
1952, DDT and other persistent pesticides began rapid phase-out in U.S. and other developing countries [2]. 1952, Swiss DDT/milk studies found DDT causal for paralysis in calves [107]. March 26, 1953, Salk vaccine discovery announced, after evaluation of 600 vaccinated persons (Patenting The Sun) [108]. April, 1953, Dr. Kumm, leading DDT consultant was appointed by Basil O'Connor to

Director of Research of the National Foundation for Infantile Paralysis (NFIP). The NFIP was funded by its “March of Dimes” program, and it sponsored the hasty development of the Salk vaccine in the early 1950s, at the height of the DDT/polio controversy. Dr. Kumm also “served as a civilian consultant to the Surgeon General directing field studies of the use of DDT [109].”

May, 1953, Dr. Morton Biskind alleged conspiracy: “... virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing,

suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign “(Archive of Pediatrics) [99].

1954, Salk vaccine field trials began. 423,000 second grade children were vaccinated [110]. 1954, Salk vaccine begins to be given to school children in Philadelphia [111]. 1954, Parke-Davis pharmaceutical company combines the DPT shot with Polio vaccine. The new combination of four vaccines is called Quadragen (Figure 2) [111].



**Figure 2:** This graph shows the increase in Polio incidence with the increase of DDT, BHC, Arsenic, and Lead production in the US from 1945 to 1970. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].

1954, Mrs. Oveta Culp Hobby, Secretary of Health, Education and Welfare, allows a press photo to be taken during a ceremony declaring Salk vaccine safe [112]. 1954, Polio rate caused by the vaccine accelerates ten-fold in Massachusetts [113]. 1954, Eli Lilly company begins renovation of a five-story building in Indianapolis in July, for the production of Salk vaccine [114]. It is in full production by October of 1954. Wyeth, Parke-Davis and others follow suit [114].

1954 Nobel prize to Enders & Robbins for work on polio virus [115]. 1955 Despite the skyrocketing cases of vaccine-induced polio, the AMA, NFIP and USPHS claim a reduction of 40-50% [116]. 1955 Boston Herald newspaper reports on April 18, 1955, features an article entitled “Drug Companies Expecting Big Profit on Salk Vaccine”, which stated. “A spokesman for Parke-Davis, which made 50% of the Salk vaccine, said ‘now that it has been declared safe, we can get back the millions we invested in the development of the Salk vaccine and make a profit out of it. Our company will make over \$10 million on Salk vaccine in 1955 [117].”

1955 Washington Bureau of the Detroit Free Press reports, on June 3, 1955, that “The USPHS reported that more children who received Salk shots made by the Wyeth Labs suffered polio than could normally be expected [118].”

1955, “A policy of secrecy and deception has been followed by the National Foundation for Infantile Paralysis and the US Public Health Service in the polio vaccine programs. The nation’s physicians were prevented from learning vital information about the trouble with Salk vaccine. The US Public Health Service had an advisory group made up almost entirely of scientists who were receiving money from the National Foundation of Infantile Paralysis, which was exerting pressure to go ahead with the program even after Salk vaccine was found to be dangerous [119].”

March, 1955, Salk vaccine field trial declared “successful”, HEW licensed the Salk vaccine. Salk promoted as “hero” [113]. April 12, 1955, Salk vaccine began large scale production [120]. April 12-25, 1955, Walter Winchell, radio personality, warned of impending vaccine disaster [121].

1955, Georgia State public health officers meet in Atlanta (May 1955) to discuss what was going wrong with the Salk vaccine program. A U.S. Public Health scientist at the meeting told the group that 'he was not permitted to disclose what had happened because it would jeopardize the investment of the pharmaceutical firms in the vaccine program [120].'

The vaccination program encountered disaster via faulty vaccines manufactured by the Cutter Laboratory in California, which were discovered by EIS [122]. The incidence rate (17 per 100,000 for one month) was higher than with that found with other manufacturer's vaccines, yet this rate was not at all an impossibility since incidence rates of over 400 per 100,000 per month were found in Detroit in 1958 [122]. The EIS found 204 Cutter polio cases, by assuming contagion, and then highly publicized these cases (Jane Smith, Patenting The Sun) though only 79 cases were documented (Fields Virology) [123]. It was decided that because Cutter did not filter its vaccine thoroughly, that tissue particles had contributed to allergic reactions and live poliovirus. Vaccinations were halted. May 13, vaccination program resumed "piecemeal". Eventually over 5 million persons were vaccinated. Salk was demoted to "mere technician". CDC and EIS assumed control of vaccinations [108].

1955 Salk Polio Vaccine used again in the US. Cases of polio skyrocket again in the United States [120]. 1955 Reports that doctors on the staff of the National Institutes for Health are avoiding vaccination of their children with the Salk vaccine. After experimenting with 1,200 monkeys, they declared the Salk vaccine worthless as a preventative and a danger to take [124]. 1955 Vermont reports a 266% increase in polio since vaccinations began in 1954 [120].

1955 Rhode Island reports 454% increase in polio since vaccinations in 1954 [120]. 1955, Idaho brings its Salk vaccination program to a halt on July 1st [120]. 1955, Utah also stops the vaccination program, July 12th [120]. 1955, Massachusetts reports 642% increase in polio since vaccinations began in 1954 with vaccination of 130,000 children. In response, the National Foundation for Infantile Paralysis states that the increase in cases was due to the fact that 'no children were vaccinated there.' 1955 Massachusetts bans the sale of Salk vaccine [125]. 1955, US Surgeon General Scheele admits in a closed session of the AMA that 'Salk polio vaccine is hard to make and no batch can be proven safe before given to children'. Despite this fact, the public is told that the vaccine is safe. The government announces that it has the intention to vaccinate 57 million people before August 1955 [126].

August 1, 1955, the "aggressive" James Shannon was promoted to director of NIH. He was formerly against the private control of polio research and vaccination programs [126]. Late 1955, March of Dimes announced that since 1938 it had contributed \$74,000,000 towards Poliovirus research and \$174,700,000 towards treatments for virus-diagnosed polio cases [126]. 1955, American Cancer

Society advertising circular states 'cancer will strike one of every four persons now living. More children from 3 to 15 years of age die of cancer than from any other disease.' (50 years before, cancer was unheard of in children). According to the ACS, they are predicting 6.4 million deaths from cancer, compared with 128,000 in 1933—an increase of 6.2 million cases in 22 years. Vaccination, pesticide use and chemical pollution are the main factors that have increased the risk for cancer since 1933 [127].

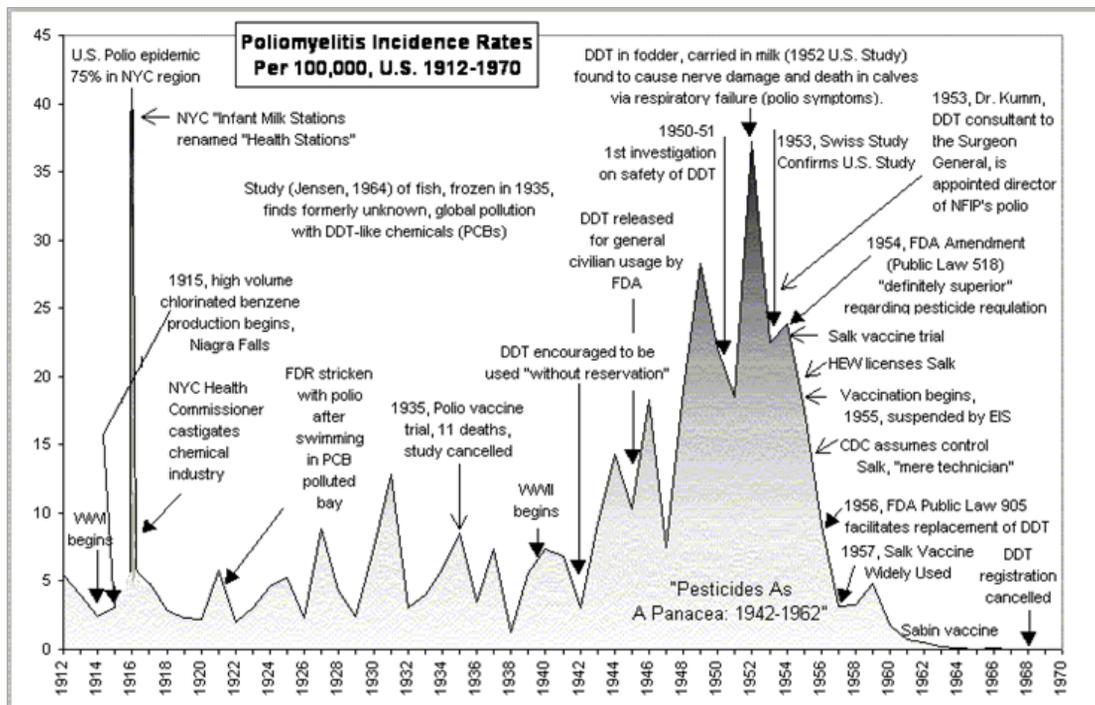
1956, the Gallup Poll claims that public confidence in the Salk vaccine is 36%. NFIP and the Salk vaccine are in a "valley". Vaccines are thoroughly tested by federal government, yet vaccination programs continue in the U.S. [128]. 1956-1957, NIH, under James Shannon, "takes over Polio research [128]"

1956, Seventeen states in the United States reject their government-supplied Salk Polio vaccine [128]. 1956, US government appropriates \$53.6 million to 'aid states in providing free vaccine to people under 20 years of age [128]'. 1956, Idaho health director Peterson states that polio only struck vaccinated children in areas where there had been no cases of polio since the preceding autumn. In 90% of the cases, the paralysis occurred in the arm in which the vaccine had been injected [94].

1956, American Public Health Service announces 168 cases of polio and 6 deaths among those vaccinated. Censorship is then imposed on the reporting of reactions to Salk vaccine [94]. 1956, Oral polio vaccine developed further by Sabin [129]. 1956, The US Public Health Service and the National Foundation for Infantile Paralysis (Rockefeller) put on a drive to 'sell' Salk polio vaccine to the public [130]. 1956 American Public Health Service announces 168 cases of polio and 6 deaths among those vaccinated. Censorship is then imposed on the reporting of reactions to Salk vaccine [131].

1957, Salk vaccine promoted heavily, implemented in Canada and England [131]. 1957 Scientists isolate a series of Simian (monkey) viruses and discover that these same viruses contaminate polio vaccines. SV-40 found in both Sabin and Salk polio vaccines. (made since early '50s), Information not made public. The same vaccines continued to be used until the early 1960's [132]. 1958, by year end 72,000,000 people had been inoculated with the Polio vaccine that was contaminated with cancer causing SV-40. Infants under 5 comprised 51.7% of all paralytic polio cases. Only 55% of persons, below age 40 were vaccinated (52 million) (Figure 3) [132].

1959, Bernice Eddy, a brilliant government scientist working in Biologics at the National Institutes of Health, discovered that polio vaccines being administered throughout the world contained an poisonous agent capable of causing cancer. When Eddy attempted to report her findings and halt production of these contaminated polio vaccines, her government superiors barred her from publicly revealing the problem. Instead, her lab and equipment were taken away and she was demoted [133,134].



**Figure 3:** This graph provides greater detail for the U.S. period of 1912-1970, and summarizes the vaccination issues mentioned above. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].

1960, Drs. Ben Sweet and M.R. Hilleman, pharmaceutical researchers for the Merck Institute for Therapeutic Research, were credited with discovering this infectious agent – SV-40, a monkey virus that infected nearly all rhesus monkeys, whose kidneys were used to produce polio vaccines. Hilleman and Sweet found SV-40 in all three types of Albert Sabin’s live oral polio vaccine, and noted the possibility that it might cause cancer, “especially when administered to human babies [132,135].” According to Sweet, “It was a frightening discovery because, back then, it was not possible to detect the virus with the testing procedures we had... We had no idea of what this virus would do...” Sweet elaborated: “First, we knew that SV-40 had oncogenic (cancer-causing) properties in hamsters, which was bad news. Secondly, we found out that it hybridized with certain DNA viruses... such that [they would then have SV-40 genes attached [to them]... When we started growing the vaccines, we just couldn’t get rid of the SV-40 contaminated virus. We tried to neutralize it, but couldn’t... Now, with the theoretical links to HIV and cancer, it just blows my mind [136].”

Further research into SV-40 uncovered even more disturbing information. This cancer-causing virus was not only ingested via Sabin’s contaminated oral sugar cube vaccine, but was directly injected into blood streams of children as well. Apparently, SV-40 survived the formaldehyde Salk used to kill microbes that defiled his injectFigure vaccine [137,138].

1954 through 1963, 30 million to 100 million Americans and perhaps another 100 million or more people throughout the

world were injected with SV-40 through ill conceived polio eradication campaigns (Figure 7) [139]. Studies published in eminent journals throughout the world appear to confirm that SV-40 is a catalyst for many types of cancer [140-160]. It has been found in brain tumors and leukemia [140-160]. More recently, in 1996, Michele Carbone, a molecular pathologist at Chicago’s Loyola University Medical Center, was able to detect SV-40 in 38 percent of patients with bone cancer and in 58 percent of those with mesothelioma, a deadly type of lung cancer [159,160]. Carbone’s research indicates that SV-40 blocks an important protein that normally protects cells from becoming malignant [159,160].

In 1998, a national cancer database was analyzed: 17 percent more bone cancers, 20 percent more brain cancers, and 178 percent more mesotheliomas were found in people who were exposed to SV-40-tainted polio vaccines [161]. The National Institutes of Health created a map showing the geographic distribution of contaminated stock [162]. Using this map, researchers found osteosarcoma bone tumor rates to be 10 times higher than normal in some regions where this tainted vaccine was used (Figure 11) [163-165].

Perhaps the most alarming aspect of this ongoing simian virus debacle can be found in other studies suggesting that SV-40, introduced to humans through the polio vaccine, can be passed from human to human and from mother to child. A study of nearly 59,000 women found that children of mothers who received the Salk vaccine between 1959 and 1965 had brain tumors at a rate 13 times greater than mothers who did not receive those polio shots [166,167].

Another study published in the U.S. medical journal *Cancer Research* found SV-40 present in 23 percent of blood samples and 45 percent of semen taken from healthy subjects [168]. Apparently, the virus is being spread sexually and from mother to child in the womb. According to biology and genetics professor Mauro Tognon, one of the study's authors, this would explain why brain, bone, and lung cancers are on the rise. A 30 percent increase in U.S. brain tumors alone over the past 25 years [168]-and why SV-40 was detected in brain tumors of children born after 1965 who presumably did not receive polio vaccines containing the virus [168].

Despite official denials of any correlation between polio vaccines, SV-40, and increased cancer rates [169], by April 2001, 62 papers from 30 laboratories around the world had reported SV-40 in human tissues and tumors [169]. The virus was also discovered in pituitary and thyroid tumors, and in patients with kidney disease. Even the National Cancer Institute issued a statement that SV-40 "may be associated with human cancer [170]."

### **Benzene hexachloride (BHC) and polio (1940-1970)**

BHC (benzene hexachloride), a persistent, organochlorine pesticide, is several times more lethal than DDT, in terms of LD50, i.e., the lethal dosage required to kill 50 percent of a test population. "Unlike the situation with DDT, in which there have been few recorded fatalities, there have been a number of fatalities following poisoning by the cyclodiene and hexachlorocyclohexane-type insecticides. The chlorinated cyclodiene insecticides are among the most toxic and environmentally persistent pesticides known [171]."

As shown in the graph below, (Figure 4) BHC was produced in 1945-1954 at quantities similar to DDT. In spite of BHC's lethal quality, it has received much less publicity than DDT. While DDT was banned for such things as an association with the thinning of eagles' eggs, BHC was phased out of production because it was found, after 15 years, to impart a bad taste to food. It is still used in developing nations. DDT may have been a "fronting" for the introduction of a more dangerous BHC. BHC's correlation with polio incidence is significant and should be considered as an acidic chemical poison leading to the symptoms of increased Polio incidence [93,172,173] (Figure 5).

### **Lead-arsenic and polio (1940-1970)**

After viewing the DDT and BHC graphs above, note that the period of 1940-46 is unaccounted for in terms of polio-pesticide correlation. The missing piece of the puzzle for this six-year period is supplied by the lead and arsenic compounds (Figure 6). These types of central nervous system ("CNS") poisons have been the central component of pesticides since their widespread use beginning approximately 1868 until the advent of the organochlorine pesticides in the early 1940s. For those who have thought

that "organic" food was the norm before the release of DDT to the civilian sector in 1945, the immense production of lead-arsenic compounds presented in this graph is alarming. This data requires a reconsideration of any perception regarding "natural" quantities of arsenic found in apple seeds, apricots, or almonds, where pesticides can accumulate systemically from contaminated acidic earth.

### **Pesticide poisoning composite summary**

Just over three billion pounds of persistent poisonous acidic pesticides are represented in the graph below:

Virtually all peaks and valleys correlate with a direct one-to-one relationship with each pesticide as it enters and leaves the US market. Generally, pesticide production precedes polio incidence by 1 to 2 years. The variations in this graph are due to variations in reporting methods and the theory that it takes time to move chemical poisonous acidic pesticides from factory to warehouse, through distribution channels, onto the food crops and then on the dinner Figure.

A composite of Figure 4-6, of the persistent chemical poisonous acidic pesticides - lead, arsenic, and the dominant organochlorines (DDT and BHC) - are represented in the following Figure 7:

These four chemicals were not selected arbitrarily. These are representative of the major pesticides in use during the last major polio epidemics. They persist in the environment as neurotoxins that cause polio-like symptoms, polio-like physiology, and were dumped onto and into human food supply at dosage levels far above that approved by the FDA. They directly correlate with the incidence of various neurological diseases called "Polio" before 1968. They were utilized, according to Dr. Morton Biskind, in the "most intensive campaign of mass acidic poisoning in known human history [20]."

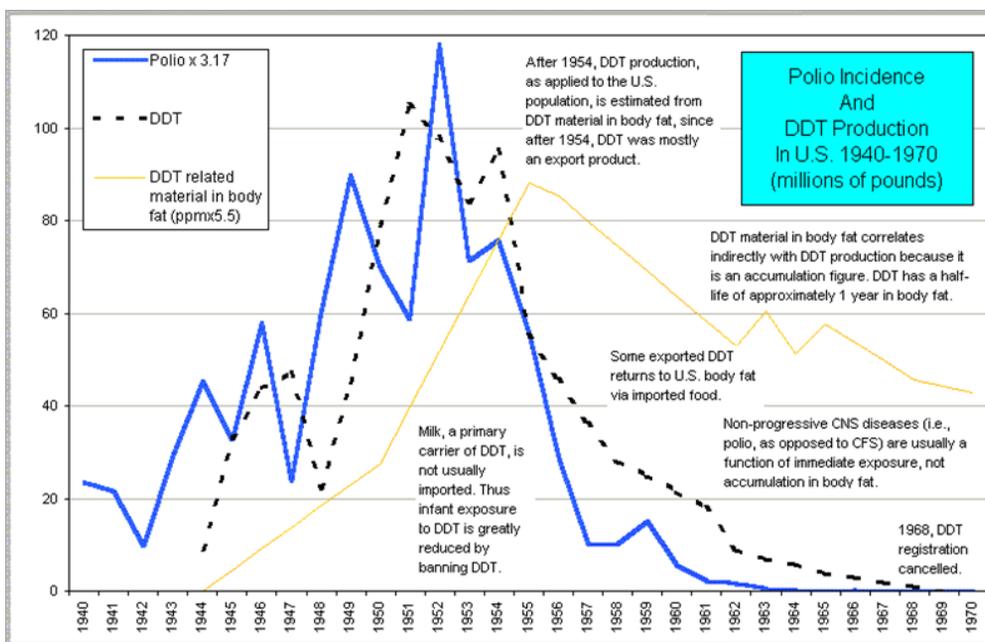
### **The poliovirus and vaccine theory**

A clear, direct, one-to-one relationship between pesticides and polio over a period of 30 years, with pesticides preceding polio incidence in the context of the CNS-related physiology just described, leaves little room for complicated virus arguments, even as a cofactor, unless there exists a rigorous proof for virus causation. Polio shows no movement independent from pesticide movement, as one would expect if it were caused by a so-called virus. Both the medical and popular imaginations are haunted by the image of a deadly virus that invades (or infects – the germ theory) and begins replicating to the point of producing disease [85].

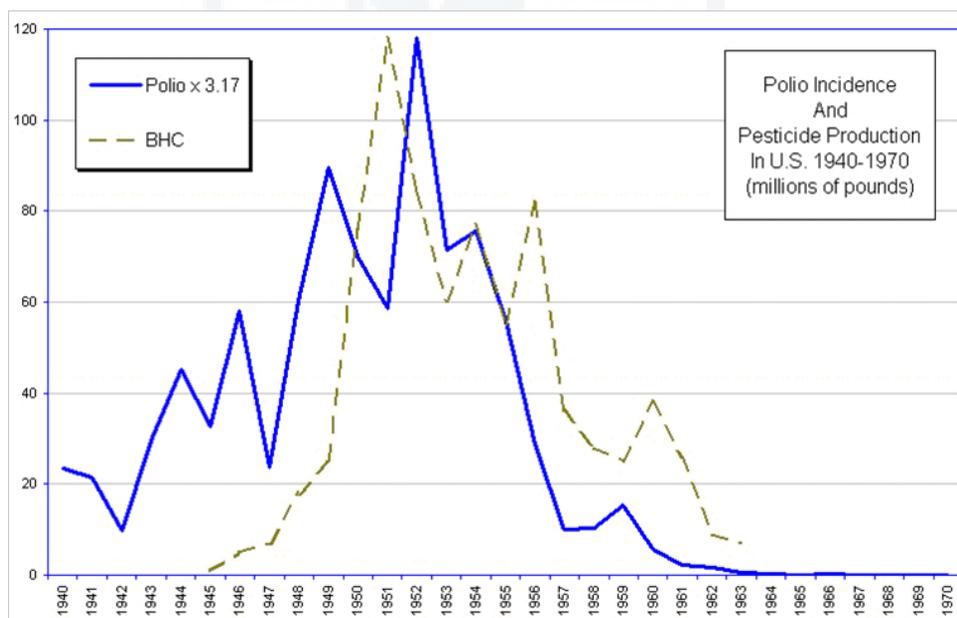
In the laboratory, however, Poliovirus does not easily behave in such a predatory manner. Laboratory attempts to demonstrate causation is performed under conditions which are extremely artificial and aberrant. Poliovirus causation was first established in the mainstream mind by publications of an experiment by Landsteiner and Popper in Germany, 1908-1909 [174]. Their method was to inject a pulverized purée of diseased brain tissue into the brains

of two monkeys. One monkey died and the other was sickened. Proof of poliovirus causation was headlined by orthodoxy. This, however, was an assumption—not a proof—of virus causation. The weakness of this method is obvious to everyone except certain viro-pathologists and has recently been criticized by the molecular biologist Peter Duesberg regarding a modern-day attempt to establish virus causation for kuru, another CNS disease [172]. Since

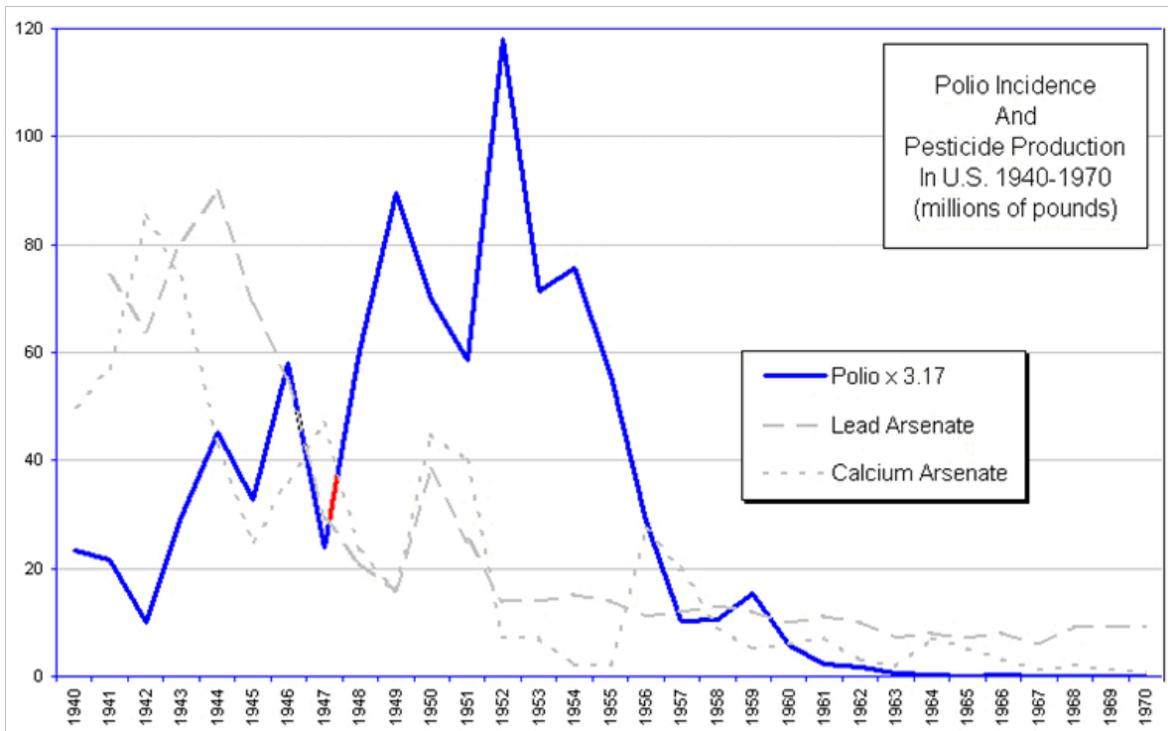
1908, the basic test has been repeated successfully many times using monkeys, dogs and genetically altered mice. The injected material has even been improved—scientists now use a saline solution containing purified poliovirus. However, a crucial weakness exists—polio epidemics do not occur via injections of poliovirus isolate into the brains of the victims through a hole drilled in their skull—except, of course, in laboratories and hospitals.



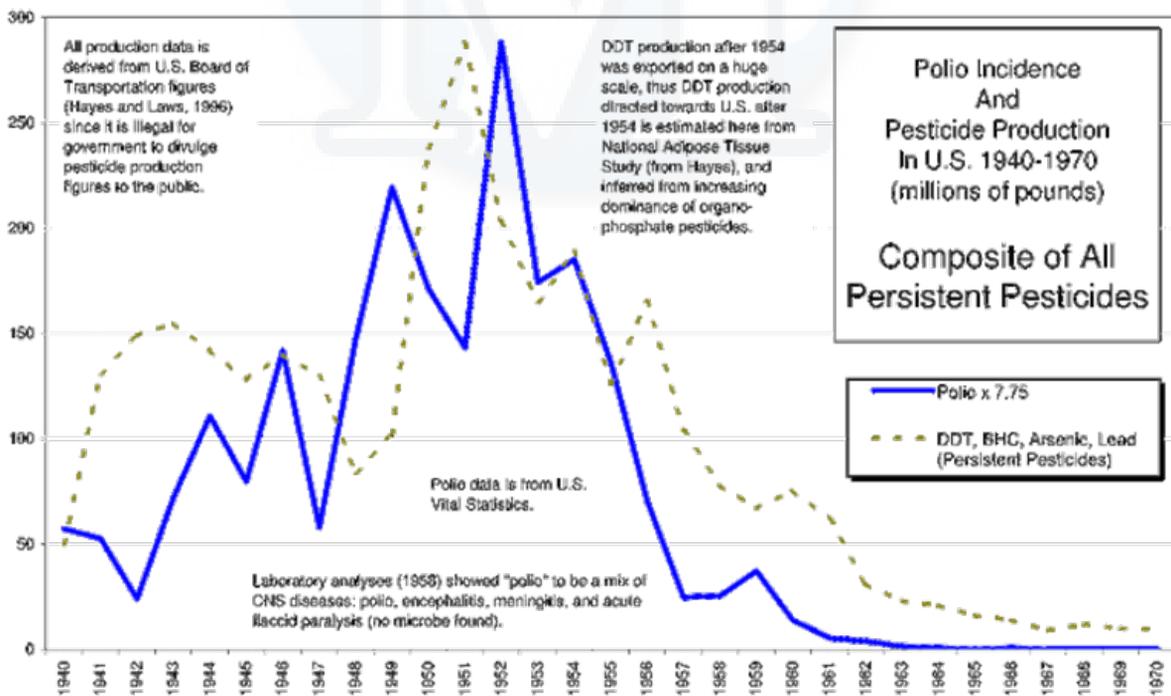
**Figure 4:** This graph provides greater detail for the U.S. period of 1940 - 1970, as an indicator of human exposure in the US by reviewing levels of DDT in adipose tissue and considering the context of DDT in imported food. (National Adipose Tissue Survey, and other studies. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].



**Figure 5:** This graph provides greater detail for the U.S. period of 1940 - 1970, as an indicator of human exposure in the US by reviewing production levels of BHC and Polio incidence. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].



**Figure 6:** This graph provides greater detail for the U.S. period of 1940 - 1970, as an indicator of human exposure in the US by reviewing production levels of Lead and Calcium Arsenate and Polio incidence. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].



**Figure 7:** This graph provides greater detail for the U.S. period of 1940 - 1970, as an indicator of human exposure in the US by reviewing production levels of a composite of DDT, BHC, Arsenic, Lead and Polio incidence. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].

If injection into the brain is really a valid test for causation then it should serve especially well as a proof for pesticide causation. A more reliable test would be to inject pesticides directly into the brains of test animals. If paralysis and nerve degeneration subsequently occur, we would then have demonstrated that pesticides may cause polio. Going further, towards much higher standards of proof than those used to prove virus causation, pesticides could be fed to animals and found to cause CNS disease. This has already been done with DDT and the histology of the spine and brain was poliomyelitis. Virus proofs require injection, often intracranial, to get any reaction from the experimental animal. It is axiomatic that a theory is only as good as its ability to predict future events. I predict that such a test would prove pesticides to be the most reliable causative factor.

The injection of purée of diseased brain tissue into the brains of dogs was the method preferred by Louis Pasteur to establish virus causation with rabies, another CNS disease. A recent, definitive biography of Louis Pasteur finds him to be a most important publicist for germ theory, a crucial promoter for the notion that rabies is caused by a virus. Unfortunately, his rabies experiments were biased and unsupported by independent studies [175]. Therefore, even a cofactor theory, where pesticides catalyze predatory poliovirus activity, or where pesticides weaken the immune system to allow opportunistic predatory poliovirus activity, cannot stand up to simple, common sense explanations that include the concept of a symbiotic virus. Neurotoxins are enough of a cause for neurological disease.

The most obvious theory—pesticide causation—should be the dominant theory. But the opposite exists, a pervasive silence regarding pesticide causation juxtaposed against a steady stream of drama regarding virus causation. In light of the evidence presented herein, the silence could ultimately discredit mainstream medical science, institutions of the environmental movement, and the World Health Organization.

### **Poliovirus, polio vaccines and AIDS**

SV-40, the cancer-causing monkey virus found in polio vaccines and administered to millions of unsuspecting people throughout the world, was just one of numerous simian viruses known to have contaminated polio vaccines [176-179].” As monkey kidney culture is host to innumerable simian viruses, the number found varying in relation to the amount of work expended to find them, the problem presented to the manufacturer is considerable, if not insuperable,” one early vaccine researcher wrote to a congressional panel studying the safety of growing live polio-virus vaccine in monkey kidneys [161].” As our technical methods improve we may find fewer and fewer lots of vaccine which can be called free from simian virus [161].”

According to Harvard Medical School professor Ronald Desrosier, the practice of growing polio vaccines in monkey kidneys is “a ticking time bomb [180,181].” Evidently, some viruses can live inside monkeys without causing harm. But

if these viruses were to somehow cross species and enter the human population, new diseases could occur. Desrosier continued: “The danger in using monkey tissue to produce human vaccines is that some viruses produced by monkeys may be transferred to humans in the vaccine, with very bad health consequences [180,181].” Desrosier also warns that testing can only be done for known viruses, and that our knowledge is limited to about “2 percent of existing monkey viruses [180,181].” Craig Engesser, a spokesman for Lederle Laboratories, a large vaccine manufacturing company, acknowledged that “you can’t test for something if you don’t know it’s there [182].”

Virus detection techniques were crude and unreliable during the 1950s, 60s, and 70s when polio vaccines were initially produced and dispensed. It wasn’t until the mid 1980s that new and more sophisticated testing procedures were developed [88,183,184]. That was when researchers discovered that about 50 percent of all African green monkeys—the primate of choice for making polio vaccines—were carriers of the simian immunodeficiency virus (SIV), a virus closely related to human immunodeficiency virus (HIV), the infectious agent thought to precede AIDS [185-188]. This caused some researchers to wonder whether HIVs may simply be SIV’s “residing in and adapting to a human host [189].” It caused others to suspect that SIV may have biologically transformed into HIV once it was introduced into the human population by way of contaminated polio vaccines [185,188-195].

Vaccine authorities were so concerned about the possibility that SIV was a precursor to HIV, and that polio vaccines were the means of transmission from monkey to human, that The World Health Organization (WHO) convened two meetings of experts in 1985 to explore the data and consider their options [188,196]. After all, SIV was very similar to HIV and occurred naturally in the monkey species predominantly used by vaccine manufacturers [98,100]. Nevertheless, WHO concluded that the vaccines were safe and insisted that vaccination campaigns should continue unabated [195,196].

Shortly thereafter, Japanese researchers conducted their own investigation and found that African green monkeys used to produce polio vaccines had antibodies against SIV [197]. The implication was clear: monkeys used to produce polio vaccines were natural carriers of a virus that looked and acted like HIV, the infectious agent linked to AIDS. In 1989, they recommended that monkeys infected with SIV not be used to make polio vaccines [197].

In 1990, wild chimpanzees in Africa were found to be infected with a strain of SIV that was nearly identical to HIV [198]. Some researchers called it “the missing link” to the origins of human immunodeficiency virus [199]. And since chimpanzees were used to test viruses for potential use in vaccines, and were kept in captivity by research laboratories, they could have been a source of vaccine contamination [200,201]. Scientific concerns were also heightened when researchers found some West Africans who were infected with an SIV-like virus that was a fundamental twin to HIV. They called it HIV-2, and like the initial HIV subtype, it was

implicated in the development of AIDS [202]. According to Robert Gallo, an expert on the AIDS virus, some versions of the SIV monkey virus are virtually indistinguishable from some human variants of HIV: “The monkey virus is the human virus.

There are monkey viruses as close to isolates of HIV-2 as HIV-2 isolates are to each other [88,197]. In May 1991, virus-detection techniques were improved once again, and researchers found SIV DNA in the kidneys of infected monkeys [203]. Minced monkey kidneys were (and still are) used to produce the live polio vaccine [204,138]. SIV was also found in the cancer cells of an AIDS victim, and in other people as well [205-207]. To many researchers, this trail of evidence had become too persuasive to deny. Apparently, millions of people were infected with monkey viruses capable of causing AIDS [188], and this cross-species transfer most likely occurred by way of SIV-contaminated polio vaccines [162,181,184-187,192-194,208-211].

### The poliovirus, vaccines, and modern medicine

From the beginning to the present, the Salk vaccination program is promoted as victorious, and serves as a proof for the Poliovirus theory. It also serves to bolster all other illusionary germ theories (regarding predatory microbes) and the general image of Modern Medicine. The CDC’s website still promulgates a blatant untruth that the Salk vaccine was a modern medical success. To the contrary, officials at the National Institutes of Health were convinced that the vaccine was contributing to a rise in polio and paralysis cases in the 1950s. In 1957, Edward McBean documented in his book, *The Poisoned Needle*, that government officials stated the vaccine was “worthless as a preventive and dangerous to take.” Some states such as Idaho where several people died after receiving the Salk vaccine, wanted to hold the vaccine makers legally liable. Dr. Salk himself testified in 1976 that his live virus vaccine, which continued to be distributed in the US until 2000, was the “principal if not sole cause” of all Polio cases in the US since 1961. However, after much lobbying and political leveraging, private industry seduced the US Public Health Service to proclaim the vaccine safe [120]. Although this occurred in the 1950s, this same private industry game plan to coerce and buy off government health agencies has become epidemic with practically every vaccine brought to market during the past 50 years.

The pesticide theory as being characterized as irresponsible and dangerous is another American Medical tragedy that has caused the suffering and death of millions! [212]. The polio vaccines on the market have not improved very much during the past 60 years. They continue to rely upon primitive manufacturing technology and animal tissue culturing. In recent years Bill Gates’ polio eradication campaigns in India have been dismal failures. Touted as one of the “most expensive public health campaigns in history” according to Bloomberg Business, as many as 15 doses of oral polio vaccine failed to immunize the poorest of Indian children. Severe gastrointestinal damage due to contaminated water and wretched sanitation conditions has made the vaccine

ineffective. Similar cases have been reported with the rotavirus and cholera vaccine failures in Brazil, Peru and Bangladesh. According to epidemiologist Nicholas Grassly at Imperial College London, “There is increasing evidence that oral polio failure is the result of exposure to other gut infections [213].”

There is another even more frightening consequence of Gates’ vaccine boondoggle launched upon rural India in 2011. This particular polio vaccine contains an increased dosage of the polio virus. In the April-June 2012 issue of the *Indian Journal of Medical Ethics*, a paper reported the incidence of 47,500 new cases of what is being termed “non-polio acute flaccid paralysis”, or NPAFP, following Gates polio campaign [214]. The following year, there were over 53,500 reported cases. NPAFP is clinically indistinguishable from wild polio paralysis as well as polio vaccine-induced paralysis. The primary difference is that NPAFP is far more fatal [215].

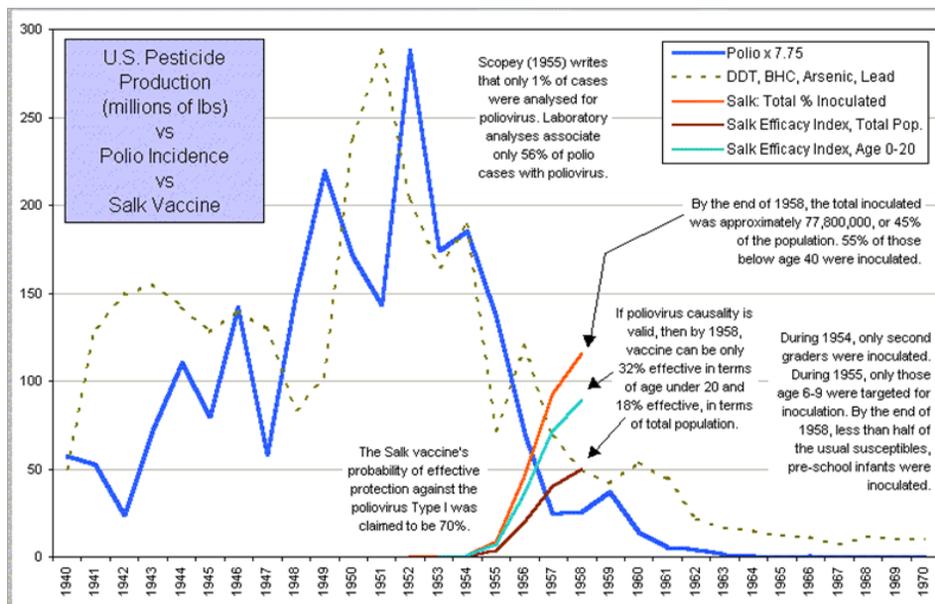
Physicians at New Delhi’s St. Stephens Hospital analyzed national polio surveillance data and found direct links between the increased dosages of the polio vaccine and rise in NPAFP. Coincidentally, the two states with the highest number of cases, Uttar Pradesh and Bihar, are also the two states with the worst water contamination, poverty and highest rates of gastrointestinal diseases reported by Bloomberg. As early as 1948, during a particularly terrible polio outbreak in the US, Dr. Benjamin Sandler at Oteen Veterans’ Hospital observed the relationship between polio infection, malnutrition and poor diets relying heavily on starches [212]. According to nutrition data, white rice, the primary daily food staple among poorer Indians, has the highest starch content among all foods [216].

Despite this crisis, in January 2014, Bill Gates, the WHO and the Indian government announced India is today a polio-free nation [217]. Another sleight of hand performance of the polio vaccine’s magical act. The case of India, and subsequent cases in other developing nations, scientifically supports a claim vaccine opponents have stated for decades; that is, improving sanitation, providing clean water, healthy food, and the means for better hygiene practices are the safest and most efficacious measures for fighting infectious disease. According to statistics compiled by Neil Miller, Director of Think Twice Global Vaccine Institute, the polio death rate had declined by 47% from 1923 to when the vaccine was introduced in 1953. In the UK, the rate declined 55% and similar rates were observed in other European countries [112]. Many historians of science, such as Robert Johnson at the University of Illinois, agree that the decrease in polio and other infectious diseases during the first half of the twentieth century were largely the result of concerted national public health efforts to improve sanitation and public water systems, crowded factory conditions, better hygienic food processing, and new advances in medicine and health care. Relying upon the unfounded myth that vaccines are a magic bullet to protect a population suffering from extreme conditions of poverty, while failing to improve these populations’ living standards, is a no-win scenario. Vaccines will continue to fail and further endanger the

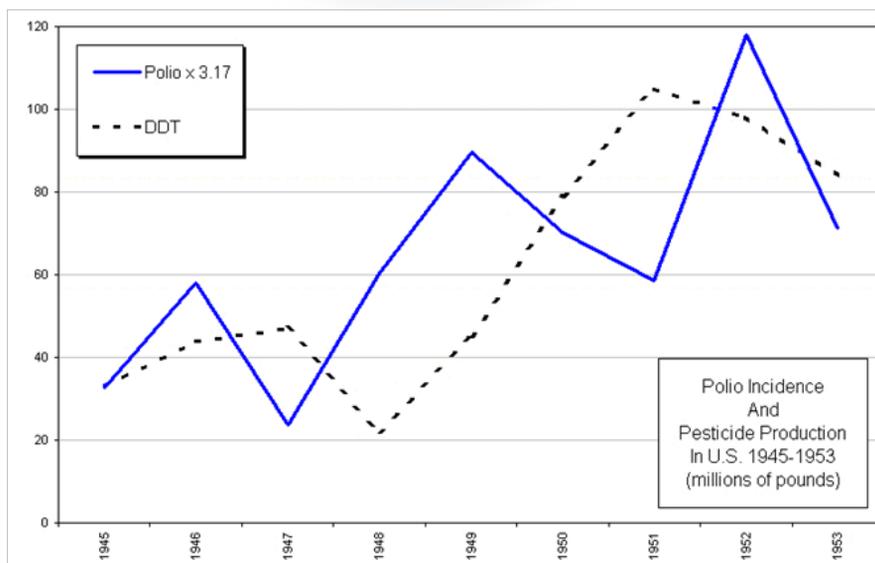
millions of children's health with severely impaired immune systems with high levels of vaccines' infectious agents and other toxic ingredients [218].

Needless to say, the charge that DDT predisposed to Poliomyelitis was dropped after the disease was controlled through the use of vaccines. ... "such irresponsible claims have produced great harm, and, if taken seriously, even interfere with scientific search for true causes and realistic means of preventing the conditions in question [2,212]." However, Hayes and Laws statement, above, is invalid because,

- a. The vaccination programs are irrelevant to the decline of polio [119,120], (Figures 1-11) while,
- b. Acidic chemical pesticides correlate perfectly with Polio, [106] and,
- c. Dr. Morton Biskind did not drop his charges, he alleged conspiracy "to convert into its opposite, the overwhelming evidence." The often published Dr. Biskind evidently was relegated to self-publishing after 1955 [221].



**Figure 8:** This graph shows all causative factors from DDT, BHC, Arsenic, Lead, Salk total inoculated, and Salk efficacy index from 1940 to 1970. See Salk Efficacy Index for method. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].



**Figure 9:** This graph shows the increase in Polio incidence with the increase of DDT production in the US from 1945 to 1953. (US Vital Statistics, US Government Printing Office, Washington, D.C.) [2,6].

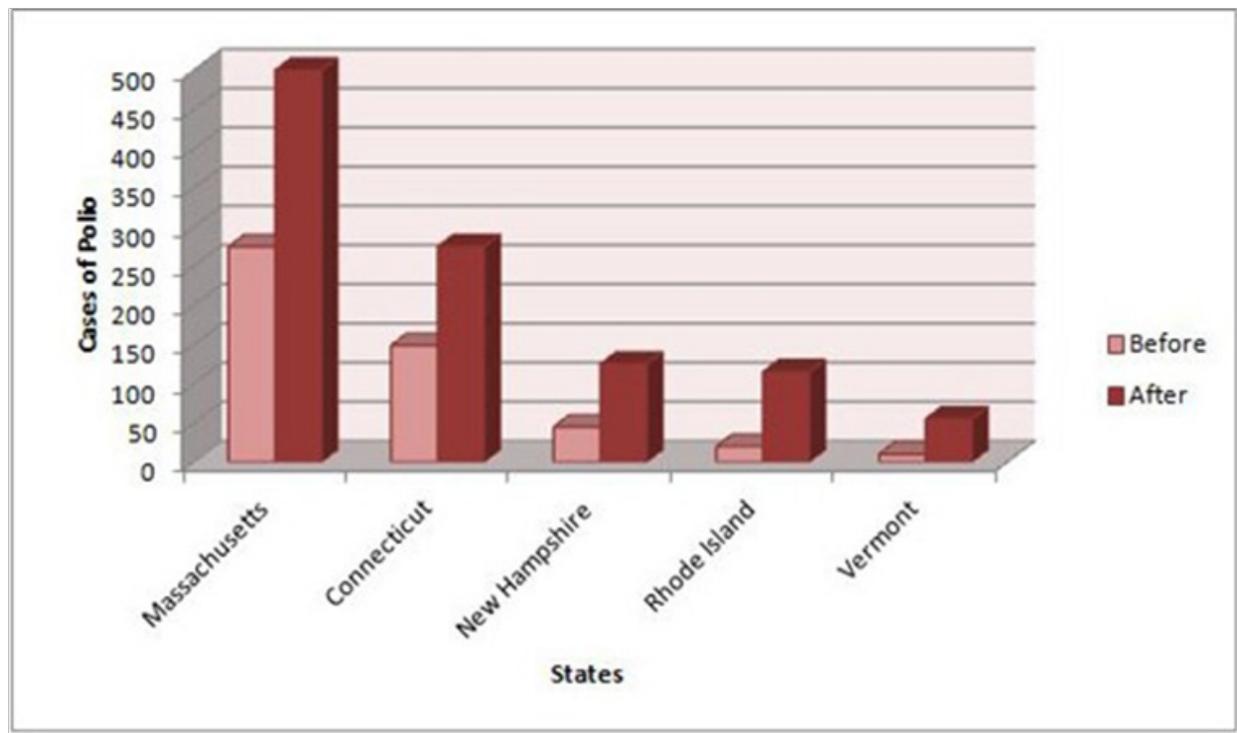


Figure 10: Cases of Polio increase in the U.S. after mass inoculations in 1955 [2,6,125].

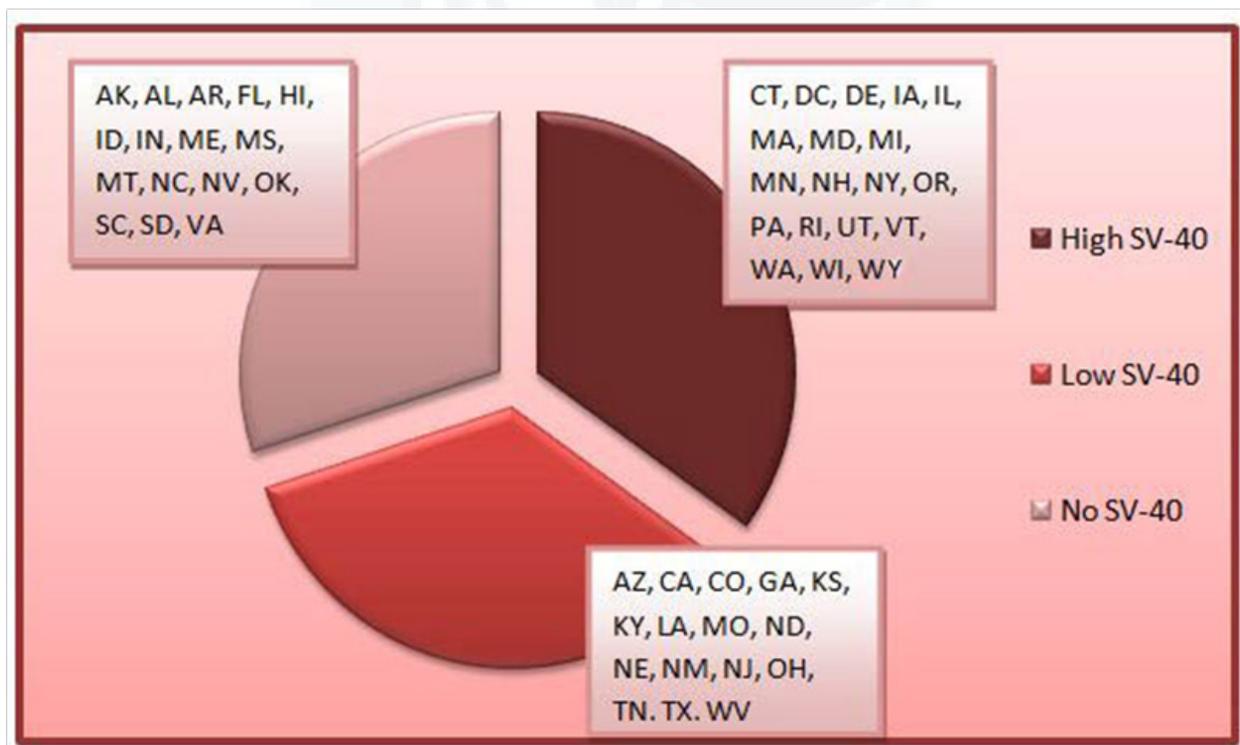


Figure 11: SV-40-tainted polio vaccines: zones of contamination. Between 1954 and 1963, up to 100 million Americans were inoculated with SV-40-contaminated polio vaccines. This chart shows areas of the country in 1955 where 10 million people received polio vaccines with either no, low, or high amounts of SV-40 in them. Source: National Institutes of Health [2,6].

## Summary

The word “virus” is ancient Latin, meaning “poison” or “noxious liquid” [222,223]. Mainstream science admits that most viruses are harmless, yet the word “virus” adds to a biased and highly promoted language of fear regarding nature. Definitions of viruses range from “pathogenic” to “not usually pathogenic.” The more popular the media source, the more frightening the definition. Less fearful definitions would change the relationship between the medical industry and its “patients” [224,225].

Paradoxically, early virus studies considered virus filtrates to be a poison, not a microbe, thus the name virus. Today, we know that viruses are information. The non-funded, ostracized theory of acidic chemical poisoning acids causality far exceeds all other theories in simplicity, exactitude, and directness regarding correlations within all data areas: dosage, physiology, etiology, epidemiology, economics, and politics. The historical non-relationship between vaccination and paralytic Polio can be viewed graphically, in terms of the official numbers in Figure 7 below.

Now, over a half-century later, the validity of Dr. Morton Biskind’s work appears even more certain. Again, according to Biskind.

“It was even known by 1945 that DDT is stored in the body fat of mammals and appears in the milk. With this foreknowledge the series of catastrophic events that followed the most intensive campaign of mass poisoning in known human history, should not have surprised the experts. Yet, far from admitting a causal relationship so obvious that in any other field of biology it would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite, the overwhelming evidence. Libel, slander and economic boycott have not been overlooked in this campaign [1].”

## Conclusion

Over three decades I have postulated that there is a unique correlation between Polio, CNS disease, Polio Vaccine-Induced Paralysis, Legionnaires, AIDS, and Cancer with acidic chemical poisons from DDT and other related DDT pesticides. The long history of Polio and the past and present investigations on the theoretical cause of Polio presents a variety of new research opportunities not only in medical sciences, but political sciences, philosophy, media studies, psychology, and sociology sciences [88,93,171,172,221,226-231].

## The Bond of Motherhood

Mothers with children far away

From stifling streets and heat.

Mothers who ceaseless toil all day

Their babies at their feet.

In common have one prayer, one thought

“Lord, bless my little child,” –

The one boom from Heaven sought

“O Thou, with mercy mild,

Keep this dread spectra from our door”

Is the one prayer of the rich and poor [232].

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