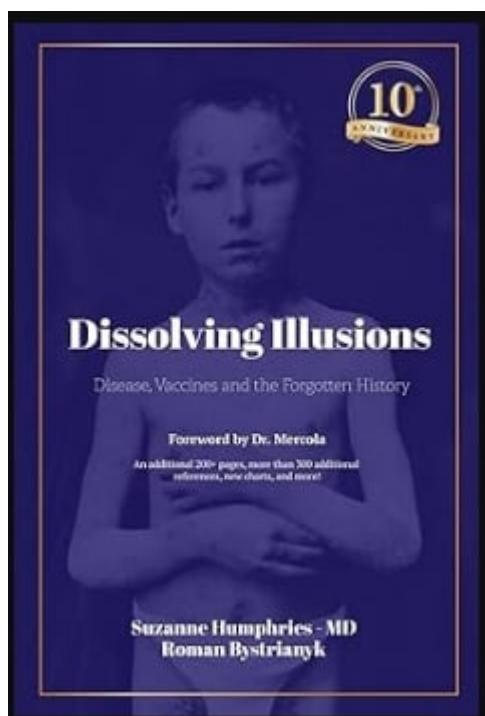


# Breaking the Unknowable Human Machine / “112 Years of Mistakes”

By Carl Nelson

I'll spill the beans right here. Vaccines are not responsible for the eradication of the great infectious disease epidemics of the past 150 years. Historical documents and research decisively demonstrate that their elimination was near (90-95 %) entirely due to improvements in sanitation, nutrition, and living conditions beginning in the latter part of the Industrial Revolution – an accomplishment nearly completed before vaccines appeared.



One commenter in the book, *Dissolving Illusions*, to be discussed here, notes that saying vaccination freed the world from terrible epidemics is like someone showing up with a bucket as the tide is going out, and pointing to all that they've accomplished. *Dissolving Illusions*, (at 679 pages) is an exhaustive history of vaccinations and their relationship with epidemics, which clearly and extensively establishes this trajectory.

But the most alarming realities are those current, scientifically fraudulent, trending vaccination practices which are “Breaking the Unknowable Human Machine” (a sub-chapter title within the book) of our natural immune defenses. Children have become much less healthy. More virulent strains are being hatched from recombinations of natural infection and

vaxed inoculation. And indeed vaccinated people are becoming the spreaders, and destroyers of herd immunities as they are turned ("flipped", sort of like having been bitten by the undead) into little Wuhan-like factories of more harmful strains. (Perhaps the vaccinated should be isolated, masked, and banned from public places! Only headshots will kill them!)

The revelations in *Dissolving Illusions*, by authors Suzanne Humphries, MD and Roman Bystrianyk regarding current vaccination practice and its history are both jaw dropping, and head clutching as the authors really pull out the evidential calamities. Sections on all of the major diseases are included: typhoid, cholera, dysentery, typhus, diphtheria, scarlet fever, measles, smallpox, consumption, and polio, etc.

With the careful due diligence required of anyone seeking to overturn a hundred and fifty years of established medical dogma, the authors examine the historical evidence to demonstrate that humans, when given proper food, sanitation and living conditions are much healthier sans vaccination.

The chapter on the "Whooping Cough" is a culmination of much of the epidemic information as both an excellent description of why the vaccination for this disease fails, and an apocalyptic [my term] vision of how vaccination has corrupted the human immune response, (bleeding like black ink on wet paper) into a reinforcing loop of increasing vaccinations and chronic disease.

Vaccination is a witches' brew, with a history based not on science but on fear and popular hysteria, and the love of a fantastical (and often painful) cure for whatever malady, all fanned by vested, crackpot and corrupt parties. You may very well be thinking, 'Another sensational article claiming the exposure of a grand conspiracy.' Well, I dare you to look.

If there is a conspiracy here, nothing grand is encountered. Rather all the sordid little sewers of common evils are on

display: greed, corruption, hubris, willful ignorance, and disdain for human welfare, all swirled within a jigger of quackery spanning over a hundred years. It begins in a society jammed into the cities by industrialization concomitant with a closure of the Commons in Britain, forcing the poor to work and live in horrific conditions. These conditions spawned equally horrific diseases and epidemics.

My own grandfather's father died while working in knee deep water in the copper mines of upper Michigan. His wife and eight children all lived in a lean-to attached to the back of a tavern. Grandfather's mother died 6 months later – probably from exhaustion – and the children were all farmed out (literally), except for my grandfather who at age 12 was deemed old enough to make it on his own. I'd always thought my grandfather's family situation unusually desperate. But upon reading the accounts in this book of the situation of poor working families at the time, my grandfather's experience seems not that far off the norm – and even better in many respects.

Anyway, we have a population primed to welcome every disease, and indeed plead, for every cure available. And the vaccination theory captured a wide imagination.

It's beyond the scope of this essay to trace the hapless medical treatment narrative of each disease addressed in the book. However the chapter on whooping cough offers a fairly good condensation of both the deficiencies of vaccination as treatment and a clear demonstration of how the etiology of the disease is bent by vaccination so as to create and fan a newer and greater epidemiological problem. To wit: a major problem of all vaccinations – even when moderately efficacious in the treatment of a disease – is that they limit the natural immune response to the disease, by locking in the immune response. The following is a portion of what is discussed in the book:

**“Original antigenic sin committed by vaccination: [\[iii\]](#)**

“Before the vaccine era, naturally acquired disease usually provided comprehensive long-term immunity because the natural immunity involves a more broad-spectrum response to the entirety of the bacteria and their toxins. Remember that being immune does not stop bacteria from entering the airway. When a naturally immune person reencounters whooping cough bacteria, the body will efficiently respond and clear them for the system. This is not necessarily true of vaccinated people.

The term “original antigenic sin” (OAS) was originally coined by Dr. Thomas Francis, who became well known during the Salk vaccine era when he oversaw and interpreted the results of the largest (and more controversial) polio vaccine trial in history. He explained the phenomenon of OAS using the natural influenza virus as an example.

First, let’s define how the body responds to natural infection. When a person gets an infectious disease for the first time, the body’s immune system uses its innate powers, which mostly involve pre-existing antibodies and some cellular immunity. In the process, it prepares for the future. The next time that same infectious agent comes around the body will use its memory of the first experience so that it can manufacture antibodies and clones of cells that recognize the invaders and react faster.

But after a vaccine is given, and then the natural microorganism comes along later, the body will act according to how it was programmed by the vaccination—and that is what is meant by original antigenic sin (OAS). Vaccination programming is very different and much less effective than natural immunity.”

One of the reasons vaccinated children suffer more infections and chronic illness than unvaccinated children is that as the child suffers more and more vaccinations, their immune system is taught to focus more and more of its resources on non-existent threats, making it less capable of responding

naturally to the current (existent threat). Rather like the French Maginot Line of pre-WW1, the French locked-in defenses were useless against the modernized mobile forces of the German military presented. Repeated vaccinations spend the immunological energies building (and maintaining) ineffective Maginot Lines throughout the child's body.

But here is another reason pertussis vaccinations are poor beer. This is because whooping cough is an aerielly born disease, and "none of the predominantly mucosal respiratory viruses have ever been effectively controlled by vaccines". (Pg.471) As also noted in the book:

"The pertussis [whooping cough] vaccination immune program does not provide effective sterilizing immunity because it doesn't give immunity at the lung surface, which is essential for stopping transmission and reinfection. If bacteria can attach to the airway surface and multiply, they can be spread to vulnerable people when the colonized person talks, coughs, or sneezes. The injected vaccines failed because vaccinologists thought the cells in the lung surface were just a physical barrier and all that mattered was blood antibodies. They were wrong." (Pg 474)

The public embrace of the "vaccination science" is in a large part founded on an ignorance of the profundity of the immunologic response. Compared to the depth of immunological mystery evolutionarily crafted in over millions of years of trial and error of trench warfare with its most tenacious enemies – vaccination theory is like a tasty cookie that is an easily digestible sound bite perfected for propaganda purposes.

In fact, "the human body contains trillions of *microorganisms* – outnumbering human cells by 10 to 1." [\[iii\]](#) Some of these are infective agents, but many – if not most – are vital components of a healthy human's bodily operations. (For example, the cellular engine which generates the energy

fuel required by all bodily operations is evolved from a bacterium hosted long ago which, through eons of negotiations with our cellular machinery, generates the ATP fuel which our cellular processes run on – in return for getting prime room and board within all the cells of our bodies.) Each minute, 24/7, our immune response is tasked with identifying each of these microorganisms, tagging them as to “friend” or “foe” and acting accordingly. And even this is not easy, as “friend” can transform to “foe” depending, for example, if it were to become too numerous and spread beyond its normal habitat. Too much of a good thing can become a bad thing.

Then, once tagged, the outlier must be eliminated or monitored. A variety of defenses are then deployed depending upon where and how in the body the invasion has manifested. For a whooping cough bacterium located in the pharynx, the immunological response is manifold. Various aspects of the bacterium are flagged and tagged to command the various fighting components (white blood cells and antibodies) of the immune response. It's a bit like taking an island from the Japanese occupation in WWII. First acknowledgement; then surveillance and intelligence is gleaned; then various enemy defenses are identified, and then in proper order various attacking forces are deployed (by air, land, and sea) depending upon which aspect of the Japanese presence was to be targeted.

The overriding difficulty alluded to repeatedly in this book is that vaccinologists are profoundly blind of their ignorance, ham-handedly corrupt the sophisticated immune response, and worse, demonize those who seek to correct the record. As the book further notes:

“Before the pertussis vaccine was introduced, lengthy natural immunity was, in fact, the norm because of the natural family and community dynamic. In the 1940s, pertussis was considered only a childhood illness. If an adolescent or adult got it, everyone was astonished.

A diagram from the same article [displayed in the book] shows that only children had a clinical episode of pertussis, and generational family interactions ensured that those naturally immune from infection **retained their immunity due to regular exposure to the younger generations being infected.**

Vaccination turned that on its head because vaccinologists were ignorant about the immunological pathways that result in solid, durable, real herd immunity, as opposed to the fake hijacked idea of vaccine herd immunity. The ignorance of the past has brought us to the position we are in now... Instead of pertussis being a predominantly childhood disease, it now happens in adolescents and adults. Worse still, infants that once had strong maternal antibodies are now vulnerable. **The pertussis vaccinations have totally change the face of pertussis epidemiology; they have wrecked how people became immune in the first place, resulting in the vaccinated becoming walking laboratories, colonized with pertussis bacteria that mutate into new strains.** [my emphasis] (Pg 475-476)

The CDC meanwhile, [refuses to acknowledge this](#):

The biggest problem one may have after reading and absorbing the material in this book – which at over 600 pages of charts and explained epidemiology – is how best to share its insights? The public, educated and not, have been thoroughly trained to treat books and information outside of the MD physicians' standard of care as generally dangerous misinformation. After all, MD's have been trained to think so. (Being one, I can testify.) The younger relations I am trying to influence regarding the dangers of vaccination generally aren't very receptive to the authoritative studies I wave around. One simply replied: "I don't read."

So, I chat with their parents (who worry about the grandchildren) and offer a copy of the book, *The Vaccine Friendly Plan* by Paul Thomas, M.D. and Jennifer Margulis,

Ph.D.

I show them Appendix B, comparing the CDC recommended vaccine schedules of 1983 (11 stabs) versus that of 2016 (59 stabs).

And I show them Appendix E, comparing Autism/ASD [\[iv\]](#) rates between Dr Thomas' patients (1,098 patients), and all non-vaccinated children (238 patients) **all of whom had no cases of Autism/ASD** – with those patients vaccinated in accordance with the CDC guidelines (894 children) **who experienced 15 cases of Autism/ASD for a frequency of 1/60.**

It's important to understand the burden even one case of autism portends. And this is not taking into account the accompanying flock of chronic illnesses statistically associated with an increase in autism. Possession of this book allows the patient or children's advocate a means of arguing with their pediatrician regarding vaccination.

First, rather than forcing the patient to debate the efficacy of vaccination overall with their doctor, it takes the seemingly more reasonable route of arguing vaccine amounts and trade-offs. This is rather like not calling Global Warming due to Carbon Dioxide out as the complete hoax which it is – but instead, easing into the conversation with a description of the 'trade-offs'.

Second, it gives the patient an authority to wave back at the doctor and to argue, "When you've written a book, perhaps I'll do what you say."

Am I going to show this book, *Dissolving Illusions*, to my own doctor? I have my qualms. To quote another passage from the book:

"The belief that vaccination was instrumental in the decline of death [from whooping cough] is not supported by the data. Yet when reading the "Pediatrics" paper, the reader – a doctor – would have accepted the belief that the vaccine was the only



factor.”...

“This explains the behavior of doctors and their fear of pertussis as it drives them to push the vaccine even on those who don’t want it. Doctors do not receive unbiased information in medical school or during their careers. In order for doctors to learn the full truth, they have to seek it and then deal with the resultant cognitive dissonance. It is very difficult to continue practicing medicine under conventional dictates once that truth is accepted.”

– (Pg. 444)

Can I risk my lifeline to health services by being so bold?

I may have to decide.

In the interim, I’ll leave you with this last excerpt from *Dissolving Illusions* to mull:

“...the immune system remains a black box,” says Garry Fathman, MD, a professor of immunology and rheumatology and associate director of the Institute for Immunology, Transplantation and Infection ... [2011, Stanford University] “Right now we’re still doing the same tests I did when I was a medical student in the late 1960s...” It’s staggeringly complex, comprising at least 15 different interacting cell types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cells sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it... That’s an awful lot of moving parts. And we don’t really know what the vast majority of them do, or should be doing... We can’t even be sure how to tell when the immune systems not working right, let alone why not, because we don’t have good metrics of what a healthy human immune system looks like. Despite billions spent on immune stimulants in supermarkets and drugstores last year, we don’t know what -if anything – those really do, or what “immune stimulant” even means.[\[v\]](#)

(Pg. 474)

[\[i\]](#) – J. D. Cherry, ME, “The 112 -Year Odyssey of Pertussis and Pertussis Vaccines–Mistakes Made and Implications for the Future”, *Journal of the Infectious Disease Society*, September, 2019, pp. 334-341

[\[ii\]](#) *Dissolving Illusions* Pg. 468-469

[\[iii\]](#) NIH Microbiome Project

[\[iv\]](#) ASD, Autism Spectrum Disorder

[\[v\]](#) B. Goldman, “The Bodyguard: Tapping the Immune System’s Secrets,” *Stanford Medicine*, Summer 2011