

CDC and Friends Sprinting Towards the Polio “Finish Line,” by Suzanne Humphries, MD

The CDC announced on June 8th that they are almost at the finish line of global polio eradication. [LINK HERE](#). They’ve not had a case of wild polio since January 13, 2011. Whoopee! But they still have plenty of paralysis. In fact they have more and more every year. AND ...children with non-polio Acute Flaccid Paralysis(AFP), the new name for polio, are at more than twice the risk of dying than those with wild polio infection! In fact, more oral polio vaccine has correlated strongly with “non-polio” AFP. One must wonder what exactly the WHO, UNICEF, Rotary International and the Bill and Melinda Gates Foundation are really going for.

Many believe that a disease called “polio” has been eradicated in the Western hemisphere. Most everyone thinks that “polio” was eradicated by vaccination. To fully understand where polio went, one must understand what polio was. When one understands what polio was, it becomes clear that it is impossible to eradicate it with a vaccine. But that never stops vaccination interests from launching full- scale propaganda misinformation campaigns in order to vaccinate the children of the world, even though they fail in eliminating paralysis. “Wild” poliovirus may be gone from vaccinated countries, but what was once called “polio,” and frightened the wits out of parents world-wide, is still ubiquitous.

The term “poliomyelitis” is a description of spinal pathology. The meaning of the word comes from Greek:

polios= gray, and muelos =marrow, itis=inflammation; meaning “inflammation of the gray matter of the spinal cord.”

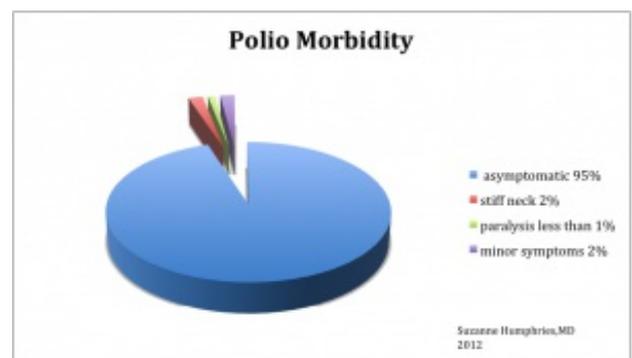
All poliomyelitis means is that the gray matter of the spinal cord is inflamed. This can occur anywhere from the brainstem to the end of the spinal cord, and it has always had many causes, the least of which is a virus that lives in intestines of healthy people.

The result of this inflammation, whether chemical or viral, leads to certain characteristic muscular symptoms that have been conditioned into the minds of several generations of people to appear as the classic atrophied limbs, iron lungs and other horrifying images.

By definition and by historical documentation, these infamous images of polio should by no means be blamed solely on a specific wild-type (naturally occurring) virus. Environmental toxins, other infections, and laboratory-derived vaccine viruses were all implicated in paralytic polio over the years. Yet wild virus, even though it is said to be asymptomatic in 95% of infected, and only causes paralysis in a small amount of infected is the excuse for world-wide polio vaccination with live viruses that are known to cause their own outbreaks of polio in China, Nigeria and India.

“Approximately 95% of persons infected with polio will have no symptoms. About 4-8% of infected persons have minor symptoms, such as fever, fatigue, nausea, headache, flu-like symptoms, stiffness in the neck and back, and pain in the limbs, which often resolve completely. Fewer than 1% of polio cases result in permanent paralysis of the limbs (usually the legs). Of those paralyzed, 5-10%[of that 1%] die when the paralysis strikes the respiratory muscles.”[1]

Naturally existing polio is thought to have been a normal bowel commensal for hundreds of years before paralytic polio emerged as an epidemic disease, beginning in white populations. For instance, an in-depth study of a remote Indian tribe in the Rio das



Mortes in the State of Mato Grosso, Brazil demonstrated the presence of the virus with consistent and high levels of immunity – and no disease.

“The paradox of a virtual absence of paralytic poliomyelitis among such heavily infected groups as this, despite high antibody titers, is well known, but the interpretation of the observation remains under discussion.”[2]

Native populations are known to have harbored polioviruses of all three strains with no poliomyelitis whatsoever.

“...the tests recorded in the table, studies of antibody avidity according to the techniques of Sabin (1957) were made on six randomly selected specimens. All six specimens were positive for antibodies to all three types of poliomyelitis, providing additional confirmation of the validity of the findings.”[3]

Any thinking person would have to wonder what changed to make the natives and the non-natives become paralyzed from an otherwise completely innocent viral bowel commensal. Dr Loyd Aycock, in 1942 said “

“...frank disease among those exposed to the virus is not only greatly limited but exhibits selectivities which indicate that some added circumstance enters into the determination of whether clinical or subclinical disease results upon exposure to the virus.”[4]

This statement was prophetic and unfortunately largely ignored. Some of the “added circumstances” that are known by polio scientists and well documented in medical literature to be highly correlated with paralytic forms of polio include tonsillectomy, intramuscular injections of any sort, vaccines, DDT, arsenic, misdiagnosed syphilis, coxsackie virus, other enteroviruses just to name a few.

Tonsillectomy was at its peak in 1959 at 1.4 million surgeries and declined drastically in years following. DDT was outlawed in the USA but is still found all over India. Arsenic is no longer commonly used as an intramuscular injection up to 100 times in a single person to treat syphilis like it was in the 1940's – but there is an abundance of unnecessary intramuscular injections in India. Differential diagnoses now exist for paralysis unlike the old days of polio epidemics before the hailed Salk vaccine came to be, when all that became numb or transiently paralyzed was “polio.”

History is about to repeat itself in India, Pakistan, and Nigeria. In the USA there was a similar campaign and renaming- after the vaccine was accepted- just like occurs today in India. During a Detroit epidemic in 1958, four years into the Salk vaccine campaign, it was determined that nearly half of the cases of “polio” were not poliovirus-associated and were given other designations than polio.

“During an epidemic of poliomyelitis in Michigan in 1958, virological and serologic studies were carried out with specimens from 1,060 patients. Fecal specimens from 869 patients yielded no virus in 401 cases, poliovirus in 292, ECHO (enteric cytopathogenic human orphan) virus in 100, Coxsackie virus in 73, and unidentified virus in 3 cases. Serums from 191 patients from whom no fecal specimens were obtainable showed no antibody changes in 123 cases but did show changes diagnostic for poliovirus in 48, ECHO viruses in 14, and Coxsackie virus in 6. In a large number of paralytic as well as nonparalytic patients poliovirus was not the cause. Frequency studies showed that there were no obvious clinical differences among infections with Coxsackie, ECHO, and poliomyelitis viruses. Coxsackie and ECHO viruses were responsible for more cases of “nonparalytic poliomyelitis” and “aseptic meningitis” than was poliovirus itself.”[5]

Today in India, “polio” is a well-publicized problem, and DDT can be found on the shelves just about everywhere. India is the only country that still manufactures DDT, and remains the chemical's largest consumer.

DDT enhances the release and intracellular multiplication of poliovirus.[6] Thus it likely contributes to creating a monster out of a normally benign gut virus. Additionally, exposure to DDT induces symptoms that can be completely indistinguishable from poliomyelitis – even in the absence of a virus.[7] Here is a description of DDT poisoning, which is indistinguishable clinically from poliomyelitis.

“Acute gastroenteritis occurs, with nausea, vomiting, abdominal pain, and diarrhea usually associated with extreme tenesmus. Coryza, cough and persistent sore throat are common, often followed by a persistent or recurrent feeling of constriction or a “lump” in the throat; occasionally the sensation of constriction

extends substernally and to the back and may be associated with severe pain in either arm. Pain in the joints, generalized muscle weakness, apprehension and exhausting fatigue are usual; the latter are often so severe in the acute stage as to be described by some patients as “paralysis.”[8]

Despite the known dangers of oral polio vaccines, that paralysis is on the rise, and that many other entities enhance the virulence of poliovirus, multi-billion dollar polio eradication campaigns march on, often vaccinating a single child 15 times (or more) with live vaccine by their 5th year of life.

“In fact, at the end of 2005, children under 5 years old were reported to have received on average 15 doses of tOPV in UP and Bihar, compared with 10 in the rest of India, and only 4% of children were reported to have received fewer than 3 doses, of whom 90% were under 6 months old... this level of vaccine coverage should have eliminated infection.”[9]

It didn't eliminate infection, and in fact more oral polio vaccine has correlated strongly with “non-polio acute flaccid paralysis.” The response by WHO and GAVI is to ramp up the current oral polio vaccination campaigns in recent years. Now some children are reported to have received 32 vaccines in one day.

“At a vaccinators’ meeting in Sultangunj Referral Hospital held Tuesday, supervisors reported a “new” resistance coming from the “educated middle class people” who were getting tired of several rounds of immunisation: one family claimed that their five year old child had received pulse polio vaccination 32 times.”[10]

Here is a picture of what is happening in India, the country that hasn't had a polio case since January 13, 2011:

In India today, as the World Health Organization tracks polio during the vaccination campaigns, it seems that “polio” has declined while “acute flaccid paralysis” (AFP) has increased annually, reaching 60,000 new cases in 2011.

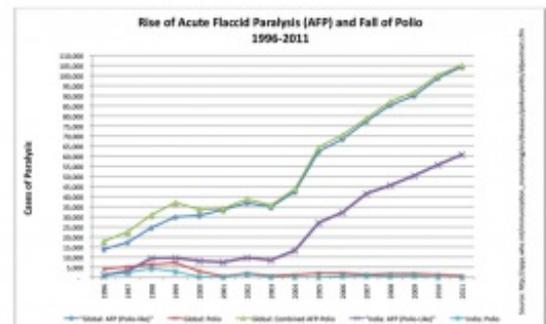
The causes of AFP that have been identified are as follows:

Poliomyelitis, Non-polio enterovirus, vaccine-associated poliomyelitis(not counted as polio), Rabies virus, Varicella zoster virus, Japanese encephalitis virus, Guillain-Barre syndrome, Cytomegalovirus, sciatic neuritis from injection, Transverse myelitis, epidural abscess, spinal cord compression, exotoxin of Corynebacterium diphtheriae, toxin of Clostridium botulinum, Karwinskia, tick bite paralysis, Lyme borreliosis, Myasthenia gravis, polymyositis autoimmune, viral myositis, trichinosis, toxic myopathies among others.[11]

As a result of the unrelenting OPV campaigns in India, there has been an exponential rise in “acute flaccid paralysis” while the number of documented cases of “polio” has declined.”

*“It has been reported in the Lancet that the incidence of AFP, especially non-polio AFP has increased exponentially in India after a high potency polio vaccine was introduced... Sathyamala examined data from the following year and showed that **children who were identified with non-polio AFP were at more than twice the risk of dying than those with wild polio infection... non-polio AFP rate increases in proportion to the number of polio vaccine doses received in each area... Nationally, the non-polio AFP rate is now 12 times higher than expected. In the states of Uttar Pradesh (UP) and Bihar, which have pulse polio rounds nearly every month, the non-polio AFP rate is 25- and 35-fold higher than the international norms... The non-polio AFP rate during the year best correlates to the cumulative doses received in the previous three years... Association of the non-polio AFP rate with OPV doses received in 2009 was 41.9%. Adding up doses received from 2007 increased the association (R² = 55.6% p < 0.001).**”*[12]

What is clear from the above graph is that massive “pulse” vaccination campaigns have done nothing to eliminate paralysis, and in fact there is evidence pointing to the likelihood that vaccination is related to the rise in AFP. Isn't the vaccination really about eliminating paralysis...or is it simply to replace wild virus with



a vaccine virus no matter the outcome?

Why doesn't the World Health Organization notice the medical literature that points to the truth that paralysis has increased with pulse vaccination campaigns in India? How could they possibly explain the intensification of a failed and harmful vaccine campaign where a deadly form of non-polio AFP increases exponentially in children heavily vaccinated with oral polio vaccines?

CDC says on June 8, 2012:

"If we fail to get over the finish line, we will need to continue expensive control measures for the indefinite future... More importantly, without eradication, a resurgence of polio could paralyze more than 200,000 children worldwide every year within a decade." Now is the time, we must not fail."

I say God help the children of targeted nations.

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