

An Approach to RESPONSIBILITY, RESPONSE-ABILITY, & VACCINATION By Eugene Halliday

Question: (written)

There is a scare about polio and a question of responsibility.

There are two concepts at war within me:

One seeking protection for the child and myself and,

The other which agrees with not perpetuating a state of chemical disequilibrium.

The child wants to have injections, but this is because all the other children at school are having jabs. However, this is her decision and if we denied her inoculation and she caught polio she would define us as responsible and not response-able. Also, I would feel this.

Yet surely these continual inoculations against one thing and another are weakening the body's resistance. Is one justified in making a stand when it involves another being?

EH response:

Well, apart from the last sentence all of this is particularised. But the last sentence is worth examining.

Is one justified in making a stand when it involves another being?

Is one justified in 'making a decision' for another being?

This can only mean for another being 'unable to make a decision of its own', in this case a child.

It might also refer to any being who is temporarily too weak to make a decision for itself, whether it's a child or a sick person, either physically sick or mentally sick. At some point in our lives we are faced with the problem of making a decision for another being. This is just a particular case of '*are we justified in making decisions involving the lives of other beings?*'

Well here we have to enter into the zone where we must take a 'risk' one-way or the other. In the particular case, certain bodies of people want 'wholesale inoculations against a given disease'. First of all their statements *about* these inoculations are not strictly scientific. They're supposed to be statistical, but in fact they make these statements **before** they have inoculated a sufficient number of people to know whether the thing is justified or not.

In the spirit of empirical science they make their propaganda to get a sufficient number of people to be treated in this way *before* they have any statistics. If they can't persuade people to be inoculated then they can't gather the statistics. So they always make statements, which initially are questionable, about the validity of these drugs - and we know in the case of this particular drug in America, on one occasion it killed 400 children. It has killed others since.

Now no two people are exactly the same chemical balance of forces, or the same psychological system, and therefore no two people respond in precisely the same way to the same stimulus. Consequently, it becomes a question of a person 'making a decision'.

Now if an individual makes a decision for himself about what he shall and shall not do, and the decision affects nobody else, then he has no legitimate ground of complaint if he suffers as a result of his own decision.

Then when we come to make a decision about another person, the problem is raised 'are we justified in making a decision which might lead to suffering for another being, or even to the death of another being?'

The answer is here;

How much courage has one got?

How much faith has one got?

The empirical scientist, when they start these methods, simply have 'faith' in the empirical method. Not 'faith that it will succeed', but 'faith that it will *give information* about the validity or otherwise of the given procedure'.

They don't have faith in 'the outcome as good or bad'.

They have faith that 'there will be an outcome and that this outcome can be statistically evaluated'.

But statistics cannot tell you what is going to happen to 'a given individual'.

Now there are two schools of thought about injecting alien substances into the body.

1. One of them is allied to the 'shock theories' which says if you give the organism a big enough shock it might pull itself together and 'fight to defend itself'.
2. And the other one is that you 'shouldn't give shocks to the organism greater than it can stand'.

In the case of new drugs for injection against diseases, because they are new we haven't sufficient statistics to say whether they are valid or not. And so there's an element of risk. We have to make a decision.

Now another part of this question says '*the child wants to have the injections because the other children at school are having them*'.

Now this is a natural thing. But supposing your child goes to school and finds that some of the kiddies have discovered a dirty hole in the ground and are playing a game called 'shops' where they're selling mud pies and eating them and the result is that there's an outbreak of some particular disease, perhaps typhoid or something. Do you say then that the child has a right to a decision in such a case?

Well it depends what kind of a person you are - what you think 'response-ability' is.

Normally, if you want your child to survive, you will become quite firm when the child makes a decision to do something which you have good grounds for believing to be bad for it. And on this point the question of the child's 'free decision' is examined very carefully, and it is seen that the child in fact hasn't got a free decision because its decision has been conditioned by other factors. A child's so-called 'decision' has been influenced in this case by other children at school and they have been influenced, directly or indirectly, by the propoganda of the men who are seeking 'statistics' about a given drug.

So it isn't correct to say that the child has made a 'free decision' to have an injection.

The decision has been 'imposed' on the child.

And the question is 'whether you, as the mother of the child, feel that you should allow other people to condition your child's behaviour',

Or 'whether it is your duty as a parent to undertake to condition that behaviour yourself'.

Now it's a very serious problem because it says "*IF this child is denied inoculation, IF she gets the disease, then she would define us as responsible*".

IF! IF! IF! This great mysterious "IF".

In the name of this IF, people have been terrified for thousands of years.

I draw a chalk line round a hen, and I put the hen's beak on the line and then move the hen round the chalk line with its beak on the line a few times, then I stand the hen inside the circle. The hen then shows, by its behaviour, that it can't get out of the circle. It's been 'hypnotised' by the line and the repetition of the stimulus.

Now, IF the hen had enough intelligence to know that the chalk line hasn't got any height to stop it treading over it.

IF the hen had enough intelligence to know that you've been trying a dirty conditioning trick on it, then it would walk across the line.

And IF it hasn't, then it doesn't.

And in the same way when you are talking in any field and you use "IF" you are introducing 'guesses', hypothesis, with which you can frighten yourself and paralyse your own 'will', and your own 'courage' to 'risk'. Life is a 'risk'. When you make a decision of any kind, you are 'risking'.

Supposing you don't have your child inoculated, and supposing the child then develops a disease. Is that a proof that the child developed the disease 'because' it was not inoculated?

Not at all.

Because there are thousands, millions of people in the country [UK] who are not being inoculated, who will not get the disease, because even statistically the number of people who get that disease is not sufficiently great for you to be able to say that your child should get it if not inoculated.

The whole of 'statistics' in cases of 'individual disease' is valueless. It can say nothing about it.

On the other hand if the child is inoculated and dies then you will feel responsible.

There was a kiddie died here, wasn't there; when was it, yesterday or the day before? Just recently.

Of course the people 'for' [in favour of] the injection say "*this had nothing to do with the injection*".

People 'against' the injection will interpret it that "*the child died as a result of the injection*".

It may have done. It may not.

If the parents think the injection 'dangerous', they can in fact infect the 'feeling' of the child and make the child produce symptoms.

If the parents think that the thing is 'not dangerous' there's a high degree of probability that this suggestion will make the child 'immune' to the damaging effects of the inoculation.

The really important thing is the question of '**positivity**' and '**negativity**' in the situation.

The fact that millions of people who are not inoculated 'don't get it', shows that there is no guarantee if somebody doesn't get it that they've had an inoculation.

If a person hasn't got it, it doesn't mean they've had an inoculation.

If a person has an inoculation it doesn't mean you won't get it.

So that you have to 'evaluate these things very carefully' and then decide whether in the given case, namely the 'individual case', you are being 'driven by propaganda' to do something for which there is 'no statistical justification'. And there is no statistical justification, at the moment, for such inoculations. If they were to make world-wide inoculations and after they had made them, then there were no more cases of polio that year, it wouldn't prove that the inoculations had stopped it. Because the thing [polio] in any case is rhythmical. It appears during certain periods of time and then it disappears. We have waves of these things. So there's no 'necessary causal connection' between the inoculations and the disappearance of a disease.

But the 'empirical mentality', the Cainish mind, is very busy trying to find a 'material means' of controlling what in effect is 'highly dynamic vital substance', namely 'intelligence'. The pursuit of a 'material' substance that can solve the problems of the diseases of human beings is the pursuit of a fantasy.

I don't know whether you've noticed one or two fairly intelligent articles recently. There was one last week in The Observer by Arthur Koestler. There was one the previous week. And the evidence is piling up that *large numbers of symptoms are produced by 'suggestion'*. By doctors, by nurses and so on. By reading, by looking at TV shows, theatre, cinema and so on. That the human mind is somehow very very

'impressionable' and can turn all sorts of stimuli into 'chemical conditions' and produce 'symptoms' out of a 'mere verbal statement'. This is a fact. It is revolutionising medicine today. Psychosomatic medicine that would have been frowned on 70 years ago is *a la mode*. But that doesn't mean that it is necessarily true, because there are fashions.

But it is certainly a 'fact' that physical symptoms *are* produced under 'hypnosis' and without hypnosis by 'suggestion', and by dummy capsules, dummy pills, which have none of the materials in them they are supposed to have. And that the whole question of 'physical causation' is 'in the melting pot'.

Because in fact we cannot eliminate a factor which is most determinant, namely '**the consciousness of the human being**'. And the fact that this **consciousness** has the power to '**interpret**' stimuli, and therefore in the act of interpreting them, to 'distort' their effects within the body.

I can write X on a piece of paper. I can show it to a small child. And I can hit the child with a stick at the moment I show it X. And after I have done this a few times, 10 years later if I should put X on a piece of paper before that child, it may get a headache or a pain in the knuckle bone.

This kind of thing happens, and it happens so often that we have to admit that the protoplasm of which we are made has this peculiar power of 'retaining impressions', 'storing them up' and then 'producing reactions to them' at a later date, when only a **symbol** of the original situation is presented.

A physical pain is given. Now at the moment of pain, **consciousness** shuts down. If at the moment of pain you also give with it a **symbol**, say the letter X or anything else you care to choose, later on the presentation of this mere symbol will induce a re-stimulation of the pain. This is a fact. And it's a fact not for some, but for *all* living beings. There is no protoplasm, that is say 'no living substance at all in the world', that doesn't respond in this way to painful stimuli. It retains the impressions of them, and produces reactions when re-stimulated. And because of this peculiar fact we cannot say when materials are used to deal with symptoms, whether those materials have anything to do with the 'effect' at all. We can put drugs into certain people and tell them that "*those are not drugs*", that "*they are vitamins*", and then the people don't feel drugged. And we can give them a bit of liquorice water and tell them that "*it is radio-active and should produce a tingling in the nerves in the thighs*", and then they promptly have 'tingling in the nerves of the thighs'. The tissues can reproduce any kind of symptom under the appropriate stimulus condition.

As these are facts, they have to be added into this question of responsibility.

Supposing your child says "*I consider it a matter of 'life' and 'death' to me that I have this injection*". And you're [as the parent] in the position of either believing that the child believes this, believing itself, and [you as the parent] saying "*alright, when you are injected then, according to you, you're going to die*", or "*you're not going to die*", which ever you prefer to choose.

When you've decided this, if you decide that 'not being injected causes your death', I'll say "*ok well I don't allow you to be injected and you can now die*".

"Who is responsible you or I?"

'You're willing to die if you don't get injected' and 'I'm willing that you're not injected, and then you die'.

"Is it my fault or yours?"

Well, obviously it's the fault of the person who is doing the greatest amount of 'willing', that is, the dominant personality.

If you talk to a child in such a case and say:

"You want to be inoculated because all of the other kids want to be inoculated. And they want to be inoculated because they are not able to tell the facts of the case. 'But they all want to belong to a little body, an age of little children. They want to be in the swim."

"And there are some other men, very cunning men, who make propaganda for various ideas, and these men want to collect 'information'. To get this information they cut open frogs and mice and rabbits and dogs and cats, and they give them electric shocks and they give them poisons and they give them cancers

and they cut pieces out of their brains, all to get 'information'. And these same men are now coming along to inoculate you, to get some 'information'."

Now at this point the child will look rather worried.

Now the question is, 'are you justified in worrying the child in such a way that you might give it something worse than polio?'

That is, you might give it such a fear, of 'empirical scientist methods', that it might start panicking and running all over the place every time it saw a polio ad.

So you see what is wanted is 'an intelligent mode of dealing with the situation'.

You *are* responsible already.

You're responsible for the *existence* of your child, in so far as you had anything to do with it deliberately, which means 'very little' [to do with it, in a 'deliberate' way].

And having discovered this degree of responsibility, you can then decide whether you want 'further responsibility'.

If you explain very carefully to the child that '*this particular drug has not yet been proved, and it's just an experiment and they've got to give it to a large number of people in order to become convinced about whether it works*'.

And that '*a large number of people does not prove that it will work with one person*'.

And then you say to this child;

"Would you prefer to be free, or bound?"

"Would you prefer to have people pull your leg, or not?"

"Would you like other people to be able to trick you into doing things, or not?"

If the child says "*I don't want to be tricked*", [you] say, "*Well in effect this propoganda is a trick. Now do you want to be tricked or not?*"

Now if you're 'sure' of your ground, your 'surety' is the 'security' of the child.

At a certain point the child now wants in, and will say "*well I want to be free, I don't want to be tricked*".

"Are you going to be done mummy?".

And you say "No" (trembling with fright in case you drop dead – [spoken humorously]).

You see. And she's so inspired by your confidence, she says "*Neither will I*". (And then you both drop dead [said humorously])

If you do [drop dead], it doesn't really matter because it means 'you are sufficiently negative to deserve a ticket into the next world'.

But if you can find sufficient 'positivity' in yourself to do it, then there is no more danger of your child getting polio than there was before this propoganda started. Which means statistically very very very very little.

And as 'statistics' in any case doesn't apply to your child, it means nothing at all.

If you talk to the child intelligently and confidently about it, you will win its confidence and then you can both decide whether or not it's going to be done.

One thing is certain, and that is, that the empirical scientists 'still know very very little about 'individual' reactions to drugs'.