

Vaccination and Social Violence

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I am a medical writer and medical historian who never went to medical school. Sometimes this is held against me, but not having an M.D. degree can also be an advantage in writing about medicine, since one does not have the prejudices and blind spots that come with a medical education.

One of the most common of these prejudices is that the medical profession never does anything systematically harmful to the patient. But, after all, we all know that bloodletting was used for centuries and, even in the United States, was only fully abandoned in the 20th century. Although it was positively harmful to patients, physicians insisted on using it. What is more, intelligent laymen understood -- long before the medical profession itself -- that this procedure was damaging to the health.

Physicians had difficulty appreciating this fact because that's how they were making their living, and it is hard, even for a physician, to take an objective attitude toward how he earns his (or her) daily bread. The asbestos and the tobacco companies, after all, were not the first to come forward and say that asbestos and tobacco are bad for your health.

Another procedure which intelligent laypersons realize is actively harmful to health, but which is still desperately defended by physicians, is the childhood vaccination.

The first book I wrote on this subject (coauthored with Barbara Loe Fisher) was *DPT: A Shot in the Dark* in 1985. The second was *Vaccination, Social Violence, and Criminality*, in 1990. Barbara Fisher and I discovered that these vaccines -- in particular, the DPT (diphtheria, pertussis, tetanus) shot and the MMR (measles, mumps, rubella) shot -- are far more dangerous than had been suspected. In fact, the damage they are inflicting can only be described as catastrophic.

To understand what is occurring it is advisable to divide reactions into short-term (acute) and long-term (chronic).

We found the following acute reactions. First, there is a series of short-term physical manifestations, such as swelling at the point of injection, rash, fever of up to 104 or 105 degrees, and unconsolable crying by the baby which may go on even for several days. The baby may turn blue and have difficulty breathing; he may faint and remain unconscious for a period of 5 to 10 hours, and he may start a particular type of crying, called "high-pitched screaming" in the literature and which seems to have an encephalitic origin. Or he may have a convulsion or seizure.

This acute condition represents a type of encephalitis (also called "encephalopathy" in the literature).

Sometimes it ends in sudden death. Within a few hours or a day of the shot the baby is found dead in its cradle. These deaths are classified in our medical statistics as "crib death" or "sudden infant death of unknown origin." There are about 9000 cases of SIDS in the United States every year, of which probably 6000 are vaccine-related.

Of course, most babies do not die but seemingly recover and may be apparently normal for a month or two. But then the long-term effects of the vaccine start to appear. These are, in fact, the typical long-term effects of encephalitis.

The child who had convulsions now has seizures or epilepsy. There may be paralysis (often one-sided) or cerebral palsy. There may be mental retardation or autism.

There may be juvenile-onset diabetes. The pertussis vaccine, in particular, has an impact on the insulin-producing centers in the pancreas (the "islets of Langerhans"). Over-stimulation of these islets, with their subsequent exhaustion, can lead to diabetes or its opposite -- hypoglycemia (low blood sugar).

There may be "cranial nerve palsies" of various kinds. The cranial nerves pass from the spinal cord over the skull to the organs of perception. So the baby is suddenly discovered to be blind, deaf, or dumb. Sudden infant death is presumably caused by palsy of another cranial nerve (the vagus nerve) which is responsible for providing the breathing impulse to the lung.

Worth noting is the fact that many of these conditions are thought to be "congenital" (blindness, deafness, inability to speak, mental retardation). But "congenital" conditions are almost never detected at birth. Instead, when the baby is nine months or a year old, the parents at length realize that he or she cannot see, hear, or speak, or is mentally retarded. Since no other cause for these conditions can be determined, the physician decides that they are "congenital." But by this time the baby will have received three DPT shots, and these shots are known to be capable of causing blindness, deafness, dumbness, and mental retardation.

We concluded that the DPT shot causes a minimum of 12,000 cases of severe neurological damage every year, in addition to the 6000 deaths diagnosed as Sudden Infant Death Syndrome.

The neurological damage includes juvenile-onset diabetes, so-called "congenital" blindness, deafness, mental retardation, autism, epilepsy, seizures, various kinds of paralyses and palsies, and other neurological disorders.

The Congress of the United States was sufficiently impressed by DPT: A Shot in the Dark to adopt, in the end of 1986, the National Vaccination Compensation Act which establishes an office in Washington to receive complaints about vaccination damage and, if the complaint seems well-founded, to pay compensation to the family.

This compensation system is now in operation and has made several hundred awards, for a total of \$80 million. Another 3000-4000 claims await resolution. About half the awards are for children who have died as a result of a childhood vaccination. These deaths had nearly always been classified by the attending physician as "Sudden Infant Death of unknown origin."

Before DPT: A Shot in the Dark was written, American health authorities had always rejected even the possibility that a baby could die from vaccination.

Now, while 6000 deaths and 12,000 cases of severe neurologic damage may seem a large number, any biological phenomena occurs along a gradient or spectrum ranging from "normality" to severe damage. If there are 12,000 cases of severe neurological damage every year, there must be hundreds of thousands of cases of milder damage.

What about these millions of children who fall somewhere between "normality" and obvious neurologic damage?

My book, Vaccination, Social Violence, and Criminality describes children and adults who have been damaged by vaccination but not severely enough to be institutionalized. Their condition I have called the "post-encephalitic syndrome."

Encephalitis (whether from vaccination or from some other cause) can range from severe to moderate, even subclinical. It is also possible to have encephalitis in which the acute symptoms are extremely mild but which still does much long-term damage.

The "less serious" long-term sequelae resemble the more severe cases but are milder.

Instead of having epilepsy or seizures, the children suffer from what are called "staring spells" or "absence seizures."

Instead of being mentally retarded to the point of incapacity to function in society, they suffer loss of IQ: many function at the 80 or 90 IQ level -- just above subnormality.

Instead of paralysis or cerebral palsy, they may lose a degree of muscular control -- "atony" -- especially of the hands. The parents will say that the baby doesn't use his hands for crawling, or that he picks up objects with his feet instead of his hands.

They manifest all the cranial nerve palsies, but in a less severe form.

Instead of being blind, they have astigmatisms and nystagmus (involuntary and jerky repetitive movements of the eyeballs). They can be cross-eyed. They may have trouble moving their eyes from side to side. Or they are dyslexic, cannot read letters, cannot spell, cannot understand numbers, and the like. A peculiar feature is that they sometimes

have obsessions about people's eyes, are afraid to look others in the eyes, etc.

Instead of being totally deaf, they have mild loss of hearing. Or they have chronic earaches -- otitis media. This is called in the United States "glue ear," and it is a kind of buildup of water in the ear, often requiring the installation of little tubes for drainage.

At least half of all U.S children have had otitis media by their first birthday. By age 6 90% have had them. This condition accounts for 26 million visits to physicians every year. In addition, about 1 million children have tubes inserted in their ears every year, at a cost of \$1000/operation. Thus \$1 billion is spent each year on this operation. Just imagine what it means if this is all, or mostly all, caused by the pertussis vaccine.

This particular "glue ear" type of otitis was not known in American medical practice before the late 1940's or early 1950's -- in other words, the time when the pertussis vaccine was being introduced.

Instead of being completely dumb, they may have a peculiarly harsh or dull or inexpressive voice. Often they stutter and have other speech impediments.

The child will have asthma or other breathing difficulties. The incidence of asthma has been steadily rising in the United States for the past several decades -- especially asthma in very small children. Children now are dying of asthma, whereas in the past doctors always used to say that "no child ever dies of asthma."

Migraine headaches are also very common in this population.

] They have sleep and appetite disturbances -- anorexia and bulimia. In the latter case, they will often put on weight.

Another long-term effect of this vaccine is tendency to allergies, especially allergy to milk. Needless to say, a large proportion of the population in all of the industrialized countries of the world today suffer from allergies. We found that newborn infants with colic -- meaning an allergy to milk-- tend to react more strongly to the vaccine. Undoubtedly colic should be considered a counterindication to vaccination.

Another long-term effect is disturbance of sleep rhythm; the child turns night into day and day into night.

They are often hyperactive. They have an extremely short attention span. Their behavior is dominated by impulses.

They have lowered resistance to infection -- due, presumably, to defective operation of the immune system.

Other serious disorders are: seizures and epilepsy, blindness or loss of speech, paralysis or palsy of one or several limbs, and mental retardation. These are all possible effects of the vaccine.

So one finds the same kinds of physical disabilities as in the more profoundly affected children, but everything is somewhat milder. "Mild" here is a relative term. After all, hyperactivity, dyslexia, and short attention span are very serious social problems -- leading, in fact, to the collapse of the American educational system today.

Indeed, the physical disabilities are only part of the picture. Much more important are the mental, emotional, and moral dimensions of vaccine damage.

These children have a typical personality profile. They are alienated and paranoid. They have severe ego weakness -- low self-esteem. They are anxious and depressed. They cannot tolerate frustration. They have an overwhelming need for control and panic when losing control of a situation. They are precociously sexual with a high level of homosexuality and bisexuality, and have tendencies to obsessive behavior, including alcoholism and drug abuse.

They are fascinated by fire and attracted to burning buildings and the like.

They are given to outbursts of rage. When combined with their tendency to impulsive behavior, this leads to many acts of impulsive violence. These individuals are frequently involved in crime, or the violence may be self-directed (suicide).

They rarely show remorse for what they have done but dissociate themselves from their acts. This may be because they sense that the impulse is outside their ability to control it -- like a facial tic or a sneeze.

The modern literature of psychiatry describes this condition as "conduct disorder" in young children or "sociopathic personality" in adults. These are subcategories of a larger group called "developmental disabilities," which includes autism, dyslexia, hyperactivity, attention-span difficulties, and several dozen other conditions. The most recent edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association devotes 80 pages to these disorders.

Vaccination, Social Violence, and Criminality develops the thesis that the "sociopathic personality" which has emerged on a mass scale in recent decades -- and which is responsible for a disproportionate amount of crime and social violence -- is causally linked to the childhood vaccination programs. In other words, vaccination causes encephalitis which in turn leads to these post- encephalitic states and conditions.

My estimate is that one child in five or one in six is affected to some degree by a childhood vaccination. This estimate is based on the incidence of dyslexia and hyperactivity in American schools today -- about 15% to 20%.

A chronological account of events in the United States will help clarify the connection between vaccination and these various disabilities.

Vaccination programs were instituted in the late 1930s, and the first handful of autistic babies were noted in the early 1940s. When vaccination programs were expanded after the war, the number of autistic children increased greatly. As the children of the first vaccinated generation (born in 1945) reached the age of eight or nine (in the 1950s) it was found that they could not read. This problem has continued to worsen until today about 20% of American school children are thought to have learning disabilities, hyperactivity, and associated developmental disabilities.

And when these same children grew up and took college entrance examinations, or examinations for military service at age 18 (for children born in 1945 this occurred in 1963), their IQ scores were found to be lower, and these scores have been declining steadily ever since. The scores on tests taken by high-school seniors to enter college were, in the early 1960s: 466 for verbal skills and 492 for mathematical. Today they are 424 for verbal skills and 476 for mathematics; the American IQ is lower now than it was in the early 1940s, and it may be even worse than the statistics indicate, since there is some evidence that the tests have been made easier than they used to be.

As this same generation went on into early adulthood, it created and has maintained the present historically high incidence of violent crime. Violent crime (murder, rape, aggravated assault) started to rise in the early 1960s and is still on the rise today.

A large body of research has been done on the neurologic status of persons involved in violent crime. They are seen to have a very high incidence of typical post-encephalitic conditions: low IQ, hyperactivity, allergies, mental retardation, and seizure disorders.

When I read newspaper accounts of the typical kinds of crimes being committed these days, I often see indications that the criminals suffer from the post-encephalitic syndrome, because there is often evidence of a central nervous system dysfunction and the associated disorders described in my twobooks.

The following are some cases taken at random from the American press.

The notorious Ted Bundy, who was executed in Florida for the murders of between 50 and 80 young women, suffered from: diagnosed central nervous system dysfunction, low self-esteem, fascination with violence at an early age, and a tendency to outbursts of rage. Furthermore, he gave no hint of remorse for his actions. In a lengthy series of interviews he described the killings as the result of an urge which overcame him at periodic intervals and which was uncontrollable. He characterized himself as virtually schizophrenic: with a rational side of his character continually struggling against the dark and irrational urge to kill.

A California adolescent made history when his adoptive parents abandoned him and revoked the adoption because of his violence and threats against them. His medical history included: blank staring as a baby, severe withdrawal, fearfulness, anxiety, depression, tendency to pyromania, fascination with urine and feces, cruelty to animals, learning disabilities, premature sexuality, episodes of rage, self-mutilation, and suicide attempts.

Robert Dale Angell, a 19-year old white adolescent from an upper middle class family in Maryland, robbed a bank and then killed three persons (two of them policemen). His father described him as "a misfit, a deeply depressed, uncommunicative, learning-disabled teenager who dropped out of the tenth grade." In court he shocked the presiding judge by his lack of remorse over the three killings.

Joel Steinberg, the New York lawyer who beat his adopted daughter to death and regularly beat his wife, had a continuous facial tic, which was readily observed during his trial. Like Bundy, he described himself as a split personality. According to his wife, when she asked him why he did these things, "He said he hated himself for doing it. He said it wasn't him who was going it. He felt it wasn't within his character." She also said that he was obsessed with the fear that she and their daughter were staring at him and "trying to put him in a trance."

There is a clear relationship between the post-encephalitic syndrome and premature, exaggerated sexuality. Today we are confronted with a rise in sexually related crimes, including acts of sexual violence committed by children -- as young as six or seven years of age. Accounts of these children make it clear that they suffer from other symptoms along the lines we have discussed: mental retardation, hyperactivity, learning disabilities, tendency to commit arson, and, finally, lack of remorse for their acts.

At least two routes connect the post-encephalitic adolescent with alcoholism and/or drug abuse. (1) These individuals, as already noted, suffer from anxiety, depression, and low self-esteem and are thus naturally inclined to indulge in these various forms of escape. (2) There are numerous programs in U.S. schools today calling for the drug treatment of children with such conditions as hyperactivity, attention-span difficulties, and learning disabilities; approximately a million such children throughout our school systems are regularly being prescribed amphetamines and amphetamine-like drugs such as methylphenidate or pemoline for these conditions. These are addictive drugs, and it is not surprising that these children should grow up to become drug addicts.

Drugs and alcohol potentiate the inherent weaknesses of the post-encephalitic personality, releasing the few inhibitions which these individuals already possess. A typical case might be the fifteen-year old boy in Massachusetts who lured a fellow student into the woods and then beat him to death with a baseball bat. Not only did he not manifest any remorse for the killing; he went out later and engaged in a snowball fight and offered to show the dead body to a friend.

He was later found to be taking 10 mg. of methylphenidate (Ritalin) daily for hyperactivity, fire-setting, and social withdrawal.

It would not be an exaggeration to state that the three major social problems facing the United States today: the collapse of the educational system, drug abuse, and the epidemic of violent crime are all rooted, to a considerable extent, in the prevalence of the post-encephalitic syndrome in American society. This is true for many European countries also, although to a lesser extent.

I have gotten all this way without talking about homoeopathy at all, but in fact it was my knowledge of homoeopathic theory and practice which made me aware of the evils of childhood vaccinations.

Specifically, when I started my vaccine research, I immediately came to the conclusion that vaccination was, in reality, a sort of gigantic proving of whooping-cough toxin. Reaching that conclusion, I then proceeded on the assumption that it will effect everyone and every part of the body.

Thus I regarded the question of vaccination reactions along a spectrum of reactions: from very mild to very serious. When the pediatricians said: only one person in 100,000 (or some equally preposterous figure) has an adverse reaction, I knew that was a non-medical way of talking. If one person has a severe reaction, 100 will have mild reactions. That is just ordinary biological logic, not even specific to homoeopathy. but apparently it helped to have some acquaintance

with homoeopathic ideas in order to reach these conclusions.

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