

# Smoke, Mirrors, and the “Disappearance” Of Polio

Suzanne Humphries, MD

November 17, 2011

*“The tendency of a mass vaccination program is to herd people. People are not cattle or sheep. They should not be herded. A mass vaccination program carries a built-in temptation to oversimplify the problem; to exaggerate the benefits; to minimize or completely ignore the hazards; to discourage or silence scholarly, thoughtful and cautious opposition; to create an urgency where none exists; to whip up an enthusiasm among citizens that can carry with it the seeds of impatience, if not intolerance; to extend the concept of the police power of the state in quarantine far beyond its proper limitation; to assume simplicity when there is actually great complexity; to continue to support a vaccine long after it has been discredited;... to ridicule honest and informed consent.[\[1\]](#)”*



Suzanne Humphries, MD

There is plenty of confusion on the topic of vaccination, especially amongst brainwashed doctors who trusted their medical schools. Then the unsuspecting, trusting public trusts them...because the medical establishment must know best, right? And doctors are nice people, trying to do a good thing. True. I was once one of those brainwashed doctors who believed in the benevolence of the medical system and believed that all I learned was the best that modern times had to offer. It is blazingly clear to me now though, that much of what is taught in medical school is enormously limited. I now see that most doctors are little more than blind slave-technicians who follow the dogma they were taught and were rewarded for repeating, even as the truth unfolds in front of them dictating otherwise.

Unbeknownst to most doctors, the polio-vaccine history involves a massive public health service makeover during an era when a live, deadly strain of poliovirus infected the Salk polio vaccines, and paralyzed hundreds of children and their contacts. These were the vaccines that were supposedly responsible for the decline in polio from 1955 to 1961! But there is a more sinister reason for the “decline” in polio during those years; in 1955, a very creative re-definition of poliovirus infections was invented, to “cover” the fact that many cases of “polio” paralysis had no poliovirus in their systems at all. While this protected the reputation of the Salk vaccine, it muddied the waters of history in a big way.

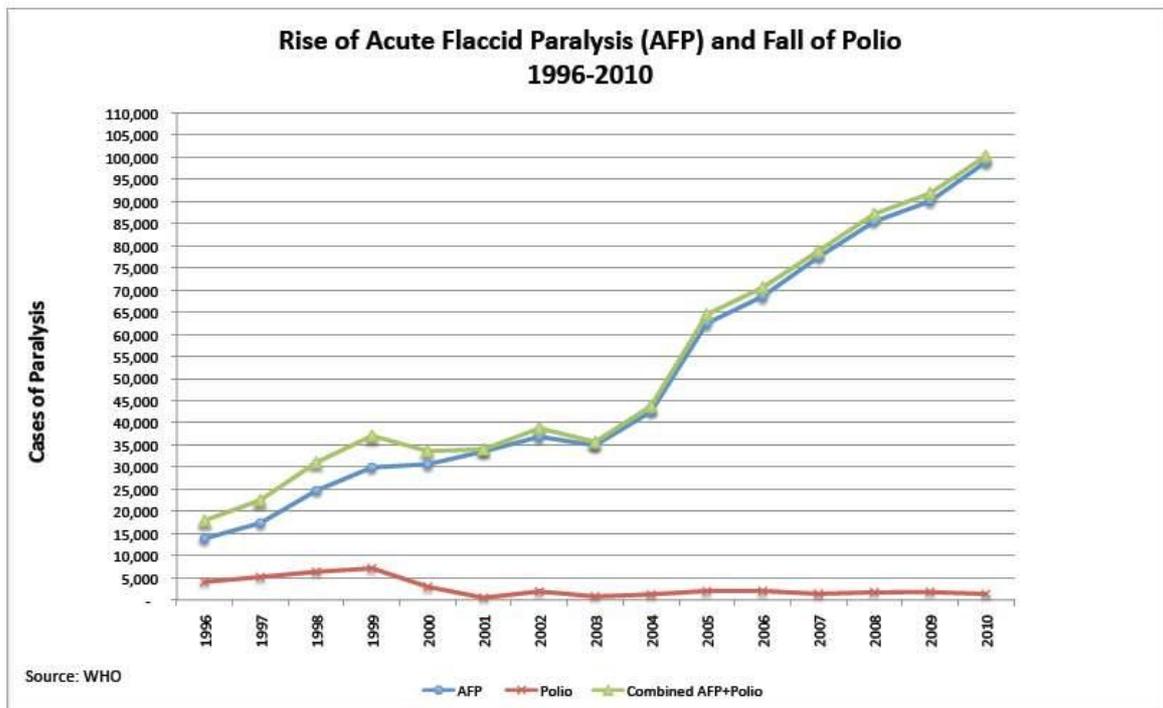
Even during the peak epidemics, unifactorial poliovirus infection, resulting in long-term paralysis, was a low-incidence disease[\[2\]](#) that was falsely represented as a rampant and violentcrippler by Basil O’Connor’s “March Of Dimes” advertising campaigns. At the same time as Basil O’Connor was pulling in 45 million dollars a year to fund the Salk vaccine development, scientists started to realize that other viruses like Coxsackie, echo and enteroviruses, could also cause polio. They also discussed the fact that lead, arsenic, DDT, and other commonly-used neurotoxins, could identically mimic the lesions of polio. During the great epidemics in the United States, the pathology called polio was reversed by alternative medical doctors who attested to great success, using detoxification procedures available at the time – yet they were categorically ignored[\[3\]](#).

Now it is admitted in the medical literature that other viruses can cause polio, yet few people on the street have any idea.

Prior to 1954, the following undoubtedly hid behind the name “poliomyelitis”: Transverse Myelitis, viral or “aseptic” meningitis, Guillain-Barre Syndrome (GBS)- (what Franklin Delano Roosevelt had)[\[4\]](#), Chinese Paralytic syndrome, Chronic Fatigue Syndrome, epidemic cholera, cholera morbus, spinal meningitis, spinal apoplexy, inhibitory palsy, intermittent fever, famine fever, worm fever, bilious remittent fever, ergotism, post-polio syndrome, acute flaccid paralysis(AFP).

Included under the umbrella term “Acute Flaccid Paralysis” are Poliomyelitis, Transverse Myelitis, Guillain-Barré syndrome, enteroviral encephalopathy, traumatic neuritis, [Reye’s syndrome](#) etc.

Before you believe that polio has been eradicated, have a look at this graph of AFP and Polio.



When people ask me where all the children on iron lungs are, I would answer that they should ask Dr. Douglas Kerr from Johns Hopkins, who stated on pg. xv in the Forward to Donna Jackson Nakazawa's book "The Autoimmune Epidemic"...

*"Infants as young as five months old can get Transverse Myelitis, and some are left permanently paralyzed and dependent upon a ventilator to breathe... my colleagues at the Johns Hopkins Hospital and I hear about or treat hundreds of new cases every year."*

Does the public have any idea that there are hundreds of cases of something that would once have been called polio, and some of those children will be dependent on a modern version of the iron lung? No. Parents today think that the Salk vaccine eliminated any need for ventilators, because the pictures of all these children on iron lungs are no longer paraded in front of people in order to create fear. Besides which, today's "iron lungs" don't look like a prototype submarine. They are barely recognizable as today's "ventilators."

The polio vaccine had the fastest licensing in FDA history. It was approved for commercial production after only a two-hour deliberation amongst the Licensing Committee, in a pressured environment. These scientists witnessed a vaccine that was escorted to market, before academic and community doctors had a chance to read any published reports on the safety studies, and before the results of the big polio vaccine trial made it into any medical journal. If these scientists had had more say, it is likely that the "Cutter" disaster and the "Wyeth problem," both events that led to crippling or death of vaccine recipients just weeks following the hurried vaccine licensing – could have been averted.

*"Previously it [the vaccine] had been distributed as an experimental product, not a licensed product...the committee was asked to come to a decision very quickly...there was discussion of the report that Dr Francis had given, but we were not in a position to discuss it very intensively because we had not seen the report prior to this morning and the report was distributed to us after the presentation...we were pressured in the sense that we were told that speed was essential, and when we came up toward the 5:00 time, some of us felt we would like to discuss this matter more. We were told that to discuss the matter further it would have to go into the following week, and we would have to go to Washington or Bethesda and most of the members were unwilling to do so. We were in effect pressured into an earlier decision than we ordinarily would have made. ...It was part of the pressure of events, put it that way.<sup>[5]</sup>"*

And that is only the beginning of the polio story, the likes of which currently serve as the foundation of modern belief in vaccination, even by those who may have doubts regarding current vaccine policy.

No vaccines are safe. Having “efficacy” means an antibody response is generated, not that they keep you from getting sick. There are many other ways to keep children healthy other than injecting them with disease matter, chemicals, animal DNA, animal proteins, detergents and surfactants that inflame and weaken the blood brain barrier, potentially causing inflammation and other problems.

Do you know how much doctors learn about vaccines in medical school? When we participate in pediatrics training, we learn that vaccines need to be given on schedule. We learn that smallpox and polio were eliminated by vaccines. We learn that there’s no need to know how to treat diphtheria, because we won’t see it again anyway. We are indoctrinated with the mantra that “vaccines are safe and effective” – neither of which is true.

Doctors today are given extensive training on how to talk to “hesitant” parents – how to frighten them by vastly inflating the risks during natural infection. They are trained on the necessity of twisting parents’ arms to conform, or fire them from their practices. Doctors are trained that NOTHING bad should be said about any vaccine, period.

Historically it has been commonplace, since the times of the deadly smallpox vaccines – to discourage or silence scholarly, thoughtful and cautious opposition to mass vaccination policies. This is politics, plain and simple, in the environment of cronyism and corporatism that has invaded the supposed health-care industry.

The opinions of learned anti-vaccinationist doctors are not permitted on CNN, Fox News, or in mainstream literature. Probably because if they were broadcast on such media outlets, the unsuspecting public would do an about-face. Instead, the publicity that mainstream media concedes, often involves a parent who is opposed to vaccination, after a child becomes vaccine-injured, matched up with a celebrity talking-head doctor. Dr. Stork had an all-out tantrum after JB Handley got some sense interjected (from the audience!) during Jenny McCarthy’s invite ([video](#)).

For now, let’s just ignore Dr. Sears’ utter delusion over the history of vaccination and the decline in infectious disease. Having JB Handley on the program with the audience clapping for him, without editing him, was an unusual event. The standard approach on commercial television is to pretend that there is no anti-vaccinationist doctor to match the celebrity doctor, or those of the Paul Offit genre. Therefore, they can only invite and publicly defeat those whom they underestimate. Cheers to JB for getting an edge in. This is simply how the game of vaccination has always been played; keep the opinions of thoughtful and informed doctors and scientists out of the way of the cameras and peer-reviewed journals, and only allow the anti-vaccine perspective limited representation.

If you have doubts on the safety and effectiveness of vaccination, please keep your curiosity up, since the lives of your children may depend on it. You will probably have much deprogramming to do, just like most of us had.

**International Medical Council on Vaccination** | [www.vaccinationcouncil.org](http://www.vaccinationcouncil.org)

---

[1] Statement from Clinton R. Miller, Intensive Immunization Programs, May 15th and 16th, 1962. Hearings before the Committee on Interstate and Foreign Commerce House of Representatives, 87th congress, second session on H.R. 10541.

[2] Meier, P. 1978. “The biggest public health experiment ever: The 1954 trial of the Salk poliomyelitis vaccine.” *Statistics: A Guide to the Unknown*, Ed. J. M. Tanur, *et al.*, pp. 3-15. San Francisco: Holden Day.

[3] Scobey, R. 1952. “The poison cause of poliomyelitis and obstructions to its investigation.” *Arch. Pediatr.* April;69(4):172-93.

[4] Goldman.2003.”What was the cause of Franklin Delano Roosevelt’s paralytic illness?” *J Med Biog*, 11:233-240.

[5] Opening brief of Defendant and Appellant Cutter Laboratories Gottsdanker v. Cutter Laboratories (1960) 182 Cal. App.2d 602 pp. 31-33.