

# Vaccination and Violent Crime

© [Harris L. Coulter, Ph.D.](#)

**In trying to understand the reasons for the increase in violent crime, it is useful to note that this increase has been paralleled by an equivalent growth in other varieties of pathology -- both medical and social.**

Let me show you some figures:

the incidence of epilepsy and other seizures disorders has risen from 2.7/1000 persons in the population in 1940 to 10/1000 today -- a 300% increase.

- the incidence of asthma has risen from less than 1% of the population in 1840 to 5% today -- a 500% increase;
- the number of cases of autism has risen from a total of 11 cases in 1943 to about 120,000 today;
- the number of cases of diabetes has risen from 600,000 in the mid-1940s to 13 million today; since the population of the country has about doubled, the increase in diabetes is about 10 times.
- the average value of SAT scores started to decline in 1963 and is still declining today.
- the number of children in special education classes -- representing the incidence of dyslexia/hyperactivity/ attention-deficit syndrome -- has risen from zero in the 1950s to about 1 million today. About 10 million US children are thought to be dyslexic.

Other types of pathology in the United States show a similar pattern of rapid growth since the 1950s or 1960s.:

- obesity
- suicide (especially among children and adolescents)
- sexual disorders (homosexualism, bisexuality, sexual crimes)
- eating disorders (bulimia, anorexia)
- sleep disorders
- allergies and auto-immune diseases
- mental retardation
- alcoholism and drug use

America is a rather sick society. This list of disorders represents a large part of the illness with which physicians and patients must cope today. They have largely replaced the infectious diseases of an earlier generation.

The question to be answered now is whether these conditions are discrete -- i.e., unrelated to one another, or, on the contrary, interrelated.

One body of evidence demonstrating them to be interrelated is provided by criminology. Any criminologist will know that hard-core criminals -- those who keep committing crimes and keep returning to prison (recidivists) suffer from most of the conditions enumerated above. They have very high incidences (much higher than the population at large) of: seizure disorders, dyslexia and hyperactivity, low IQ and mental retardation, autistic features, allergies, tendencies to alcoholism and drug abuse, etc.

Another body of evidence demonstrating them to be interrelated is provided by research connecting these variables together. One can find research associating virtually all of these variables with one another: autism with overweight, homosexuality with allergies, etc. etc.

We are justified in viewing these traits as part of a syndrome, one which is more pronounced in the prison population and less pronounced in the population at large but a syndrome nonetheless.

What could be the cause of this syndrome? Research indicates that all of these conditions are recognizable as the long-term effects of encephalitis. This has been brought out in Coulter and Fisher's *DPT: A Shot in the Dark* and, more especially, in Coulter's *Vaccination, Social Violence, and Criminality*.

What could be the cause of so much encephalitis in the US population? The only possible cause is the childhood vaccination program. The pertussis and measles vaccines are particularly dangerous, but all the vaccines have made a certain contribution.

This is not recognized by the US Public Health authorities, but the dispute between us is only quantitative. Even these authorities have been brought to recognize that the pertussis and measles vaccines can do a certain amount of damage. They recognized that vaccinations can, at times, cause encephalitis (which they call encephalopathy). And they have estimated that one child in 100,000 suffers long-term residual effects of childhood vaccinations, but they insist that all others escape without any damage at all. This idea runs counter to the normal medical/biological way of thinking according to which the application of a stress (such as a vaccine) to a large body of individuals will not yield an all-or-nothing response, but rather a graduated one. In other words, at one end of the spectrum you will find a group of seriously damaged children; at the other end there will be a group of children who are apparently not damaged

at all. But in between you will find all the gradations of damage ranging from slight to serious.

It is our contention that the varieties of social pathology listed above constitute this body of vaccine damage. "We have met the enemy and he is us!!"

### **Three comments:**

1. It is not surprising that the rise started in the 1950s and 1960s. Mass vaccination started after World War II, in the mid-1940s. Discussion of why "Johnny can't read" started in the mid-1950s, when this vaccinated generation started going to school, as did the rise in autoimmune diseases. But when this generation came to the age of 18 (1963) and entered the adult statistics, IQs started to decline, the crime rate started to rise, etc. etc.

2. The role of genetics: not everyone suffers equally from a vaccination. This tendency does run in families, however, and would seem to have a genetic component.

3. The black population and urban violence. Black children suffer from a variety of disabilities which makes them much more vulnerable to the effects of vaccination: more than 50% are out-of-wedlock births, meaning no father, an uneducated mother, no funds, no pregnancy care etc. Also more than 50% (75% ?) are premature and low birthweight (under 4-5 pounds). This also renders them highly vulnerable to the effects of vaccination.

[\[Vaccination\]](#) [\[Coulter\]](#)