82 "My parents did it for me!"

In *Just a Little Prick*, in 2005, we predicted that doctors would soon look for any pretext to persuade all possible takers to allow themselves to be injected with regular whooping-cough vaccine boosters throughout adulthood. That time has just about arrived. The way is being paved in an article[1] which analyses whooping-cough hospitalizations in New Zealand, comparing 'before' and 'after' immunization eras, and ostensibly looking at solutions.

The article says, *"poor vaccine coverage is likely to be the dominant reason for the high rates with contributions also from an inadequate two-dose schedule from 1971 to 1984 and more recently from poverty and overcrowding."* The authors maintain that current vaccines are very effective, concluding that the problem isn't the vaccine, but the lack of the use of a vaccine.

We read that the reduction in pertussis hospital discharge rates in the 1950s and 1960s "coincided" with the introduction of mass immunization in 1945. The whooping-cough vaccine uptake rates were abysmal between 1945 and 1960 and those 15 years to me are meaningless. And the whooping-cough vaccination was suspended in the polio epidemic years of the '50s.

Next, we read that, *"It is important to acknowledge the limitations of the data. As this study used hospital discharge statistics it will have under-estimated pertussis incidence."* An important, and more likely, yet unmentioned 'cause' of underestimated whooping-cough cases was that most doctors assumed that any vaccinated baby or child with a whooping-like cough couldn't possibly have whooping cough, therefore diagnosed it as anything but whooping cough. The article mentions limitations, such as changes in laboratory diagnosis methods, and other technicalities, then says that none of those factors explain the increase in whooping-cough hospitalizations from 1910s to the 1940s; the decrease after the vaccine was introduced, and the subsequent increase in cases since the 1970s.

1 Somerville R.L. et al. 2007. "Hospitalisations due to pertussis in New Zealand in the pre-immunisation and mass immunisation eras." *J Pediatr Child Health*, 43(3): 147–53, March. PMID: 17316188.

The inference, then, is that vaccination after 1945 must have been responsible for the drop in hospitalization, so the low levels of vaccinations with too few shots in the '70s, and the presumably continuing unacceptable levels of vaccination uptake are to blame for current rates of hospitalisation.

But think about this for a minute. The authors *also* try to attribute a significant part of the *current* increase in cases to *poverty, overcrowding, and lower socioeconomic issues.*

How is it that these same people do not mention the proven history of a period of nearly 30 years in which there were two major world wars and really severe poverty as a cause of the rise in whooping cough cases between 1920 and 1945, yet state that increased poverty of a much milder kind is of major significance in the rise of whooping cough now?

The authors mention that in the UK and USA in the early 20th century the reduction in whooping cough death rates were *"thought to be due to 'an absolute and proportional reduction in physically substandard children."* It is certainly interesting to note that in the period between 1880 and 1930 in Sweden, the UK and the USA, children's average height increased by ¾ inch, and average weight by 2.5 lb, per decade.[2] These increases had been noted for nearly 100 years, but had not been documented until 1880. When they compared the heights and weights of people from lower socio-economic classes with those of people from the "economic" classes, the increases were the same. Researchers concluded that the size changes weren't due to total calorie intake, but rather to a change in nutrient balance across the board. The study noted that between 1948 and 1953, the increases had slowed markedly, but that *"we can expect children for some time yet to keep well ahead of the clothing manufacturers in the matter of size at a given age".*

It would therefore be logical to conclude that the nutritional improvements across the board were responsible not only for height and weight increases, but also for improved health. Perhaps the difference now is that convenience and junk food rule. Perhaps what we have now isn't so much socio-economic poverty, but poverty of discipline to choose good nutrition and to follow the basic rules which everyone knew in the first half of the twentieth century, no matter their circumstances.

As if to contradict the "poverty" issue, the authors of the article admit that mass immunization has had no significant effect on the time intervals between whooping cough epidemics, even in more recent years when vaccination uptakes were vastly higher than between 1945 and 1980. As far as ordinary people on the ground are concerned, whooping cough has occurred across the board without respect to socio-economic class.

There appears to me to be considerable disconnect in the thoughts behind this

2 *Lancet.* 1956. "Bigger Children." Annotations, July 28, p. 183.

article. Extraordinarily, the authors maintain that, *"epidemic periodicity is central to our understanding of pertussis as an endemic*[3] *disease in adolescents and adults and hence to future immunisation strategies aimed at improving pertussis control",* and that children given the two-dose vaccination programme between 1971 and 1984 will have had poorer vaccine-induced immunity to pertussis, *"therefore they are likely to have experienced more severe disease and to have been effective spreaders of B. pertussis to younger vulnerable children."*

Does only serious disease cause spread? I think not. Serious disease is more likely to result in people staying at home, whereas mild disease is more likely under-diagnosed, and those are the people who continue about their lives normally, spreading whooping cough to every person they meet over a period of weeks.

Lastly, the authors say that the 2006 new schedule of five vaccines, with boosters at 4 years and 11 years, will "start" to address the issues. But do we know where the "start" will "finish"?

This analysis leaves out some very important issues. To selectively use overseas data the way the authors did, to maintain that New Zealand rates are much higher than overseas' rates, is statistical creativity. America's whooping-cough case numbers have sky-rocketed from 9,771 in 2000[4] to 25,616 in 2005. 2007 promises to have seen more cases than 2005. The authors of this New Zealand paper (see footnote 1) chose not to use any of data from after the late 1990s, which effectively skews data comparison. Why would you omit around seven years' worth of relevant data? America and other countries had more childhood whooping-cough injections than we do, they are spread over exactly the sorts of ranges implemented in the new New Zealand schedule. The rest of the world has exactly the same problems as those the New Zealand authors detail. This article is a very shaky foundation upon which to justify vaccinating everyone, everywhere, as often as they can. It also leaves out one very important fact, and that is that all current vaccine formulations are fundamentally flawed. It doesn't matter how many shots, or at what ages we give people the current vaccine, ***all vaccinated people*** will, by virtue of the vaccine formulation, be effective spreaders of the disease, and the reason is simple and proven.

The current vaccine can only prevent serious infection in some vaccinated people, but it can never prevent infection, carriage and spread in those already vaccinated. The reason for this is that the vaccine, unlike natural infection, does not create immunity in the bronchial associated lymphatic tissue to a key toxin called ACT (adenylate cyclase toxin), which is the primary toxin that allows the bacteria to get a hold in the body. Why can the vaccine not do that? Because the

3 Endemic – always there.
4 Johnson, D.R. 2007. "Adolescent Immunization." *Annual Spring Workshop*, Philadelphia, April 18. http://www.phillyimmunize.org/workshop07/Adolimmun.pdf

experts do not consider ACT to be of any importance in vaccine formulation.

Adolescent, adult and grandparent whooping cough vaccination will come here. You can bet on that.

In what form will it come?

You only have to look at what is happening in America to see the angle that will be taken. Those of you looking at Yahoo news[5] recently would have seen a box advertisement with a baby wearing a T-shirt saying, *"My parents did it for me."* The ad says, *"Get vaccinated against Pertussis. Do it for your baby."* If you follow the sign called *"Learn about pertussis",* you get taken to a website[6] which has been put together by Sanofi Pasteur, the manufacturer of an adolescent/adult whooping-cough vaccine.

So you go to the section which says, "Learn about Pertussis".[7] The first thing you read is that pertussis is "highly" contagious and can be fatal for babies. You learn that there are five times more reported cases of pertussis today than there were 10 years ago.[8, 9] You are told, "So vaccinate yourself and your entire family against pertussis. Do it for your baby."

Then follows this amazing statement: "Infant pertussis comes from the parents more often than anyone else," which has two references not worth noting, leading to more statements about how terrible whooping cough is.

Parents are also told at the bottom of the page, if they have read that far, that: "While most infants are given routine DTaP (diphtheria, tetanus and pertussis) immunizations, they do not begin that series of shots until they are two months of age and they may not be fully protected until they receive three or four doses. During this time, they are vulnerable to pertussis. In addition, the vaccination isn't always 100% effective."

Yet parents aren't told this when they first vaccinate their baby. It is strange how doctors assume, when vaccinating babies doesn't work, that vaccinating adults will. Parents are told to print the page out and take it to their doctors.

The next section of this website is called, "How to prevent Pertussis."[10] You are told that the vaccine for adolescents and adults is "highly effective against severe pertussis (cough lasting 21 days or longer)." Sanofi Pasteur quotes two references (1996 and the CDC 'pink book'). But one of the authors of the article that is

5 Friday, 13 July 2007, screen shot saved to hard drive2007.
6 http://www.doitforyourbaby.com/index.html?utm_source=Online_Media&utm_medium=Yahoo
7 http://www.doitforyourbaby.com/pdf/Why_You_Should_Be_Concerned.pdf
8 Centers for Disease Control and Prevention (CDC). 2006. "Final 2005 reports of notifiable diseases." *Morbidity and Mortality Weekly Report (MMWR)*, 55(32): 880–93. (Page 18: 25,616 pertussis cases.) http://www.cdc.gov/mmwr/PDF/wk/mm5532.pdf. Accessed 16 July 2007.
9 Compared with: CDC. *Summary of Notifiable Diseases,* United States. 1995. *MMWR.* 1996. 44(53): 7. (See figure 31; approximately 5,000 pertussis cases.) http://www.cdc.gov/mmwr/preview/mmwrhtml/00044418.htm. Accessed 16 July 2007
10 http://www.doitforyourbaby.com/pdf/How_to_Prevent_Pertussis.pdf

their first reference, published another study two years later[11] showing that ***one in four people vaccinated*** with the "most efficacious five-component vaccine" will subsequently get a persistent cough lasting for 21 days or more. So Sanofi Pasteur considers a vaccine that doesn't prevent infection in a quarter of people who get it, to be effective? What does that mean for you?

Sanofi says that everyone aged 11–64 who spends time with your baby, should get vaccinated, as well as your baby. So let's say, for the sake of discussion, 40 people who have close contact with your baby are all vaccinated.

If one in four vaccinated people will still get severe whooping cough in spite of having the vaccine, that means that 10 out of those 40 people who ***STILL*** get severe whooping cough can pass it to your baby.

The brochure only mentions serious disease, but what about mild disease? Or even unnoticed disease? If the vaccine is ***only*** efficacious against severe whooping cough, does that mean the other 30 people get mild disease instead? Is mild whooping cough not infectious in any way? They don't ask that question. Again, you are to print out this page and take it to your doctor.

On the final page, you are told to ask your doctor the following questions[12] which are also to be printed out.

"Questions to ask your doctor:

* How will getting an adult pertussis vaccination, also known as Tdap, help protect my family from pertussis?
* Can I get the adult pertussis immunization booster?
* If I got vaccinated when I was a child, why do I need this again as an adult?
* Who else in my family should get vaccinated to help protect my baby from pertussis?
* Are there any other steps I should take to protect my baby from pertussis?"

First, ask yourself, '*Why* does a vaccine manufacturer have to formulate questions for *you* to ask your doctor?' Are you too stupid to figure out your own questions to ask? Are doctors provided with the answers? Are they paid for the time it takes to answer them or does the patient have to pay? These questions are presented to you as if they are the only valid questions that need asking. If there were better or more relevant questions, you would have been told about them, wouldn't you? Or would you? Don't you feel that this is all rather orchestrated?

11 Storsaeter, J. et al. 1998. "Levels of anti-pertussis antibodies related to protection after household exposure to Bordetella pertussis." *Vaccine,* 16(20): 1907–16, December. PMID: 9796042.

12 http://www.doitforyourbaby.com/pdf/Questions_to_Ask_Your_Doctor.pdf

The manufacturers of the vaccine don't want you to ask the doctor demanding questions which require real solid, scientific answers.

So let's have a look at what you have NOT been told in this pamphlet, and WHY.

You are being asked to believe that vaccinating everyone will provide an unseen force-field, to stop your vaccinated baby from catching whooping cough. If protecting your baby was as simple as vaccinating all the children, adolescents and adults, then surely there would be no need to vaccinate babies. Especially with a vaccine which can create food allergies and atopy. But no, you still vaccinate the babies as well, to protect against the "safely vaccinated" and "presumed protected" everyone else.

On what basis are you told that vaccinating everyone in contact with your baby will protect them from whooping cough? Will that happen? No, it can't happen.

I've said for years, and restated in our first book,[13] that it's the vaccinated who are the primary spreaders and infectors of whooping cough, and the reason for this can be laid right at the door of the assumptions behind the development and design of all current pertussis vaccines.

When vaccine manufacturers first designed the whooping-cough vaccine they had no idea what the whooping-cough bacteria did inside the body. Neither did they have any idea how the body created immunity to the disease. All they saw was in medical history, was that most people had one attack of whooping cough and never had another one. So they assumed that if they vaccinated everyone, everyone would be immune for life, and they could replicate what they had seen. It sounded simple.

One problem was that the vaccine researchers missed out some key principles of natural pertussis infection. The first is that pre-vaccine, children were the primary spreaders of whooping cough. When a child got whooping cough, their body made key cellular immunity to ACT (adenylate cyclase toxin). Every three years, that child might come in contact with pertussis again. The minute pertussis entered their bronchials, the antibody to the ACT moved swiftly into action, cleared the bacteria very fast, boosted their immunity, and they didn't know they had had contact with whooping cough.

That's all changed now. The vaccine doesn't create cellular immunity to clear ACT, and what's worse, the current vaccines induces tolerance[14], which prevents the vaccinated from ever having that immunity which natural infection created. So when the whooping cough bacteria enters the brochials of someone who is vaccinated, it establishes an active infection, which usually has an typical presentation. This poses diagnostic problems, because doctors don't recognize

13 *Just a Little Prick*, Chapter 12.

14 Cherry, J.D. et al. 2004. "Determination of serum antibody to Bordetella pertussis adenylate cyclase toxin in vaccinated and unvaccinated children and in children and adults with pertussis." *Clin Infect Dis*, 38(4): 502–7, February 15. Epub 2004, January 29. PMID: 14765342.

anything that doesn't "whoop". It's those people who have now become the primary spreaders of whooping cough.

This lack of understanding is what has created the current problems for new parents. Let's look at this in more detail.

In 2000, researchers said, *"We have begun to examine the role of the bactericidal mechanisms in immunity to pertussis."*[15] They've only just begun, in 2000?

Doctors had up until that point simply said, *"antibody in the blood = immunity"*. Though that theory was trashed in the 1990s when it was discovered that the antibodies they thought equalled immunity, didn't, vaccination protection was assumed, none the less.

Even today, researchers[16] still don't know very much about the role of mucosal immunity in whooping cough. Currently, scientists looking at new vaccination ideas, like mucosal vaccines, state quite clearly that the vaccines we use now don't prevent infection, and neither do they stop carriage.[17]

Why would you look at making a different sort of vaccine, if the current one was worth having? Why would you be offering current vaccines, if you knew they don't prevent infection?

With the first whooping-cough vaccines, scientists thought that if they made a vaccine of the all the whooping-cough bacteria components, that "whatever-it-was" that the body needed to make immunity would be picked out of that shot-gun approach, and the vaccine would be successful.

They ignored one very important concept and therefore one very important toxin. The concept is what ***actually happens*** during the infection ***process,*** and the toxin which results from that process. That toxin is ***adenylate cyclase toxin,*** and it is not in any current vaccines, and was only in the whole-cell ones in inadequately minute quantities.

The toxin, and infection process of whooping cough work like this.

When the whooping cough bacteria arrives in your bronchial tubes, it settles down at the base of one of the hairs on the sides, called cilia. While getting comfortable, the bacteria starts producing adenylate cyclase toxin (ACT), which acts like a force-field around the bacteria, initially preventing your mucosal immune system from seeing the bacteria. Normally, immune bodies called phagocytes (neutrophils and macrophages) roam around as bacteria-eating machines, and

15 Weingart, C.L. et al, 2000. "Bordetella pertussis Virulence Factors Affect Phagocytosis by Human Neutrophils." *Infect Immun,* 68(3): 1735–9, March. PMID 10679000. http://iai.asm.org/cgi/reprint/68/3/1735. Page 1735.

16 Mielcarek, N. et al. 2006. "Live Attenuated B. pertussis as a Single-Dose Nasal Vaccine against Whooping Cough." *PLoS Pathog,* 2(7): e65, July. http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1487175&blobtype=pdf. Page 0668 "… the role of mucosal immunity against pertussis has not been much addressed … None of the currently available vaccines induces any significant mucosal response."

17 Orr, B. et al. 2007. "Adjuvant effects of adenylate cyclase toxin of Bordetella pertussis after intranasal immunisation of mice." *Vaccine,* 25(1): 64–71, January 2. Epub 2006, July 31. PMID: 16916566.

destroy bacteria which shouldn't be there, but ACT seems to make phagocytes "blind" to the bacteria initially, and this trick allows the bacteria time to get its little claws more firmly embedded, and to start the real process of infecting the person.

The existence of ACT is nothing new. Doctors have known since 1990[18] that ACT is THE colonizing factor required for whooping cough to start infection.

Doctors, 18 years later,[19] also know that *"While the current vaccines protect against severe disease they afford little protection against colonization by the organism"*. Furthermore, another article by the same authors[20] proves that revaccination does NOT improve bactericidal activity for any vaccinated individual and in some cases caused a statistically significant decrease in the ability of the body to get rid of the whooping-cough bacteria. The authors say, *"... we found no evidence that acellular vaccines promoted antibody-dependent killing by complement, or enhanced phagocytosis by neutrophils"*.

Why might this be?

The reason is best summed up by an American, the supposed all-time expert on whooping-cough disease, Dr James Cherry,[21] who says in the abstract of the article: *"Primary infections with either B. pertussis or Bordetella parapertussis stimulated a vigorous antibody response to ACT. In contrast, patients in whom DTP and DTaP vaccines failed had minimal ACT antibody responses."* (Underlining mine.) The really telling comment comes at the end of the article and reads:

> *"Of particular interest is the lack of a significant ACT antibody response in children for whom the DTP or DTaP vaccines failed. This induced tolerance is intriguing and may be due to the phenomenon called "original antigenic sin"*[22]*. In this phenomenon, a child responds at initial exposure to all presented epitopes*[23] *of the infecting agent or vaccine. With repeated exposure when older, the child responds preferentially to those epitopes shared with the original infecting agent or vaccine and can be expected*

18 Goodwin, M.S. et al. 1990. "Adenylate cyclase toxin is critical for colonization and pertussis toxin is critical for lethal infection by Bordetella pertussis in infant mice." *Infect Immun,* 58(10): 3445–7, October. PMID: 2401570. http://iai.asm.org/cgi/reprint/58/10/3445?view=long&pmid=2401570

19 Weingart, C.L. et al. 2000. "Bordetella pertussis Virulence Factors Affect Phagocytosis by Human Neutrophils." *Infect Immun,* 68(3): 1735–9. PMID 10679000. http://iai.asm.org/cgi/content/full/68/3/1735?view=long&pmid=10679000. Page 1738.

20 Weingart, C.L. et al. 2000 "Characterization of bactericidal immune responses following vaccination with acellular pertussis vaccines in adults." *Infect Immun,* 68(12): 7175–9, December. PMID: 11083851. http://iai.asm.org/cgi/content/full/68/12/7175?view=long&pmid=11083851

21 Cherry, J.D. et al. 2004. "Determination of serum antibody to Bordetella pertussis adenylate cyclase toxin in vaccinated and unvaccinated children and in children and adults with pertussis." Clin Infect Dis, 38(4): 502–7, February 15. Epub 2004, January 29. PMID: 14765342.

22 Janeway, C.A.J. et al. 1999. "Immunological memory." In: Austin, P. and Lawrence, E. (eds) *Immunobiology: the immune system in health and disease,* 4th ed. New York, Elsevier. Pages 402–13.

23 *Epitopes* – separate antigen parts with the bacteria/protein/vaccine.

> *to have responses to new epitopes of the infecting agent that are less marked than normal. Because both vaccines contained multiple antigens (i.e., PT, FHA, PRN, and fimbriae), the patients who had been vaccinated responded to the antigens that they had been primed with and did not respond to the new antigen (i.e., ACT) associated with infection." (Emphasis mine.)*

In other words, the vaccine teaches the immune system the wrong way of dealing with whooping cough, and misses out a crucial first step, that of ACT recognition. As a result, vaccinated people who still got infections got them because that immunity against ACT was absent. Likewise, vaccinated people won't clear whooping-cough bacteria quickly during subsequent infections, because their body will work the same way as the first time, ignoring ACT.

Cherry's article, and others, also showed that *only convalescent serum from people recovering from a natural whooping-cough infection results in fast bacterial clearance* the next time the bacteria takes a peek in their lungs. While there was a small sub-group of the vaccinated who showed some immunity to ACT, Cherry attributed that to "previously unrecognized" whooping-cough infections before those people were first vaccinated.[24]

This supports my original belief first stated by me in published articles in the 1990[25]s, that people whose first experience of whooping cough was a vaccine have an incorrect immune response, and act as carriers and spreaders. I now believe that it won't matter how many boosters adolescents or adults get. Because of James Cherry's original sin concept, it is possible that ONLY people whose immunity came *from the disease itself,* before any vaccine was administered, will react to ACT, and clear out the bacteria quickly. Therefore, I believe that vaccinated people will continue to spread whooping cough regardless.

Presuming that Sanofi Pasteur would know this, why would a vaccine manufacturer start such a campaign? What Sanofi's "do-it-for-your-baby" website doesn't tell you, its home website does.

Here[26] you see two identical pictures of nine people of all ages, with yellow sticky plasters on their arms, one below the other. If you put your cursor on the people in the second picture, the pointer tells you what percentage of baby infections each person causes: Mom = 32%, Dad = 15%, Grandparent = 8%, Childcare workers, friends others = 25%, Brother or sister = 20%.

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24 Cherry, J.D. et al. 2004. "Determination of serum antibody to Bordetella pertussis adenylate cyclase toxin in vaccinated and unvaccinated children and in children and adults with pertussis." *Clin Infect Dis,* 38(4): 502–7, February 15. Epub 2004, January 29. PMID: 14765342. Page 505.

25 Butler, H. 1998."Alice in Blunderland." *Healthy Options,* June, pgs 60-62.

26 http://www.vaccineplace.com/index.cfm?FA=protect/adacel/content&S=HOME&P=HowS_pread

Note these words, right underneath the second identical picture:

> ***It is unknown whether immunizing adolescents and adults against pertussis will reduce the risk of transmission to infants.***

If you click on the picture of the brochure just below that, called "Calling all Moms", and download a patient pdf,[27] you will see that right there on page 5 is the same comment:

> ***It is unknown whether immunizing adolescents and adults against pertussis will reduce the risk of transmission to infants.***[28]

Page 6 of this brochure is quite misleading. It says:

Vaccines "teach" the immune system how to recognize and fight bacteria and viruses before an infection happens.

But the pertussis vaccine doesn't do that: at least, not in the way it "should", if your aim was to obtain immunity which is the same as that which the disease creates.

We read on: *"protective effects of … (DTaP) vaccine are thought to wear off, leaving adolescents and adults susceptible to pertussis."* (Underlining mine.)

Note that word *"thought"*. You would think they would *"know"* by now, not just *"think"!*

The point isn't actually who is the source of infection. The point is, why are these previously vaccinated people going to continue to be "sources" of infection, and why are only a few people talking about induced tolerance and "original antigenic sin"? Perhaps this is the real reason why some older people, vaccinated from the 1940's onwards, are getting whooping cough again and again.

It seems to me that the answer to that question doesn't really matter to Sanofi Pasteur. What appears to matter is that the manufacturers covered their butts, so that if, in 20 years' time, after their vaccine patent has expired, people turn around and say to them, *"Well, your very, very lucrative idea of vaccinating every man, woman, child and their dog against whooping cough, didn't work, did it?"* they can say, *"Well, in the fine print, at the time, we did say that it wasn't known if it would work."*

I can hear you say, "Well, why don't vaccine manufacturers change the vaccine formulation, so that the vaccine WILL provoke antibodies against ACT and work properly for future generations?

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27 http://www.vaccineplace.com/support/brochure/adacelpatientbrochure.pdf

28 Bisgard, K.M. et al. 2004. "Infant pertussis: Who was the source?" *Pediatr Infect Dis J,* 23:985–9. PMID: 15545851.

The problem with that idea, is twofold.

1. The best whooping-cough vaccine would be a mucosal one, not an injected one, and other companies are working hard at that already.
2. To correct any existing vaccination formulation would require the manufacturers to go back to scratch, do a whole new series of safety studies and trials which would cost at least 500 million dollars.

The best reason to NOT reformulate a vaccine is the fact that admitting you have to, alerts parents everywhere to the important fact that you got it wrong in the first place. It creates fewer waves if parents believe that "more of the first vaccine will work".

On that basis, the short-term plan is simple. Get as many people to buy in to the idea of vaccinating everyone, everywhere, all the time, before the existing patent runs out. If the manufacturers convince enough people that mass vaccination of everyone "might" work, those people will again be rendered 'blind' for at least the next 20 years, by which time something "better" might be on offer.

In the meantime, Sanofi Pasteur, and any other vaccine company, is thousands of millions of dollars richer, which was, after all, the whole point. As Dr Mendelsohn used to say to me (and others in his public talks), "Don't expect anything to stop being sold while there is money to be made, and until there is something more expensive ready and waiting in the wings."

In the New Zealand study mentioned at the beginning of this chapter it was said that *"epidemic periodicity is central to our understanding of pertussis as an endemic disease"*. What do you find in history, about who the real movers and shakers were in the world of epidemiology? Were they the people who number-crunched, paper-pushed or spent their time obsessing about the worst cases in hospital?

As far as my reading has led me, all the people who really understood epidemiology and infection were GPs.[29] Emeritus Professor TGC Murrel gives a short dissertation about many of the doctors like John Snow, a city GP who disabled a pump to stop cholera in London; James Parkinson, of Parkinson's Disease fame – a metropolitan GP who was also a self-taught palaeontologist. His other event of note was that he was nearly transported to Australia as a suspect in the 'popgun' plot to assassinate King George III. Pierre Bretonneau was a self-trained French naturalist who described and distinguished diphtheria from scarlet fever, and typhus from typhoid fever. William Pickles, a British GP, defined hepatitis, Bornholm disease and farmer's lung. James Mackenzie … in fact, when I read the history of all the people

29 Murrell, T.G.C. 2001. "The GP as human ecologist." *Aust Fam Phys*, 30(10): 991–5, October. PMID: 11706614. Pages 991–5.

who were serious epidemiologists and who understood the nature, spread and form of disease, they worked in their community, studied in their community, and more interestingly, ***all of them*** challenged the status-quo dogma of the time.

What was that status quo? It was one of nepotism in medical schools; body-snatching for anatomy teaching purposes; doctors who did deals with the hangmen of the day, and with judges. Not only were many, many coffins buried empty, but the deportations of convicts to Australia fell away sharply as a result of worse-than-shady deals that doctors did with the legal system. We know all about this, because it was exposed by Dr Thomas Wakley. As a result of opening his mouth he was nearly expelled from his practice. His counterpunch to his peers was to launch and edit ***The Lancet*** and he specialized in exposing devious medical politics. Who in the mainstream would dream of doing that now, and would he even be allowed to? At least in those days, whistleblowers didn't have the might of the "delicate fabric of collaboration" between pharmaceutical companies, WHO, UNESCO, government, medical schools, "experts" associations and bodies of the time, to contend with!

While all the surgeons and hospital specialists of the time considered GPs "practitioners of nothing", when you look at all the meaningful strides made in infectious disease control, public health and medical thought from 1800–1950, the majority of that progress stemmed from the work of very observant practitioners of nothing!

GPs need to return again to being specialists and activists in human ecology, and understand real health and stand up for making the body healthy. Real health will not come from doctors who act as technicians, consulting pharmaceutically provided texts, before implementing prescribed tests, surgery and policy and administering prescribed drugs. Right now, we are having our health systems run by a mix of pharma-medico-policrats[30], in a way which is little better than was the case in the early 19th century.

It is these medico-policrats who are wanting to convince hundreds and thousands of human guinea pigs, to line up and be vaccinated, because we need to "do it for our babies".

Guinea pigs beware … ask yourself, "What have we NOT been told?" and "Why have we not been told it"?

30 My way of describing a situation where pharmaceutical companies, medical authorities and politicians appear to be joined at the hip.

83 Dear Reader… Which Prick Will It Be?

"Five ought to be enough – no, I'll make it six," mused Anne as she prepared to parcel up copies of Max Comfort's book to send to her sister Reedeth Lotts. She thought of her own impatience as she had waited for the book to be printed. Reedeth would definitely want a copy! The Kerrs had been busy doing their share of getting the books circulating as widely as possible. As Anne arranged the contents of the package, she carefully placed the letter she had written in the box, before making sure the contents would arrive in good condition. Every time Anne wrapped up one of these books she smiled as she thought of the title. Yes, Fran and Max were made for each other, and there was no doubt that the unusual marriage proposal delivered to Lulling Sounds a few weeks ago would be a constant, deeply personal reminder of the love cementing their relationship in the days to come. Ann knew all about the significance of "a play on words". Ernest C. Kerr had married "an eagle" who had become an "anchor"! She thought of the time when Ernie had composed a special version of a song, and sung it to her as they had made their way home from a romantic evening in the park on Heaven's Tableland. She remembered her response too. She was, and always would be, proud to be his Anne Kerr[1].

Putting Danny in his push chair with the box of books to look after, Anne decided to enjoy the walk to the Whittle Downs Post Office and to relive so many happy memories associated with the developments that had taken place on Stan Firmly's property.

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1 Described in greater detail in The Great Divide!