



Rudolf Steiner on the Question of Vaccinations

by Our Spirit

Dr. Douglas Gabriel gives a presentation on the subject, followed by a comprehensive post on the indications Rudolf Steiner made about vaccinations.

“A great majority of the population looks on with complete indifference as the medical papacy assumes ever greater proportion, worming its way into the most diverse fields - for instance, intervening extensively in children’s education, in school life, and staking a claim here to a certain form of therapy.” *Rudolf Steiner, GA 107*

Illness is big business in America. Doctors, hospitals, drugs companies, and medical insurance companies combined make over 1.5 trillion per year in America alone. This is approximately 5% of the total GDP of America that goes to Big Med, Big Pharma, and Big Hospitals. This industry depends on sick clients. According to a recent study by Johns Hopkins, more than 250 thousand people in the United States die every year because of medical mistakes (iatrogenic death), making it the third leading cause of death after heart disease and cancer. Other sources claim that number is more likely to be over 440 thousand deaths per year, making iatrogenic death (mistakes of doctors) one of the leading causes of death in America each year. When you also add the admitted 4 to 100 million people who were given tainted polio shots that have caused countless illnesses and deaths, Big Med seems to do as much damage as they do good.

Quoting from the *Hearing before the Subcommittee on Human Rights and Wellness of the Committee on Government Reform House of Representatives of the One Hundred Eighth Congress on September 10, 2003*: “There is no dispute that millions of Americans received polio vaccines that were contaminated with the virus called Simian Virus 40, or SV-40. There also is no dispute that SV-40 is capable of causing cancer, but there is a major dispute as to how many Americans may have received the contaminated vaccine, with estimates ranging from 4 million to 100 million people. There is also a major dispute as to when the polio vaccine supply got cleaned up. In addition, nobody knows how many people got sick or died because of the contaminated vaccines.”

According to the Center for Disease Control and Prevention’s (CDC’s) National Center for Health Statistics, cancer kills approximately 599 thousand people per year. There is no dispute that many of those deaths are caused by the polio vaccines of the 1950’s and 1960’s. Thus, if you add iatrogenic

deaths (doctor induced) and vaccine deaths (pharmaceutical doctor induced) you have the number one cause of death in America being induced by Big Med with the help of vaccines provided by Big Pharma and mandated by the killer vaccine industry called the Center for Disease Control and Prevention (CDC) and supported by the National Institutes of Health (NIH). Also, many people believe that the SV-40 vaccine also contributes to the 650 thousand who die each year from heart disease and the 85 thousand who die from diabetes.

It is also important to remember that the CDC and NIH “approve” cigarettes and simply put a warning on cigarette packages saying can kill you. Tobacco is responsible for more than 480 thousand deaths per year in the United States, including more than 41 thousand deaths resulting from secondhand smoke exposure – murder by association. This is about 1,300 deaths every day. On average, smokers die ten years earlier than nonsmokers and yet they are not outlawed by doctors and governmental agencies claiming to be protecting American’s health.

CDC members own 56 patents connected to vaccinations, including nucleic acid vaccines for prevention of flavivirus infection (Yellow Fever, Zika, Dengue, West Nile Virus, and many more), various vaccination testing methods (including an artificial lung system for aerosol vaccines and a process that screens new vaccines for human rhinoviruses), adjuvant patents, assays that assist vaccine development and facilitate monitoring systems, and patents for vaccine quality control. The CDC’s patents and vaccines are exempt from prosecution by - 42 U.S. Code § 300aa–22: “(1) No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.”

The CDC Immunization Safety Office is responsible for investigating the safety and effectiveness of all new vaccinations; once an investigation is considered complete, a recommendation is then made to the CDC’s Advisory Committee on Immunization Practices (ACIP) who then determines whether the new vaccine will be added to the current vaccination schedule. Members of the ACIP committee include physicians such as Dr. Paul Offit, who also serves as the chief of infectious diseases at the Children’s Hospital of Philadelphia. Offit and other CDC members own numerous patents associated with vaccinations and regularly receive funding for their research work from the very same pharmaceutical companies who manufacture vaccinations which are ultimately sold to the public. This situation creates an obvious conflict of interest, as members of the ACIP committee benefit financially every time a new vaccination is released to the market.

Each of the twelve members of the CDC’s ACIP Committee has a significant influence on the health of nearly every member of the American population. Many own vaccination related patents and/or stock shares of the pharmaceutical companies responsible for supplying new vaccines to the public.

Others receive research grant money, funding for their academic departments, or payments for the oversight of vaccine safety trials. ACIP members claim they are able to remain unbiased despite the rewards they receive every time a new vaccination is mandated to the public. In numerous instances, vaccines released to the market are later removed after serious side effects are documented. The rotavirus vaccine was one such example; it was pulled from the market in 1999, a year after its initial approval. In 2001, the House Government Reform Committee found that four out of the eight ACIP members who voted to approve the vaccine had direct financial ties to one or more of the pharmaceutical companies who produced the vaccine for public use. Similar situations involving many other vaccinations have been independently documented over the course of nearly twenty years.

The vaccination industry currently generates \$30 billion in profit each year, some of which reaches the hands of the very people who create the vaccine schedule. Despite concerns connecting vaccinations to the increase in autism and a host of other disorders, the number of recommended vaccines continues to grow each year.

The safety and efficacy of vaccines is questionable at best, and criminal in many cases. As of 2008, super paramagnetic iron oxide (and graphene) nanoparticles have been added to most vaccines for children, as well as the flu, pneumonia, and shingles vaccines, among others. And now, mRNA gene manipulation is flying under the false flag of claiming to be a vaccine approved for emergency use authorization with the Covid-19 “fake vaccine.” Use of this GMO vaccine abnegates the life insurance policy of anyone who takes this “experimental drug”, and yet the public is not warned of these deadly realities and informed consent laws are being ignored and grossly violated.

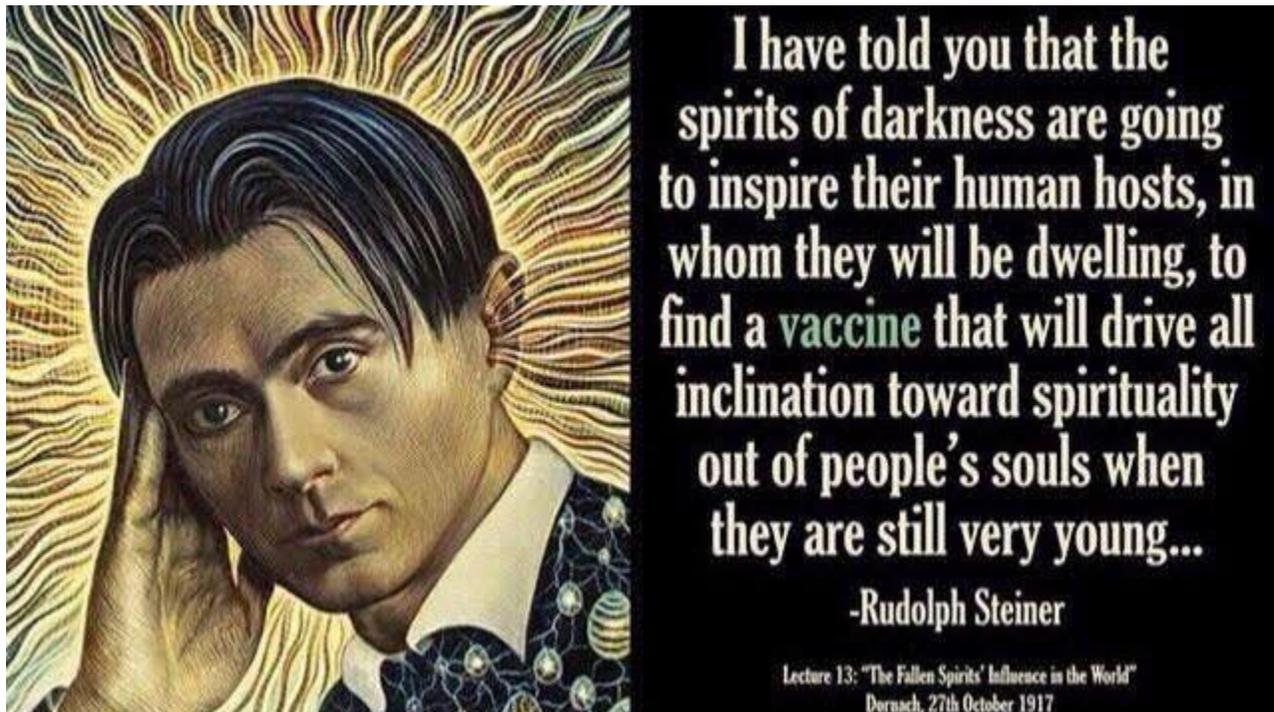
Simply looking at the some of the ingredients found in standard vaccines reveals a list of potentially deadly substances that no one would agree to if the rules of informed consent were followed. Below is a partial list of some of the more dubious and draconian ingredients approved by the CDC and NIH to be active and inactive ingredients that they publicly justify, even though many are known carcinogens and poisons.

Some Ingredients Found in Vaccines

Aluminum, squalene oil, thiomersal, thimerosal, gelatin, sorbitol, stabilisers, emulsifiers, taste improvers, antibiotics, egg proteins, ovalbumin, yeast proteins, latex, formaldehyde, acidity regulators, human cell strains, animal cell strains, recombinant DNA, bovine products, viruses, bacteria, antigens, genetically modified organisms, aluminum salts, preservatives, human serum albumin, excipients, aluminum hydroxide, aluminum phosphate, potassium aluminum sulphate, pneumococcal viruses, flu viruses, polysorbate 80, sorbitan trioleate, sodium, mercury-based preservatives, ethyl mercury, sugar, lactose, mannitol, glycerol, medium 199, arginine hydrochloride, monosodium glutamate, urea, polysorbate 80, antibiotics, penicillins, cephalosporins,

sulphonamides, neomycin, streptomycin, polymyxin B, gentamicin, kanamycin, gentamicin, yeast proteins, glutaraldehyde, disodium adipate, succinic acid, sodium hydroxide, hydrochloric acid, histidine, sodium borate, borax, trometamol, human cell lines, lung cells from aborted fetuses, HEK-293 cell line, adenovirus, kidney cells aborted fetuses, animal cell lines, chick embryo rotavirus cells, coronavirus spike protein, bacterium, hepatitis B virus, bovine products, graphene oxide, iron oxide, super paramagnetic nanoparticles, paramagnetic hydrogels, medium 199, eagle medium, and minimum essential medium, among others.

As you can see, it would not take a medical degree to know that these substances are dangerous for human consumption, let alone injection into the human bloodstream. One can only imagine that health is not the goal of these vaccines, and then the question arises: Why are “they” poisoning people with vaccines? The answer is not clear, but the outcome of millions of deaths indicate draconian intentions through a protracted war on the human bloodstream. We seem to be in the Pharmaceutical World War III that is being conducted with needles and pills instead of bullets and bombs. Thus, one can only conclude that vaccines are not meant to create good health, but in fact are meant to feed the biggest industry in America – the medical industry’s need for illness.



Rudolf Steiner and Vaccines

“Disease is an experience of a so-called mortal mind. It is fear made manifest on the body.” Mary Baker Eddy

Recently, a few articles have arisen from Anthroposophic sources that indicate that Rudolf Steiner was “in favor” of vaccines and therefore a tacit approval for the Covid-19 fake-vaccine is given the authoritative approval of Dr. Steiner. This is not true and we have pulled together a number of Dr. Steiner’s indication from numerous lecture cycles to demonstrate that his opinion was neither for, nor against vaccines, but rather, depended on many elements including: geographical area, personal history, age, prior conditions, awareness of the true spiritual nature of the illness, fear of the illness, and many other possible factors.

One quote in particular that has been repeatedly highlighted insinuates that Dr. Steiner supported smallpox vaccinations in his day. Once a close examination of all the many references to vaccines and childhood illnesses are examined, it is obvious that Dr. Steiner did not approve of blanket vaccination, especially for young children. And it must be kept in mind that in Dr. Steiner’s time, vaccines were not laced with poisons and carcinogens as they are today. A comprehensive study of Dr. Steiner’s remarks makes it clear that each individual case must be studied with care and in relation to the bigger picture.

Three of the articles below are from Anthroposophical doctors who carefully outline the bigger picture concerning the use of vaccines. They present an overall view of the spiritual factors that must be considered for each person as the informed choice of vaccination is addressed. The many other selections of Dr. Steiner’s concerning vaccines and childhood illness presented below are taken from the painstaking work of our friend, David Adams, who compiled these indications for the use of people who wish to become more familiar, and properly informed about Steiner’s true position and opinions concerning these medical questions. We thank David for his labor of love and the comprehensive job he did in providing the full picture of Dr. Steiner’s Anthroposophical medical indications.

Dr. Rudolf Steiner’s Indications on Vaccines

“To prevent disease or to cure it, the power of Truth, of divine Spirit, must break down the dream of the material senses.” Mary Baker Eddy

The Fall of the Spirits of Darkness, A Future Vaccine to Prevent Knowledge of Soul and Spirit, Rudolf Steiner, October 7, 1917, Rudolf Steiner Press, Bristol, 1993, GA 177, p. 85.

The time will come - and it may not be far off - when quite different tendencies will come up at a

congress like the one held in 1912 and people will say: It is pathological for people to even think in terms of spirit and soul. 'Sound' people will speak of nothing but the body. It will be considered a sign of illness for anyone to arrive at the idea of any such thing as a spirit or a soul. People who think like that will be considered to be sick and - you can be quite sure of it - a medicine will be found for this. The soul will be made non-existent with the aid of a drug. Taking a 'sound point of view,' **people will invent a vaccine to influence the organism as early as possible, preferably as soon as it is born, so that this human body never even gets the idea that there is a soul and spirit. The heirs of modern materialism will look for the vaccine to make the body 'healthy,' that is, make its constitution such that this body no longer talks of such rubbish as soul and spirit, but takes a 'sound' view of the forces which live in engines and in chemistry and let planets and suns arise from nebulae in the cosmos.**

Materialistic physicians will be asked to drive the souls out of humanity.

The spirits of darkness are now among us. I have told you that the spirits of darkness are going to inspire their human hosts, in whom they will be dwelling, to find a vaccine that will drive all inclination toward spirituality out of people's souls when they are still very young, and this will happen in a roundabout way through the living body. Today, bodies are vaccinated against one thing and another; in future, children will be vaccinated with a substance which it will certainly be possible to produce, and this will make them immune, so that they do not develop foolish inclinations connected with spiritual life - 'foolish' here, or course, in the eyes of materialists.

A way will finally be found to vaccinate bodies so that these bodies will not allow the inclination toward spiritual ideas to develop and all their lives people will believe only in the physical world they perceive with the senses. Out of impulses which the medical profession gained from presumption - oh, I beg your pardon, from the consumption [tuberculosis] they themselves suffered - people are now vaccinated against consumption, and in the same way they will be vaccinated against any inclination toward spirituality. This is merely to give you a particularly striking example of many things which will come in the near and more distant future in this field - the aim being to bring confusion into the impulses which want to stream down to earth after the victory of the Michaelic spirits of light in 1879.

People who think that playful ideas will help them to look ahead to the future are very much mistaken. We need serious, profound ideas to look ahead to the future. Anthroposophy is not a game, nor just a theory; it is a task that must be faced for the sake of human evolution.

Course for Young Doctors, Smallpox, Rudolf Steiner, January 8, 1924, Mercury Press, Spring Valley, NY, 1994, GA 316, pp. 97-98, 101.

Let us take a certain case. I will construct quite an idealistic one - the true theory of smallpox. Real smallpox calls up a very strong Inspiration, with Intuition as well. **And the knowledge that that comes to you here, when you are real therapists in this domain, works much more strongly upon you - when it is real knowledge - than does a vaccination; in a different sense it works much more strongly and in studying the therapy of smallpox as a physician you will bring about a kind of healing in yourself in advance, prophylactically, and will therefore be able, when you understand the connection, to go among smallpox patients without fear, and full of love. But all these things have their other side too. As I have said, if the knowledge of a medicament is a true imaginative or inspired knowledge - then the healing forces are there; it need not even by one's own imagination, it may be that of someone else. In itself it has healing forces. Even to have the idea of a medicament has an effect, and it works. But it works only so long as you are without fear. Fear is the opposite pole to love.**

What is above all things for medicine is courage, the courage to heal. Think of the illness of smallpox which reveals itself in physical symptoms. But suppose you were able to do the following: Picture in yourselves a person suffering from smallpox who in his astral body and ego organization had the power today to draw out the whole illness and to experience it only in the astral body and in the ego, so that in that moment his physical and etheric bodies would be well. Suppose such a thing were hypothetically possible. What I have said cannot actually happen, but if you want to have this imagination you must do the same thing as I have described as a hypothetical case, without your physical body and etheric body having smallpox. In the astral body and ego organization, free from the physical and etheric bodies, you must experience the illness of smallpox. In other words, you must experience, spiritually, a spiritual correlate of physical illness. The illness of smallpox is the physical image of the condition in which ego organization and astral body are when they have such an Imagination.

If one has a heavenly Imagination such as that of which I spoke, one knows what smallpox is, because it is only the physical projection of what is experienced spiritually. And so it is, really, with all knowledge of illness.

Physiology and Healing: Treatment, Therapy and Hygiene, Smallpox and Smallpox Vaccination, Discussions with Medical Practitioners, Rudolf Steiner, April 22, 1924, Rudolf Steiner Press, Forest Row, 2013, GA 314, pp. 237-239.

With a condition such as smallpox, the situation for the individual person is that the I organization withdraws to a greater degree from all three other human bodies, from physical, ether, and astral body. This powerful withdrawal, this weakening of the I organization, may be due to the fact that the individual slips very much into the I's of earlier lives on earth with his present I; because of this the I organization shows marked affinity to the spiritual world altogether. With smallpox, it is worth noting

that there is some similarity with the things a person goes through with certain forms of initiation. Strange though it may seem, that is how it is.

When someone gets to know the actions of the figures in the zodiac on human beings, really gets to know them inwardly, such states of insight involve powerful inner shocks. This the individual can at least go through in that it acts in a more controlled way, this situation with smallpox, more at the soul level, because human beings live very powerfully in the spiritual sphere with smallpox, though in a different way. We may say that with smallpox the danger of infection is extraordinarily great. We should not carelessly plump straight for physical means of transmitting the disease, however. With smallpox the mental disposition plays a particularly great role. One proof of this would be that one is able to protect oneself extremely well if one is able to contain oneself in the right way. One can protect oneself if one absolutely treats the sick person objectively, like any object, a stone or a shrub, with no feelings of fear or other emotions, but treats them as an objective fact. With this you counter the risk of infection to a high degree. The mental factor can thus play a considerable role when it comes to catching things.

I have actually never shied away from exposing myself to any danger of infections and have really never caught anything, have never got myself infected. This did show that mere awareness, powerful awareness of the existence of a disease, can bring about the disease through the astral body. Powerful awareness of a disease can be the cause of that disease arising from the astral body.

And smallpox vaccination? There we find ourselves in a peculiar position. You see, when you vaccinate someone and you are an anthroposophist, bringing him up in the anthroposophical way, it will do no harm. It will harm only those who grow up with mainly materialistic ideas. Then vaccination becomes a kind of ahrimanic power; the individual can no longer rise above a certain materialistic way of feeling. And that is really why vaccination causes us concern, because people are 'garbed through' with a phantom. The individual has a phantom which prevents him from freeing the psychic entities as far from the physical organism as in a normal state of consciousness. He grows constitutionally materialistic, is no longer able to rise to the spiritual sphere. This is what causes concern with vaccination.

Statistics will of course be quoted, and we must ask ourselves if we really must rate statistic so highly exactly in this respect. Smallpox vaccination has very much to do with the psyche. It is certainly possible that belief that this vaccination is effective plays an incalculably great role in this. If we were to replace this belief with something else, if we were to educate people in a way that is in accord with nature, so that they would be impressed by something other than that we are vaccinating them, let us say by taking them closer to the spirit again, then it would certainly be possible for us to be as effective against the unconscious imposition of

'there's a smallpox epidemic here' with fully conscious awareness that 'there's a spiritual element here, unjustifiable, yes, but I must stand up to it' which is just as effective, and we must altogether make the person strong in the face of such influences.

How should one handle this under the kind of difficult conditions in our area, with education and so on having such a negative influence? Then you simply have to vaccinate. There's no other choice. I would be absolutely against opposing these things in a fanatical way, not for medical but for generally anthroposophical reasons. Fanatical opposition to these things is not something we aim for, wanting instead to provide insight so that things might change on the greater scale. I have always seen this as something I had to combat when with medical friends such as Dr. Asch, for instance, who absolutely did not vaccinate. I would always fight against this. For if he does not vaccinate, someone else will. It is utterly absurd to be fanatical in particular situations.

Manifestations of Karma, Karma of the Higher Beings, Rudolf Steiner, Hamburg, 16th to 28th May, 1910, Lecture 8, GA 120

The case might be such that, in removing the external expression of uncharitableness, we should undertake the duty of influencing the soul also in such a way as to remove from it the tendency towards a lack of charity. **The organic expression of uncharitableness is killed in the most complete sense, in the external bodily sense, by vaccination against smallpox.** There, for instance, the following becomes manifest, and has been investigated by Spiritual Science. In one period of civilization, **when there prevailed a general tendency to develop a higher degree of egotism, and uncharitableness, smallpox made its appearance.** Such is the fact. In anthroposophy it is our bounded duty to give expression to the truth.

Now it will be clear why in our period the protection of vaccination appeared. We also understand why, among the best minds of our period, there exists a kind of aversion to vaccination. **This aversion corresponds to something within, and is the external expression of an inner reality.** So if on the one hand we destroy the physical expression of a previous fault, we should, on the other hand, undertake the duty of transforming the materialistic character of such a person by means of a corresponding spiritual education. This would constitute the indispensable counterpart without which we are performing only half our task. We are merely accomplishing something to which the person in question will himself have to produce a counterpart in a later incarnation. **If we destroy the susceptibility to smallpox, we are concentrating only on the external side of karmic activity.** If on the one side we go in for hygiene, it is necessary that on the other we should feel it our duty to contribute to the person whose organism has been so transformed, something also for the good of his soul. **Vaccination will not be harmful if, subsequent to vaccination, the person receives a spiritual education.** If we concentrate upon one side only and lay no emphasis upon the other, we

weigh down the balance unevenly. This is really what is felt in those circles which maintain that where hygienic measures go too far, only weak natures will be propagated. This of course is not justifiable, but we see how essential it is that we should not undertake one task without the other.

Here we approach an important law of human evolution which acts so that the external and the internal must always be counter-balanced, and that it is not permissible to act with regard to the one only, leaving the other out of consideration. We here get a glimpse of an important relationship, and yet we have not even arrived at the significance of the question: 'What is the relationship between hygiene and karma?' As we shall see, the answer to this question will lead us still further into the depths of karma, and we shall further see that there exist karmic relationships between man's birth and death. In addition, other personalities influence a human life, and man's free will and karma are in harmony.

Comets to Cocaine, Diphtheria, Influenza, Measles, Scarlet Fever, Rudolf Steiner, January 20, 1923, GA 348, Rudolf Steiner Press, London, 2000, pp. 237- 251

The flu is related to all the diseases, such as bronchitis, that can afflict the human head or the organs of the upper chest, but I will refer particularly to illnesses such as diphtheria and influenza that are so widely prevalent just now. These diseases afflict the upper part of the human body, and they have a definite peculiarity. They can best be studied by examining diphtheria; here one really can learn the most.

When I see people suffering from influenza, I must always turn my attention to something other than the symptoms that the doctors pay heed to, because the flu is actually a kind of brain illness. The flu is really an illness of the brain! I shall say more about this later.

The following points must especially be taken into consideration regarding diphtheria. First, if you look at a child suffering from diphtheria - adults can also suffer from it, you know - you can see a membrane in the throat. This membrane, this formation of tissue, is usually what can cause suffocation in diphtheria. The second thing one notices in diphtheria is that the heart of a diphtheria patients is always attacked. The heart does not function properly. The third aspect of diphtheria is that even if the patient is not strongly afflicted by the membrane in his throat, he nevertheless has a hard time swallowing because of a kind of paralysis of the throat that occurs in addition to the membrane. Finally, the same symptom that is nowadays observed in those suffering from influenza also appears in diphtheria patients: their eyes begin to cross and they see double. These are the most important symptoms of diphtheria that can be noted in the upper part of the body. A form of kidney ailment, unobserved in those who suffocate and die, appears as an after-effect in the diphtheria patients who recover.

What does diphtheria really consist of? Diphtheria can be understood only when one knows that Man is actually kept alive from two directions - from the outside in and from the inside out. Man lives first from within his skin. within his surroundings. The skin is constantly in contact with the outer air, with the external world, which causes it to become calloused. In humans it only becomes a little calloused and then sloughs off. The skin all over Man's body constantly sloughs off. He is constantly exchanging his physical body because of outside influences.

Aside from this life proceeding from the outside in, there is also a life passing outwards from inside, particularly from the kidneys. Both must be active in the human being. Activity both from the skin inwards and from the kidneys outwards must be at work. The heart occupies a position in between and is highly sensitive to too much activity from outside or within. The heart can sense when the kidneys begin to be overactive, and it also senses when the skin's activity begins to be too strong or too weak.

Now, what happens in the case of diphtheria? In diphtheria the skin suddenly becomes weak and subdued. The activity of the skin is too weak, so a person with diphtheria suffers from too little exchange of air through the skin. Indeed, this is the main problem. The skin, including the skin of the nose exposed to the external surroundings, does not breathe enough, and it becomes too weak. The instreaming activity no longer functions properly, and the heart senses this. The heart also senses that the kidneys' work is rising upwards. Long before inflammation of the kidneys, that is nephritis, sets in, the activity of the kidneys is already shooting upwards. Because the skin activity is no longer working effectively from outside, superfluous skin forms on the inside filling everything out, because the kidneys' activity is too strong.

When a person becomes afflicted with shrunken kidneys, which can occur when the kidneys' activity is deficient, you can see an indentation here on the head. There is a connection between the kidneys and this section of the head. As soon as the kidneys' activity is not working properly, this indentation occurs. You can see in every person who has kidney disease this indentation in the head. Beneath it lie the optic nerves. When the indentation occurs, the optic nerves become inactive. In the case of ordinary kidney shrinkage, the patient begins to see unclearly. When shrinkage does not occur but nephritis sets in instead, the kidney activity shoots up into the head and exerts an influence on the optic nerves. Now, you see, the optic nerves are such that when the head is viewed from above, they proceed back from the eyes. They cross in the brain, the two optic nerves, and continue on to the hindbrain. The moment these optic nerves that cross are not working properly, we see double. The optic nerves only need to be a little numbed and the crossing not made properly for us to see double.

The kidneys' activity also has a stimulating effect on the optic nerves. If the optic nerves do not interact properly at the point where they cross people see double. This is the case, for example, in

diphtheria. You can see, therefore, that diphtheria is caused by a disorder in the skin's activity. Therefore, a future, more successful cure for diphtheria will consist above all of treating the patient in the right way with baths; he will have to be given baths that will immediately vigorously stimulate the skin's activity. Then the formation of membranes will cease, and the patient's skin will begin to function properly again.

Treatment with modified virus vaccine is effective in the case of diphtheria, because the body is thus given a strong impulse to become active, but it has unfavorable after-effects.

Particularly if a child is treated with vaccine, it will later suffer a hardening of its organization.

One must therefore strive to replace vaccines with bathing treatment, especially in the case of diphtheria, which is caused primarily by the effective activity of the skin.

It is indeed true that diphtheria is more frequent now than in former times. Of course, one must think in terms of centuries, not decades. According to all that is known of earlier ages however diphtheria was more rare. This is connected with the fact that, in general, the European way of life increasingly leads in a direction in which the skin's activity is no longer supported. You can also see the ill effect of civilization in the fact that bald-headed people are much more numerous today than in the past. The growth of hair is also an outer activity; in the case of diphtheria, one must try above all to bring about a proper activity of the skin.

This is also connected with a factor that affects people's offspring. Take a mother or father whose skin is too sluggish and doesn't slough off easily enough. This is most difficult to determine and takes very sensitive insight into human peculiarities and characteristics. This is difficult to determine, because the skin is actually transparent. As it sloughs off, it appears to be colored differently because of what is underneath. Our skin is really transparent. So if a father has a skin that is much tougher than it should be, this also influences the activity of the bones - the production of blood depends on the activity of the bones. If the father has such calloused skin that it reminds you of hippopotamus hide, he will produce white corpuscles that are too weak. This, in turn, influences his sperm, and his children will be weak from the

beginning. It is possible for his children to be born with the English disease of rickets, for them to be born weak and to be susceptible to tuberculosis. If the father's skin is too soft, something that can be noted particularly when anxiety and so on easily cause blushing, then his bones become too hard, but his has no serious ill-effect. If, however, the mother's skin is too soft, alternating between blushing and paling, her bones become too hard and she does not produce red corpuscles properly. At an early age already her child will acquire tendencies to all kinds of ailments such as rheumatism, and particularly illnesses like measles, scarlet fever, and so on, diseases that are related to the metabolic system. These facts are all related.

Now, as for the flu, it really comes from a brain ailment. The lower part of the brain, located under the optic nerves, suffers a form of paralysis. The flu consists of a paralysis of that portion of the brain that lies quite near the optic nerves. Since this is a very significant part of the brain, an influence is actually exerted on the entire body. Proceeding from this paralysis in the brain, something in the human being becomes ill in the case of ordinary flu. Above all, the spinal cord is affected, since this part of the brain goes right into the spine, from which the nerves extend to all the limbs. The person thus gets aches and pains in his limbs, and so on, particularly in the vicinity of this part of the brain here [pointing to sketch], which is incapacitated during flu with much cranial fluid present. When the solid part [of the brain] is partially numbed, the ensuing symptoms are brought about through the working of the solid part of the brain on the spinal cord. The fluid, however, constantly flows up and down through the spinal canal here [drawing]. Hence, if the fluid in the brain is afflicted, affected fluid also appears in the spinal canal, and from here it passes into all the limbs. It thereby gradually creates inflammation everywhere. Because it was the cranial fluid that was inflamed, and not the solid part of the brain, however, a more counteractive, healing force was present and a patient can recover.

Although various remedies must also be administered, in such illnesses it is essential that the body be given adequate rest and quiet. The patient must therefore lie in bed, and care should be taken to keep the room at a constant temperature and with steady, gentle lighting, because rest is not only brought about by stretching out on a bed. If the body is left totally to its own devices in conditions of steady warmth and light, it can itself endure even the worst attacks of pneumonia, pleurisy, and peritonitis. The human being is capable of that. Even with the worst illnesses that display the symptoms mentioned, it is more a matter of proper nursing care than of remedies.

One must always consider the individual and know him well if one wishes to cure him; one must have insight into what a person is like. In dealing with a patient suffering from diphtheria, for instance, it is under certain conditions best to place him in a rosemary bath so he can smell the rosemary. Repeated long rosemary baths will strengthen the activity of his skin. Sufficient rosemary must be added to the water, however, so that the patient constantly smells it during the bath. The activity of the skin is stimulated, and the patient will improve without being treated with vaccine. It really depends upon being able to use remedies in the right way to stimulate the patient's own bodily resistance.

One must remember that the flu actually has its origin in an ailment of the brain. You will have perceived that a flu patient is always in a kind of doze, because the most important areas of the brain under the optic nerve are numbed. Thus he comes to doze. Now you can also grasp that when paralysis is located in the upper sections of the brain, the point of intersection of the optic nerves is affected and the person sees double. All this shows you that double vision can come about quite

naturally in influenza. This should be no means be taken lightly because the intestines and the brain are connected.

All processes in the human being proceed outwards from within and inwards from without. If a person is cross-eyed for internal reasons and this condition is externally corrected, he can become ill inwardly [perhaps with intestinal symptoms]; in Man, one never deals with a single activity but with two activities that meet in the heart. The heart is in a mediating position. The heart is not a pump but a most delicate apparatus, which really perceives everything that is out of order. The heart's function can be influenced from within as well as from without. In all illnesses in which this is the case - that is, when something is wrong with a process so that it is prevented from running its course outwards from within or inwards from without - it will be noted that this comes to expression in the heart.

Limestone to Lucifer, Smallpox, Rabies, Vaccines, Rudolf Steiner, January 27, 1923, Rudolf Steiner Press, London, 1999, GA 349, pp. 253-256.

Air, or particularly the oxygen in the air, is constantly absorbed through the surface of a person's skin, and along with the ordinary breathing process of his lungs one can also speak of his skin's breathing. If a person has his lungs and skin for breathing, then he also needs an opposite, and that opposite is located in the liver - we must learn to view it as the opposite of the skin-lung activity; the liver and the skin-lung activity balance each other. One could say that the liver's constant purpose is to bring into order internally what a human acquires through breathing in his relationship with the outer world. That is what the liver is for.

Now imagine that the liver malfunctions. When this happens, all the activity of the lungs and skin is also thrown out of balance, and then a specific problem arises. Through quite delicate blood vessels, the blood circulation reaches everywhere into the skin, into the lungs, and also into the liver. If the liver's function is impaired, the blood cannot flow properly in and out of the liver. If, because of a liver problem, the blood flows into it too strongly and the liver becomes overactive, too much bile is produced and the person becomes jaundiced. What happens, however, when the liver's activity is too weak? The blood's activity on the surface of the skin is not compensated for. The blood, which flows everywhere, wishes to be compensated, and the blood in the liver investigates, as it were, whether or not the liver is behaving properly. If the liver isn't behaving properly, the blood rushes to the surface of the body to replenish itself there. What happens? Smallpox is the result. This is the connection between smallpox and a blood circulation which, due to a defective liver, has something wrong with it. The circulation of the blood rightly makes a point of contact with the breathing, and whether this occurs in the lungs or the skin really does not matter, because it balances itself out. If the air that enters through the breathing process does not make contact with the blood in the correct way, however, smallpox results.

What is smallpox? Smallpox is really the result of the development of too much respiratory activity on the body's surface or in the lungs. A person becomes too active over his surface area, and this activity causes inflammation everywhere. What can be done under these circumstances? Well, people already do the only thing that can be done in such cases. **They vaccinate with cowpox vaccine. What does cowpox vaccine really accomplish? The vaccine inwardly permeates the body, because the blood circulates everywhere. Whereas the blood is otherwise compensated for on the body's surface, it now has to cope with the vaccine. The overactivity on the surface is thus prevented. Smallpox inoculation does indeed have a certain significance. The blood, which is not properly engaged by the liver, is now busy with the vaccine. Generally, there is good reason for all methods of inoculation. You have perhaps heard that a large part of our healing is based on injections, because an activity occurring in the wrong place can thereby be directed to another part of the human body.**

Inoculation against rabies is especially interesting. Though rabies comes from something altogether different, it is basically the same response as I described in connection with smallpox. Imagine that a person is bitten by a rabid dog or wolf. Such an animal has actual poison in its saliva. This poison now enters the victim through the bite, and the person becomes involved in detoxifying the poison. He may be too weak to do it, and he might succumb to the poison, but something else is really the cause of death. You know that a man first develops rabies before he succumbs to the poison. What is the reason for this?

Let us assume that I am bitten by a rabid dog. Now I must direct all my inner activities to his spot, and I must let them flow here to use up the poison. This surge of activity is sensed by my spinal cord as though I had received a shock - my spinal cord suffers a shock through which I become ill. What must now be done to offset this shock? You know that when a person freezes in horror he can be brought to his senses by being slapped a few times. The spinal cord also needs to be slapped, but one must first get to the spine. Now, oddly enough, all substances have a way of going to specific parts of the body. The dried spinal cord of a rabid rabbit, which retains the rabies poison for a short time - about 15 minutes - before becoming ineffective, is quickly injected into the human being. It enters the human spinal cord, which thereby suffers a counter-shock. It is just as if you shake a person who is paralyzed with fear and he snaps out of it. In the case of rabies, the human spinal cord recovers from the shock by means of an inoculation with the rabid rabbit's dehydrated spinal cord. You see, therefore, that when an activity develops in the human being in the wrong place and he becomes ill, he can be cured if almost the same process is developed in a different place.

Anthroposophic Doctors on Vaccines

“I will restore you to health and heal your wounds, declares the Lord.” Jeremiah 30:17

Vaccinate?! Georg Soldner in Conversation with Wolfgang Held, Das Goetheanum, October 22, 2019.

Wolfgang Held: Why is the debate on the topic of vaccination so intense?

Georg Soldner: The topic of vaccination has been polarized ever since there have been vaccinations. As early as 1860, there were statements from vaccination supporters and opponents that sound very similar to those from today. Then, as now, both sides tend to suppress facts that contradict their own view. We also noticed this when we drafted a worldwide position statement on the part of the Medical Section and the IVAA (International Association of Anthroposophic Physicians). Even within the anthroposophic movement, the reactions are contradictory. There were colleagues who welcomed it, and colleagues who feared it would be selling out anthroposophy.

In GA 314, we can read Rudolf Steiner's statement on vaccination in a concrete situation: "Then you have to vaccinate. There is no other choice. Because fanatical opposition to these things is something that I wouldn't recommend at all – not for medical reasons, but for general anthroposophic reasons. Fanatical reactions to these things is not what we are striving for; rather, we want to do things differently in general. I've always seen this as something to fight against in my friendship with physicians. For example with Dr. Asch, who absolutely did not vaccinate. I always fought against this. Because if he doesn't vaccinate, someone else will do it. It is completely absurd to be this fanatical in individual cases."

Obviously, Steiner also said other things about vaccination, and about the importance of acute infectious illnesses for human development and for human destiny.

Wolfgang Held: What makes the topic of vaccination so controversial? Isn't the victory over smallpox an impressive precedent?

Georg Soldner: A vaccine is developed for whole portions of the population, so it affects us as a community. At the same time, it intervenes in individual organisms and that creates uneasiness. The vaccine in the last 200 years was the smallpox vaccination. Smallpox has characteristics that it doesn't share with any of the other infectious diseases that we're dealing with now. If you are infected with smallpox, you develop the illness with 100% certainty. With polio, only one in a thousand develops paralysis. The other 999 show less severe symptoms, but are also contagious. Smallpox, which is deadly in 30% of cases, always occurs as a full-blown illness. That means that I can't overlook a case. This illness is also so dangerous that it makes sense to vaccinate the entire population, because the mortality rate is so high. While the mortality rate for smallpox is approximately 30%, the mortality rate for measles in Germany is 0.1%. Therefore, I can't mandate measles vaccinations in Germany using the same argument as for smallpox vaccinations. The danger level is a completely different scale of magnitude. But with measles, we also know now that

there are mild cases that aren't recognized as such for quite a while. This is why measles can survive, even if a high percentage of the population is vaccinated. While smallpox's unique combination of characteristics allowed us to eradicate it, this is not so possible with any of the other infectious diseases we currently vaccinate for. Even polio isn't eradicated, by the way. The oral vaccination virus can still transform back into its original aggressiveness. We will continue to vaccinate against polio for decades, because dangerous polioviruses continue to surface, some from the oral vaccination that we also used here for many years. But we have nearly eliminated it. There are very few occurrences any more in Europe. But if we stopped vaccinating for polio worldwide, it would probably come back.

With measles, we have three to four times as many cases now in Europe as we did ten years ago. This shows that every illness is different. Eradication of measles is far from being possible. The most we can hope for is that measles outbreaks are limited to only a few people through widespread vaccination of the population and careful care into adulthood. We call this elimination. That is the goal. But based on all that we know, measles cannot be eradicated. The claim is made that it can be, but the claim is false.

Wolfgang Held: So compulsory vaccinations for measles seem useless, right?

Georg Soldner: There are scientific studies on the question of compulsory vaccinations that show that every compulsory vaccination arouses resistance. In countries like Germany and Switzerland, compulsory vaccination is not carried out such that children are picked up by the police and forcibly vaccinated. There is only a fine. In point of fact, the vaccination rate increases more through education of the population. This is also the case in Germany for first-time measles vaccinations, which more children entering school have received than in a number of neighboring countries with compulsory vaccinations. We have always advocated that decisions on whether to vaccinate be free, informed decisions by parents or patients wherever possible. I spoke with an Indian colleague yesterday. In her country, there are areas with high child mortality where many parents still cannot read and can't understand what a free decision on whether to vaccinate means. In areas like these with high child mortality and low levels of parent education - education as we understand it - it is not so simple to tout informed parent decisions on vaccination. Therefore, it is understandable that a country considers compulsory vaccination in some countries with widespread poverty and high child mortality. Measles, specifically, are a very frequent cause of child mortality in such regions. But in countries like Germany, the USA or Australia, the situation is different. Here, we're talking about diseases with low to no mortality, like mumps. And here, we insist that parents or the patients themselves should decide what they want to vaccinate for, and when.

Wolfgang Held: So, what has changed in recent years?

Georg Soldner: What has changed is the perspective on the measles vaccination. In the last ten years, the measles vaccination has been able to show that it also triggers immunological maturation processes in those vaccinated. Not as strongly as measles itself, but less dangerously, and enough that in countries with high child mortality the measles vaccination lowers mortality more than by simply protecting against measles. Beyond measles, vaccinated children in these countries die less frequently of pneumonia and diarrhea than unvaccinated children. These findings show that the measles vaccination can support a child's immunological development. For so-called "inactivated" or "dead vaccines", like early vaccination against diphtheria and tetanus, the opposite is true: They have a negative influence on the immune system of infants and can potentially even raise child mortality rates in poor countries.

On the other hand, the measles vaccination has the effect, today, that in our countries certain population groups that used to be protected are now more endangered. One group is infants. A nursing mother who is vaccinated against measles does not pass her immunity on to her infant like a mother who has had measles herself. The nursing mother who has had measles can give her infant relatively strong immuno-protection, while a mother vaccinated against measles cannot. This means that infants are now at risk of measles. In infancy, measles can leave behind a terrible illness that only breaks out seven to ten years later and leads to a mental deterioration and certain death.

Wolfgang Held: Is the famous herd immunity turned on its head here?

Georg Soldner: Herd immunity is a term used to mean that we vaccinated people reduce the risk of infection for those who cannot be vaccinated because of a weak immune system or extreme youth. But in fact, the opposite is also true: the average age of the few measles cases that we still have here in Germany is now 20 years, and in Switzerland it is similar. The last death due to measles in Germany was of a 40-year-old. The situation is that adults born after 1970, who didn't have measles as children and who were sometimes only vaccinated once, do not show sufficient immunity to measles. Even adults who were vaccinated twice as children can be so-called "vaccination failures." The measles vaccine does not protect everyone. At least one percent of twice-vaccinated people do not exhibit sufficient immunity. If we vaccinate against measles already at the age of nine months, this percentage quadruples. If I vaccinate very early, more children remain unresponsive to the vaccine. And once this is the case, it is not easy to correct later. The second measles vaccination is not a booster vaccination - it is meant to fill in gaps for people who didn't respond to the first vaccination. But it also doesn't reach everyone - especially those who were vaccinated at very young ages. In such cases, we talk about vaccination failures. These people can also become ill with measles as adults, for whom measles are much more dangerous than for young children. Once we're in this situation, the inherent necessity arises that we attempt to vaccinate so widely that the number of those who are not immune despite vaccination or who cannot be vaccinated because of immune disorders remains below five percent, so that outbreaks remain isolated and cannot spread.

Encountering the natural measles virus strengthens my immune system. But in our countries, we have suppressed this encounter to a great extent.

We don't know, by the way, whether this vaccine immunity, with which we have replaced natural immunity, actually lasts for a lifetime, because it is now so rare to encounter a natural measles virus. Encountering the natural measles virus strengthens my immune system. But in our countries, we have suppressed this encounter to a great extent. With all of the uncertainty regarding long-term consequences, this development creates a certain pressure to take part in measles vaccination, because now more adults or infants could contract measles and be more endangered. In the new GAÄD (German Association of Anthroposophic Doctors) leaflet on measles, which I played a key role in creating, we recommend a vaccination at a later age than is generally recommended in Germany and in Switzerland. Scientific studies show that vaccination after the age of 15 months leads to much more reliable long-term protection than vaccinating earlier. Vaccination at 9 months leaves significantly more gaps in immunity than a vaccination at 15 months.

Wolfgang Held: Why don't such studies penetrate into vaccination practice?

Georg Soldner: As I said at the beginning, the way scientific findings are handled in day-to-day vaccination practice is not necessarily rational. The social development of day care plays a role. Vaccination of nine-month-old children is only recommended in Germany for children that enter day care early. These days, we even have tiny infants in day care facilities. In the DDR, it used to be quite common for children between the ages of three and six months to enter day care. This is becoming more common again today, leading to higher danger of contagion for infants. This childcare in community facilities means that the age of vaccination has had to be pushed up, contrary to what medical science has determined to be the optimal age for vaccination in terms of long-term immunity.

In the coming decades it will be a growing problem that individual adults have no reliable protection. Measles will not disappear in the next few decades. If an adult without protection travels to a country where there is still measles, for example as part of a development aid project, he or she can become infected and severely ill, and also pass on the infection to others. These are the risks. This is why it is for us Anthroposophic physicians of especially high priority - and we are pioneers in this area - to pay very careful attention to the immunity of young adults. When young adults leave my practice, I check whether they have measles immunity. This is best done with a blood test, so that vaccination failures can be identified. Just because you've been twice vaccinated doesn't always mean you're immune. In the 2015 Berlin epidemic, we saw that some of those infected had been twice vaccinated. And they sometimes exhibit less typical disease progressions that are not immediately recognized while they infect others. So the vaccinations have caused new problems. It is not the case that any given vaccination can inject eternal health, even if this is sometimes suggested.

Rudolf Steiner turns that thought on its head with the description of how it is the disease itself that at some point releases the vaccine, possibly because it has fulfilled its task.

Rudolf Steiner often characterizes the situation from different perspectives. A famous example of how we can look at something from different perspectives is the disappearance of polio. Vaccination proponents can point out that with the introduction of the polio vaccine, the number of infections fell drastically. Anyone who denies this is going against the facts. But we also know the fact that many diseases have retreated before medical measures could affect them. Even polio was certainly already retreating through improved hygiene and overcoming the period of misery after WWII. It is especially clear in the case of tuberculosis, which has by and large disappeared here, independent of possibilities for medical treatment. The disappearance of tuberculosis is rather due to the fact that people began to expose themselves to the sunlight in bathing suits and to take in sun, thereby counteracting the pathogen. Rudolf Steiner himself specifically pointed to this significance of sunlight. Improved diet and sunlight undermines tuberculosis, while, for example, the extreme veiling of Muslim women can lead to a significant increase in the frequency of tuberculosis. We can see that the appearance of a disease follows its own laws, which do not have a one-to-one relationship with our actions. This is currently the case with scarlet fever, for example, whose aggressiveness has significantly decreased.

A perspective that I have represented for twenty years is based on long-term observation. I notice that the intervening feverish illness in childhood - taking hold of one's own body's destiny - doesn't necessarily have to be measles - it can also be pneumonia. And over half of all childhood pneumonia is caused by viruses. Now, interestingly, we are being able to develop joint projects with pediatrician colleagues, including in Germany, around dealing differently with fever: not suppressing fever anymore with medication, and not prescribing antibiotics for every feverish illness. My colleague, Professor David Martin in Witten/Herdecke, has received two million Euros as a research grant from the government in order to develop and evaluate an app for parents that is intended to help parents overcome their fear when their child has a fever, and will give clear instructions for appropriate care for the child. How they, in generally understandable words, can help this acute intervention of the child's being in its body within the framework of the fever.

This is also the aspect that Rudolf Steiner meant. It is not about contracting the measles illness - it needs to be about allowing a child in its first years to take hold of its body, to individualize its body within the context of feverish illnesses. About overcoming predispositions to illness that have been inherited from the parents, such as tendencies to allergies, through feverish illnesses. Within Anthroposophic Medicine, we have been able to prove that acute feverish illnesses, when not suppressed, contribute to a lower occurrence of allergies, for example.

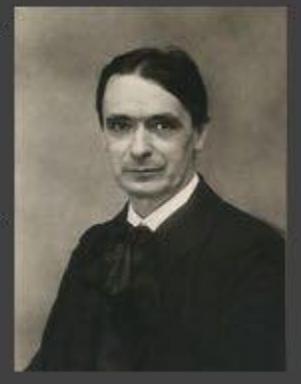
If all pediatricians assume a favorable attitude toward acute feverish illnesses, we will have done much more for childhood development than if we fight for the opportunity to get the now rare measles virus.

Of course, measles is one of these illnesses, but I don't need to cultivate measles - there are enough other feverish illnesses that occur in childhood. If all pediatricians and general practitioners take a different attitude toward acute feverish illnesses, we have perhaps done much more for the good of children and for child development than if we, a small group of Anthroposophic physicians, fight for the ability to contract measles, now a rare illness.

Wolfgang Held: What positive effect can this discussion have?

Georg Soldner: First of all, I am very glad that we in the anthroposophic movement are bringing a process of clarification, if we want to affect the development of civil society. For example, the majority of parents in Germany are afraid of measles and don't want the disease to continue to occur. But we can influence the thinking of these young parents, for example, in regard to acute fever. David Martin has the support of the Chair of the Professional Association of German Pediatricians, and our guidebooks for parents are widely purchased. On a broad front, we can change the way people think about acute fever. We approach the public and consciously participate in the now unavoidable global control of measles, by becoming more open to early measles vaccination. Before, we more often advised vaccination at the end of childhood. We approach the public. But on the other hand, we want to share our central thoughts on fever and the individualization of the child's body with the public. When that is understood, we are not isolating ourselves in a niche. Rather, we become the seed of change in society. [End]

“These inoculations will influence the human body in a way that will make it refuse to give a home to the spiritual inclinations of the soul. People will be inoculated against the inclination to entertain spiritual ideas...I have told you that the spirits of darkness are going to inspire their human hosts, in whom they will be dwelling, to find a vaccine that will drive all inclination towards spirituality out of people's souls when they are very young.” ~ Rudolf Steiner



What is our global attitude to vaccinating? Rudolf Steiner, Physiology and Healing, Treatment, Therapy and Hygiene, Georg Soldner, May 29, 2019, Forest Row.

On 15 April 2019 the Medical Section and the International Association of Anthroposophical Medical Societies (IVAA) responded to multiple requests from anthroposophic physicians and published a

statement on the question of vaccination. Georg Soldner, deputy head of the Medical Section, explains the circumstances of this statement.

In the global vaccination campaigns anthroposophic physicians are often vilified as “anti-vaxxer” and, using this accusation as a pretext, efforts are even being made to ban Anthroposophic Medicine altogether. On the other hand, there are one-sided campaigns that oppose vaccination indiscriminately.

Given this situation, the attempt has been made to keep the discussion factual and protect Anthroposophic Medicine against one-sided attacks and generalizations. It soon became evident that, in some countries, the statement was very important for the public image of Anthroposophic Medicine and that it was welcomed accordingly. Others expressed clear criticism, often based on misunderstandings. I will therefore explain the joint statement, paragraph by paragraph.

The Need to Differentiate:

“Vaccines, together with health education, hygiene and adequate nutrition, are essential tools for preventing infectious diseases. Vaccines have saved countless lives over the last century, for example, they allowed the eradication of smallpox and are currently allowing the world to approach the elimination of polio.”

Elaboration: Good communication requires, in the first instance, recognition and positivity where they are due. Our colleagues in India, for instance, emphasize how much some vaccinations have contributed to reducing child mortality in their country.

“Anthroposophic medicine fully appreciates the contribution of vaccines to global health and firmly supports vaccination as an important measure to prevent life-threatening diseases. Anthroposophic Medicine is not anti-vaccine and does not support anti-vaccine movements.”

Elaboration: This says clearly that we are talking about vaccinations for life-threatening diseases, in which mumps and chicken pox are not necessarily included, while - in the global context - the measles jab has saved the lives of many children.

The statement clearly rejects any indiscriminate anti-vaccine movements. While many believe in and disseminate the view that the Measles, Mumps, and Rubella (MMR) vaccination has caused an epidemic increase in autistic disorders. This does not mean, however, that there is sufficient evidence of this vaccine being totally safe. Because the measles vaccine is a live vaccine it can contribute to the positive maturation of the immune system (in poor countries it also reduces the mortality rates of other diseases).

National Recommendations:

“Physicians who are trained in Anthroposophic Medicine are expected to act in accordance with national legislation and to carefully advise patients (or their caregivers) to help them understand the relevant scientific information and national vaccination recommendations. In countries where vaccination is not mandatory and informed consent is needed, this may include coming to an agreement with the patient (or the caregiver) about an individualized vaccination schedule, for example by adapting the timing of the vaccination during infancy.”

Elaboration: This paragraph refers to national vaccination recommendations as well as scientific information. The latter may well contradict the national vaccination recommendations, which differ from one country to the next. After several deaths have occurred, France, for instance, no longer recommends to vaccinate babies against diarrhea (rotavirus) - unlike Germany, where not one (of more than a hundred) daily newspapers reported on these fatalities even though the complications are known to German scientists.

It has been criticized that the statement does not clearly condemn mandatory vaccinations. There are two reasons for this: firstly, the statement is a global one. There are regions in the world where child mortality is high, along with poverty levels, and there are situations in the context of major refugee movements, where mandatory vaccinations against life-threatening pathogens seem to be justified. But even in countries where mandatory vaccination has been introduced without sufficient cause (as in Italy or Hungary), it is not necessarily helpful to publish a global statement on Anthroposophic Medicine that includes views on questions of vaccination. This does not mean that the statement defends mandatory vaccinations. The opposite is the case.

The statement explicitly mentions the informed consent of parents or patients and emphasizes their right to make an informed decision not only regarding vaccination itself but particularly also regarding the time when it should be given. Scientifically speaking, vaccinating children under the age of one against measles - as recommended in Switzerland (from the age of nine months) - will have the effect that many will no longer be protected as adults.

Aluminum-containing dead vaccines - against tetanus and diphtheria for instance - are suspected to increase the risk of asthma and the susceptibility to infections if given in early infancy, in very poor countries they are even suspected to increase the overall mortality from infections.

Pro-Science:

“Taking into account ongoing research, local infectious disease patterns and socioeconomic risk factors, individual anthroposophic physicians engage at times in the scientific discussion on specific vaccines and appropriate vaccination schedules. Anthroposophic Medicine is pro-science and continued scientific debate is more important than ever in today’s polarized discourse on vaccination.”

Elaboration: The statement emphasizes that vaccinations have to be judged against the background of the actual health challenges in the individual case (climate, poverty, crowded living, malnutrition etc.). Anthroposophic physicians and their patients enhance their chances of being listened to by the civil society, health authorities and politicians, if they express differentiated and informed views on questions of vaccination. A polarizing debate, on the other hand, where powerful economic interests and a certain fanaticism play into each other's hands, destroys the foundations of a freedom that is rooted in the free spiritual life and that needs to be defended in the sphere of rights, in the civil society.

Asking About the Meaning of Illness:

Elaboration: The question that remains is that of the meaning of illness - a question that is rarely asked today. Acute febrile illnesses are certainly important for the maturation of the child's immune system and we can support this by not giving antipyretic drugs or unnecessary antibiotics, by providing an appropriate diet and competent nursing and medical care. Anthroposophic physicians support such an approach and are increasingly listened to by experts. Fever helps children not only to overcome an infectious disease but also to individualize their organism.

It is a fact that measles are globally considered today to be too dangerous. But there are many febrile infectious diseases that can be well controlled medically. A healthy child development is possible without measles if children grow up surrounded by love, good food, sunlight, and if they receive appropriate care and treatment when they develop a fever.

Concerning Childhood Vaccinations Today, Lore Deggeller, MD, Translated by H. Jurgens from Der Merkurstab, Vol 44, Nr. 6, Nov-Dec 1991.

It is an open secret that today's scientific wisdom often proves to be tomorrow's error. And this often brings about progress. But things seem to be different in the immunization field. Opinions sometimes change there like the weather without any noticeable progress. In contrast to East

Germany - until 1983 - the only compulsory vaccination in West Germany was for smallpox, and this was then dropped since the disease had been stamped out worldwide.

Opinions with respect to several of the childhood inoculations which are routinely recommended fluctuate considerably, but this is not sufficiently noted by either parents or doctors. This is particularly true of the inoculations against TB (BCG vaccine Bacille Calmette Guérin) and whooping cough (pertussis vaccine). BCG vaccination was routine for a long time after World War II, and it was given in hospitals on the first or second day after birth without asking the parents' permission. It was only omitted if it had already been forbidden before birth. On the basis of serious injuries which supposedly resulted from a "suboptimal" vaccine, instructions which amounted to a prohibition were

given to doctors in the '70s. They appeared in the German Medical Journal, but I know for certain that not all of the doctors read them. Hence scattered vaccinations continued. At present the German Federal Bureau of Health is encouraging doctors to inoculate BCG again, and this is again often done without the parents' approval. But since the frequent detrimental consequences are known, it indicates that deliberate injury is being perpetrated.

Something similar happened with pertussis vaccinations. After 1953 they were routinely given alone or as a triple inoculation with diphtheria and tetanus (DPT). After 1974 they were radically curbed by STIKO (Inoculation Commission at the Federal Bureau of Health), and they were only still recommended for endangered babies in unfavorable social conditions. In 1988 and 1989 they weren't propagated or recommended at all, but recently they are gaining favor again. The July 20, 1991, Hannover Gazette says that one can expect 80 to 100,000 cases of whooping cough a year and that 8 to 10 are expected to be fatal. Whereas in the Nov. 10, 1989, issue of the German Medical Journal (Nr. 45) it said that inoculations for TB and whooping cough were "no longer in accordance with the presently accepted standards."

For the seeker of information this rise and fall of opinions reflects the uncertainty of the upper echelon, which often shows up in their emotional pro and con propaganda. That this makes excessive demands on the layman was recently made clear by a full page article in the *Süddeutschen Zeitung* (June 27, 1991) with the title *Discussions About Inoculation Resistance*, which gave a relatively impartial presentation of the views of supporters and opponents of vaccination. One sees how sharply drawn the fronts are if one compares the statements of the director of a children's hospital in Cassel - Professor Lueder - and that of the vaccination critic and inoculation lawsuit expert G. Buchwald, MD. Lueder says that the omission of vaccinations for measles and mumps is criminal and that it is equivalent to child abuse, whereas Buchwald approves of only really important inoculations and he defends the stance of parents who shy away from the risk of diseases such as encephalitis and neurological ailments resulting from vaccination, regardless of whether this is on the order of 1:1 million or 1:5000. For all they know their child might be blinded and paralyzed like the one whose story made all the Constance newspapers in 1989; this child had been routinely vaccinated against diphtheria, pertussis, and tetanus in 1984 by a pediatrician. The state of Baden-Württemberg is now paying his parents 4000 DM a month, and although the doctor was not personally liable he agreed to pay 40,000 DM in damages in order to speed up the legal proceeding.

The litigation literature between the proponents and opponents of vaccination shows that such cases are frequent, although they are not always resolved as easily as this one. Also worthy of note is the literary row between W. Ehrengut, director of the Institute of Vaccination and Virology, Hamburg, now retired, and the above-mentioned G. Buchwald, head physician at the Park Clinic in Bad Steben, Doctor of Social Medicine, expert on lung diseases and other internal diseases, and medical

adviser for the Association for the Protection of Inoculation Victims, now also retired. This battle has been raging for 25 years. It is not surprising that each side accuses the other of bias and wrong data, for everyone knows that manipulations are widespread.

Nevertheless Buchwald obviously has accumulated the largest amount of factual material about inoculation injuries. Among his recent articles are *About Inoculation Injuries (Naturheilpraxis mit Naturmedizin* Nov. 1989), *Vaccination - a Crime against Our Children? (Erfahrungsheilkunde* Feb. 1991, from which most of the following graphs are taken), and his chapter in S. Delarue's book on vaccination - *The Unbelievable Error (Hirthhauer-Verlag, Munich 1990)*. Of course, these titles will be very irritating to believers in conventional medicine. He has another article in a reprint from the German Journal for Homeopathy Nr. 1, 1989, which is entitled *Vaccination Is Not Protective, Vaccination Is Useless, Vaccination Is Harmful*, and it gives a detailed description of almost all kinds of inoculation and of the more or less intentionally misleading advertising, erroneous data, statistical sources of error and especially the consequences of inoculation injuries with numerous illustrated cases.