

III. Vaccinations: The General Welfare

Vaccinations: Science in the Service of Humanity

by Janet G. West

Jan. 28—With just 15 million Americans having been administered vaccine against COVID-19 to this date—and far, far fewer even in many developed countries—the success of the COVID-19 vaccination drive depends on more than production and distribution rates and public health systems. It also needs what seems, in the United States, to be a scarce virtue among its citizens: commitment to the General Welfare.

The words are capitalized in the great Preamble to the United States Constitution as one of the primary concerns of “We, the People.” No disease is or has been *eradicated* in history, except among peoples who were concerned about the welfare of the many and of posterity, ultimately at least as deeply as they cared about themselves.

That is because—particularly during the past three centuries in which methods first for inoculation, and then for vaccination were discovered—no pandemic or widespread disease has been eradicated without the sacrifice of some lives in the battle, who might otherwise have “lucked out” and avoided a deadly or debilitating disease. We no longer fear polio, smallpox, yellow fever, or a number of other once-deadly and frightening plagues, because of “crash programs” of public health and medical science. And we know that in those mobilizations against those plagues, some lives were lost in investigating, finding, proving, and preventing the cause.

Would we wish that in those emergency public health campaigns of the past, every citizen and every family had decided to “play it safe” and avoid any new vaccination being tested? Would we rather that they had all played it safe and trusted their luck, and that therefore still today, tens of thousands of people among us

would be very unlucky: paralyzed or dying every year of polio, hundreds of thousands dying every year from smallpox, or tuberculosis?

That is the wish of the strange tribe of misanthropes known for more than 200 years, and called today “anti-vaxxers,” who believe in letting even deadly epidemics run their course and kill whom they will. They conduct campaigns, with media and now social media complicity, to frighten people to try to “stay safe” as individuals



Ernest Board, c. 1910

Dr. Edward Jenner performing his first smallpox vaccination on James Phipps, an eight-year-old boy. May 14, 1796.

or parents, while causing curable diseases freely to ravage their fellow human beings. And they preach “clean, simple, natural living” as the alternative medicine of choice for the ignorant and indifferent. But the anti-vax campaigners themselves are Malthusians, descendants of the English parson who called for letting diseases “run as they will” among human populations, to cull the poor and reduce the strain on the Earth’s resources.

Therefore the success of this or any vaccination drive depends also on national leadership: in the mold of George Washington, who kept his hungry and impoverished army well enough to fight by the then much-feared *inoculation* against smallpox; or Franklin Roosevelt, the President paralyzed by the disease he led his fellow Americans to defeat and eradicate.

The world currently faces unprecedented crises in the realm of economics, the strategic situation, famine, and coronavirus pandemic. We also face the pestilence of the British royal and financial oligarchy and their banking partners, who wish to increase the death rate, especially those with darker skins.

With some nations experiencing second waves of COVID-19 and its new mutations, world deaths have surpassed two million, and the number of infected is over 95 million; some countries are seeing death rates of over 1500 per million population. The breakdown of infrastructure around the world is a major contributing factor—lack of clean water, lack of a transportation grid, etc.—as well as shortages in manufacturing of PPEs, medical devices, hospital beds and shortages of medical staff. Continuing lack of industrial and infrastructure development in many nations is the reason measles, cholera, and others have not been eradicated as thoroughly as the diseases named above.

How are we to address these crises? We can look to the history of how mankind has eradicated or eliminated a number of diseases that have afflicted mankind. We can also apply the solutions to be found within ourselves as citizens of our nations, as expressed in the introduction to the Schiller Institute event of January 18: “A More Perfect Union through the Coincidence of Opposites: Martin Luther King and the American Presidency”:

The duty of each citizen in a free republic, when confronted by an existential threat, is to do as Benjamin Franklin and Martin Luther King did—create a more perfect Union.

The Science Behind Vaccinations

We shall review four notable diseases that have recently been eradicated or brought under control, with a short summary of the development of the vaccines used against them.

The first step was inoculation—taking a bit of the weakened virus and injecting or scratching it into the recipient’s arm. This would mobilize the patient’s

immune system to create antibodies that would attack and destroy the virus. Since the late 18th Century, both live attenuated viruses and inactivated viruses have been used successfully for a variety of diseases: cholera, tetanus, anthrax, plague and others.

More recently, the use of molecular genetics (such as recombinant DNA or rDNA, and messenger or mRNA) sets the stage for an optimistic prospect of new vaccines being developed against cytomegalovirus, herpes simplex virus, pandemic influenza, and HIV, among others. Some of the recent vaccines against COVID-19 utilize mRNA, and this route continues to be researched in other countries, such as Russia.



CDC

A pustule-covered hand of a baby with a mild case of smallpox.

Smallpox is the only human disease that has been eradicated globally. It was known as a scourge to ancient cultures, and has been responsible for more military deaths than cannon, gun, and sword combined.

To stop the spread of the disease, a type of inoculation was initially used, beginning in the latter half of the 17th century, called variolation. It involved taking the pus or powdered scabs from patients with a mild form of the disease, and then inserting it into the skin or nose of a healthy person. That person would ideally suffer only a mild infection, and would then be immune. This had limited success, and included the drawback that even with a mild case, the patient was still infectious and could spread smallpox.

In the early years of the American War of Independence, smallpox was epidemic in the cities, such as Boston. In 1775 Gen. George Washington, as Commander-in-Chief, had to contend not only with British troops militarily, but with their efforts to spread smallpox into the American militias. Due to smallpox being prevalent (endemic) in England and Europe for decades, most people there had contracted it in their youth, survived, and developed immunity to it.

Smallpox inoculation had been first widely done in the Massachusetts Bay Colony by Cotton Mather and Dr. Zebedia Boylston in the 1720s; they rolled back the fierce 1721 epidemic, but because some inoculated citizens developed smallpox in the process, a Malthusian scare campaign against inoculation was whipped up *from Britain*, and it was labeled “dangerous” for decades after.

Washington had a special hospital near Cambridge, Massachusetts to handle smallpox patients, and any soldier showing symptoms would be put under strict quarantine. The Continental Army still forbade inoculation, for fear of spreading the disease and incapacitating the fighting forces.

But sometime between the summer of 1776 and the autumn of 1777, Washington made a command decision to begin inoculation of his troops, quickly and in secret. The fact that his wife, Martha Washington, was successfully inoculated may have tipped the balance in his decision, but it’s more likely that given Washington’s superior strategic thinking, he considered it a crucial military flank. He grasped the idea that more soldiers could die from smallpox than from the British attack.

Later when the Continental Army had been successfully inoculated, Washington offered the treatment to all citizens living near an army encampment; this, too, was done under wraps, and thus tens of thousands of people were saved from the epidemic.

The first *vaccination* against smallpox was by Edward Jenner in 1796. He had noticed that the local milkmaids contracted cowpox, a mild variation of smallpox, and after recovering from it, were then immune. He used a sample from a dairymaid with fresh cowpox sores, and successfully vaccinated an eight-year-old boy. After some effort and trials to win acceptance for the new vaccine, it began to spread slowly around the world; in the early 1800s, Bavaria and Denmark made vaccination mandatory.

It wasn’t until 1967, when technological innovations enabled a freeze-dried, heat-stable vaccine to be developed, that the World Health Organization *WHO* initiated a global campaign to eradicate the disease, and succeeded in 1980. In response, WHO participants passed a resolution which said in part,

The world and all its peoples have won freedom from smallpox ... [this] unprecedented achievement in the history of public health ... demon-

strated how nations working together in a common cause may further human progress.

Deaths from **pertussis** (whooping cough) among children in the decade 1920-30, were about 6,000 annually, more than that of diphtheria, measles, scarlet fever, and tuberculosis. It is highly contagious, spread by aerosol droplets or mucus from the infected person, and can leave complications extending into adulthood. Children, especially younger than a year, are particularly susceptible—the bacteria multiply in the bronchial tubes of the lungs and inflame the tissue, causing it to swell and constrict the airways. The resulting cough—with the distinctive “whoop” as the child tries to catch its breath—can continue for over three months (“the 100-day cough”). It has a high mortality rate among [babies](#).

In 1932, two women from the Grand Rapids, Michigan area began working on developing a vaccine, a challenge at any time, but particularly difficult during the Depression. They were Dr. Pearl Kendrick and Grace Elderling, who worked at the Michigan Department of Health. Working after hours, they canvassed the neighborhoods for sick children, collecting samples directly by having the children cough onto specially prepared petri dishes called “cough plates.” They would use these samples to grow and experiment on the pertussis bacteria.

Elderling and Kendrick were not only unique researchers, but were also skilled organizers—they persuaded doctors and nurses to volunteer as lab workers, and got the cooperation of local residents to participate in a large-scale trial. They also organized and coordinated with health clinics, PTAs, and other community groups through the Department of Health.

Funding before World War II for scientific research was hard to come by; even laboratory mice were considered a luxury. When the two scientists found out that First Lady Eleanor Roosevelt was scheduled to visit Grand Rapids, they invited her for a tour of their lab. She not only visited the lab, but discussed their work with them in depth for several hours, and later helped to organize increased funding for their efforts.

By 1934, they began clinical trials; during the three-year trial, they vaccinated 5,315 children, and succeeded with a 90% non-infection rate, against a control group of random unvaccinated children.

They were joined in their research after World War



Drs. Pearl Kendrick (left) and Grace Elderling (center), working with chemist Loney Clinton Gordon (right), developed the first successful vaccine for pertussis (whooping cough).

II by chemist Loney Clinton Gordon (1915-1999), an African-American scientist who had graduated from Michigan State College (now University). Through a mutual friend, she was hired by Kendrick and Elderling to work in their lab; she diligently tested thousands of cultures to discover the one with adequate virulence with which to make the vaccine.

Scientists had been working on a pertussis vaccine since 1914, but much of it was guesswork. No one was quite sure which strain of the bacterium was best, and how much of it to use, so the vaccines that were available up through the 1930s were largely ineffective.

Gordon improved on the effectiveness of the vaccine by analyzing the pertussis cultures, and was able to identify a powerful strain of the organism. (She discovered that a sheep's blood medium was the one that worked best.) In a later interview, she said, "When I found out that was the organism, I was just ecstatic. I was crazy with joy and happiness." Gordon's improvement helped to create the DPT combination vaccine (Diphtheria-Pertussis-Tetanus), which was adopted and implemented nationally.

intestines. It may cause flu-like symptoms, or it can migrate to the central nervous system and affect the spinal cord and brain; severe cases lead to muscle weakness, paralysis, and death (especially if the muscles required for breathing are affected). There is no known cure.

Most people who are infected show no symptoms (72%), a smaller percentage (25%) experience the mild flu-like symptoms, and a very small percentage suffer the severe effects such as paralysis.

Polio is known to have affected mankind since antiquity, circulating at relatively low levels throughout humanity. Widespread epidemics were unknown before the 1800s, but then they began to appear at a quickening

pace in the Western hemisphere. Clusters of polio cases appeared in Louisiana in 1841 and 1843; then 26 cases in Boston in 1893, then in the next year, 192 cases in Vermont. In 1916, an official announcement was made in Brooklyn, New York of an epidemic—and in that year, there were 27,000 cases in the U.S. and 6,000 deaths. From that time onward, polio epidemics would sweep through different areas of the country every summer; in 1949, there were over 42,000 reported cases and nearly 2,800 deaths.



Wisdom Magazine/Yousuf Karsh, 1956

"There is no such thing as failure, there's just giving up too soon." —Dr. Jonas Salk



President Franklin D. Roosevelt and Basil O'Connor, founders of the National Foundation for Infantile Paralysis, better known as the March of Dimes, meet at the White House in 1944 to discuss polio vaccination efforts.

From that first outbreak in 1916,, swimming pools and movie theaters were closed in summer for 40 years; parents did not allow their children to go to playgrounds or birthday parties. In New York City, any child suspected of being infected would be removed from his or her home and isolated in a sanatorium. Fear spread like wildfire that a family member would become infected and then paralyzed. It was during these hard decades that in 1929 the iron lung became a familiar device for saving lives.

In 1921, Franklin D. Roosevelt was struck by the disease, leaving him paralyzed from the waist down. In 1924, he visited Warm Springs, Georgia and began a regimen of swimming three times daily, and felt increased strength in his legs. Moreover, although the activity wasn't a cure, it did alleviate much of the psychological effects of the disease, and contributed greatly to boosting his political activity.

He bought the resort in Warm Springs in 1926, and rather than keeping it private for his own

benefit and leisure time, he opened it up to other polio patients in an expression of the principle of the General Welfare. He could empathize and connect with them, and this in turn informed his political agenda of addressing the concerns of the "Common Man." He went about improving the grounds and facilities, transforming it into an advanced rehabilitation center, spearheading new methods for treating and combating polio, and setting a new standard for rehabilitation services nationally.

On January 3, 1938, FDR founded the March of Dimes (originally named the National Foundation for Infantile Paralysis). The foundation had been financed by wealthy donors. But in 1938, again acting on the principles in the Preamble to the U.S. Constitution, to "...ensure the General Welfare," FDR turned to the general public to help—and help they did. At one fundraiser the singer Eddie Cantor jokingly appealed to the public to send in dimes to the White House—2,680,000 dimes and thousands of dollars in small donations were sent in; this became the "March of Dimes." It raised millions of dollars from the general public; funded the development of better lung machines to assist victims' breathing when they lost control of their muscles; and later appointed and funded Dr. Jonas Salk to lead the research for a vaccine.

Developing the vaccine was a conscious national and then international effort, starting from the strong leadership of President Roosevelt, to all the scientists and researchers working alongside Salk, and to the hundreds of thousands of volunteers administering the vaccine or rolling up their sleeves to be experimentally inoculated. In 1953, Dr. Salk developed a vaccine, not from live virus as in the common medical practice, but from inactivated poliovirus vaccine (killed poliovirus); he first vaccinated his family. In 1954, field trials began, and by 1957 it became widely distributed. Salk refused to patent the vaccine, and the leading drug manufacturers mobilized to produce and distribute it. More than 400 million doses were distributed between 1955



A campaign poster of the National Foundation for Infantile Paralysis from the 1950s.



CDC

Hospital staff examine a patient in an iron lung (tank respirator) during a polio epidemic in Rhode Island in 1960.

and 1962, reducing the cases of polio by 90%. The spread of polio was slowed down to such an extent that the number of cases went from a peak of nearly 58,000 cases, to 5,600 cases.

But this was achieved only after—among the nearly 2 million children vaccinated in the “crash program” field trials of 1954—about 100,000 were given Salk vaccine produced at the Cutter and Wyeth laboratories, of which some batches were insufficiently deactivated. Those were recalled, but 250 children developed atypical paralytic polio as a result, and five died. Many more very briefly suffered the milder form of the disease. Public trust was shaken for a time. In response, the National Institutes of Health and Public Health Services developed minimum safety and potency standards for all polio vaccine in the United States and a Technical Committee on Poliomyelitis Vaccine was established in May 1955.

Another researcher, Albert Sabin, developed a vaccine using a live but weakened virus, and there was another mass vaccination effort nationally; by 1961, the national number of cases was just 161. Only ten years earlier, “A national poll ... found that polio was second only to the atomic bomb as the thing that Americans feared most,” one historian of the disease wrote.

On Oct. 24, 2019, the WHO announced that there were only 24 cases of wild polio in the world. Only three countries in the world still have not eradicated polio—Afghanistan, Nigeria, and Pakistan.

Measles Elimination, and Return?

Measles was first recorded as appearing in a concentrated way in the 11th and 12th centuries, at a time when the human strain diverged from the strain affecting cattle (rinderpest virus), which has since been eradicated through vaccination.

It is extremely contagious; it lives in the nose and throat mucus and can spread through coughing, sneezing, or through other air-borne particles. Once infected, a person can transmit the disease for 3 to 5 days before the typical rash appears, and 1 to 2 days before a fever. The virus can remain in the air where the person has been, for 2 to 4 hours; up to 90% of the people that come in contact can be infected, especially if they are in close quarters with the infected person.

It is thought to have first spread quickly in cities, and then transmitted into the countryside. It first showed up in the Americas in the 1600s.

Although most people are familiar with the spotty rash produced by measles, they might not be aware that the more serious complications can result in pneumonia, encephalitis, permanent brain/neurological damage and death. Through improvements in living and sanitary conditions, deaths from measles decreased in the 1900s, but it was only after the vaccination developed in 1963 that deaths and cases began to decline significantly; it wasn't until 2015 that the entire continent was able to declare that measles had been eliminated.

The measles vaccine was developed by John Franklin Enders (“the father of modern vaccines”) in the later 1950s; after extensive testing, it was declared effective in 1961. Pfizer and Merck developed deactivated and attenuated vaccines respectively in 1963. Salk had used a technique developed by Enders and his colleagues to produce large quantities of the poliovirus, in order to develop the polio vaccine.

The U.S. has maintained the status of the “elimination” of measles for nearly the last 20 years, and the definition of elimination in this instance (according to the WHO) is—

the absence of endemic measles virus transmission in a defined geographical area (e.g., region or country) for at least 12 months in the presence

of a surveillance system that has been verified to be performing well.

But, thanks to the anti-vaxxers, this distinction could be lost. Dr. Peter Hotez is the Dean of the National School of Tropical Medicine at Baylor College of Medicine, and co-author of a paper on the vaccine movement published this year in PLOS. He was quoted in *Discover* magazine, November 2018:

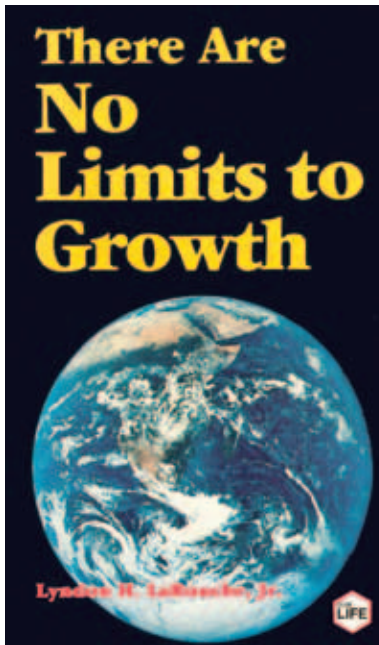
“In Texas, 57,000 kids didn’t get vaccinated this year,” says Peter Hotez, co-author of a paper on the vaccine movement published this year in PLOS. That’s double what it was five years ago, he says. States like Texas allow legal loopholes called nonmedical exemptions [NME], which give parents the right to refuse vaccinations for their children on the basis of religious, philosophical or personal beliefs.

In fact, thanks to the “anti-vaxxers,” not only measles, but also whooping cough, mumps, and other diseases that had been eliminated or severely curtailed, are making deadly comebacks.

Contagion of Evil

I do not pretend that birth control is the only way in which population can be kept from increasing. There are others, which, one must suppose, opponents of birth control would prefer. War, as I remarked a moment ago, has hitherto been disappointing in this respect, but perhaps bacteriological war may prove more effective. If a Black Death could be spread throughout the world once in every generation, survivors could procreate freely without making the world too full. There would be nothing in this to offend the consciences of the devout or to restrain the ambitions of nationalists. The state of affairs might be somewhat unpleasant, but what of that? Really high-minded people are indifferent to happiness, especially other people’s.

—Bertrand Russell



The argument that resources are limited was demolished by Lyndon H. LaRouche, Jr., in his book, *There Are No Limits to Growth*. He developed the idea of physical economy—Mankind, through our unique creative capabilities, has not only developed new resources over thousands of years, but technological developments also allow humanity to increase the number of people that can be supported at increasingly higher standards of living.

One oligarch influential in the early organizing of opposition to vaccines and pesticides—and promoting purely organic farming, as well as the occult, was Rudolf Steiner (1861-1925). The British 19th Century “Pre-Raphaelite Brotherhood,” influenced by John Ruskin, was the point of

origin for Steiner, as well as Satanists like Aleister Crowley. The “Pre-Raphaelites,” among other things, declared that the works of Raphael and Michelangelo were a “corrupting influence” on art. Their influence spawned the likes of Richard Wagner, Friedrich Nietzsche, and the explicitly satanic “New Age” movement. This ideology is intertwined with the Romanticism of the mid-1700s to late 1800s, which asserted that “feelings,” “spontaneity,” “individualism” were primary; that man should take his inspiration from nature, and that science and rationality have no role in the arts.

Steiner founded an esoteric spiritual movement he called “anthroposophy” in the early 20th Century, which was based on theosophy and Rosicrucianism. Broadly, this is known as “gnosticism,” which at its root teaches that a person can secure personal salvation with direct knowledge of the supreme divinity, in the form of mystical insight (i.e., “never mind the human race—save yourself”).

Steiner worked to establish so-called Waldorf Education—many schools of which discourage the vaccination of children—along with “biodynamic” agriculture and anthroposophical medicine.¹

A *New York Times* article, covering a measles outbreak at the Green Meadow Waldorf School in Rock-

1. <https://www.eastbaytimes.com/2008/05/09/whooping-cough-outbreak-closes-el-sobrante-school-2/>

land County in 2019, reported that Steiner believed that,

diseases were influenced by “astral bodies” and that humans can also breathe through their skin ... [and that] rosemary baths were better for diphtheria [than vaccines] and that smallpox could be avoided by being mentally prepared to confront it.²

The so-called “biodynamic” agriculture was the foundation for what today is known as “organic” agriculture—no pesticides, herbicides or chemical fertilizers—which led to the banning of DDT and the loss of countless millions of human beings for lack of grains and other vital foods (see Janet G. West, “[Rachel Carson](#): Whore of Babylon,” *EIR*, November 30, 2018). This Satanic ideology focuses on “individual survival,” as opposed to “lifting all boats in a rising tide.” It permeates the worldview of the leading anti-vaxxers.

There have always been pockets of opposition to vaccinations, but the movement grew rapidly in the 1970s and ’80s. The intent has never been to create “better” or “safer” vaccines, but to shut them down, and allow disease to spread.

The movement seems to have begun in the 1830s, after one generation had been exposed to vaccinations. Their usual argument was either one of violation of privacy and individual rights, or potentially personal harm; but also, that “healthy” people did not need vaccinations.

Around 1882, one of the first “anti-vaxxers,” Boston doctor Immanuel Pfeiffer, publicly announced that healthy people were not at risk from smallpox. He ostentatiously visited a hospital on Gallops Island in Boston Harbor where infected patients were being quarantined, caught the virus, and nearly died. But he continued to oppose vaccines. His stunt seemed to have inspired others; later that year, smallpox broke out in Cambridge, Massachusetts and the city mandated vaccines. A preacher, Henning Jacobsen, refused to be treated. The city fined him; he sued, arguing violation of his personal liberty, and took the case to the Supreme Court. The Court ruled in 1905 that states can mandate

2. <https://www.nytimes.com/2019/06/13/nyregion/measles-outbreak-new-york.html>

vaccinations.

Organized opposition to vaccines was also ramping up. In 1879, a wealthy businessman named William Tebb (1830-1917) founded the Anti-Vaccination Society of America in New York. Other leagues popped up in Pennsylvania, Maryland and Massachusetts. Tebb was influenced by the ideas of such British reformers as John Bright, Richard Cobden, Robert Owen, and an American “Christian Social Reformer,” Adin Ballou. He was also influenced by the writings of scientist and Swedish Lutheran theologian Emanuel Swedenborg (1688–1772), whose sect advocated “clean living.”

In 1982 anti-vaxxers first began to be given major media platforms. A TV documentary was hosted by Lea Thompson, called “DPT: Vaccine Roulette.” DTaP, as the CDC calls it, is a triple vaccine for diphtheria (a bacterial infection), pertussis (whooping cough), and tetanus. The documentary focused on the inoculation’s supposed health risks, told many times through interviews of mothers with sick children, zooming in to a withdrawn or brain-damaged child, with dramatic music for heightened emotional impact on the viewer. Over the ensuing years, numerous health officials, doctors, and researchers have asserted the documentary presented misleading statistics, overplayed risks, and ignored the benefits of vaccination.

One article noted,

The most notable types of anti-vaxxers have claimed that autism and other “profound mental disorders” can be linked to vaccines. This theory was popularized by the British physician-researcher Andrew Wakefield in a paper he published in the *Lancet* [in 1998], and has since been thoroughly discredited. The *Lancet* fully retracted the study in 2010.

Wakefield simply made up the study’s “facts and figures.”

One of the spin-offs from the “Vaccine Roulette” broadcast was the founding of a new anti-vaccination group in 1982, which is the main one nationally today. Originally called Dissatisfied Parents Together (DPT), it is now called the National Vaccine Information Center (NVIC). It was founded by Barbara Loe Fisher and Kathi Williams, two mothers whose children suffered negative side effects after receiving DPT shots, al-

though the cause-and-effect behind these side effects remains to be established.³

Additionally, numerous lawsuits based on these lies alleging “damaging side effects” of the DPT vaccine in particular, spanning years and costing millions of dollars, had the chilling effect of reducing the number of pharmaceutical companies willing to produce the vaccine. In 1960, seven companies made DPT; in 1982, three. And by 1984, just one company.

Barbara Loe Fisher has written a book and several articles, has been appointed to various advisory committees to the U.S. Food and Drug Administration, and has made public comments before several federal agencies, including testimony before several state legislatures and the U.S. House of Representatives. Kathi Williams has also testified before the U.S. House of Representatives, presenting reports of alleged vaccine-related injuries.

Although the NVIC website says the organization is financed by small donations from supporters, one of its major financiers is Dr. Joseph Mercola. His website, www.mercola.com, touts “wellness solutions,” health, fitness and the like, as well as organic farming. He wrote an article in 2017 titled, “Biodynamic Farming and the Legacy of Rudolf Steiner.”

The Slime-Mold Grows Globally

One of the main leaders of the antivaxxers movement in Germany is Dr. Heiko Schöning, who leads an international organization, “Doctors for the Truth” (Ärzte für Aufklärung), which includes doctors, lawyers and other professionals. It participated in the demonstration in Berlin, Germany in August 2020. The organization has a large presence in Portugal and Argentina, in

3. *Deadly Choices: How the Anti-Vaccine Movement Threatens Us All*, by Paul A. Offit, M.D. Basic Books, 2011, p. 40:

“Seizures are more common than most people realize, typically occurring in the first year of life. Indeed, every year as many as one hundred and fifty thousand children in the United States develop seizures caused by fever. Most of these children never have seizures again. However, every year about thirty thousand children, whose first seizure may or may not have been associated with fever, develop epilepsy. When Lea Thompson was putting the pertussis vaccine on trial in the media ... seizure disorders in infants were not very well understood. But, during the next twenty years, neurologists made tremendous strides in sorting out different seizure types based on clinical symptoms, EEG patterns, age of onset, and response to therapies. More important, with the availability of genetic probes, the specific genes that caused many of these epilepsy syndromes were found. As of 2009, the genetics of at least fifteen different epilepsy syndromes had been identified.”



Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center, an anti-vaccination group.

particular. The main argument of these interests is that COVID-19 isn't that dangerous; that masks, social distancing, and applying quarantine standards are unnecessary, and it's all part of an international conspiracy to end democracy and to limit human rights.

Another person who took the lead in those demonstrations in Germany is the 45-year-old Michael Ballweg. He takes responsibility for organizing the anti-lockdown, anti-vax demos in Stuttgart during August 2020. He is part of the so-called “lateral thinkers” movement (“Lateral Thinking 711”), and has expressed sympathy for QAnon. The [website](#) of Ballweg's company, Media Access GmbH, says it has lost some of its biggest sponsors and will soon shut down.

A newly founded German group, “Communication Center for Democratic Resistance” (KDW), also took responsibility for helping to organize the demonstrations, which included a discordant grouping of antivaxxers, right-wing extremists, anti-Semites, and antivivisectionists. Initially, the demos were to protest government restrictions in response to the coronavirus pandemic. The KDW distributes its own 8-page newspaper, founded by Anselm Lenz and Hendrik Sodenkamp, both associated with theater and drama, and sometimes writers and journalists. It is hostile towards the government, the media, and science, issuing verbal attacks on German Chancellor Angela Merkel, the Robert Koch Institute, and virologist Christian Drosten. Drosten is an expert on novel viruses who has re-

cently come to the fore in Germany for methods for reducing the spread of COVID-19).

The United Kingdom doesn't fare any better. Here's a short summary of what appears to be the leadership, or at least prominent spokesmen at the demonstrations in London in 2020:

- **David Icke**, born 1952, British. In the 1980s, he moved toward New Age "alternative medicine" to relieve his arthritis. During that time, he visited a psychic healer, Betty Shine, who told him that he was born to heal the world; later, he received "psychic messages" that he was a "Son of the Godhead." He has written numerous books, such as *The Phantom Self*, and *The Robots' Rebellion*; his biggest "theory" is that an ancient alien race of reptilians interbred with humans. He says that COVID-19 is a hoax.

- **Betty Shine** (deceased) was a member of the Rosicrucian cult, which uses the term "Son of God" to mean one among those who have "purified themselves" and risen to a "higher level of consciousness." This outlook is tied philosophically to a French philosopher, Édouard Schuré (1824-1929), who published Rudolf Steiner's lectures.

- **Piers Corbyn** is the elder brother of former Labour Party leader Jeremy Corbyn. He also declares that COVID-19 is a hoax, claiming that it is a "psychological operation to close down the economy in the interests of mega-corporations."

- **Dr. Vernon Coleman** was born in 1946, and also is British. He became a doctor and a general practitioner, but lost his license in 2016. An avid vegan and libertarian, he believes that AIDS and COVID-19 are both hoaxes. Coleman is now a self-publishing author on Amazon, with one book titled, *Anyone Who Tells You Vaccines Are Safe and Effective Is Lying*.

In South America, the activists who lead these groups in Argentina are Drs. Chinda Brandolino and Roxana Bruno. They agree with the arguments put forward by Doctors for the Truth (Dr. Brandolino is also a member of it), and promote the "miracle cure" of ingesting chlorine dioxide, often advertised as "Miracle Mineral Solution" or MMS.

Chlorine dioxide is an industrial bleach used extensively in medical and agricultural applications, as well as in water treatment. The website chemicalsafetyfacts.org warns:

Claims that chlorine dioxide is a treatment or cure for medical ailments such as autism, HIV,

malaria, hepatitis viruses, influenza, common colds, cancer, or other diseases/ailments are not backed by science. Consumption of chlorine dioxide solutions, such as MMS, can cause nausea, vomiting, diarrhea, and severe dehydration. These products should not be consumed or given to someone to consume. The sale of these products as miracle cures is dangerous and has resulted in criminal convictions.

Dr. Roxana Bruno is an immunologist who asserts that since the "risks" of wearing a mask to prevent the spread of COVID-19 haven't been fully investigated, the mandatory wearing of masks should end. In August 2020, in an interview with Fernando Bravo in Paraguay for Radio Continental de Argentina, she asserted that the development of the COVID-19 vaccine is skipping stages; that the COVID-19 virus (SARS CoV-2) couldn't be isolated; that there was no testing of the vaccine on animals; and that the PCR tests are not specific enough to detect the virus. None of these assertions stands up to scientific standards.

Towards an Inoculation for Stupidity

Although our knowledge of the Universe is (hopefully) moving in the direction of being ever less imperfect, the charlatans among us can always count on having followers as long as there are people whose culture places them in opposition to science and gives them the identity of helpless victims without political power. If one is only concerned about "me, my family, my community, my people," one can be manipulated around defending those perceived interests by the oligarchy.

Look at the mindset of Louis Pasteur, Madame Marie Curie, Dr. Jonas Salk—what is the nature of their sense of identity? Didn't they see themselves as "world-historical" persons, with a sense of responsibility to the human race and to God? Didn't they also have a sense of mission, and a sense of agapē for humanity? Marie Curie reflected on her own discovery:

We must not forget that when radium was discovered no one knew that it would prove useful in hospitals. The work was one of pure science. And this is a proof that scientific work must not be considered from the point of view of the direct usefulness of it. It must be done for itself, for the



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“The mind is the image of God, in that it is capable of Him and can be partaker of Him.”
—St. Augustine. A view of Santa Maria del Fiore Cathedral in Florence, Italy.

beauty of science, and then there is always the chance that a scientific discovery may become like radium, a benefit for humanity.

The General Welfare principle, as articulated in the Preamble to the Constitution of the United States of America, is a universal principle which may be applied in any nation worthy of the name; where it is ignored, the people suffer.

There is also a universal principle in Christianity, *capax Dei*, defined by the great St. Augustine as “The mind is the image of God, in that it is capable of Him and can be partaker of Him.” This principle is apparent in Judeo-Christian culture as well as in other religions such as Islam, which expresses it in the concept of *istikhlaf*—the concept that the Creator decrees that Man is the crown of Creation, and is a representative of the Divine Will and Reason on Earth (The *Holy Qu’ran*, Surah 2, “The Calf,” verses 29-33—depending upon the translation).

It also alive in the Confucian culture of China, through people such as Zhu Xi, the 12th Century genius who was the core person in the Sung Dynasty Confucian Renaissance, and whose ideas and writings became

the core of the Confucian examination system until the revolution of 1911. In his *Reflections on Things at Hand*, Zhu Xi says:

The mind of Heaven to produce things is *ren*, 仁. In man’s endowment, he receives this mind from Heaven, and thus he can produce. Therefore, man’s feeling of commiseration is also a principle of production.

Ren is understood as equivalent to love of humanity or *agapē*.

This principle makes the human being responsible to the Creator (and implicitly to posterity) for actions as well as inactions, as in a loving relationship of a child with his or her parent; mankind participates with God in ongoing Creation. This can create the basis for peaceful cooperation

among nations with the common aim to benefit mankind.

The opposite is the case with those fools who are manipulated to become agents for anti-vaxxers. Characteristically pessimistic, they take no responsibility for the effect of their actions upon the world, especially not for those actions increasing the death rate and misery of humanity.

As more countries report new mutations of the coronavirus, humanity could be facing a species-threatening pandemic. Reality imposes on us the truth that it is not a matter of individual or even national survival. Nations must begin to cooperate—led by the United States, Russia, China and India—to solve this crisis, adopting Helga Zepp-LaRouche’s call for a world-wide system of modern health care.

As Louis Pasteur, the “father of microbiology,” said, “Science knows no country, because knowledge belongs to humanity, and is the torch which illuminates the world.” And, it is through science that mankind has overcome challenges in the past, and can resolve these current crises.

Let us carry that torch with us now, and as humanity moves out into the Solar System.