

The Occulted History of Vaccines Part 1 Smallpox

(or Tyranny and Eugenics through Public Health, Bioterrorism, and Vaccines Part 11)

<https://janaesp.com/vaccines-history>

DO VACCINES SAVE LIVES?

Anthony Fauci claims “vaccines have eliminated diseases.”

<https://www.youtube.com/watch?v=qPbQTRjwmr4>

We are told that vaccines save millions of lives yearly, but this is not supported by any real evidence and these numbers are based on something that never occurred. This rests on germ theory and the belief that naturally pathogenic wild viruses are a threat to man and are a main cause for particular diseases, which vaccines supposedly prevent.

But all three of these premises are misleading. The first two we discussed in Part 3-5, as one, viruses are created by the body to assist the body in eliminating cellular waste and it is the tampering of viruses and putting them where they don't belong that makes them pathogenic. Two, there are other causal factors for diseases we claim are solely viral, and now let's turn to the third assertion.

The diseases vaccines are suppose to prevent are extremely uncommon; even the CDC admits you may not need the protection vaccines offer. Because of this, most people won't get the diseases vaccines supposedly prevent without the vaccine.

These uncommon illnesses are short-lived and usually do not have long-term consequences; they also have extremely low mortality (less than 1% die with these diseases). Therefore the claim that vaccines save millions of lives, really means preventing millions of cases, a convenient conflation, but even millions cases yearly is an extreme exaggeration for these rare diseases based on the historical past when they were more common.

The book compilation: *Vaccines: The Biggest Medical Fraud in History* shows a chart of one's chances of dying from these rare diseases before vaccines were even introduced, saying “in many cases, you have a higher chance of being struck by lightning or a meteorite than harmed by these “life threatening diseases.” (p.13)

<https://ia801701.us.archive.org/9/items/vaccines-the-biggest-medical-fraud-in-history-2018-e-book/Vaccines%2C%20The%20Biggest%20Medical%20Fraud%20in%20History%20%282018%20E-Book%29.pdf>

Disease name	Year vaccine introduced	Fatality/harm (before the vaccine)	Population NOT harmed (before the vaccine)
Pertussis (whooping cough)	Late 1940s	1 in 77,000	99.9987%
Tetanus	Late 1940s	1 in 200,000	99.9995%
Diphtheria	Late 1940s	1 in 83,000	99.9988%
Polio	1955	1 in 100,000	99.999%
Measles	1963	1 in 500,000	99.9998%
Rubella	1963	1 in 1,000,000	99.9999%
Mumps	1967	1 in 2,000,000	99.99995%
Hib (Haemophilus influenzae type B)	1985	1 in 600,000	99.999833%
Hepatitis B	1991	1 in 1,400,000	99.999929%
Chickenpox	1995	1 in 2,300,000	99.999957%

Before vaccination . As you can see, the chances of anyone being harmed by these “vaccine preventable diseases” are so small that it’s not even worth worrying about. In many cases, you have a higher chance of being struck by lightning or a meteorite than harmed by these “life threatening diseases”. Source: 1) CDC Reported Deaths from Vaccine Preventable Diseases, US, 1950-2011, 2) Vital Statistics in the United States 1940-1960, US Department of Health, Education, and Welfare.

This chart (below) after vaccination was introduced shows that you are 625% more likely to die from the toxins in the vaccines than the diseases the vaccines are suppose to prevent using VAERS data. (p.21)

Vaccines (birth to 18+ years old)	Vaccine deaths	Chance of death	Natural death	Chance of death
Pneumonia	85	0.00002673%	20	0.00000629%
Polio	85	0.00002673%	0	0.00000000%
Diphtheria	74	0.00002327%	0	0.00000000%
Tetanus	74	0.00002327%	0	0.00000000%
Pertussis (whooping cough)	73	0.00002296%	14	0.00000440%
Hib (Haemophilus influenzae type B)	69	0.00002170%	0	0.00000000%
Influenza (FLU)	53	0.00001667%	19	0.00000597%
Hepatitis B	50	0.00001572%	13	0.00000409%
Rotavirus	47	0.00001478%	0	0.00000000%
Measles	6	0.00000189%	0	0.00000000%
Mumps	4	0.00000126%	0	0.00000000%
Rubella	4	0.00000126%	0	0.00000000%
Varicella (chickenpox)	4	0.00000126%	0	0.00000000%
Meningococcal B	3	0.00000094%	10	0.00000314%
Hepatitis A	2	0.00000063%	1	0.00000031%

After vaccines were introduced. Data gathered and tabulated from the CDC (Centers for Disease Control and Prevention), and VAERS (Vaccine Adverse Event Reporting System), 2014. When you vaccinate, you are 6.25x (625%) more likely to die from the toxins in the vaccines than the diseases those vaccines are supposed to prevent. Vaccination is all risk and no reward.

Now, it is a fact that mortality has declined in the 20th century, as well as cases of these rare infectious diseases, but the assumption that vaccines were responsible for this is inaccurate.

Harvard educated Dr. Edward Kass, the President of Infectious Diseases Society of America, gave a speech in 1970 showing that many diseases declined before the introduction of certain medicines and vaccines! Kass claimed that too much credit is being given to medical advancements, especially vaccines, than to public health of improved social conditions (such as sanitation, less crowding, and nutrition). He never refers to vaccines as the greatest invention.

<https://childrenshealthdefense.org/news/the-impact-of-vaccines-on-mortality-decline-since-1900-according-to-published-science/>

In 1977, an article associated with Boston University and Harvard University titled *The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century* claimed that:

...the introduction of specific medical measures and/or the expansion of medical services are generally not responsible for most of the modern decline in mortality.

<https://www.milbank.org/wp-content/uploads/mq/volume-55/issue-03/55-3-The-Questionable-Contribution-of-Medical-Measures-to-the-Decline-of-Mortality-in-the-United-States-in-the-Twentieth-Century.pdf>

In 2000, the Journal of Pediatrics published “Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century,” where the CDC and Johns Hopkins stated:

Between 1900 and 1998, the percentage of child deaths attributable to infectious diseases declined from 61.6% to 2%.

Later in the article it states:

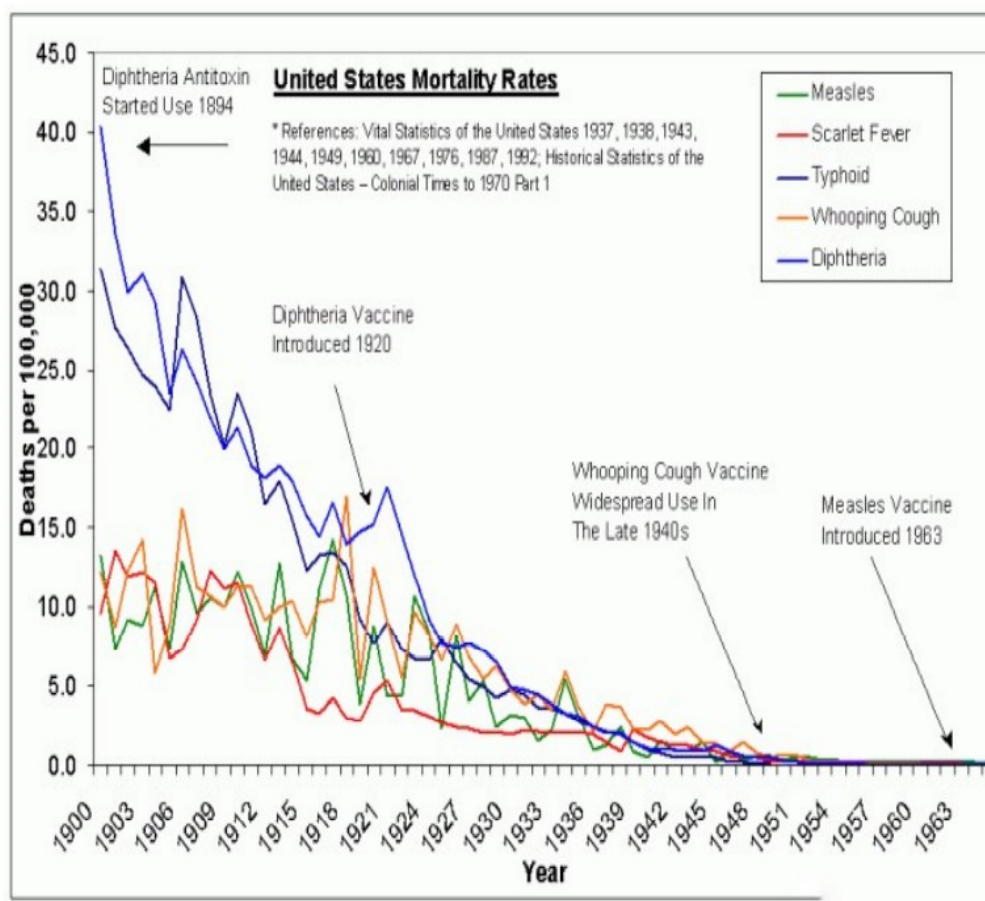
“Thus vaccination does not account for the impressive declines in mortality seen in the first half of the century...nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available.”

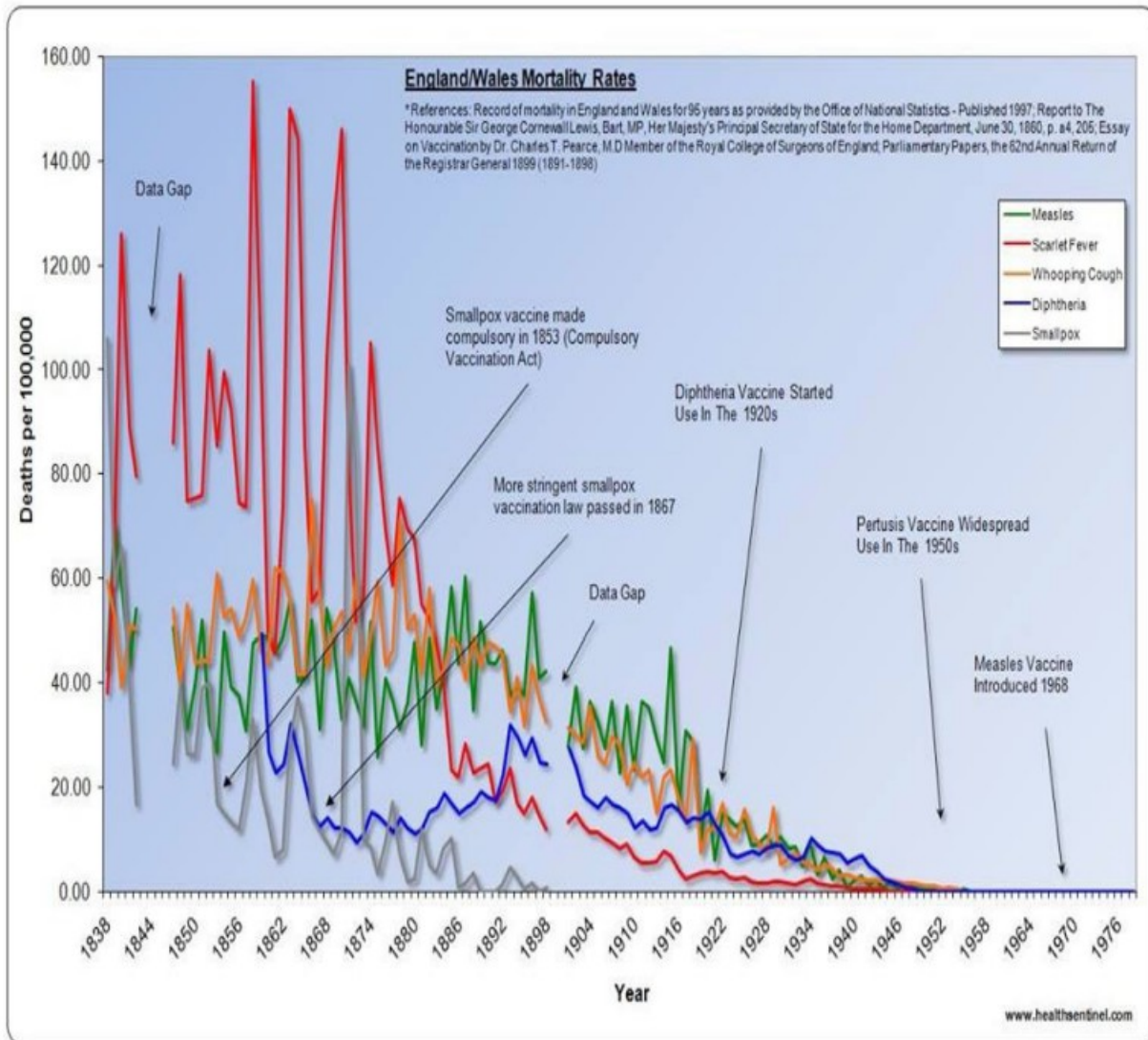
<https://pubmed.ncbi.nlm.nih.gov/11099582/>

In the CDC article on *Achievements in Public Health, 1900-1999 Impact of Vaccines Universally* it states that “dramatic declines in morbidity have been reported for the nine vaccine-preventable diseases for which vaccination was universally recommended for use in children before 1990.” But in the entire article it never claims that the cause for the decline was vaccines—these are merely two simultaneous events,

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00056803.htm>

Graphs from Vital Statistics in the United States:





When looking at the graphs from the U.S. And England we can see that the decline of disease mortality occurred before the vaccines were even made, and this is from government data.

Now, even though (what are called) infectious diseases have gone down—like measles, mumps, scarlet fever, typhoid, tuberculosis, pertussis, diphtheria, smallpox, tetanus, hepatitis, dysentery, and polio—there are emerging viral disease like HIV, SARS, Ebola, HPV, and lyme disease, as well as a whole new class of chronic and degenerative diseases like Alzheimer, arthritis, asthma, autism, cancer, CFS/ME, diabetes, dementia, Fibromyalgia, organ disease, leukemia, lymphoma, etc.)! We've simply traded one set of diseases for another!

In 1970, before the advent of so many vaccines, 6.9% of the gross domestic product was spent toward public and private health, and in 2019 that increased to 17.7% of GDP.

https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-usspendingovertime_4

Before we discuss more about why infectious disease mortality declined in England and America, let's go back into vaccine history before the 1800s.

The Beginnings of Inoculation

"The practice of inoculation spread like a noxious weed, from the savage tribes of the forgotten past into the civilizations of Africa, Arabia, Tibet, India and finally into Europe and America." —Dr. Eleanor McBean, PhD, ND, "The Poisoned Needle", 1957

We cannot find the exact time and place of the origin of vaccination; it has been a superstition of many empires like India and China going back millennia... the reason being that ancient people observed that those who had certain illnesses, like small pox, never got it again.

Ancient people wanted to mimic natural immunity by inflicting a small form of the disease to prevent the greater form as this superstition is based on fear of the future. This was done by making incisions in the body and then inserting infected animal pus or tissue into it.

Short Video: *From Smallpox to Coronavirus: The History of Vaccinations* Explained NBC News

<https://youtu.be/6iRatByNw08>

Smallpox was the most common of these dreaded diseases, involving severe flu-like symptoms accompanied by ulcers in the mouth, skin rash, and fluid-filled pustules that occur all over the body particularly the face. While it is contagious, it first manifests because of unhealthy conditions internal and external.

In 1714, the journal of the Royal Society in London called *Philosophical Transactions* published two treatises from an Italian and Greek physician endorsing the inoculation procedure used in Turkey. The Royal Society is an eugenics/elitist organization and major propaganda center for scientism connected to the British Crown.

Article: *Vaccinations of the Ethnic Greeks (Rums) Against Smallpox in the Ottoman Empire*

https://jag.journalagent.com/erciyesmedj/pdfs/EMJ_43_1_100_106.pdf

Lady Mary Wortley Montagu, wife of the English Ambassador of Turkey, had her son inoculated in Constantinople (of the Ottoman empire) in 1717 after reading the treatise. When she returned to London in 1718, she began marketing inoculation.

<https://www.nature.com/articles/s41599-020-0431-6>

Inoculation, also called variolation, is a much cruder form of vaccination in which the drying pus from a smallpox patient would be scrapped and inserted into the created wound of a healthy person, giving him a mild case of smallpox that was assumed to confer lifetime immunity. It was known that variolation had a 5-10% fatality rate.

In New England in 1716, Cotton Mather, a member of the Royal Society read the inoculation treatise and was told by his slave that he was immune to smallpox because of receiving inoculation in Africa.

In 1721, a smallpox epidemic occurred after a British ship arrived in the Boston harbor from Barbados and a few sailors started to exhibit symptoms. During the same month Lady Mary publicly inoculated her 3-year old daughter in England.

In Boston, Mather pitched the idea of inoculation to contain the spread of smallpox to Dr. Zabdiel Boylston of Harvard University who tried it on his youngest son and two slaves all whom supposedly recovered in a week. They were assumed to be life-long immune.

Boylston eventually "inoculated 287 people, with six resulting deaths."

https://en.wikipedia.org/wiki/Cotton_Mather

"[This] raised a horrid clamour' among the people of Boston... Boston's Selectmen, consulting a doctor who claimed that the practice caused many deaths and only spread the infection, forbade Boylston from performing it again... The New England Courant published writers who opposed the practice."

...Several opponents of smallpox inoculation, among them Rev. John Williams, stated that there were only two laws of physick (medicine): sympathy and antipathy. In his estimation, inoculation was neither a sympathy toward a wound or a disease, or an antipathy toward one, but the creation of one. For this reason, its practice violated the natural laws of medicine, transforming health care practitioners into

those who harm rather than heal.”

According to this pro-vax historical article:

“Human trials were shut down by the Boston selectmen.... Boylston bravely ignored them...

Physicians in the town wrote that 'after mature deliberation, that inoculation had moved the death of many persons and had brought distemper upon many others which in the end proved deadly to them and that the natural tendency of infusing such malignant filth into the mass of the blood is to corrupt and putrify it'.”

Article: *To inoculate, or not to inoculate—that is the question:*

<https://historicalnovelsrus.com/2020/12/02/to-inoculate-or-not-to-inoculate-that-is-the-question/>

The *Poisoned Needle* contains more of this quote By the Select Men of the Town of Boston (July 22, 1721 p.30) as the original source is not available on-line:

... and if there be not a sufficient discharge of that malignity by the place of inoculation or elsewhere, it lays the foundation for many dangerous diseases; that the operation tends to spread and continue the infection in a place longer than otherwise might be (as in the case of smallpox); that the continuance of the operation among us is likely to prove of the most dangerous consequences.

<http://www.whale.to/a/mcbean.html>

Article: *Debate about Small Pox vaccination:*

<http://nationalhumanitiescenter.org/pds/becomingamer/ideas/text5/smallpoxvaccination.pdf>

“The Boston citizens were so strongly opposed to inoculation, they even threw a lighted hand grenade into Mather's room.” <https://pubmed.ncbi.nlm.nih.gov/11623749/>

And with it contained a note that read: “Cotton Mather, you dog, damn you. I'll inoculate you with this, with a pox to you.”

Now, of course this will be used to make anti-vaxxers look violent and while this may not be the right way to deal with the situation, we can sympathize with the righteous anger behind it and the citizen's desire for it to stop.

While Boylston was regarded as a pariah in Boston, he was honored by the Royal Society in London. Mather died too soon to receive his London accolades.

We are told that the worst outbreak of smallpox occurred between April 1721 to February 1722 but inoculations were occurring between June and November of 1721; so the year of the greatest epidemic is also the year inoculation commenced.

<https://sitn.hms.harvard.edu/flash/special-edition-on-infectious-disease/2014/the-fight-over-inoculation-during-the-1721-boston-smallpox-epidemic/>

From *War Against Smallpox:*

In 1722, Thomas Nettleton of Halifax acknowledged that one of the sixty-one patients he had inoculated had died, but observed that the mortality rate among people who caught the disease naturally was one in five. For him, it was a matter of applying merchant's logic: 'state the account of profit and loss to find on which side the balance lies ... and form a judgment accordingly (p.21).'

This dehumanized logic underlies the worldview of utilitarian collectivism and the rationalization of evil and murder as saving more lives and for the public good.

Inoculation was correctly seen as fighting fire with fire.

Many Bostonians and many Londoners believed that the practice increased the number of smallpox cases, added to the contagion and increased the overall mortality...

By the late 1720s inoculation was losing ground in Britain (pp.21-22).

After Lady Mary Wortley Montagu's inoculation promotion:

...the procedure initially had little social reach. The reports of death and concern that inoculation spread the infection created anxieties and stoked outrage among the population at large. The chance of severe or fatal outcome was a source of stress to the practitioner... Lady Montagu herself came to regret 'her patriotic undertaking' and claimed she would never 'have attempted it if she had foreseen the vexation, persecution, and even the obloquy it brought upon her' (p.34, *Ibid.*).

As with New England, in Britain there was a decline of inoculation in the 1730s as it was publicly known to be a failure (p.23). However, "in fashionable circles, approval of inoculation became emblematic of enlightened opinion (p.36)."

Even though Voltaire supported inoculation—as most aristocrats did, he was able to grasp public sentiment, as he wrote in 1733:

It is inadvertently affirmed in the Christian countries of Europe, that the English are fools and madmen. Fools, because they give their children the small-pox to prevent their catching it; and madmen, because they wantonly communicate a certain and dreadful distemper to their children, merely to prevent an uncertain evil (p.73, the following...).

Letters Concerning the English Nation by Voltaire

<https://archive.org/details/lettersconcernin00voltuoft>

Regarding colonial smallpox inoculations, an article written in 1764 in the *Gentleman's Magazine and Historical Chronicle* showed that 38 years after variolation, small pox had increased from the 38 years before variolation (going from 54,040 deaths to 78,500 deaths)...concluding that "since inoculation has been practiced in London the mortality of the smallpox is augmented," and that "the practice of inoculation manifestly tends to spread the contagion, for a contagious disease is produced by inoculation where it would not otherwise have been produced..." (p.333)

<https://hdl.handle.net/2027/mdp.39015018389273>

In 1927, the Councillor W. Ashbury, Chairman of the Sheffield's Health Committee said:

It has been calculated that from 1721 to 1758 smallpox inoculation was responsible for the deaths of no less than 22,700 persons from smallpox in London alone.

<https://journals.sagepub.com/doi/10.1177/146642402704800406>

Reference Article: Small-Pox Vaccines: The Origins of Vaccine Madness 2010

<http://www.jennifercraig.net/blog/2014/6/16/smallpox-vaccine-the-origins-of-vaccine-madness-february-26-2010>

The American Revolution and Smallpox Inoculation

According to the *Pox Americana* (author Elizabeth A. Fenn):

...although the smallpox scourge of 1775-82 coincided almost perfectly with the American Revolution and took many more American lives than the war with the British did, it remains almost entirely unknown and unacknowledged by scholars and laypeople alike (p.13).

Why is this the case and why is history being obfuscated?

It was well known that "Inoculation was risky business, and many did die from the illness they inevitably (and necessarily) contracted through the procedure (p.37)..." and that "inoculations could spread the disease and spark new epidemics."

Because of this the method of quarantining and isolating smallpox victims was preferred.

In 1767 John Smith, second cousin to George Washington, had created a small pox inoculation hospital in Virginia and the residents feared that he was spreading the disease instead of preventing it.

In Feb. 1768 he was accused of causing two or three outbreaks of smallpox in the colony, including one in Williamsburg, by failing to quarantine his patients long enough after inoculation.

<https://founders.archives.gov/documents/Washington/01-02-02-0003-0022-0031>

There were riots and protests against royal authority and against inoculation hospitals. "Because the practice was so controversial, inoculation came under legal restriction" in some areas (p.41, *Pox Americana*)

Besides inoculation shops, it was well-known that epidemics occurred "in association with military campaigns" (p.33)

The Siege of Boston was a nine-month standoff between the British and American armies under the command of George Washington starting in April 1775 after the battle of Lexington and Concord when British troops fired on American militiamen.

The British used smallpox as a biological weapon against the American military. Before that, the British used smallpox during the French and Indian war (1756-1763), giving Indians infected blankets. In a letter from 1763, General Jeffrey Amherst told a colonel "I will try to inoculate the Indians by means of Blankets that may fall in their hands."

Smallpox and other diseases were used as bioweapons of the so-called civilized world that would annihilate and weaken indigenous peoples to conquer them and take their land, even back to the days of Columbus, who brought smallpox to North America.

Returning back to the American Revolution, the method for small pox transmission to the Continental armies was by inoculating British soldiers as well as refugees and persons of Boston in the attempt to infect the rebel armies. Here's the proof:

Article: *Smallpox at the Siege of Boston: "Vigilance against this most dangerous Enemy"* by Ann M. Becker

<https://www.westfield.ma.edu/historical-journal/wp-content/uploads/2019/11/Smallpox-at-the-Siege-of-Boston.pdf>

From *Smallpox at the Siege of Boston*:

In fact, British troops suffered high rates of sickness before and during the Siege of Boston. Anecdotal evidence shows that soldiers suffered greatly and died "in considerable numbers" from dysentery, smallpox, and other diseases and that 'officers and soldiers in Boston were much dispirited' (p.16).

...By inoculating his non-immune troops, the British commander believed he could protect his army while forestalling aggressive military action on the part of the Americans: he assumed that Washington would be loathe to expose his troops to smallpox by assaulting a city suffering a variola epidemic (p.18).

In a report to the provincial Council of Massachusetts on December 3, 1775, aide-de-camp Robert H. Harrison reported: Four [British] deserters have just arrived at headquarters giving an account that several persons are to be sent out of Boston . . . that have lately been inoculated with the smallpox, with the design, probably, to spread infection to distress us as much as possible (p.10).

...[Washington] informed [John] Hancock early that month that the British were sending Bostonian civilians out of the city, and that, "a Sailor says that a Number of these coming out have been inoculated with the design of Spreading the Small pox through this Country and Camp."

...Washington reported to Hancock a few days later that, "The small-pox rages all over the town. Some of the military [British] as had it not before, are now under inoculation. This, I apprehend, is a weapon of defense they are using against us" (p.19).

[Boston resident, Ezekiel] Price's informant reported that Dr. Rand (of Boston) had confessed to "effectually given that distemper among those people" likely through inoculation. British germ warfare had indeed succeeded: smallpox spread throughout the Massachusetts countryside."

Months later, newspaper reports validated Washington's belief that the British had intentionally attempted to spread the disease. In February 1776, the Boston Gazette reported that Thomas Francis, a young indentured servant, had been inoculated with smallpox and forced by his master to

board a British refugee ship sailing to Port Shirley. As a result of this calculated (indeed, forced) exposure, several other passengers contracted the disease (p.20).

Thus, the deliberate use of smallpox as a weapon by the British strengthened Washington's resolve to protect his army and convinced him to take cautionary maneuvers in the face of this deadly infection (p.20).

During the time of the Boston Siege, in the winter of 1775, some American troops went to capture the British province of Montreal and Quebec to enlist French Canadians. The venture was considered a failure ending in retreat with many casualties.

Thomas Jefferson wrote about the British using smallpox as biological weapon against the troops in Quebec saying:

"I have been informed by officers who were on the spot, and whom I believe myself, that this disorder was sent into our army designedly by the commanding officer in Quebec," he wrote to the French historian François Soulés (p.85, *Pox Americana*).

At the end of 1775 under Benedict Arnold, "American prisoners and soldiers in Canada insisted on self-inoculation," which "spread the contagion among the soldiers indiscriminately" (p.414 of the following).

From *Smallpox in Washington's Army: Strategic Implications of the Disease During the American Revolutionary War* by Ann M. Becker:

https://www.sjsu.edu/people/ruma.chopra/courses/h174_MW_F11/s3/smallpox_GWArmy.pdf

Inoculation without quarantine exposed anyone not protected by prior immunity to the risk of illness. As the soldiers went about their business after inoculation, they infected others. This procedure therefore created a spiraling sequence of events-as soldiers introduced the contagion, the incidence of disease increased, followed by fear of contraction and more self-inoculation. Smallpox spread rapidly among the American troops, removing soldiers from active duty at a time when Arnold needed every man.'

As early as December 1775, Private Henry complained, "Great numbers of the soldiers inoculated themselves for this disease... either to obtain an avoidance of duty, or to get over that horrible disorder in an easy and speedy way." By January 1776 the disease was spreading rapidly and severely affected the ability of the invasion force to function. (p.35, *Ibid.*)

It goes on to say that about half of the forces had contracted smallpox (p.36). The Canadian campaign was destroyed by it.

While inoculation was prohibited in Canada as it was known to cause epidemics, "officers ignored or quietly sanctioned rank-and-file inoculations," according to *Pox Americana* (p.68).

Military doctor Issac Senter in his diary dated Jan 6, 1776 claims that he was ordered by Gen. Thomas to "repair to Montreal and erect a hospital for their reception, as well by the natural way as inoculation..." saying, "I generally inoculated a regiment at a class."

https://arnoldsmarch.org/wp-content/uploads/2015/02/Isaac_Senter.pdf

He even mentions that he "obtained a fine capricious house belonging to the East India Company," that could fit six hundred.

Why was this British company providing the space to infect soldiers with smallpox via inoculation?

Recall (from Part 8) that this British company was the most powerful multinational corporation the world had ever seen from 17th to 19th century and it created the infrastructure for the global corporate empire of today.

Isaac Senter's son would work for the East India company and was suspected of British sympathies when later working for the U.S. army.

Returning back the inoculation issue:

...Dr. John Morgan, the Medical Department's former director general, later blamed the army's disgrace and misfortunes in Canada on the Shameful proceedings of the Surgeons, in spreading the smallpox by inoculation... in the face of the enemy." (p.44, *Smallpox in Washington's Army*)

Because of the disaster in Canada, Washington was reluctant to consider inoculation for the troops in

the colonies (p.43, *Ibid.*).

However, somehow doctors still got orders to inoculate in Boston as military physician Dr. James Thatcher claims he received orders to inoculate for smallpox in March 1776. Afterwards "the disease spread uncontrollably in and around Boston in mid-1776" (p.23, *Smallpox at the Siege of Boston*).

In May 1776 George Washington ordered strict punishment for any officer who submitted to the inoculation procedure, saying (p.43)

Any Officer in the Continental Army, who shall suffer himself to be inoculated, will be cashiered and turned out of the army, and have his name published in the News papers throughout the Continent, as an Enemy and Traitor to his Country (p.64, *Smallpox, the Continental Army, and General Washington*).

Only a few months later Dr. James Thacher writes in his military journal:

July 3rd 1776—Orders given to inoculate for smallpox, all the soldier and inhabitants in town, as a general infection of this terrible disease is apprehended. Dr. Townsend and myself are now constantly engaged in this business.

https://books.google.com/books/about/A_Military_Journal_During_the_American_R.html?id=YR4TAAAYAAJ

Massachusetts lifted its ban on inoculation for 12 days in July in which 5,000 civilians and military personnel were inoculated which was half the people of Boston (p.24, *Smallpox at the Siege of Boston*).

According to the George Washington Library at Mount Vernon, "epidemics broke out in both Boston and Philadelphia in the summer of 1776."

<https://www.mountvernon.org/library/digitalhistory/digital-encyclopedia/article/smallpox/>

Smallpox, the Continental Army, and General Washington by Fritz Hurschfeld discusses how in February 1777 General Schuyler, a commander in the Northern Department said:

"I fear nothing will prevent Villains from continuing to inoculate in the Army, unless a Resolution of Congress making it Death for any Officer or Soldier to suffer himself to be inoculated and for any person that does it..." but then one month later he writes: "His Excellency General Washington has recommended me to assist the Army... to be inoculated" (p.54).

<https://scholarworks.wm.edu/cgi/viewcontent.cgi?article=4733&context=etd>

What changed Washington's mind, orders from the higher-ups perhaps? In January 1777, Washington and Congress ordered mandatory inoculations. New hospital facilities had to be set up to care for the inoculated. (p.65, *Ibid.*)

We only have records for one inoculation hospital in Virginia. There were complaints of neglect and mismanagement for the inoculated and that out of 300 inoculated, 20 died.(p.68, *Smallpox, the Continental Army*)

British writer John Haygarth wrote in 1793 that, "When General Washington inoculated his New England Army, there were scarcely men enough free from the disease, or not liable to take it, to keep guard at the different hospitals." (111) (p.24, *Smallpox in Washington's Army...*)

Continued from *Smallpox in Washington's Army*:

[The inoculation] removed large numbers of soldiers from active duty at critical junctures in the war, affecting his ability to function militarily.

From January to March 1777, Washington referred often to the fact that his most reliable troops...were ill with smallpox.

[Washington even said]: unhappily for us, most of those that could be depended upon, are down with the Small Pox, either by Inoculation, or in the natural way."

After mass forced inoculations in Valley Forge at the end of 1777,

“the number of troops “present fit for duty & on duty” dropped from 14,122 in December 1777 to 8,095 in January 1778 and 7,316 by March... Washington desperately needed men... In May 1778, 3800 men had small pox or were under inoculation. (p.92-94, *Pox Americana*)

Video clip: George Washington and Smallpox- Lessons in Leadership from the History channel

<https://youtu.be/7O5xE5hMNkU>

A footnote from *Smallpox in Washington's Army* says:

Only four of every five hundred soldiers inoculated died, and Washington had all of his non-immune troops inoculated during the winter of 1778 at Valley Forge. Though the mortality rate was low, between three and four hundred soldiers must have died from inoculation in 1777 alone, as nearly forty thousand soldiers underwent the procedure. (p.46)

Now, we know that the numbers are probably much higher than this as in the Virginia hospital 20 died out of 300 inoculated. With that ratio, knowing at least 40,000 soldiers were inoculated in 1777, 2,666 soldiers could have died from inoculation.

While historians try to make this look good by claiming death by inoculation was at a rate less than small pox mortality (from 15-20% to 5-10%), it remains an act of murder. To murder people in the hopes of saving other people is the false morality of *utilitarian collectivism*.

Around 1779 the British promised freedom to the African American slaves in exchange for helping them win against the Continental forces only to betray them and use their bodies as biological weapons against the American troops.

Thomas Jefferson believed 30,000 slaves joined the British and 27,000 died of small pox and camp fever. (p.118, *Pox Americana*)

Many believed that the expulsion of black loyalists was the British attempt to spread smallpox to the Continental forces, the militia, and civilian population, as infected black bodies were strewn across the roadsides.

On June 24, 1781, the Connecticut soldier Josiah Atkins stated his opinion that Cornwallis has “inoculated 4 or 500 [blacks] in order to spread smallpox thro’ the country, & sent them out for that purpose.”

Three years before Yorktown, a book written by a British officer in New York had explicitly suggested that His Majesty's forces should propagate smallpox among Americans. “Dip arrows in matter of smallpox...and twang them at the American rebels, in order to inoculate them.”

On July 13, 1781 General Alexander Leslie outlined his plan in a letter to Cornwallis. “Above 700 Negroes are come down the River in the Small Pox,” he wrote. “I shall distribute them about the Rebell Plantations.” (p.119, *Ibid*).

The war officially ended in October 1781 when the British surrendered at Yorktown and America had help from the French.

There can be no accurate statistics of who died from inoculation or from natural smallpox and no way of telling the difference, since the inoculated could spread smallpox to the un-inoculated.

When historians say Washington ended the smallpox epidemic via inoculation, you can now see how misleading this is as epidemics were intentionally created via inoculation to start or end epidemics. From 1775-1782, some estimate that 130,000 deaths occurred by smallpox, including thousands of Native Americans.

As a side note, besides inoculation other superstitious and barbaric medical practices were taking place during this time. George Washington had 2.365 liters of his blood removed (40% of the total volume) in the practice called bloodletting after he got a throat infection and he died the next day in December 1799.

Right now with global governance becoming apparent, many people cling to Christian American

nationalism and patriotism as their savior, but this is just deluded projection.

Not only did America never truly gain independence from Britain and continues today to be a corporation of the Crown (the City of London), not only did African slavery persist post-revolution, but the very soldiers who fought for our freedom did not even have freedom over their own bodies and many died because of it!!

<https://listverse.com/2020/07/15/8-reasons-the-british-crown-still-controls-the-united-states/>

Ignorantly, people want to claim that America is not about mandatory vaccinations when our very history is rested on it.

People continue to glorify the military and its false morality of pride and honor, when military people are used as Guinea pigs to be tortured and murdered by the state and coerced to commit crimes in needless eugenics wars.

Patriots, statists, Trump supporters, and worshipers of the American State support the satanic control system as much as liberal leftists do.

While today the Right may be less evil than the left in some ways, the lesser evil is not the absence of evil and will always support the greater evil as Left and Right support the false authority of government enslavement and genocide.

The Global World Order is not in opposition to nationalism, but an extension of its power structure, as the global social hierarchy is the ultimate goal of all power hierarchies.

Edward Jenner and Smallpox Vaccination

When we are taught about the history of vaccination, anything before Jenner is usually ignored including the Mather/Bolyston story and the inoculation disaster during the American Revolution.

In *The Pursuit of Science in Revolutionary America*, historian Brooke Hindle stated that in 1788:

The matter of smallpox inoculation seemed to show retrogression rather than advance. With some reason for their fears, to be sure, the legislatures of all but five of the states came to prohibit the practice.

In the second half of the 18th century, new methods of inoculation were developed in Europe that were less dangerous by the French inoculator Angelo Gatti and English inoculators, father and son, Robert and Daniel Sutton (known to be the 'Suttonian system').

Instead of creating large incisions and open sores that could discharge for weeks, these new methods produced a tiny puncture with a minute quantity of smallpox matter at the earliest stage that would bring forth such a mild case that some would escape fever and have only one pustule at the place of insertion. However, results were still varied and some would contract full-blown smallpox and all were contagious to spread it to the uninfected if not isolated.

These methods did not provide protection for some as according to the book *Jenner and Vaccination*, "these accidents made an end of Gatti's credit, and the practice of inoculation, by whatever method was forbidden in Paris by a statue of Parliament. (p.139)

In a history book on inoculation, famous inoculator William Woodville writes that the improved Suttonian method, the "established process will in certain cases, not only fail of success, but evidently produce the disease in an aggravated state (p.vi, *History of Inoculation of the Smallpox of Great Britain*)."

Even the pro-vaccine book *The War Against Smallpox* claims that with the Suttonian system, "it was argued that the use of inoculation in the metropolis was serving to spread the infection (p.49)."

The arm-to arm method was also developed with person-to-person transference of vesicle fluid so that original stock lymph was unnecessary. But this method involved the transference of disease like tetanus, syphilis, erysipelas, or smallpox between people. This method was eventually outlawed in 1898.

https://en.wikipedia.org/wiki/Smallpox_vaccine

A few years after Daniel Sutton wrote his 1796 book, his method would be trumped and replaced by the more dangerous Jennerian method of cowpox.

The Inoculator or Suttonian System of Inoculation

<https://iiif.wellcomecollection.org/pdf/b21354297>

Edward Jenner from Gloucestershire, England was a member of the Royal Society. After having successfully published work on the cuckoo bird, he decided to investigate the superstitious tales given by the milkmaid's that a disease they called "cowpox" given to them by milking the cows made them immune to smallpox.

While Edward Jenner uses the Latin terms *Variolae Vaccinae* in the title of the written product of this investigation, which means "smallpox of the cow" that is not what cowpox necessarily is. In all his works, Jenner would never use this phrase again or refer to the disease in that way.

Cowpox was given the name because it was a skin condition that formed on the cow's nipples and utters in the form of pustules and ulcers. But this was not observed naturally among the cows, as even Jenner admits (p.42), but was the result of milking.

<https://collections.nlm.nih.gov/ext/mhl/2559001R/PDF/2559001R.pdf> p

We can imagine the irritation that would occur from the harsh yanking and squeezing of milking cows "twice or thrice a day" (p.285, *Jenner and Vaccination*) when a cow's nipples are made for the soft suckling of their offspring.

Jenner's theory was that pustules formed on the cows nipples because of the transfer of infectious matter from the dairymaid's hands, having applied dressing on the horse's heels with the disease called *grease* beforehand, claiming that "the disease makes its progress from the horse to the nipple of the cow, and from the Cow to the human subject (p.4)." Thus, even Jenner believed cowpox originated in the horse transferred to the cow.

While the horse grease theory has been debated as cowpox would occur on farms without horses, cowpox remains the consequence of unsanitary and cruel milking practices as many types of infectious matter could be transferred. There are many types of pox, coming from the singular term pock meaning pustule.

It was known even to Jenner that cowpox wasn't contagious like smallpox; you had to actually milk the cows to get these blisters-like pustules. Given this being the result of physical interaction, it was known that cowpox didn't protect from cowpox (p.19), nor did smallpox protect from from cowpox.

Towards the end of 19th century, doctors and scientists offered other theories for the origin of these pustules, some would even claim there was no relation to smallpox, but to syphilis.

The Natural History of Cowpox and Vaccinal Syphilis, 1887 by Dr. Charles Creighton

<https://iiif.wellcomecollection.org/pdf/b21028539>

History and Pathology of Vaccination, 1889 by Edgar M. Crookshank, professor of comparative pathology and bacteriology in London

https://iiif.wellcomecollection.org/pdf/b29007446_0001

The only animal that contracts smallpox in similar fashion to humans is sheep and experiments were later performed to show that sheep pox inoculation does not prevent smallpox (Source: *Jenner and Vaccination*).

A Practical Treatise on Variola Ovina, or Small-Pox in Sheep

<https://archive.org/details/practicaltreatis00simorich>

Jenner wanted to turn the old wives' tale of cowpox infection granting immunity to smallpox into proven scientific facts, so on May 14, 1796, Jenner took the fluid from a "large pustulous sore" on the

milkmaid's hand generated from milking a cow and "infected a healthy boy [named James Phipps] about eight years old... for the purpose of inoculation for the Cow Pox." Jenner inserted the matter into "two superficial incisions" and Phipps was ill until the tenth day (p.20, *An Inquiry...*).

Jenner claims that the effect of the incision was close to variolous (or smallpox) matter, except that it had a "darker hue" which had more of an "erysipelatous look," which means broken inflamed skin and that it left "eschars," which are the scabs of ulcers, ulcers being open flesh-eating wounds rather than the contained pustules of smallpox.

To test whether this cowpox inoculation protected against smallpox, on July 1, 1796 Phipps was inoculated with variolous (or smallpox) matter and there was supposedly "no effect."

While most assume that Jenner did this smallpox inoculation test, it was revealed by R. B. Fisher in the book *Edward Jenner*, that Jenner's nephew (also his assistant) conducted the final stage of this experiment. (p.70, *War Against Smallpox*)

There are no details about the experiment in terms of where/when his nephew received the variolous matter and how he preserved and inoculated with it.

Phipps was again inoculated a few months later without sensible effect (p.21, *An Inquiry...*)

With only this one case on James Phipps, Jenner submitted his treatise in 1797 to the Royal Society to prove cowpox protection against smallpox and it was rejected for lack of evidence.

Two years later, Jenner added more to the treatise to get it approved by the Royal Society, titling it *An Inquiry into the Causes and Effects of the Variolae Vaccinae*. Besides containing 16 anecdotal stories of individuals who had cowpox and didn't get smallpox afterwards either by inoculation or the natural way, Jenner added a few more experiments after Phipps, which was case 17.

In 1798, two years after Phipps, Jenner inoculated a five-year child named John Baker with pustules from the hand of a servant who contracted them from horse grease rather than a cow's teats (p.22, *An Inquiry*). (image of Baker's arm)

Sadly John died from the experiment and before Jenner was able to test his immunity to smallpox. The proof for this is in *An Inquiry*, where Jenner says the boy was "unfit for inoculation" [of variolous matter] "having felt the effects of a contagious fever in a workhouse soon after this experiment was made" (p.22). Then Jenner's writes in his second book, *Further Observations*, that "the boy unfortunately died of a fever at a parish workhouse before I had the opportunity of observing what effects would have been produced by the matter of Smallpox (p.23)."

This means that Jenner's second (unfinished) experiment ended in a tragedy.

The same time Baker was inoculated with pustules from horse grease, William Summers, another five-year-old was inoculated with matter taken from the infected nipples of a cow (p.23, *Inquiry*). Summer's ill symptoms concluded on the "eighth day." Then Summer's pustule was inoculated into William Pead who on the "seventh day was affected with the common symptoms of Small Pox, which did not terminate "till the third day after the seizure."

After this, several children were "inoculated from the arm of William Pead... the greater part of them sickened on the sixth day, and were well on the seventh" but an "extensive erysipelatous inflammation" appeared (p.24, *An Inquiry*). One of the subjects was an infant.

Jenner helped the situation with "mercurial ointment," as using mercury to heal inoculation wounds was part of the Suttonian method. Not much has changed with thimerosal today present in some multi-dose vaccines.

One of the children, Hannah Excell, who contracted pustules similar to variolation inoculation, was used to infect the arms of four more children, one being Jenner's eleven-month-year-old son. Mary Pead was another five-year -old infected who was then used to inoculated J Barge, a boy of seven-years-old.

Jenner then states that "after many fruitless attempts to give the Small Pox to those who had the Cow Pox, it did not appear necessary nor was it convenient to me, to inoculate the whole of those who had been subjects of these late trials (p.23, *Ibid.*)."

Wasn't that the whole purpose of the trials? Well, this part of his trial was to see if arm-to-arm transfer would work as to create "humanized cowpox," and was seemingly successful for five generations.

However, apparently Jenner thought that only the results of two children met the standard of the scientific method as he only performed variolation on William Summers, the first of the arm-to-arm

transfers. Summers was the only child that Jenner tested immunity on himself.

Jenner claims his inoculation of Summers was a success as to not have produced an effect and he does one control experiment on a person *not* inoculated with cowpox who gets smallpox by inoculation, but no details are given.

After this experiment, Jenner rushed off to London to get his book published in June 1798, feeling his proof was substantial.

Later, J. Barge, who was the fifth in the arm-to-arm series and William Pead (in the second) were inoculated by Jenner's nephew (p.27) who said that "no symptoms of indisposition followed (p.27)."

Besides lacking scientific integrity, as these experiments were carelessly jumbled together lacking details, dates, and precise methods, Jenner was engaged in child abuse, giving children wounds, reinfecting the wounds with disgusting fluids, making them sick, and even murdering one. While Jenner's story is considered a legend to most, it is a dreadful tale for those un-indoctrinated.

Recall James Phipps, his first vaccinee, whose physical state is mentioned in *The Life of Jenner* by John Baron, Vol. II, 1838 (Baron being Jenner's disciple):

While walking with a friend one day they passed young Phipps, when Jenner exclaimed, 'Oh, there is poor Phipps; I wish you could see him; he has been very unwell lately and I am afraid he has got tubercles in the lungs. He was recently inoculated for smallpox, I believe for the 20th time, and all without effect.'

The Baron discusses how Jenner was making a cottage for Phipps because he was so ill, was this out of guilt? Jenner never even considered that other illnesses could manifest catalyzed by vaccination and that the lack of a pox outbreak (which he considered a reflection of immunity) did not necessarily mean the lack of an adverse reaction.

Dr. Charles T. Pearce, member of the Royal College of Surgeons of England wrote:

It is a remarkable fact that Jenner's first child, his eldest son, on whom he experimented, died subsequently of consumption [at the age of 20]. Another of his subjects, the man Phipps, whom Jenner vaccinated, also died of consumption. (p.26, the following)

Essay on Vaccination: Its Tested Effects on Health, Mortality, and Population

<https://www.informedparent.co.uk/wp-content/uploads/2017/11/1868-The-Vaccination-An-Essay-Dr-Pearce.pdf>

Consumption is an old term meaning wasting away of the body from pulmonary tuberculosis, an infection of the lungs. Tuberculosis is a well-known side effect from bovine vaccines (p.566, *Leicester: Sanitation versus Vaccination*).

<https://archive.org/details/leicestersanitat00biggrich/page/590/mode/2up>

Even the CDC admits that the agent that causes most cases of tuberculosis comes from a cow.

<https://www.cdc.gov/tb/publications/factsheets/general/mbovis.pdf>

Now, Jenner was not the first to perform these cowpox inoculation experiments. John Fewster, a surgeon of Thornbury and farmer Benjamin Jetsy of Yetminster were the first.

Fewster and other country doctors at the time claimed that "Suttonian inoculation was actually milder than natural cowpox in most cases. Fewster wrote in a letter that:

I think that it (cowpox) is a much more severe disease in general than the inoculated smallpox. I do not see any great advantage from the inoculation for the Cow Pox.

Paper: *The Origin of Vaccination: Myths and Reality*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3758677/>

Jetsy inoculated his family and "...when his wife reacted badly to the procedure, Farmer Jetsy was reviled for his cruelty...Like Fewster, he doubted the potential value of cowpox in prophylaxis...(p.69)."

There are many testimonies that contradict the testimonies in Jenner's treatise. From the *Origins of*

Vaccination:

...Country doctors were not impressed by cowpox. It did not always protect against smallpox. Many individuals who said that they had had the cowpox before had perfectly normal inoculation of smallpox. There were also cases of natural smallpox among individuals who had thought that they were immune from a previous infection caught from cows.

Dr. Jan Ingenhousz, one of the most prestigious doctors of the day, who introduced inoculation to Austria had “advised Jenner to withdraw his claims after hearing reports that cowpox did not provide security against smallpox (p.76, *War Against Smallpox*).

The book *Contributions to Physical and Medical Knowledge* (1799), compiled by Dr. Thomas Beddoes contains letters of the testimonies of experimental cases in which smallpox occurred after cowpox, either by inoculation or the natural way.

<https://iif.wellcomecollection.org/pdf/b21439114>

Charles Cooke writes “Farmer Tombs... who had the cow-pox many years ago, caught the small pox in coming to Gloucester market and died of it” (p.394).

Dr. Edward Thorton, a surgeon of Stroud had repeated Jenner's experiment on the Stanton family and it took 20 days for the wound to heal, having discharged ichorous matter for several days after the fourteenth day. When testing the protection of cowpox against smallpox, “all the children received the infection, and passed through the different stages of the disease in the usual slight manner” except Mr. Stanton.

Thorton claims he received information on another family that cowpox was attempted upon and “two of the children suffered severely from violent inflammation and alarming ulcerations in their arms (p.401).” These two did not receive smallpox with the variola inoculation, but the other two tested did.

In Hufeland's Journal 1799, Dr. Thomas Beddoes wrote a letter saying “cowpox matter produces foul ulcers, and in that respect is a worse disease than the mildly inoculated smallpox and that “nothing is gained thereby for the smallpox (p.89, the following).”

Book: *Jenner and Vaccination* by Charles Creighton 1889

<https://iif.wellcomecollection.org/pdf/b21357067>

It should be noted that some of the ulcers produced by cowpox inoculation were similar to syphilis.

Even the trials of Jenner's vaccines had these issues. In 1799 Dr. Drake, a surgeon from Stroud, England, and Dr. Hughes, a witness, used Jenner's lymph to inoculate three young children and one adult. They were also tested with smallpox inoculation eight days after the cowpox inoculation and they all got smallpox ((p.96, *Jenner and Vaccination*).

In 1799, Thomas Tanner, a veterinarian had a cowpox outbreak on his farm and gave lymph to Dr. William Woodville from the Smallpox and Inoculation Hospital in St. Pancras.

Woodville began large scale trials to validate Jenner's thesis. It is unlikely that there was informed consent—as the patients believed they were being inoculated with smallpox, and not cowpox.

British Medical Journal, May 13, 1896, *Cow-Pox and Small-pox: Jenner, Woodville, and Pearson*

<https://www.jstor.org/stable/20236052>

According to an article in the British Medical Journal regarding Woodville's trials, “in the a total of 500 cases about 300 had a general eruption. As eruption had been the ordinary accompaniment of variolous inoculation... Jenner was greatly disturbed by these proceedings.” Jenner considered it a contamination error but Woodville contested this creating tension between the two.

The book *War Against Smallpox* writes:

Quite a number of medical men reported variolous responses with cowpox from St Pancras, and it is likely enough that some of the ‘cowpox’ they used was indeed smallpox (p.81).

Nonetheless, Woodville still promoted the value of vaccination by claiming the eruptions were still less than smallpox inoculation and that the smallpox immunity test was successful, without providing any

details like Jenner.

In *Reports of a series of inoculations for the cow-pox* 1799 are Woodville's trials. Ann Bumpus had eruptions of 310 smallpox pustules (some on her face) from the cowpox inoculation (p.51). Another six month year old had 300 pustules from cowpox as well (p.59).

<https://wellcomecollection.org/works/rf6mmgvm/items>

Jenner claimed those who contracted smallpox after cowpox inoculation had received “spurious” cowpox which is not the true cowpox, that according to him came from horse grease.

Other times Jenner and his advocates asserted that the smallpox contracted after cowpox was not the true smallpox.

It is possible that in some cases, humans were transferring smallpox to the cow, an issue latter researched and acknowledged. Milkmaids inoculated with mild symptoms may have gotten back to work during a time when they were still contagious. Because the cow and horse only had infections in areas of human contact, humans were either communicating or transferring disease and these could be various types of similar diseases.

Jenner's spurious argument would hold no explanatory power.

Paper: *Notes on An Account of the Circumstances associated with an Outbreak of Disease Among Miltch Cows...*

<https://journals.sagepub.com/doi/pdf/10.1177/003591572201501402>

Putting animal pox that was given to animal by man back into man would seem absurd, except that in theory it could give man a potentially weaker disease—and this technique in the modern era would be called serial passaging. But serial passaging can also strengthen a disease and create new ones by introducing new pathogens into the mix. This is how pathogenic viruses are created.

Because vaccinators were using different puss matter from cows and people at different stages of different diseases and causes, compounded by the arm-to-arm method, different pathogens would have been transferred thus giving varied results. This was before microscopic agents could be distinguished and identified to test similarity of substances.

In *Further Observations*, Jenner admits the flaws of variolation as the differing states of pox matter can end up not causing immunity, causing a different disease, or causing full-blown smallpox.

Besides the quality of matter, regarding the quantity of matter he says:

“Whether it can be ascertained by experiment, that the quantity of variolous matter inserted into the skin makes any difference with respect to the subsequent mildness or violence of the disease, I know not...(p.34, *An Inquiry*).”

Admitting such ignorance would make his smallpox test inadequate. Because there is no objective standard, it would be easy to create an experiment to render desired results.

Even “Jenner speculated for a time that the vaccine virus behaved a little differently in town and country (p. 78, *War Against Smallpox*).”

A main reason why it is unfounded to claim immunity from smallpox with cowpox is that other factors of contracting the disease aren't being considered. If a person inoculated from cowpox is never around the contagion, then what is considered “immunity” is really just the absence of contact.

There are also other explanations for the claim that cowpox provides immunity to smallpox as discussed in the book *Jenner and Vaccination* written by British physician and medical author Charles Creighton, an opponent of vaccination.

One is that most individuals had smallpox inoculation before getting cowpox which could have provided some immunity. Some immunity was granted by smallpox inoculations if/when a person went through the symptoms.

It was also known at the time that people other than dairymaids or milkers struggled to take on smallpox after inoculation for unknown reasons. According to a paper from the Journal of the Royal Society titled *The Origin of Vaccination*:

A few individuals, thought to be one in 20, seemed to be naturally resistant to smallpox and never caught the disease...individuals sometimes had no response to the operation.

A major problem in Jenner and Woodville's experiments is the flaw of the immunity test. The Suttonian method was predominant at the time and when testing for smallpox protection, Jenner and others most likely used the fluid from an inoculated person's pustule, rather than from a person with natural smallpox. The arm-to-arm could have weakened the virus and the method was already made milder by using superficial cuts and a small amount of fluid in which 20% of individuals did not take to the smallpox afterwards.

Another reason is that the swelling and obstruction of the absorbent glands in the armpit and neck from vaccine infection has been shown to make the body incapable of taking up another infection near the same place and it can be assumed Jenner and Woodville were making both cowpox and smallpox inoculations at least near each other.

Woodville proved immunity by inoculating individuals with smallpox only weeks after inoculating them with cowpox.

In a section in the *Inquiry* Jenner discusses children who resisted inoculation because of clogged absorbent glands, and "James Phipps was a good instance."

A large proportion of the variolous tests, especially abroad were done upon the inmates of orphanages and foundling hospitals, who are notoriously subject to chronic swelling of the lymphatic glands... the presence of a sore of any kind on the arm served to divert and obviate the full action of a new infection (pp.149-150 *Jenner and Vaccination* by Creighton).

It was later shown that if smallpox was given only a few days after cowpox, that the two infections would manifest together (p.128, *Jenner and Vaccination*), so this was all about finding the right timing to get the desired results.

This doesn't prove real immunity to the natural contagion and is nothing other than a parlor trick that works in certain cases and experimental designs using the recovery of one infection to obstruct the intake of another.

Long-term studies were not even considered or comparisons with a control group. Just because a vaccine doesn't immediately result in illness doesn't mean that some type of internal damage isn't being done. Cancer from viral infection can take years to manifest symptoms and neurological effects don't manifest in physical symptoms.

Finally, each person's immune system, physical constitution, and condition is different and responds different to injury. Immunity is a complex topic not even understood today.

In addition to Woodville, Dr. George Pearson helped extend cowpox inoculation to Britain. Dr. Pearson was from the Royal College of Surgeons working at the St. George's Hospital. He was able to find and distribute dried cowpox lymph in London when Jenner couldn't so that others could start offering vaccination.

Previously, Pearson had done some ghoulish experiments, one detailed in the book *Observations on the effects of variolous infection on pregnant women* in which a month after Mary Sheers was inoculated with smallpox by Pearson she "delivered a full-grown dead child."

When Pearson found out, he and another doctor exhumed the buried baby whose skin was full of smallpox and extracted the pus to inoculate a young girl.

<https://iif.wellcomecollection.org/pdf/b22408629>

In regards to Pearson's part in cowpox promotion, he was able to utilize his network of friends in "high" places. Pearson helped organized the Vaccine Institute in 1803, which Jenner did not support as Pearson tried to down play Jenner's role.

Pearson had supplied cowpox to a surgeon in Brighthelmstone who "used it to vaccinate fourteen children at Petworth, all of whom had severe variolous symptoms and one of whom died." The surgeon wrote to Jenner who then explained his concerns about the "contaminated virus [becoming] the source of future inoculations (p.81)."

Despite all the mishaps, Jenner and his supporters were able to convince Parliament of the value of vaccination and by 1803 the Royal Jenner Society was established to promote the practice.

Once selective results were able to prove immunity, no more tests for immunity would be performed as the Jennerian doctrine instantly became scientific dogma backed by corrupt authority.

Jenner was given awards, certificates, and money by Parliament and other institutions of scientism.

This was the rise of *scientific empiricism*, where selected anecdotal cases in a flawed experimental design would be used to prove a faulty hypothesis, creating ad hoc explanations for inconsistencies, while ignoring *a priori* principles. There would be no rational or moral assessment of hypothesis in the destruction of philosophy.

The term *vaccination* was coined in 1800, meaning 'cowpox inoculation' or vaccine inoculation. The word *vacca* means cow in Latin. Thus, while 'smallpox inoculation' or variolation would refer to the old method absent the involvement of animals, smallpox vaccination would refer to the post-Jennerian era. And later, Pasteur would encourage using the term vaccination for all types of vaccines.

This artwork (below) illustrates the new trend of vaccination (with Jenner, Pearson, and Woodville) replacing the old inoculators.



Some of the public bought that using infected cow and horse matter to inoculate was safer. But others didn't. In theory, cowpox inoculation did not transmit a contagious disease like smallpox inoculation, but in practice it did.

With a deluded public, soon the medical state could create smallpox epidemics at any place and time with contaminated vaccines for over one and a half centuries.

Vaccination was still crude inoculation just using different vesicle fluid. It could even be cruder than smallpox inoculation depending on the source lymph as with the ulcers. Throughout the centuries the injection site would be injurious.

Here is an image (below) from 1898 showing what was considered a good arm of multiple injection sites.

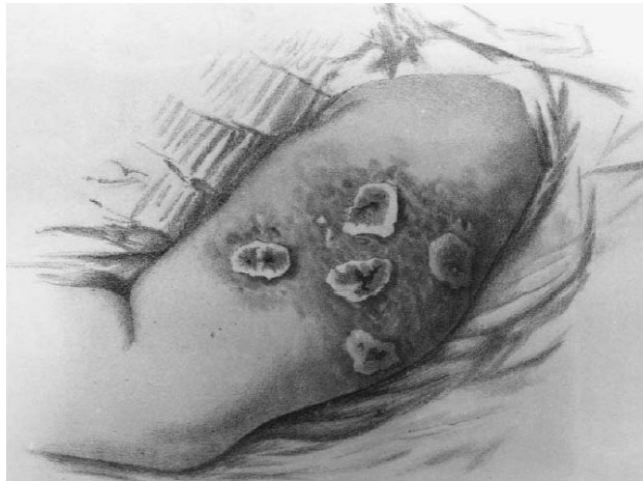


Photo 4.1: Multiple site vaccination of 1898, showing a 'typically good arm.'

Here is an image (below) from the 1960s of an enlarged vaccination site.

FIGURE 30. Enlarged vaccination site that should not be mistaken for progressive vaccinia (child with large ulcer at the vaccination site, 9 days after vaccination). The lesion is larger than the majority of cases of progressive vaccinia at 9 days. It is distinguished by the well-demarcated, heaped up inflamed border, and extensive surrounding areas of redness and tenderness, and should not be confused with indolent painless early progressive vaccinia



Source: Reproduced with permission of J. Michael Lane, M.D.

Jenner called the pathogenic agent in cowpox, a *virus*, and this virus would later be called *vaccinia*, whereas the smallpox virus is called *variola*. Vaccinia would be a new disease for humans involving horrific skin conditions and eruptions as Jenner's vaccine would be used for nearly two centuries. More on adverse events later....



Vaccination spread across the globe to Greece, Turkey, and India. (p.50)

In 1803, the vaccine spread through the Spanish empire and then to South America through voyaging men.

In 1800, Frederick Duke of York spread vaccination through his physicians to Egypt and Italy

Napoleon propagated vaccination to the troops of the emperor, which was rigidly enforced in 1811.

Pope Pius VII endorsed vaccination programs in 1814.

Reference Book: *The End of Plagues: Battling Against Infectious Disease*

In the early 1800s, the armies and surgeons of the British East India company introduced smallpox vaccination to India and China.

Paper: *Variolation, Vaccination and Popular Resistance in Early Colonial South India*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC546339/>

Paper: *The Protestant medical missions to China: the introduction of Western medicine with vaccination*

<https://pubmed.ncbi.nlm.nih.gov/24585751/>

This doctor talks about the how vaccination was spread like a religion by the *illuminati* sects (p.5, *Cowpox inoculation* by Dr. William Rowley).

<https://ia600509.us.archive.org/25/items/b22277213/b22277213.pdf>

The fact that only a few years after Jenner's supposed discovery, vaccinations spread to all major countries reveals that we've had a global governance infrastructure even before the digital age!

And we will soon see how government would enforce vaccination. Jenner's discovery would provide a way for the governments of man to under man's law infect the most vulnerable with animal matter, a practice still done today.

Disease has always been a tool of the ruling power to control, oppress, and injure the herd of human stock, using fear to bring in more government and enslavement. Through contaminated vaccines, the government would have the power to inflict disease on any town or city at any time.

The War Against Smallpox, considers vaccination "the first step in the medicalisation of society," saying "Like baptism, it came to mark the entry of most children into medical records and government statistics (p.376)."

However, vaccination cannot be considered medicine but a diluted poison. The medical state can

always claim plausible deniability if just too much of that poison was given. Opsie!

In Boston, physician Benjamin Waterhouse, professor of Harvard Medical School, had received material from Jenner's advocate and was the first to inoculate his children spreading the practice to America.

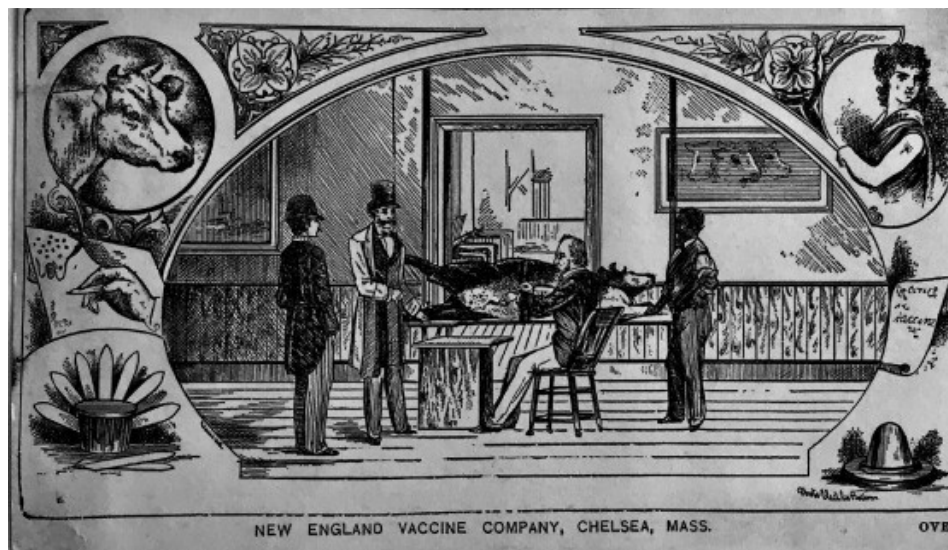
<https://www.historyofvaccines.org/content/waterhouse-brings-vaccination-states>

Waterhouse called the inoculation kine pock to conceal its bovine origins. His first experiments were a mishap. He admits using a poisoned cowpox that created foul ulcers, in which he inoculated several hundred people with (p.288) and those who used his lymph stock had issues as well.

Dr James Carrington persuaded his wife to be inoculated with matter obtained from 'a kine pock peddler' that turned out to be smallpox... Another local doctor who had used vaccine supplied by Waterhouse but had not realised that it had not elicited a true vaccine response, was embarrassed to find that the children he had treated caught smallpox... To make the calamity a perfect storm of contagion and confusion, the two doctors conducted an old style general inoculation of over a thousand residents, with sixty-nine deaths. The disaster impacted badly on 'the credit of vaccination' and, as Waterhouse observed, prompted 'not a few execrations of the original promoter thereof' (p.274, *War Against Smallpox*).

Cow lymph was obtained by torturing cows with cuts on their bellies, inoculating them with other calf lymph or horse lymph. After the procedure the cows were sent to the slaughterhouse.

<http://www.medicalheritage.org/resource-sets/vaccines/>



When taken from sick cattle, tuberculosis was spread through the vaccines.

<http://www.medicalheritage.org/2019/08/01/the-cow-says-ouch-animals-in-the-history-of-vaccines/>

We have seen in this series how animal matter injected in man has created much illness. Bovine serum continues to be used today in many vaccines and its so-called unintended viruses have caused mad cow disease in humans (Creutzfeldt Jakob), prion disease, and cancer. The HIV virus has also been shown to have bovine origins.

This 1802 illustration (below) by James Gillray shows the absurdity of putting cow matter into humans, which, as satire, is turning people into cows.

Since cow lymph was hard to acquire and preserve, the seed virus would be infected into a 'carrier' with a hollowed-out needle; carriers were usually orphans and children slaves and would travel around



the world as the virus stock. British sailors and soldiers would serve in the vaccination train as well (p.138, *Ibid.*)

Because the cowpox virus has been “repeatedly cultivated and passaged through the centuries, we do not even really know the origin of cowpox viruses.

From *Dissolving Illusions*:

After years of mixing different animal viruses and passing them through humans and back into cows again, an 1834 article cast doubt on how much vaccine virus even came from cows. Because of the confusion regarding what was in the vaccines, the material used for vaccination was sometimes referred to as “vaccine virus (pp.65-66, *Dissolving Illusions*).”

Horse grease, also called horse pox, was likely used as primary lymph in the smallpox vaccines during the 19th and early 20th centuries shown in DNA analysis (Derrick Baxby, Mongolia).

An Early American Smallpox Vaccine Based on Horsepox

<https://www.nejm.org/doi/full/10.1056/NEJMc1707600>

But other animal pox matter could have been used as in the Lancet article from 1922, it states that “no practitioner knows whether the lymph he employs is derived from smallpox, rabbit-pox, ass-pox, or mule-pox.”

Horsepox is currently being used in the creation of some COVID-19 vaccines.

Woodville and Pearson were opportunists seeking to elevate themselves with pseudo-science. Others were the same as vaccination was given veneration by status-seeking doctors, politicians, and clergymen as it became a source of income and social mobility since the ruling class found vaccination a useful tool for eugenics and population control.

But vaccination was seen in negative light by the public at large, consisting of common folk and the professionals, even elite professionals, brave enough to admit uncomfortable truths that challenged the political structure.

From *War Against Smallpox*:

In a lecture to the Portsmouth Medical Society in 1804, subsequently published, William Goldson documented eight cases of smallpox after vaccination (p.112).

Reports of smallpox after vaccination undermined confidence in assurances of lifelong security. From around 1805, cowpox inoculation came under serious attack and, in London at least, smallpox inoculation came back into use (p.95).

There was a smallpox epidemic in 1805, which showed that the smallpox vaccination didn't work, but the excuse was that re-vaccination was needed.

<https://theconversation.com/eradicating-smallpox-the-global-vaccination-push-that-brought-the-world-arm-to-arm-162091>

Within a decade of Jenner's first publication it was clear that there was a major flaw in vaccination: it did not produce lifelong immunity to smallpox. Shortly after the new practice began to spread, cases of true smallpox in patients previously vaccinated appeared. At first Jenner tried to explain them away by claiming that the inoculator was an unskilled operator, or that he had used spurious cowpox to perform the operation. However, soon there were cases where there could be no explanation, other than a failure of vaccination to provide protection.

<https://www.jameslindlibrary.org/articles/the-origins-of-vaccination-no-inoculation-no-vaccination/>

The failure of the small pox vaccine was elucidated in many medical journals, like *The London Medical Repository Monthly Journal and Review*, vol. VIII, July-December, 1817, "Observations on Prevailing Diseases" (p. 95), saying that

...the number of all ranks suffering under Small Pox, who have previously undergone Vaccination by the most skillful practitioners, is at present alarmingly great. This subject is so serious, and so deeply involves the dearest interests of humanity, as well as those of the medical character, that we shall not fail in directing our utmost attention to it.'

<https://archive.org/details/s0id11783710>

Objecting to the Jennerian doctrine, Dr. Benjamin Moseley, a London physician, wrote *Treatise on the Lues Bovilla* (cowpox) in 1805 saying that the cowpox practice was "the most degrading relapse of philosophy that ever disgraced the civilized world (p.xxiii)."

<https://archive.org/details/b31910890/page/n7/mode/2up>

Moseley reported cases in which serious illness followed vaccination calling "cowpox inoculation" a medical experiment

Dr. William Rowley, a member of the University of Oxford and the Royal College of Physicians, wrote *Cowpox inoculation, No Security Against Small-pox*, revised in 1805 to show 500 proofs of cowpox vaccine failure.

<https://ia600509.us.archive.org/25/items/b22277213/b22277213.pdf>

Dr. Rowley called the enforcing of mankind to receive beastly disease through vaccination inhuman tyranny (p.ix). This illustration (below) was Dr. Rowley's cover piece and is a caricature showing infants being fed to a cow by Jenner, Woodville, and Pearson created by artist Charles Williams in 1802 as infants would be the primary targets of the new method of vaccination. The parliamentary grant (appeal to authority) is sticking out of Jenner's pocket.



John Birch (1745?-1815), the surgeon to the Prince of Wales and surgeon to the St.Thomas' Hospital was an anti-vaccinationist who made many pamphlets, like this one: *Serious Reasons for Uniformly Objecting to the Practice of Vaccination*, 1806. He argued that “vaccination has been too often fatal—has introduced new disorders into the human system—and is not perfect security p.63).”

<https://wellcomecollection.org/works/km2va54w/items?canvas=5>

In 1829, William Cobbett, journalist and member of Parliament, writes:

Why that in hundreds of instances, persons cow-poxed by JENNER HIMSELF, have taken the real small-pox afterwards, and have either died from the disorder, or narrowly escaped with their lives (pp.224-225, *Advice to Young Men and (Incidentally) to Young Women*).

From *The Value of Vaccination* by Dr. George Winterburn (1886):

In the first report of the Vaccine Pock Institution, in 1803, page 111, it is said, “It is not manifest that the vaccine inoculation has been of benefit to the public... (p.68)

...In the second part of the Royal Jennerian Society, 1806, is the following: The Committee admit to having seen a few cases of smallpox by persons who had passed through the cow-pox in the usual way...

...The London Medical Observer, Vol. VI, in 1810, published the particulars of 535 cases of persons having had smallpox after vaccination, the operation in some instances having been performed by Jenner himself, including their names, with an index, pointing to the authorities as witnesses; also similar details of 97 fatal cases of smallpox after vaccination; and of 150 cases of injury arising from vaccination...

[Note that 97 deaths out of 535 cases is an 18% fatality rate and is essentially the same fatality rate as smallpox before vaccination was introduced.]

Comparing New York where there was no smallpox vaccination and London with vaccination, we can see higher death rates in London between 1805-1810, as these are deaths per hundred thousand.

Comparison of smallpox deaths.

	NEW YORK. NO VACCINATION.	LONDON. VACCINATION THE FASHION.
YEAR.	PER HUNDRED THOUSAND LIVING.	
	DEATHS.	DEATHS.
1804	169	61
1805	62	163
1806	48	110
1807	29	122
1808	62	108
1809	66	106
1810	4	106
AVERAGE	63	111

When the public sentiment was highly against vaccination, government support would strengthen to push it on the masses. In 1808 the National Vaccine Establishment in London was formed to promote vaccination over inoculation, one of the first uses of the term "National," as "royal and aristocratic support helped to make vaccination a national cause (p.108)."

Regardless of the push by the elites, the public saw through vaccine lies:

"Given the problems that medical men were experiencing with vaccine, it is little wonder that many patients settled for smallpox inoculation... Given the practical difficulties, and the reports of mishaps and failures, some doctors lost their enthusiasm for vaccination (p.101)."

In Britain, the grand vision for vaccination faded rapidly. The hope that, once its advantages were recognized by doctors and patients, there would be sufficient interest to ensure the permanence of the practice proved a little forlorn (p.371).

William Howard, whose wife died of smallpox after vaccination, published an open letter in which he called on [Jenner] to 'yield to conviction' about 'the direful effects of that disorder you have introduced among the human race'. Although cases of secondary smallpox were being noted, the growing number of cases of smallpox after vaccination seemed increasingly less explicable as exceptions proving rules. In 1811, when Lord Robert Grosvenor became severely ill with smallpox, Jenner faced considerable embarrassment as he had vaccinated him ten years earlier (pp.120-121, *War Against Smallpox*).

Jenner was seen as a villain, and not a philanthropist as the victors of history have told us. Here is a caricature by G. Cruikshank in 1812 titled *The Cowpox Tragedy*.



(Bottom left of image: What's the matter Dick? I have caught the Smallpox tho I was cowed with the genuine parliament sort.)

In 1819 Thomas Brown wrote *On the Present State of Vaccination*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5845312/pdf/edinbmedsurgj72031-0070.pdf>

After being an advocate of Jenner, Dr. Brown had found the ineffectiveness of the vaccine from experience as he vaccinated upwards of 1200 cases saying:

[He has seen] "several hundreds of cases of smallpox succeeding to vaccination in the last eight or ten years, and at this moment they are occurring here daily to an alarming extent." p.78

This number of cases of smallpox succeeding to vaccination, progressively increased every succeeding year, but also have become in the same ratio more severe and dangerous (p.75).

...the cases of failure have been much more numerous amongst the lower than the higher classes of society (p.74).

Number of deaths [where smallpox have succeeded to cow pock] have not only been considerable, but are also rapidly increasing in the same ratio with the failures (p.76)."

Unable to push vaccination on the public voluntarily, authorities knew compulsory vaccination would be the only way.

In 1853, the United Kingdom passed the Vaccination Act, which mandated vaccination of infants by four months of age. If parents failed to comply, they were subject to prosecution and fines. When smallpox mortality rates rose again in the 1860s, further legislation expanded compulsory vaccination.

Article: *Rash Decisions: Anti-vaccination movements in Historical Perspective*

<https://origins.osu.edu/article/anti-vaxxer-vaccination-measles-smallpox-jenner-wakefield-immunization>

According to *War Against Smallpox*:

"...vaccination opened a new chapter in the alliance of science and the state and represented the

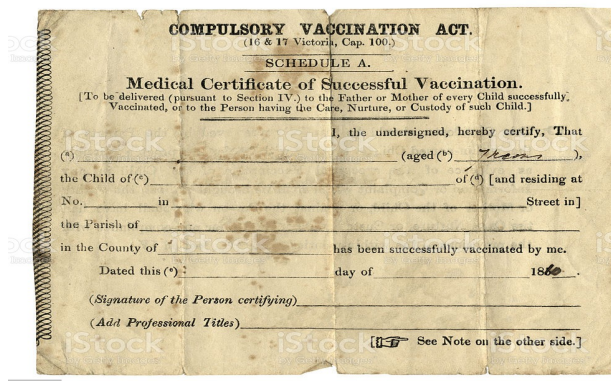
pointy end of the expanding control over individuals and their bodies (p.376).”

The book *Bodily Matters* discusses how infants were “not only recipients of vaccine matter but its inoculators,” as “vaccinators required infants to return eight days after the procedure to allow lymph to be harvested from their vesicles (p.20).”

Compulsory vaccination for infants occurred earlier in many countries between 1800-1821 such as Bavaria, Denmark, Norway, Bohemia, Russia, Sweden, and Hanover. (Reference: *Pox: An American History*)

In the United Kingdom, the 1867 Act increased punishment and imposed heavy fines on those who did not comply and imprisonment for not paying fines, and the 1871 Act punished officials for not enforcing the requirements.

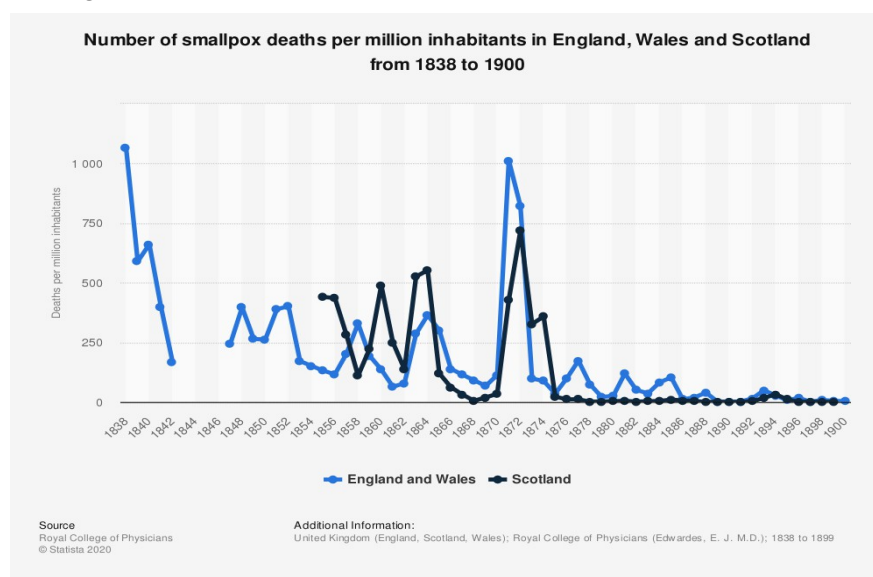
This required a medical certificate for proof of vaccination.



Dr. Charles T. Pearce, a member of the Royal College of Surgeons of England wrote *An Essay on Vaccination: Its Tested Effects on Health, Mortality, and Population* in 1868 contesting compulsory vaccination laws saying, after providing evidence, “What, then, is the value of vaccination? We firmly believe that it has no value at all (p.34).”

<https://www.informedparent.co.uk/wp-content/uploads/2017/11/1868-The-Vaccination-An-Essay-Dr-Pearce.pdf>

After these acts was one of the largest epidemics of smallpox between 1870-1875 proving compulsory vaccination was driving the disease.



<https://www.statista.com/statistics/1107397/smallpox-death-rate-britain-historical/>

This not only affected the United Kingdom, but seven other countries including the U.S. Known as the Great Smallpox Pandemic of 1870-1875.

Statistics of the Great Pandemic in European Countries:

<https://www.statista.com/statistics/1107752/smallpox-death-rate-great-pandemic-historical/>

From *The Fallacy of Vaccination* by Alexander Wilder 1898

Never, however, did the faith in vaccination receive so rude a shock as in the Great Small-Pox Epidemic of 1871 and 1872. Every country in Europe was invaded with a severity greater than had ever been witnessed during the three preceding centuries... In Bavaria, for example, with a population vaccinated more than any other in the world, the mortality was greater than in any other country of Northern Europe, except Sweden, which experienced the greatest that had ever been known (p.10).

What is even more significant, many vaccinated persons in almost every place were attacked by small-pox before any unvaccinated person took the disease. These facts are sufficient to overthrow the entire theory of the protective efficacy of vaccination."

According to a journal in 1876:

"... deaths from vaccination and re-vaccination are hushed up . . . Mr. Henry May, writing to the Birmingham Medical Review, January, 1874, on "Certificates of Death," says "As instances of cases which may tell against the medical man himself, I will mention erysipelas from vaccination and puerperal fever. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach I omitted all mention of it from my certificate of death.

One child, Elizabeth Sabin, 4 years of age, with six good marks of successful vaccination, caught small-pox and three weeks and three days after being vaccinated, and died. Her case was excluded from the list of the vaccinated in Dr. Bond's statistics (p.76, *Dissolving Illusions*, reference *The Ipswich Journal*, Nov. 7, 1876)."

In *The Horrors of Vaccination*, Dr. Charles Schieferdecker writes:

"This systematic poisoning of our race is done in the name of science; and the vast army of physicians, who ought to protect the public health, are the agents authorized to spread a malignant virus through the world (p.4)."

<https://archive.org/details/39002086344398.med.yale.edu/page/n3/mode/2up>

Even the British Medical Journal (May 12, 1877) had to address the issue starting with "it has been constantly asserted, and is being frequently reasserted, that small-pox has become more prevalent and fatal since vaccination was made compulsory."

The British Architect and Northern Engineer (1877) discusses how the fatality of smallpox is more prevalent among adults since vaccination was introduced. Between the years of 1854-63 smallpox deaths were 33,515 and between 1864-73 they were 70,458.

(Article: "On the Changes of Rates of Mortality from different Diseases during the Twenty Years 1854-73" by Joseph Baxendell, p.21). (Available for free download on Google Books.)

Dr. Robert A. Gunn from New York who wrote *Vaccination: Its Fallacies and Evils* in 1877 was "appointed on a committee to prepare a report on 'Small-pox and Vaccination' for a medical society" to which he belonged. Then he says:

Since then, facts and figures have accumulated, in my hands, to such an extent as to compel me to come out squarely against vaccination. (p.1)

...In 1872 and 1873, while secretary of the National Medical Association, I corresponded with over two hundred medical men, and questioned them on the value of vaccination in their experience. The aggregate number of small-pox cases seen by these physicians was 6,423; of which 4,020 had been vaccinated, and 3,008 of these re-vaccinated. In my own practice, I have seen twenty cases of smallpox, of which fifteen had been vaccinated, and eleven of these revaccinated. Of my own cases, four died, three of whom had been vaccinated, and one of the three re-vaccinated. (p.12)

Dr. Gunn discusses how public money was working to conceal the evils of vaccination (p.18).

He provides the transcript of the various testimonies from doctors in the committee of the British House of Commons against vaccination:

Dr. Collins testifies: "After twenty years' experience as a vaccinator, during six or seven small-pox epidemics, I have ceased to vaccinate ten or twelve years; and gave up at least 500 pounds of sterling a year by so doing. I consider vaccination not only useless, but an evil..."

Mr. Emery testified saying that he has seen "one hundred to one hundred and fifty children suffering, immediately, after vaccination, and parents who have lost their children by it."

"Dr. Wm. Collins, of London, concludes an article on this subject, in these words: "I am bound to admit that I have no faith in vaccination, nay, I look upon it with the greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from small pox. Indeed, I consider we are now living in the Jennerian epoch for the slaughter of the innocents, and the unthinking portion of the population." (p.17)

<https://collections.nlm.nih.gov/ext/kirtasbse/9712305/PDF/9712305.pdf>

An 1864 report in England was used to prove the value of vaccination which commenced in organized fashion in 1838, which according to Dr. Robert Gunn was the year "small-pox prevailed... more than any time during the century" (p.9, *Vaccination: Its Fallacies and Evils*).

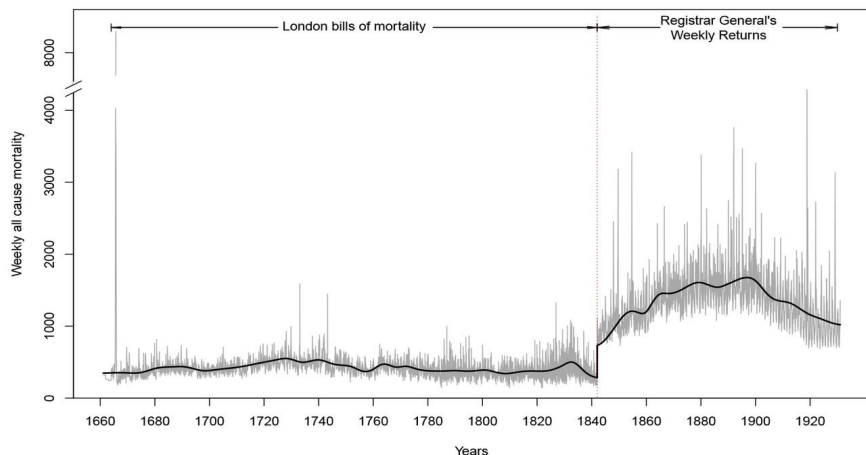
<https://collections.nlm.nih.gov/ext/kirtasbse/9712305/PDF/9712305.pdf>

Normalization

Curiously, these graphs start in 1838 on the down slope of an epidemic.

There is a chart prior to 1838 found in a Cold Spring Harbor paper regarding *general* mortality in London, which increased after mass vaccination.

Patterns of smallpox mortality in London, England, over three centuries



<https://www.biorxiv.org/content/10.1101/771220v1.full>

Was vaccination a cause for general mortality and other disease?

In 1885, Alfred R. Wallace wrote *To Members of Parliament and Others: Forty-five years of Registration Statistics, proving Vaccination to be both useless and dangerous*.

<https://wellcomecollection.org/works/ez53zx6v/items?canvas=5>

Wallace provides evidence to show how smallpox mortality only diminished slightly with a severe epidemic in the last twelve years, claiming that there is no evidence to show that the slight decrease is due to vaccination. He also shows how several diseases have increased (like syphilis and cancer) to an alarming extent coincidentally with enforced vaccination. Vaccination has been a cause of death and false statistical analysis are used to promote the practice.

In *The Increase of Cancer* 1892, William Tebb examines statistics to conclude that "cancer is reported to be increasing not only in England and the Continent, but in all parts of the world where vaccination is practised."

<http://www.whale.to/a/tebb.html>

In 1912, J.T. Briggs provides a list of vaccine-induced diseases (p.571).

<https://archive.org/details/leicestersanitat00biggrich>

Compulsory smallpox vaccination became part of military life all over the world. Many pamphlets attempted to combat this inhumane practice.

Pamphlet: The Army and Navy: A Demonstration of the Uselessness of Vaccination

<https://archive.org/details/b22394540/mode/2up>

From *The Value of Vaccination*:

The London Morning Advertiser, November 24, 1870, reports that "the smallpox is making still greater havoc in the ranks of the Prussian army, which is said to have 30,000 smallpox patients in its hospitals." These were all vaccinated and re-vaccinated (p.71).

To conclude the evidence against vaccination, let's continue from Dr. William Winterburn:

The Smallpox Hospital, London is believed to be a fair representative of English experience. The Number of cases of smallpox after vaccination has steadily risen from about 5 percent at the beginning of the century to 44 percent in 1845, 90% in 1875, and now about 96 percent of the whole number of cases admitted (p.67).

...During the last smallpox epidemic in New York (1880-2) the number of vaccinated cases very largely exceeded the unvaccinated...the vast majority were infants...

<https://ia800902.us.archive.org/2/items/64940640R.nlm.nih.gov/64940640R.pdf>

While opposition to vaccines began the instant they were instituted in the 1700s, large organized anti-vaccination movements formed after they were made compulsory in the 1800s.

The book *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* discusses the fierce resistance to compulsory vaccination as an infringement of rights and violation of children's bodies and how it was the largest medical resistance ever mounted in Europe.

John Gibbs wrote a pamphlet in 1854 called *Our medical liberties*.

<https://iiif.wellcomecollection.org/pdf/b21023153>

The Anti-Compulsory Vaccination League was founded in 1867.

In 1873, *Disasters from Vaccination* was published by a doctor on behalf of the Mothers Anti-Compulsory Vaccination League.

<https://iiif.wellcomecollection.org/pdf/b21039641>

William Tebb, an all around humanitarian who promoted vegetarianism, animal and human rights as an active abolitionist, also co-founded the London Society for the Abolition of Compulsory Vaccination in 1880.

In 1899 he wrote *A Century of Vaccination and What it Teaches*:

<https://iiif.wellcomecollection.org/pdf/b28980438>

From the London Society for the Abolition of Compulsory Vaccination

<https://iiif.wellcomecollection.org/pdf/b21363444>

These British organizations consolidated into the National Anti-Vaccination League in 1896.

Journals from these groups include *The Anti-Vaccinator* (1869), *The National Anti-Compulsory Vaccination Reporter* (1874), and *The Vaccination Inquirer* (1879).

The Vaccination Inquirer

<https://archive.org/details/vaccinationinqu00unkngoog/page/n20/mode/2up>

What Small-pox & Vaccination And the Vaccination Acts Really Are
<https://archive.org/details/whatsmallpoxvacc587hume>

The Political Side of the Vaccination System by the National Anti-Compulsory Vaccination League.
<https://iiif.wellcomecollection.org/pdf/b21361940>

In the United States, the Anti-Vaccination Society of America was founded in 1879 and we will soon discuss compulsory vaccination there.

In 1885, after Montreal instituted mandatory door-to-door vaccination, there was a violent revolt with thousands of people.

<https://www.washingtonpost.com/history/2021/08/10/montreal-vaccine-riot-smallpox/>

While there is so much anti-vaccination material from the 19th century and turn of the 20th century, hopefully you have had an adequate preview. Some of the books mentioned have several hundred pages, the links are available in the PDF, which you can freely download.

The Vaccination Question by Arthur Hutton

<https://archive.org/details/vaccinationquest00huttrich/page/n7/mode/2up>

The Politics of Prevention: Anti-Vaccinationism and Public Health in Nineteenth-Century England

https://www.cambridge.org/core/services/aop-cambridge-core/content/view/160A0FE00C0D60AC0AF87DCC3D444523/S0025727300048225a.pdf/politics_of_prevention_antivaccinationism_and_public_health_in_nineteenthcentury_england.pdf

A pertinent quote from the New York Medical Tribune (1881): “The propagation of disease on the pretext of thereby arresting disease, is bad in logic, wicked in morals, and futile in practice.”

While these movements had little success, success was to be found in Leicester England, in which the public backlash was able to end compulsory vaccination in 1889. When vaccinations went down so did mortality and disease.

Video: Dr. Suzanne Humphries discusses smallpox from 1797-2005

<https://youtu.be/5oot0HUqMcs>

While we have focused on England, the same patterns were occurring in other parts of the world.

The book *History of Medicine and Allied Sciences* discusses the “mass vaccination against small pox”... as “an important activity of American colonial health authorities in the Philippines,” then saying:

By 1918, the serum laboratory was producing annually enough vaccine virus to effectively vaccinate two million people against smallpox.

<https://academic.oup.com/jhmas/article/62/1/1/724958?searchresult=1>

According to the British Medical Journal from 1918-1919 was the worst smallpox epidemic ever.

SMALL-POX AND VACCINATION IN THE
PHILIPPINES.BY
JOHN C. McVAIL, M.D., LL.D., F.R.F.P.S.G.

I HAVE been asked by the Editor of the BRITISH MEDICAL JOURNAL to write about small-pox and vaccination in the Philippines, and, in order that I may be in a position to do so, have made myself acquainted with the Reports of the Philippine Health Service for the three years 1918, 1919, and 1920, together with various other relevant publications. A corresponding report for the year 1921 has not been obtainable—possibly it has not been issued—but some partial reports have become available.

The three annual Reports contain between them over 1,400 closely packed pages of miscellaneous material relating to health and disease in the islands, prepared under the direction of Dr. Vicente de Jesús, Director of Health. At the end of each there is a superabundantly long index, bewildering in its details, repetitions, and omissions, but the volumes are not prefixed by any table of contents to guide the reader in search of information. Some of the contributions are evidently by officers to whom English is a foreign language; they are not in the least to blame for that, but the meaning is occasionally obscure, and these matters are mentioned only

Small-pox.			
Year.	Deaths.	Year.	Deaths.
1902	14,795	1912	561
1903	18,919	1913	858
1904	9,308	1914	322
1905	5,065	1915	257
1906	4,044	1916	239
1907	2,604	1917	785
1908	7,810	1918	14,574
1909	5,363	1919	45,873
1910	3,106	1920	4,386
1911	1,106		

It will be seen that the figures for the years 1915–20 have a general resemblance to those given by Sir Alfred Mond, but are not identical with them. While the disease is obviously endemic, the figures suggest that for a number of years prior to the epidemic of 1918–20 many provinces or islands may have had no small-pox, and in no year save 1919 is any approach made to the mortality of 40,000 said to have occurred under Spanish rule.

Fatality.

Following Sir Alfred Mond's figures, the percentage fatality in each of the seven years 1915–21 was 3, 22, 47, 34, 68, 42, and 43. With the exception of the first two, these rates are remarkably high, especially as they include both vaccinated and unvaccinated. But before accepting them certain points must be considered.

Dr. William Koch PhD discusses this report:

In 1918, the [U.S.] Army forced the vaccination of 3,285,376 natives when no epidemic was brewing... Of the vaccinated persons 47,369 came down with smallpox and of these 16,447 died. In 1919 the experiment was doubled. [Out of] 7,670,252 natives that were vaccinated, 65,180 had smallpox and 44,408 died... One sees here that the fatality rate increased in the twice vaccinated cases (p.19).

From: *The Survival Factor in Neoplastic and Viral Diseases*, 1961

<https://archive.org/details/TheSurvivalFactorInNeoplasticAndViralDiseasesWilliamKoch>

A 1910 academic article says that in 1849 a "Dutch ship brought some vaccine virus to Japan" and that a doctor was instructed in the art of vaccination, and then "severe epidemics occurred in 1870, 1876, and 1877."

https://www.jstor.org/stable/4565307?seq=1#metadata_info_tab_contents

From 1885 to 1892, there were more than 25 million recorded vaccinations and revaccinations, yet smallpox epidemics still wreaked havoc upon the Japanese... in that time frame there were 156,175 cases of smallpox and 39,979 deaths (p.85, *Dissolving Illusions*).

Smallpox Decline...

We have seen how smallpox has been used as a bioweapon for imperial control and conquest spread through inoculation/vaccination and contaminated objects. The natural cause has been attributed to unsanitary crowded living conditions and poor hygiene.

A doctor in the Gentleman's Magazine 1813 says,

"...it is the poor wretched families that suffer most by catching the small-pox; in a dirty, close, confined, small room, the air soon becomes malignant, and when one of the family has small-pox, the rest soon have it." (p.25)

<https://ia800609.us.archive.org/15/items/39002086348423.med.yale.edu/39002086348423.med.yale.edu.pdf>

The book *Dissolving Illusions: Disease, Vaccines and the Forgotten History* by Suzanne Humphries and Roman Bystryanyk discusses the sanitation issues of industrialized 19th century society, such as poverty, overcrowding, exploding population without housing to accommodate, the build-up of animal and human waste with no sewage system and no clean or running water.

Large families of the working class lived in poorly constructed houses, sharing a single toilet. Pumps were contaminated, cellars were flooded, and garbage was in the streets. Children worked long hard hours, sometimes at the mines.

Infectious diseases like typhoid fever, cholera, dysentery, diphtheria, scarlet fever, measles, yellow fever, tuberculosis, puerperal fever were common due to poor hygiene, nutritional deficiency, and food, water, and environmental contamination.

In 1854, English physician John Snow determined that the source of a cholera outbreak in London was contaminated water supplied by a street pump; once the pump was closed, the cholera epidemic was over.

The Horrors of Vaccination discusses what John Burns, Minister of Health for England and Wales said in a speech given to the House of Commons on April 11, 1912. Burns claimed that the reduction of smallpox declined when vaccination was reduced and sanitation had increased.

From The Vagaries of Vaccination Propaganda 1926:

Sir Edwin Chadwick, F.R.S., when speaking at the Brighton Health Congress in 1881, said :—" Cases of small-pox, of typhus and of others of the ordinary epidemics, occur in the greatest proportion, on common conditions of foul air from stagnant putrefaction, from bad house drainage, from sewers of deposit, from excrement-sodden sites, from filthy street surfaces, from impure water, and from overcrowding in private houses-and in public institutions. The entire removal of such conditions by complete sanitation and by improved dwellings is the effectual preventive of diseases of those species, and of ordinary as well as of extra-ordinary visitations."

<http://www.vaccinationawareness.com.au/Images/Vagaries.pdf>

William Tebb's book, *Sanitation, Not Vaccination The True Protection Against Small-pox* has compiled much evidence for this case, as well as J.T. Briggs book: *Leicester: Sanitation versus Vaccination*. Briggs was a member of the Sanitation Committee in Leicester for over 22 years.

In 1914 Dr. C. Killick Millard, health officer for the city of Leicester writes in his book: *The Vaccination Question in the Light of Modern Experience*:

"For forty years, corresponding roughly with the advent of the "sanitary era," smallpox has gradually but steadily been leaving this country (England). For the past ten years the disease has ceased to have any appreciable effect upon our mortality statistics. For most of that period it has been entirely absent except for a few isolated outbreaks here and there. It is reasonable to believe that with the perfecting and more general adoption of modern methods of control and with improved sanitation (using the term in the widest sense) smallpox will be completely banished from this country as has been the case with plague, cholera, or typhus fever.

Accompanying this decline in smallpox there has been a notable diminution during the past decade in the amount of infantile vaccination. This falling off in vaccination is steadily increasing and is becoming very widespread.

"It cannot be denied that vaccination causes, in the aggregate, very considerable injury to health, most of it only temporary, but some permanent..."

We must never forget that vaccination is an evil...

During the last decade the deaths from vaccinia have several times outnumbered those from smallpox, whilst if we have regard to the amount of ill health caused by the two diseases (and putting aside for the moment the question of the alleged effect of vaccination in lessening smallpox) it looks as if vaccinia were becoming, so far as the community is concerned, the more serious disease of the two (pp.22-23)."

https://archive.org/stream/b21357298/b21357298_djvu.txt

With the Sanitary Act of 1866, government would start to develop and maintain the sewage system, regulate water supply and water waste treatment plant, while enforcing higher standards of cleanliness. Child labor laws were changed. These sanitation reform would spread all over the world to industrialized nations.

<https://www.collectorsweekly.com/articles/when-new-yorkers-lived-knee-deep-in-trash/>

The book *A Matter of Life and Death: Health, Illness, and Medicine in McLean County 1830-1995*,

discusses the impact of technology, such as field drainage tiles, the flush toilet, water purification, automobiles, and sterilized products that have “decreased infant mortality from diarrheal diseases.” (p.210, *Dissolving Illusions*).

Electricity also had a major impact.

United States Vaccination, the Decline of Smallpox, and Man's Law

Compulsory vaccination laws for the military have existed since the American revolution. The military conditions of closed, confined, and uncleaned spaces and compulsory vaccinations would continue to be a breeding ground for diseases.

Six-hundred twenty thousand Union and Confederate soldiers died, and nearly twice as many soldiers died from disease than from combat. One surgeon even commented that “war is a traumatic epidemic.” (p,116)

While there was over 12,200 smallpox cases and over 4,700 deaths, smallpox was not the major malady.

<http://civilwarrx.blogspot.com/2016/07/smallpox-during-war.html>

Union and Confederate soldiers wrote in their diaries and letters of the wonders and horrors of arm-to-arm vaccination...many recounted stories of terrible fevers, poisoned arms, amputations, and death... in 1863, five thousand Confederate soldiers were deemed unfit for duty after being vaccinated with material taken from a person...[with] syphilis] (p.93, *Pox: An American History*).

According to a military witness, “a great many men who had been vaccinated had their arms amputated.”

Medical records regarding vaccination were destroyed at the termination of the war that Dr. Joseph Jones accounts. His investigation surveying the physicians of the South is found in the book *Researches upon “Spurious Vaccination” or the Abnormal Phenomena accompanying and following Vaccination in the Confederate Army*.

He states that “during the Civil War a number of deaths both amongst the troops and citizens were directly referable to the effects of vaccination.”

He shows direct accounts of doctors showing how syphilis, tuberculosis, and cancer was being spread by inoculations.

<https://www.historyofvaccines.org/content/blog/spurious-vaccination-civil-war>

While we imagine the liberation of the slaves as a positive experience after the civil war, over 60,000 newly freed slaves were killed by smallpox, as explored in the book *Sick From Freedom* (2012). Blacks were being given vaccinations.

<https://www.civilwarmed.org/contraband1/>

The first compulsory vaccine law for schoolchildren was in 1855 in Massachusetts. This was followed by other states: New York (1862), Connecticut (1872), Indiana (1881), Arkansas (1882), Illinois (1882), Virginia (1882), Wisconsin (1882), California (1888), Iowa (1889), and Pennsylvania (1895).

<https://vaccines.procon.org/history-of-vaccines/>

An article by the authors of *Dissolving Illusions* show the epidemics that occurred after compulsory laws in Massachusetts including the largest between 1872-1873, claiming “more people died [from smallpox] in the 20 years after the strict Massachusetts vaccination compulsory laws than in the 20 years before.”

Vaccination: A Mythical History by Roman Bystryanyk and Suzanne Humphries

<https://jeffreychmd.com/wp-content/uploads/2018/07/Vaccination-A-Mythical-History-by-Roman-Bystryanyk-and-Suzanne-Humphries-MD.pdf>

From 1890-1920, the Progressive era wasn't just about worker's rights and women's rights, but the rights of bodily autonomy as vaccine laws would affect everyone. People were opposed to the concentration of government power and communistic laws.

This was during the time in which the Rockefeller empire would rise into power soon having its tentacles in many facets of society beyond industry and into medicine, banking, politics, and education.

In 1901, the book *Vaccination a Crime* by Dr. F.L. Oswald described Jenner's method as a dangerous delusion advanced to maintain the hegemony of allopathic medicine.

While surgery should be regarded as the greatest allopathic medical invention (and not vaccines), it used to be murderous. This image depicts the horrors of the allopathic approach in 19th century. Image: Homeopathy Looks At the Horrors of Allopathy by Alex Beidemen 1857.



Many people were aware of the dangers of toxic drugs that came out of this approach as the ideology to destroy what is bad within a person can be destructive.

In regards to vaccination, the allopathic approach believes that poisons can stimulate the immune system and that immunity would end diseases—but the cause and condition for diseases or their purpose is never addressed. Disease is the detoxification of the body and the recovery process to heal from environmental toxins or malnutrition.

The book *Pox: An American History* (2011) discusses the history of smallpox epidemics and compulsory quarantine and vaccination laws during the Progressive era. While the author of *Pox*, Michael Willrich writes from the pro-vaccine side, he acknowledges the anti-vaccination sentiment due to historical injustices.

At the turn of the 19th century, outbreaks were occurring of a milder form of smallpox (*variola minor*) where flu symptoms lasted a shorter period time, pock marks were sometimes just as few as three or four instead of all over the body, and there was only a 1% death rate.

Regardless, the crude Jennerian vaccination method was still used without arm-to-arm transfer and with direct injections of cow lymph using multi-bladed instruments, which was well known to bring

about sickness, sore arms, permanent injury, and even death.

The health department's vaccination corps was simply another segment of the military.

The spread of "mild type" smallpox placed an elite corps of federal officers—the medical men of the U.S. Marine-Hospital Service—in the almost unheard-of position of exercising police power in local communities (p.76, *Pox*).

At the end of the 1800s, brutal compulsory vaccination programs across the South were initiated by C.P. Wertenbaker, a surgeon from the U.S. Marine Hospital Service. With all the influence he had, it is curious as to why he is not listed in Wikipedia.

Wertenbaker's plan was a model of "military authority": house-to-house inspections by physicians and police, compulsory vaccination of everyone who could not show a recent vaccination scar, the relocation of all suspected disease carriers into detention camps, and treatment of all small-pox patients in an isolation hospital (p.111).

These "isolation hospitals" were called *pest houses* and were dreaded dilapidated places without treatment, where sick individuals were left to die. Armed guards would prevent people from leaving as many would try to escape. Families would hide the sick from the health authorities knowing that if they went there their chances of living were slim. During anti-vaccination riots, pest houses were often burned down.

Epidemics would occur in areas that had been previously vaccinated because the supposed immunity would wear off in a few years.

After an epidemic in Middlesboro Kentucky, March 1898, house-to-house vaccinations were performed in the neighborhoods with the threat of arrest, jail time, and fines. Entire populations were quarantined, the public was prohibited from assembling in the streets, travel was restricted, and businesses were shut down.

As they attempted to enforce the vaccination order, the physicians were met, according to the Weekly Record, with "the greatest opposition." That was what the police were for. This time there would be no arrests or fines. All who resisted were handcuffed and vaccinated at gunpoint (p.62).

Reference: A.T. McCormack's report "Small-pox: Situation More Grave," MWR, Mar. 3, 1898

Soon after in a nearby location this happened:

Anyone who refused the vaccination order was promptly turned over to the city authorities, who gave the violator the option of being vaccinated or taken to jail. As Wertenbaker reported to Wyman, it was something of a moot question, because if the uncooperative person chose jail, "they are vaccinated as soon as they enter, under a law requiring all inmates of jails to be vaccinated (p.72)."

There was great outlash and opposition against this with violent revolts, the formation of anti-vaccination societies, legislative campaigns, and lawsuits. It became too difficult to enforce in certain towns like Willmington North Carolina where this happened:

One African American woman drove a black physician from her doorstep with an axe. An African American man brandished a gun to defend his threshold from a city vaccinator and two policemen, all of them black. White vaccinators hadn't fared much better in white working-class neighborhoods. As the city hall protest had shown, compulsory vaccination was perceived as dangerous and unjust by many people, regardless of race (p.88).

Evidence reveals again that these vaccination measures were driving the disease.

As Surgeon General Walter Wyman of the Public Health and Marine-Hospital Service recalled, "[I]t was during the winter of 1898–99 that the disease began to assume great proportions." In 1899, the service reported more than 12,000 cases, from all over the South, followed by 15,000 cases, now in the mid-western states, too, in 1900. In 1901, the number of new cases surged to nearly 39,000 (p.18).

Vaccination a curse and a menace to personal liberty: with statistics showing its dangers and criminality by J.M. Peebles, M.D., PhD. was published in 1900.

<https://wellcomecollection.org/works/jm57z9qf>

Outbreaks were usually just a handful of people who lived apart (which was suspicious), but the media

would exaggerate them in a fear campaign. The outbreaks would often occur during the same times of the vaccination so that you couldn't tell what happened first.

Let's look at the facts from the last smallpox outbreak in New York 1947 of 12 cases and 2 deaths. Only one month later public health responders just so happened to be ready to inject over 6 millions adults and children with the smallpox vaccine causing 8 deaths and 46 cases of encephalitis. Now, we know the numbers of injuries and deaths are much higher than what is reported, but even giving their narrative the benefit of the doubt, 4X as many people died from the vaccine and more than 3X had injuries than the initial outbreak!

https://en.wikipedia.org/wiki/1947_New_York_City_smallpox_outbreak

In 1901, in Camden New Jersey nine children died of tetanus from the smallpox vaccine administered in their schools. Even *The New York Times*, "a relentless champion of compulsory vaccination," told its readers, "Vaccinations have been far more fatal here than smallpox"(p.158).

From *Pox*:

Pain sickness, and the occasional death after vaccination were nothing new. But the clustering, close sequence, and staggering toll of these events was unprecedented in America. Newspaper stories of children dying in terrible agony—their jaws locked and bodies convulsing, as helpless parents and physicians bore witness—turned domestic tragedies into galvanizing public events. Allegations of catastrophic vaccine failure triggered extraordinary levels of conflict between angry citizens and defensive officials.

<https://erenow.net/common/pox-an-american-history/6.php>

In 1905 with the *Jacobson v. Massachusetts* case, the Supreme court declared that the State has the right to impose mandatory vaccination laws and that liberty should not encroach upon the "national will." Jacobson, who had had a serious vaccine reaction, was punished with a \$5 fine for refusing another vaccine.

This case followed other Supreme Court cases that declared state power could restrict or prohibit individual liberties even if those liberties benefited people and caused no harm.

In 1851 with *Commonwealth V. Alger*, Massachusetts deemed it constitutional to restrict property development with arbitrary lines. This shifted community-based common-law regulations to the modern regulatory state. Justice Lemuel Shaw used the new term "police power" saying that the "legislature has broad authority to exercise this power."

In 1873 with the *Slaughterhouse Cases*, Louisiana deemed it constitutional to prohibit the creation of independent (slaughterhouse) businesses apart from the state monopoly. Putting the animal abuse issue aside for the moment, this gave government the so-called "right" to control and monopolize industry.

Statists have the deluded perception that the role of government is to uphold individual liberties granted by the Constitution, but government will always uphold its own power over the Constitution whether that be to override the Constitution, alter it, invert it, or find loopholes within it.

This is not only a historical fact, but a metaphysical one as an imbalance of power and inequality in rights is the basis for all governments.

Government is not based on the philosophy of individuals rights, but collectivism and using the construct of the "social good" to restrict freedom and serve the power and control of the ruling class, who merely pretend to act in the interest of the "people."

The Tenth Amendment has been interpreted as granting state power over individual liberties, as any power not delegated to the federal government is delegated to the state, which has more power than the individual.

The Supreme Court upheld its 1905 ruling with *Zucht v. King* in 1922 stating it is "within the police power of a state to provide for compulsory vaccination."

In 1908 came the Anti-Vaccination League of America. John Pitcairn, the leader wrote, "We have repudiated religious tyranny; we have rejected political tyranny; shall we now submit to medical tyranny?" The co-founder was Charles T. Higgins, author of the *Horrors of Vaccination Exposed and*

Illustrated (1920).

The book includes *Some Leaves from Mr. Loyster's Pamphlet* from New York 1914 showing photos of those murdered by vaccination. He estimates more than 50 cases that year.

Antivaccinationists decried the elitism of public and private bureaucracies. They argued that there was "a well-laid plan to medically enslave the nation" and that "state medicine" was socialism. "Barbarous medical child-slaughter" was a not-atypical 1920s description of vaccination.

<https://daily.jstor.org/vaccine-hesitancy-in-the-1920s/>

Eugenics laws of forced sterilization would soon follow with *Buck vs. Bell* in 1927. Hitler and the Nazi's were inspired by California's compulsory sterilization laws in the 1920-30s. Throughout the 20th century 70,000 people were sterilized against their will.

<https://bpr.berkeley.edu/2020/11/04/americas-forgotten-history-of-forced-sterilization/>

Vaccines are related to sterilization and eugenics because they are about government control of the body and the life and death of individuals. Vaccination is a tool to slowly or quickly poison the "undesirables."

In 1944, the US Supreme Court decides *Prince v. Massachusetts* that mandating childhood vaccines can supersede parental authority as the state can decide what the child's best interest is in the absence of parental consent.

By 1980, all 50 states would have mandatory vaccination laws, some allowing for religious exemptions, and all allowing for medical exemption.

<https://www.chicagotribune.com/coronavirus/sns-stack-vaccine-mandates-us-history-20211021-uukb4yssa37fzqfoolh4diki-photogallery.html>

But in some places, even medical exemptions have been severely restricted as with California laws in 2019.

In 2021, Biden mandates COVID-19 vaccines to the military, healthcare and federal workers, and companies with more than 100 employees.

Alan Dershowitz: U.S. Constitutional Lawyer says we have no right *not* to get vaccinated and that the government has the power to physically force vaccination upon us.

Video Clip: <https://youtu.be/P2tqeFaDa4c>

It is absolutely false that government owns your body. This is the satanic/immoral belief in human slavery and that one person or a group of people own another person or a group of people through appeal to authority. True authority is Objective Truth and Natural Law and that we are created as equal sovereign independent beings who own ourselves. While we should make wise choices for the public good like staying home when we are sick, we should not be coerced to take harmful poisons under the idea that we must submit to the domination of the state.

Mark Passio on human rights:

<https://freeworldnews.tv/watch?id=5ecee054199ea500249c630e>

Natural Law seminar:

<https://youtu.be/ChgCh2Gui5M>

Barbara Loe Fisher on Forced Vaccination

<https://vimeo.com/522551624>

The End of Smallpox and the Vaccine

Not only is Jenner's vaccination method considered by the modern medical establishment the "greatest discovery of modern times," but also to have eradicated the disease.

According to the CDC, the last smallpox case was in 1949.

Willrich writes:

Between 1958 and 1965, all fifty states enacted new legislation requiring schoolchildren to undergo vaccination for smallpox and other diseases.

...With no reported cases of smallpox in the United States in more than twenty years, the annual tally of six to eight deaths from complications of vaccinations became increasingly unacceptable. In 1971, the United States Public Health Service, the agency that seventy years earlier had sent C.P. Wertenbaker across the South to help communities fight smallpox, recommended that routine childhood vaccinations against smallpox be discontinued. Within three years, every American state had repealed its smallpox vaccination mandate for schoolchildren." (p.309)

Reference: <https://pediatrics.aappublications.org/content/49/4/489>

We are falsely told that the smallpox vaccine was no longer needed because it eradicated smallpox, but the truth is that it was discontinued because of its harmful effects.

Dr. Henry Kempe, virologist and pediatrician who worked with the WHO gave an address in 1960 saying that:

...since 1948... not a single person in the U.S. has died of smallpox, whereas he estimated that in this same time period 200-300 individuals had died as a direct consequence of the vaccination, with countless more suffering severe though non-fatal side effects.

(Reference: Kempe CH. An evaluation of risks of smallpox vaccination in United States. J Pediatr 1965; 67(5P2):1017-1022.

<https://www.scielo.br/j/csc/a/vGwT96dRLqLwBZtGLCDLRyw/?lang=en&format=pdf>

This article from American Family Physician claims that 1,000 of every million vaccinees will have a serious reaction to the vaccine.

<https://www.aafp.org/afp/2003/0901/p889.html>

The CDC has an extremely long report on the adverse reactions of the smallpox vaccine identified in the 1960s. It contains many pages of horrific images of vaccine-caused skin eruptions from vaccinia, eczema vaccinatum, progressive vaccinia, and post-vaccinal encephalitis.

Some of this is transmissible between person to person and between the vaccinated to the unvaccinated. Autoinoculation is when the vaccine virus spreads to the rest of the body.

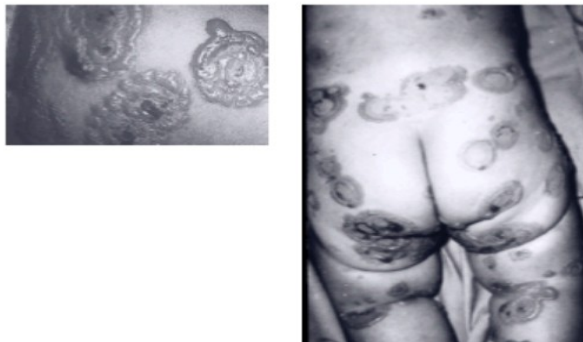
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5204a1.htm>

More images of adverse reactions:

<https://www.cdc.gov/smallpox/clinicians/vaccine-adverse-reaction-images.html>

Adverse reactions included myocarditis and pericarditis, which the CDC admits are side effects of the COVID-19 vaccines.

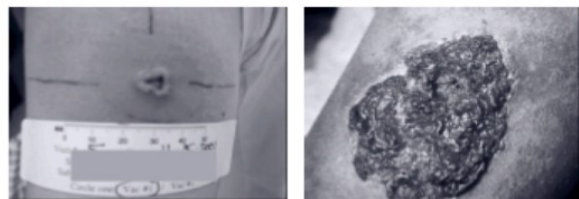
FIGURE 13. Stevens-Johnson Syndrome approximately 2 weeks after vaccination of an infant aged 8 months; lesions are raised, circinate, and widespread



Source: Reproduced with permission of J. Michael Lane, M.D.

Figure 8

FIGURE 8. (Left) Robust take; note the extensive area of erythema. (Right) In contrast, note the impetiginous changes associated with the uncommon bacterial infection of the vaccination site



Sources: (Left) National Institutes of Health; (right) V. Fulginiti, M.D.; digital enhancement: ©Logical Images.

Note: Vaccination reactions among vaccinia-naïve volunteers in a clinical study of diluted Dryvax[®] smallpox vaccine; volunteers were enrolled at the NIAID-supported Vaccine Treatment and Evaluation Units at Saint Louis University, University of Maryland, and University of Rochester, and the Respiratory Pathogens Unit at Baylor College of Medicine in 2001.

Myopericarditis following COVID-19 vaccination

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>

Vaccinated pregnant mothers could also pass vaccinia to the fetus. Here are other articles on the harms of this vaccine:

Malignant Tumors in Smallpox Vaccination Scars

<https://jamanetwork.com/journals/jamadermatology/article-abstract/530581>

Complications of smallpox vaccination, 1968

<https://pubmed.ncbi.nlm.nih.gov/4186802/>

Deaths Attributable to Smallpox Vaccination, 1959 to 1966, and 1968

<https://jamanetwork.com/journals/jama/article-abstract/353655>

The case for abolishing routine childhood smallpox vaccination in the United States

<https://pubmed.ncbi.nlm.nih.gov/5550339/>

And even the mainstream media couldn't ignore it.

Time: *The Dangers of Vaccination 1970*

<http://content.time.com/time/subscriber/article/0,33009,943146,00.html>

In Britain, the smallpox vaccine was also discontinued in 1971 after smallpox had not been endemic since the 1930s as the:

“...number of vaccine-related injuries often exceeded the number of smallpox cases...

Three doctors in particular made the argument that routine vaccination ought to be abandoned.

[George Dick and Ronald Elliott] publicly argued that even if the country could institute 100 per cent uptake of smallpox vaccination, the resulting level of herd immunity would not be enough to prevent occasional outbreaks of smallpox.

...it was well-known that between ten and twenty infants died every year from vaccination.

C.W. Dixon [the third doctor] calculated that herd immunity from childhood vaccination might not even exceed 10 per cent. Because the effectiveness of the vaccine waned over time, people vaccinated as children would become vulnerable again in young adulthood.

<https://www.ncbi.nlm.nih.gov/books/NBK545998/>

We can see how the idea of herd immunity through vaccination is absurd. Even individual immunity was an assumption and 19th century dogma left unchecked because smallpox was declining for other reasons and became rare. The fact that after the vaccine was discontinued there were no smallpox epidemics reveals the uselessness of the vaccine, not its effectiveness.

Between 1958-1977, the WHO conducted a global vaccination campaign to eradicate smallpox ranging 60 countries primarily in South America, Africa, India, and Indonesia.

This book has a chapter discussing how the smallpox eradication program brought the rise of modern global government.

The Smallpox Eradication and the Rise of Global Governance from The Shock of the Global: The 1970s in Perspective

<https://cssh.northeastern.edu/pandemic-teaching-initiative/wp-content/uploads/sites/43/2020/10/Erez-Manela-Smallpox-Eradication-and-the-Rise-of-Global-Governance.pdf>

Initially, emphasis was put on mass vaccination. The bifracted needle, freeze-drying, and jet injectors were some new tools but adverse reactions still common. Cows were still tortured.

In 1967 it was discovered that mass vaccination was a failure.

In the 1999 article published in History Today titled *The End of Smallpox*, author Derrick Baxby, the author of *Jenner's Smallpox Vaccine* writes:

Contrary to popular belief smallpox was not eradicated by mass vaccination. Though tried initially it proved difficult to implement in many countries and was abandoned in favour of surveillance-containment. This involved trained workers searching for cases, with rewards for those who found them. Cases and their contacts were then isolated; contacts were vaccinated.

<https://www.historytoday.com/archive/end-smallpox>

D.A. Henderson is the man supposedly behind the WHO smallpox eradication program. In a WHO article he stated:

Of greater concern was the discovery that, even when vaccinations were administered to 80 percent of a population, smallpox often persisted. Health authorities became discouraged and pessimistic.

Mass vaccination designed to reach 80 or even 100% of a population had succeeded only in some smaller countries and those with more developed health services. For most of the still endemic countries, a different strategy was required. The decision to emphasize surveillance as an important component of the strategy proved to be the much needed critical breakthrough.

https://www.who.int/csr/disease/smallpox/WHO_RAS_SEP_ID0556_WorldHealth_May1980_ENG.pdf?ua%3D1

Mass Vaccination and Surveillance/Containment in the Eradication of Smallpox by J.M. Lane

https://link.springer.com/content/pdf/10.1007%2F3-540-36583-4_2.pdf

This article discusses the reasons for the shift from mass vaccinations to containment when in 1967 Dr. William Foege's team had not received their shipment of vaccines in Nigeria or had little left and only used them on contacts of those infected, focusing on isolating cases. This ended up being more successful than mass vaccination and gained the term "ring vaccination (p.20)."

"Through 'surveillance' of the outbreaks and 'containment' of the disease, the epidemic was stopped in its tracks, months before the shipment for mass vaccinations finally arrived."

https://www.washington.edu/alumni/columns/top10/calling_the_shots.html

After it was shown that "smallpox was relatively easy to eliminate with vaccinations of small numbers of close contacts."

Dr Foege and his colleagues conducted a textbook mass vaccination campaign in the Eastern Nigerian city of Abakaliki. Independent field assessment with a carefully drawn sample of the city showed that 88% of the population had been effectively vaccinated, with the major cutaneous reactions that WHO used as criteria for 'take'. Shortly thereafter there was an outbreak of 33 cases of smallpox in the city (Thompson and Foege 1968). This observation cast doubt on the ability of mass vaccination alone to eliminate the disease.

And we can suspect that the vaccine was the cause for the outbreak.

Foege is credited as being the man who ended smallpox.

In India less than 1% of the villagers were infected at any one time, suggesting that only modest numbers of vaccination were necessary if reporting could be improved (*Mass Vaccination...*).

The Eradication of Smallpox/Discovery UK (youtube)

<https://youtu.be/dVmkYSkQEN8>

In a WHO article, D.A. Henderson says in an interview "The idea that this was conceived as a mass vaccination program is a myth. It was not." And he goes on to speak of surveillance/containment that was emphasized after 1968.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649583/>

[Thomas] Mack, doctor and M.P.H. with extensive experience containing outbreaks has stated:

Disappearance [of smallpox] was facilitated, not impeded, by economic development. Long before the World Health Organization's Smallpox Eradication Program began, and despite low herd immunity, unsophisticated public health facilities, and repeated introductions, smallpox disappeared from many countries as they developed economically, among them Thailand, Egypt, Mexico, Bolivia, Sri Lanka, Turkey, and Iraq.

<https://www.nejm.org/doi/full/10.1056/NEJMs022994>

"Mack has subsequently pointed out that smallpox probably would have been eliminated in developed nations, even without vaccine, by prompt isolation of patients (Lane, *Mass Vaccination...*)."

Mack claims that the transmissibility of smallpox has been hyped and that "smallpox was eradicated because its chain of transmission is inherently vulnerable," having worked to contain outbreaks in Pakistan in the 1970s.

<https://academic.oup.com/aje/article-abstract/95/2/157/215697?redirectedFrom=fulltext>

Mack talks about how smallpox is not as infectious as its reputation and that its "almost always transmitted at the bedside of the source, not an external location... attempts to grow the virus from exhaled air or unbroken vesicles has been unsuccessful, moreover the viability of artificial airborne virus is measured in minutes."

Because outbreaks did not spread rapidly and the illness was only sometimes contagious with direct contact, isolation methods of containment including contact tracing were sufficient to contain outbreaks.

This made the efficacy of ring vaccination completely irrelevant. D.A. Henderson co-authored a paper discussing how the vaccine could spread vaccinia and that the surveillance system was used for that purpose as well.

Contact vaccinia transmission of vaccinia from smallpox vaccination

https://www.natap.org/2002/Dec/122702_2.htm

Lessons from a modern review of the smallpox eradication files

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4698834/>

This 2015 article from the Journal of the Royal Society of Medicine challenges vaccine efficacy looking at source data from the WHO. In reviewing the evidence, the authors state that "none of the case-control studies had the adequate design to determine vaccine efficacy."

The authors cite some of the admissions from these original studies that assume 100% vaccine efficacy, while admitting that "there seems to be ... some other factors also playing a role in making a person susceptible or resistant to infection besides the vaccinia status," that "Under conditions of effective exposure, the vast majority of contacts will become infected, regardless of their immune status," and that "systemic factors other than herd immunity must be important in determining the extent of spread." Of course, none of this was investigated by the original WHO studies.

The authors then say:

One reason for the lack of inclusion of confounders could be that the authors assumed a protective efficacy of 100%. Thus, the interpretation of the data was limited. For example, low exposure was discussed as the reason why unvaccinated individuals escaped infection. Conversely, high exposure was, therefore, assumed to be the causative factor for explaining how vaccinated individuals acquired smallpox.⁶ Alternative interpretations, such as those suggesting that the vaccinated individuals could have escaped the disease because they were less exposed, and, vice versa, that the unvaccinated caught smallpox because they were more exposed, appear to have been rejected.⁶

The authors call for the WHO to make its archives public so that "cloud statistical intelligence could be applied." What that implies is that the raw data about the eradication program is not accessible to the public. Why?

The isolation/surveillance/containment method was also used in Leicester England in which smallpox successfully declined, called the Leicester method.

Recall that this success is due to the anti-compulsory vaccination movement that was so great it ended compulsory vaccination in 1887 when most countries in Europe did not end compulsory vaccination till the 1940s. Leicester can be seen as the control experiment to evaluate the value of vaccination and the other measures in its place.

Mortality and disease declined in direct proportion to vaccination decrease.

The Leicester method was “originally formulated in 1877, and modified in 1893, [which] made no reference to the use of vaccination,” which according to a Medical Health Officer was “rarely done.” They focused on quarantining cases.

Leicester and smallpox: the Leicester method by S.M. Fraser

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1082657/>

Recall Dr. C. Killick Millard, the minister of health for Leicester from 1901-1935. While Millard is pro-establishment and believes vaccinations are helpful, he refuses to validate the need for universal vaccination because of empirical evidence, claiming vaccines receive too much credit and that “the more vaccination the better” is a false doctrine.

In 1948 he wrote an article for the British Medical Journal titled the “End of Compulsory Vaccination,” saying:

..In Leicester during the 62 years since infant vaccination was abandoned there have been only 53 deaths from smallpox, and in the past forty years 2 deaths.

In the fourteen years 1933-46 there were only 28 deaths in a population of some 40 millions...and there was not one single death of an infant under 1 year age...the same year there were...no fewer than 51 deaths of infants from vaccinia... and post-vaccinal encephalitis.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2092290/pdf/brmedj03708-0031.pdf>

We are being lied to.

<p>Immunize Your Children</p> <p>Smallpox Virtually Wiped Out By Compulsory Vaccination</p> <p><i>(This is the first of a series of six articles being printed by The Star at the request of the District Health Department to familiarize parents with the necessity and procedure for immunizing their children against communicable diseases. The Health Department is desirous of getting the facts over to parents in conjunction with the imminent reopening of the schools.)</i></p> <p>By Dr. George C. Ruhland Health Officer, District of Columbia</p> <p>Various methods are used to control communicable diseases, among which is vaccination or immunization.</p> <p>Smallpox vaccination, discovered late in the 18th century, was the first to be developed. Since</p>	<p>provement of sewage disposal is more important in controlling this disease in civilian populations.</p> <p>Diphtheria immunization was developed just before World War I, but was not used widely until about 1925. This has helped to bring about a marked decline in prevalence of this disease.</p> <p>Although whooping cough vaccines were available for many years, it was not until about 1935 that effective vaccines were developed. Tetanus immunizations were developed about 1925, but it was 10 years before active immunization was used to prevent this infection, commonly known as lockjaw.</p> <p>Immunization agents also have been developed to give a varying amount of protection against</p>	<p>other diseases, such as epidemic influenza, yellow fever, scarlet fever, rabies, Rocky Mountain spotted fever, typhus fever, cholera and plague, but they have not been used as extensively as those which we have just described.</p> <p>It is now a general public health practice to routinely immunize all children under one year of age against diphtheria, smallpox, tetanus and whooping cough. Typhoid vaccination is given when there are indications for its use, as will be described later. All persons immunized with one of these agents need re-immunization or “booster doses” at varying intervals of time in order to maintain a maximum degree of protection.</p> <p>In following the recommendations contained in this series of articles, it is well for the parent or guardian to prepare a written record of the immunization and vaccination series and of booster doses. The record should be kept</p>
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For 300 years the government has been telling us that the reason for smallpox epidemics during vaccinations is because not enough people were being vaccinated.

This was empirically disproven with the mass vaccinations in Japan in the late 19th century that did not prevent great epidemics.

It has also been empirically disproven through the opposite occurrence and the end of mass vaccination in Leicester and with the global eradication program.

The last “natural” case of smallpox was in Somalia in 1977. One year later a British photographer

contracted smallpox working near a smallpox laboratory. These dangerous laboratories still exist today.

Smallpox is announced eradicated in 1980.

While we are told that the vaccine was ended because it eradicated the disease, what's the real reason?

This 1980 article by the WHO titled "Can we stop smallpox vaccination" (p.27) shows a child with eczema from a horrific vaccine adverse reaction saying:

The Global Commission has now recommended discontinuing vaccination because the risks of complications, however small, certainly exceed the risk of smallpox infection, which is negligible.

Again, public health authorities stopped the vaccination globally because of its harm, just as they did in the U.S. and Britain, not because we achieved herd immunity as most people think.

Even if we believed the vaccine granted some immunity, not everyone has taken the vaccine, and immunity is not passed on to our descendants.

As a true prophylactic, we would have to continue to take the vaccine to remain immune and this begs the question, how was smallpox eradicated for all unvaccinated individuals?

To claim that a disease can be eradicated is erroneous because that would be stating that all causal factors for a particular disease which have prior existed will never exist again.

People get diseases not because of not being vaccinated, but because of other causes.

Typhoid, cholera, and dysentery have also appeared to be eradicated by they had no vaccine.

We have seen how poor hygiene, malnutrition, poor sanitation, and industrialized conditions before waste management contributed to smallpox occurrences and those conditions could exist again.

We have also seen how contaminated vaccines can spread smallpox and this would occur all through the 19th and 20th century.

The stockpiles containing millions of doses of smallpox in the government's possession could also start an epidemic at any time and place.

Smallpox declined because of

- 1) economic development/sanitation reform
- 2) surveillance/containment measures
- 3) stopping its use as a bioweapon (for imperialism-colonization/war)
- 4) discontinuing the vaccine – the principal bioweapon which could be contaminated at any time

But smallpox actually hasn't been eradicated, it has been given the name monkeypox, which is admittedly clinically indistinguishable from smallpox!

This scientific paper even claims that monkeypox is the unintended consequence of the smallpox eradication program with its first case in Zaire in 1970. Looks like monkeypox might fill the epidemiological niche vacated by smallpox."

Human monkeypox—After 40 years, an unintended consequence of smallpox eradication

<https://www.sciencedirect.com/science/article/pii/S0264410X2030579X>

This isn't just occurring in Africa, but in the United States as a recent article discusses how the CDC is monitoring over 200 individuals in 27 states for monkeypox.

<https://kfor.com/news/cdc-now-monitoring-over-200-individuals-in-27-states-for-monkeypox/>

In addition to the adverse reactions of skin eruptions, the unnoticeable and long-term effects of vaccines need to be considered. As covered in Part 5, an individual working for the WHO revealed that the AIDS epidemic occurred in the exact areas that the smallpox vaccination was given in Africa and much evidence exists that HIV was spread through these and other vaccines.

The article discusses an recruit who contracted AIDS after a smallpox vaccination.

Article: The WHO Admits that Smallpox Vaccine Created AIDS/HIV
<https://newspunch.com/who-admits-that-smallpox-vaccine-created-aidshiv/>

One disease out and another in!

The eradication of smallpox is the biggest marketing campaign, so it is possible they used Leicester Method.

In 2002, the U.S. government and Homeland Security Act tried to start a mandatory program to vaccinate half a million military personnel followed by half a million health care workers over the threat of bioterrorism.

In 60 Minutes, Dan Rather said:

Some people die from it; and others have serious reactions, some permanent. Scientists say it's the most dangerous vaccine known to man.

<https://www.cbsnews.com/news/the-most-dangerous-vaccine/>

The 2003 smallpox vaccination campaign failed after hospitals refused to participate, with “only 38,257 civilian health care workers vaccinated.”

https://en.wikipedia.org/wiki/2003_United_States_smallpox_vaccination_campaign

According to VAERS, there were 822 reports of adverse reactions.

One hundred adverse events (12%) were designated as serious, resulting in 85 hospitalizations, permanent disabilities, 10 life-threatening illnesses, and 3 deaths...21 cases were classified as myocarditis and/or pericarditis and 10 as ischemic cardiac events.

<https://jamanetwork.com/journals/jama/fullarticle/201967>

The smallpox vaccine is still given to selected groups in the military. In 2007 a boy contracted vaccinia infection from the boy's father who was vaccinated with smallpox in the military.

<https://en.wikipedia.org/wiki/Vaccinia>

In 2019, the FDA approved a new smallpox/monkeypox vaccine and in November 2021, eugenicist Bill Gates warns of a smallpox terrorist attack.

Governments love vaccination because it asserts medical tyranny over man, it can be used for depopulation and to control and instigate disease among targeted populations.

Through the motto “order out of chaos,” the chaos of sickness keeps man in a state of weakness and oppression.

It allows for more government regulations and usurping of individual rights, when rights do not come from government. Rights are objective, eternal, and immutable and come from Origin of all creation, the Absolute Good. Morality is built in the fabric of Existence through its Laws.

Vaccination is the power of governments to inject anything into man as to place its unholy mark upon him, as the *mark of the beast* is simply the declaration that man is the property and disposable tool of his masters. The animal-man is tagged, tracked, and traced.

The story of revelations in the Bible, which some regard as prophecy, isn't as much prophecy as it is the cause and effect of all governments. This is a revelation of consciousness in understanding philosophy, psychology, and Natural Laws and is not religious belief.

When technology advances but the consciousness of man doesn't evolve, conditions remain in the dialectic of enslaver (the ruling class) and enslaved (the masses), the end point will always be global

tyranny through technological enslavement.

Some of us have the intuition that this has all happened before, as this perpetual cycle goes back to Atlantis. It is a cycle that will eventually be evolved out of, but we must first understand it.

The beast represents the beast consciousness of man. The animals with a beast-like nature, are about conquest, exploitation, domination, and social hierarchies. Are we beasts or are we rational and moral beings?

Beast consciousness exists not only in our oppressors but the majority of the oppressed, who do not value truth and morality.

True spiritual anarchy is impossible from our current level of aggregate consciousness, the consciousness of truth-rejection, ego, shadow denial, unaccountability, fear, delusion, sophistry, collectivism, and moral relativism.

Lower consciousness manifests the prison planet.

In addition to depopulation and disease creation, the content of injections has evolved and can now genetically alter man and merge him with synthetic biology and digital systems through microchips.

The rulers will attempt to create man in their own image as the gods of this world and will attempt to plug him into the collectivist AI transhumanist digital world order for total control.

While this immoral system cannot stand and will collapse, when depends on the choices humanity makes.