

Inconvenient History of Salk Inactivated Polio Vaccine

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The following are all readily verified by searching mainstream media sources:

In 1954, a woman called Bernice Eddy was a lab scientist at NIH performing safety tests for the Polio vaccines. Salk's inactivated polio vaccine was a killed-virus vaccine to be used in a massive national vaccination program. After testing the vaccines on monkeys, she and her team discovered that the vaccine contained residual LIVE polio virus, resulting in the monkeys showing polio-like symptoms and paralysis. These findings pointed to a flawed vaccine manufacturing process. Eddy reported her findings, and she was immediately dismissed from the polio research and given what we today call “whistleblower treatment.”

The flawed vaccine and associated flawed manufacturing process were licensed for public use. 120,000 polio vaccine doses containing an improperly inactivated version of the live polio virus were manufactured and produced. Of children who received the vaccine, 40,000 developed abortive poliomyelitis, 51 developed paralytic poliomyelitis—and of these, five children died from polio. The exposures led to an epidemic of polio in the families and communities of the affected children, resulting in the death of 5 children and 113 others paralyzed.

On May 6, 1955, The NIH announced to the press that the national polio vaccination program would be postponed, and the incident went down in history as the worst pharmaceutical disaster ever to happen and became known as the Cutter Crisis. You would think that would have meant extreme caution was indicated upon the revival of the program. However, Eddy also discovered an association between SV40 and polio vaccines after the incident. Polio vaccines used in the late 1950s and early 1960s were contaminated with a virus called simian virus 40 (SV40) present in monkey kidney cells used to grow the vaccine. Subsequently, investigators found SV40 DNA in biopsy specimens obtained from patients with cancers such as mesothelioma (lung), osteosarcoma (bone), and non-Hodgkins lymphoma (lymph nodes). It should be noted that SV40 is so reliably carcinogenic that it's what labs inject into the rats in order to INDUCE cancer and tumors in laboratory studies of cancer.

SV40 is a known oncogenic DNA virus that induces primary brain and bone cancers, malignant mesothelioma, and lymphomas in laboratory animals. The major types of tumors induced by SV40 in laboratory animals are the same as those of human malignancies found to contain SV40 markers. Nevertheless, much like with her earlier findings, Eddy's alarm about SV40 was largely ignored until 1963, and her information, or even that there was a concern, didn't make it to the mainstream. It wasn't until 1964 that the polio vaccine was free from SV40 contamination.

It should be a red flag and alarm every American that pharmaceutical companies have no liability for vaccines and that they have managed to increase the pediatric schedule from 3 to 72 in one generation, and it should alarm every parent to learn that HHS itself draws a hard line in 1989 for autism – the year when vaccine formulation was changed to allow for combinations because in 1986 the vaccine space became a financial free for all.

Unfortunately, the media is adept at keeping dots that should be connected in silos so that most people do not connect them, and there is no shortage of sock puppet “experts” willing to run around doubling down on the narrative. The Burbacher Study, if anyone were to know about it, let alone read it, SHOULD have at least sparked research into these potential harms.... instead the spokesperson for the pharmaceutical industrial complex assigned to discredit parents and advocates, Paul Offit, dissected a straw man in public view... in this case the straw man is ethyl vs methyl mercury.

Let me explain how this tactic works and why it's effective: Offit's argument (and also the error in his argument) is that ethyl mercury (thimerosal) clears from the brain FASTER than methyl mercury. First of all, that's omitting the fact that there are organic and

inorganic types, and for the organic type, Offit is right but for the inorganic type he's dead wrong. Ethyl and methyl mercury are different, that's true, but they both break down into organic and inorganic subtypes. The Burbacher study shows that the organic form of Ethyl mercury clears from the brain faster. The inorganic clearance rate couldn't be determined because the slope of the rate of clearance is zero. So, according to this study that form of mercury is in the brain forever.

Compared to mercury derived from thimerosal, both organic and inorganic forms of methyl mercury clear from the brain. Which goes against Offit's claim that ethyl mercury is safer. At least the inorganic form clears from methyl mercury, but it never clears from ethyl mercury.

But the real issue is... why are we comparing different kinds of lighter fluid around matches? No kind is desirable. And no one is suggesting we are going to inject people with methyl mercury either... so he's wrong to make the comparison in the first place. But once he's made the comparison, he's also wrong according to the data if you consider the inorganic form. Simply put, the Burbacher study proves that mercury does cross the Blood Brain Barrier. Did we put a hold on this? No. Instead, we did away with animal studies for mercury. The Polio vaccine in Africa has been borderline eugenic - wiping out millions *<RWM - I am not sure what the author is writing of in this sentence; a reference was not provided>*. It should be noted that the vaccine we send to Africa is a different formulation and even less safe than the one used in the US. We don't care though, because it's black people and Africa. But yeah sure, this county isn't racist at all.

Since 2017, Africa has been the primary location for large outbreaks of circulating vaccine-derived polioviruses (cVDPVs), which can cause paralysis. In January 2023–June 2024, 672 confirmed polio cases were detected in 39 countries or areas, with many cases in Africa. New cases of polio linked to the oral vaccine have been reported in four African countries, and vaccine-derived viruses are now paralyzing more children than those infected by viruses in the wild, according to global health numbers.

These are merely a few of many examples of vaccine safety oversight negligence that leads pending HHS Secretary Robert F Kennedy, Jr. to seek to course-correct vaccine safety policies. He's not anti-polio vaccine or anti any other vaccine for that matter. He is PRO VACCINE SAFETY and pro-proper study. Why is everyone so against looking into it? If it's safe, then why is everyone so against proving that it's safe? With a history like that summarized above, wouldn't you WANT to know for sure?

Finally, when you look at virus pathology, Polio does not follow the established science. Viruses do not evolve to be more destructive or more virulent. That is not an effective strategy for a virus. Viruses evolve to be more transmissible but less destructive (pathogenic)... In other words, it serves the pathology of a virus to not kill its host, or even render its host incapacitated. Instead, viruses evolve to keep damage to a minimum and to keep a host running around spreading the virus to new hosts; upon entering a new host species, viruses evolve to be less virulent and more contagious.

Polio had been around for thousands of years at the onset of the epidemic. Most people did not know they had the virus, at most you might have cold-like symptoms. Then, suddenly, the polio virus underwent a massive mutation and people began experiencing paralysis and other potentially fatal and incapacitating symptoms. When this happens with a known pathogen, we have to look at the surrounding factors and cofactors because it's almost always the result of an "environmental insult". There are a limited number of culprits to which this can be assigned. We don't KNOW because, again, the testing and studies were never allowed, but one scenario that fits and ought to be considered is DDT. The year Polio began causing paralysis was the year DDT was approved for widespread public use. Where were most cases of Polio first identified? Farm families, who bathed in farm pots containing residue from DDT, and who sprayed the toxic chemical on their crops. When were most of these cases identified? During the summer months; spraying season. When did the epidemic decline? Despite narrative to the contrary, it was BEFORE the advent of the vaccine, and instead correlates directly to, wait for it, the BANNING of DDT. I'm not saying this is the answer, we don't KNOW the answer... but this is one solid set of data that should be at least investigated. But the real point is... none of that is relevant.

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RFK Jr key adviser petitioned regulators to revoke approval of polio vaccine

Aaron Siri is helping Trump's health secretary pick to select top jobs despite long history of attacking vaccines

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The legal push Aaron Siri began 2 years ago to revisit safety standards is entirely unrelated to nominal Secretary Robert F. Kennedy Jr.'s initiatives at HHS. Per usual, this is a conflation of too many things to even count from the people and systems, which fear a significant dent in their bottom line. This is to be expected. RFK Jr. is making a run at a massive, global, powerful macroeconomic machine. OF COURSE, proverbial "they" are going to conflate everything from people to messages to agenda to all roads leading to "Bobby's trying to ban the polio vaccine." That's not happening and it was never happening.

Bottom line: We've all seen the drug ads on TV. There are 15 seconds showing you how happy life will be with the drug and 30 seconds warning of all the possible negative effects on your health... Bobby's intent has been to spend more time and resources looking into that 30 seconds. Vaccines are no different than any other pharmaceutical product, and the inserts reflect the same number of, if not more, potential harms. NO pharmaceutical product should be exempt from rigorous scrutiny and study, and it is to advance this agenda that RFK Jr. intends to assign resources as US Secretary of Health and Human Services within the administration of and with the support of President Donald Trump.

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