

THE GREAT FLU SHOT SCAM

by

Various

(2003)

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The Flu Shot Scam (Page 1)

Discovering the Truth About the Influenza Vaccine Program

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Flu shot ingredients

Thimersol (Mercury disinfectant/preservative)

Aluminum (additive to promote antibody response) (implicated as a contributor to Alzheimer's, seizures, fatigue, mental problems)

Formaldehyde (disinfectant) (let's embalm ourselves alive!) (incidentally, it's what aspartame aka NutraSweet converts to at a mere 30 degrees C or 86 degrees F)

Ethylene Glycol (anti-freeze-deadly-poison) (seems to do nothing constructive at all)

Phenol (disinfectant - also known as carbolic acid)

Benzethonium Chloride (antiseptic)

Methylparaben (anti-fungal, preservative)

Neomycin and Streptomycin (used as antibiotics, but destroy intestinal flora)

The following link accesses vaccine package inserts:

http://www.vaccinesafety.edu/package_inserts.htm

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-- BREAKING NEWS --

Flu in U.S. Found Resistant to Main Antiviral Drug

by

Donald G. Mcneil Jr.

International Herald Tribune

(08 January 2009)

Virtually all the flu in the United States this season is resistant to the leading antiviral drug Tamiflu, and scientists and health officials are trying to figure out why.

The problem is not yet a public health crisis because this has been a below-average flu season so far and the chief strain circulating is still susceptible to other drugs — but infectious disease specialists are worried nonetheless.

Last winter, about 11 percent of the throat swabs from patients with the most common type of flu that were sent to the Centers for Disease Control and Prevention for genetic typing showed a Tamiflu-resistant strain. This season, 99 percent do.

"It's quite shocking," said Dr. Kent Sepkowitz, director of infection control at Memorial Sloan-Kettering Cancer Center in New York. "We've never lost an antimicrobial this fast. It blew me away."

The single mutation that creates Tamiflu resistance appears to be spontaneous, and not a reaction to overuse of the drug. It may have occurred in Asia, and it was widespread in Europe last year.

In response, the CDC issued new guidelines two weeks ago. They urged doctors to test suspected flu cases as quickly as possible to see if they are influenza A or influenza B, and if they are A, whether they are H1 or H3 viruses.

The only Tamiflu-resistant strain is an H1N1. Its resistance mutation could fade out, a CDC scientist said, or a different flu strain could overtake H1N1 in importance, but right now it causes almost all flu cases in the country, except in a few mountain states, where H3N2 is prevalent.

Complicating the problem, antiviral drugs work only if they are taken within the first 48 hours. A patient with severe flu could be given the wrong drug and die of pneumonia before test results come in. So the new guidelines suggest that doctors check with their state health departments to see which strains are most common locally and treat for them.

"We're a fancy hospital, and we can't even do the A versus B test in a timely fashion," Sepkowitz said. "I have no idea what a doctor in an unfancy office without that lab backup can do."

If a Tamiflu-resistant strain is suspected, the disease control agency suggests using a similar drug, Relenza. But Relenza is harder to take — it is a powder that must be inhaled and can cause lung spasms, and it is not recommended for children under 7.

Relenza, made by GlaxoSmithKline, is known generically as zanamivir. Tamiflu, made by Roche, is known generically as oseltamivir.

Alternatively, patients who have trouble inhaling Relenza can take a mixture of Tamiflu and rimantadine, an older generic drug that the agency stopped recommending two years ago because so many flu strains were resistant to it. By chance, the new Tamiflu-resistant H1N1 strain is not.

"The bottom line is that we should have more antiviral drugs," said Dr. Arnold Monto, a flu expert at the University of Michigan's School of Public Health. "And we should be looking into multidrug combinations."

New York City had tested only two flu samples as of Jan. 6, and both were Tamiflu-resistant, said Dr. Annie Fine, an epidemiologist at the city's health department. Flu cases in the city are only "here and there," she said, and there have been no outbreaks in nursing homes. Elderly patients, and those with the AIDS virus or on cancer therapy are most at risk.

But, she added, because of the resistance problem, the city is speeding up its laboratory procedures so it can do both crucial tests in one day.

"And we strongly suggest that people get a flu shot," she said. "There's plenty of time and plenty of vaccine." Exactly how the Tamiflu-resistant strain emerged is a mystery, several experts said.

Resistance appeared several years ago in Japan, which uses more Tamiflu than any other country, and experts feared it would spread.

But the Japanese strains were found only in patients already treated with Tamiflu, and they were "weak" — that is, they did not transmit to other people.

"This looks like a spontaneous development of resistance in the most unlikely places — possibly in Norway, which doesn't use antivirals at all," Monto said.

Dr. Henry Niman, a biochemist in Pittsburgh who runs recombinomics.com, a Web site that tracks the genetics of flu cases around the world, has been warning for months that Tamiflu resistance in H1N1 was spreading.

He argues that it started in China, where Tamiflu use is rare, was seen last year in Norway, France and Russia, then moved to South Africa (where winter is June to September), and back to the northern hemisphere in November.

The mutation conferring resistance to Tamiflu, known in the shorthand of genetics as H274Y on the N gene, was actually, he said "just a passenger, totally unrelated to Tamiflu usage, but hitchhiking on another change."

The other mutation, he said, known as A193T on the H gene, made the virus better at infecting people.

Furthermore, he blamed mismatched flu vaccines for helping the A193T mutation spread. Flu vaccines typically protect against three flu strains, but none have contained protections against the A193T mutation.

Dr. Joseph Bresee, the CDC's chief of flu prevention, said he thought Niman was "probably right" about the resistance having innocently piggy-backed on a mutation on the H gene — which creates the spike on the outside of the virus that lets it break into human cells. But he doubted that last year's flu vaccine was to blame, since the H1 strain in it protected "not perfectly, but relatively well" against H1N1 infection, he said.

Niman said he was worried about two aspects of the new resistance to Tamiflu. Preliminary data out of Norway, he said, suggested that the new strain was more likely to cause pneumonia.

The flu typically kills about 36,000 Americans a year, the CDC estimates, most of them the elderly or the very young, or people with problems like asthma or heart disease; pneumonia is usually the fatal complication.

And while seasonal flu is relatively mild, the Tamiflu resistance could transfer onto the H5N1 bird flu circulating in Asia and Egypt, which has killed millions of birds and about 250 people since 2003. Although H5N1 has not turned into a pandemic strain, as many experts recently feared it would, it still could — and Tamiflu resistance in that case would be a disaster.

(International Herald Tribune, 08 Jan 2009)

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The Great Flu Scam of 2003

How flu vaccine makers' profits were boosted by exaggerated government claims

by

Tara Servatius

The national near-panic in the fall of 2003 over the supposed spread of a deadly flu epidemic and a shortage of flu vaccine was little more than a joint government/ industry PR campaign -- an operation that greatly increased flu vaccine makers' profits while scaring the bejesus out of millions of Americans.

The U.S. media let itself be led down the garden path without checking into the stories they were being told about the extent of the flu. Perhaps if the health reporters at the big news outlets had talked to the business reporters last fall, someone might have put it all together before 82 million Americans took a needle in the arm.

Instead, media-driven hysteria over what was supposed to be the deadliest flu season in decades drove the American public to set two national records -- one for flu vaccination and another, less widely known, for corporate vaccine profits -- in an industry with a long history of losing money hand over fist on the flu.

Only two things didn't live up to all the flu hype. One was the flu season itself, which in the end was utterly unremarkable. Two was the desperately sought-after flu vaccine, which studies later showed was only about 14 percent effective in preventing the flu.

Suffice it to say, if Americans had known what Wall Street and the U.S. Department of Health and Human Services had riding on this flu season, the tens of millions of otherwise healthy people who stood in line waiting for a flu shot might have thought twice about it. Instead, panicked parents drove for hours, seeking out clinics in neighboring cities or states when those near them ran out of vaccines. In some states, they jammed doctors' offices at 10 times the normal flu season rate, dragging sniffing children behind them, terrified that the colds they normally let pass without the hassle of a doctor's visit might be the "killer" flu strain they'd been hearing about. Mayors and governors, pressured by constituents the clinics turned away, called Washington to demand more vaccines.

Driving it all was seemingly nonstop media coverage of what was supposedly the worst flu season in decades. For months, the most trusted names in television and print journalism screamed about the flu, using words like "deadly," "severe" and "worst in decades" in their news reports to describe a growing epidemic that they speculated could be made all the more lethal by a killer Fujian flu strain no one had anticipated until it was too late.

What the public didn't know

Across the country, people, especially children, were dying earlier in the flu season and in higher numbers than the experts had seen before. At least that's what they said, and since they were nationally respected experts with impeccable qualifications, no one questioned them, nor the high-ranking government health bureaucrats who shared the microphone with them at press conferences about the flu. After all, what would these well-meaning people have to gain personally by misleading the public about the flu?

As it turns out, quite a lot. All it took to ignite a media feeding frenzy over the flu was a few well-placed suggestions by a few well-qualified people that this season could turn out to be far more deadly than usual. The media did the rest.

What the public wasn't told was that the handful of experts who drove the story, by predicting doom and gloom in national news reports, either worked directly for the flu vaccine companies or served on the boards of special interest groups whose activities those companies funded. The public was also never told that the same pharmaceutical companies, which had peppered Congress with millions in political contributions over the last three years, were pressuring the U.S. Department of Health and

Human Services -- and ultimately its sub-agency, the Centers for Disease Control (CDC) -- to increase the number of people who bought their vaccines.

And even though nearly all the literature put out by the U.S. Department of Health and Human Services this season promoted the intra-nasal FluMist vaccine, which debuted on the market this year, no one bothered to mention that the department's researchers spent 20 years helping develop FluMist, the profits for which all go to the private companies selling and distributing it. (Although it helped improve the drug, which was originally invented by a University of Michigan researcher, the federal government holds no legal claim to any profits it generates.)

Often, what these so-called experts and health officials didn't say publicly was at least as important as what they did. A lot of the panic over the flu, which was driven by coverage of child deaths from the disease in the Midwest, would have been quelled if federal health officials and their friends, the ethically compromised flu experts, had emphasized that since this was the first year the CDC had required states to track child flu deaths and verify the flu as the cause of death with a test, there was no way to tell if the 111 child flu deaths the CDC eventually tallied represented an increase or a decrease. That important fact didn't make the cut in a single one of the CDC's press releases on the flu, nearly all of which pushed the use of FluMist.

By early to mid-December, when the CDC and the flu experts were still driving the flu craze in the media with their dire warnings, they had to have been aware, since they were experts, that the CDC's mortality rate estimates, while higher than the previous two years, still lagged behind those of the 2000 season for the same period. Once again, instead of reassuring the public, the CDC put out press releases again urging healthy people to get vaccinated and promoting FluMist.

Yet another important fact was left out of all the "sky is falling" press conferences that predicted the flu would reach epidemic levels this season: the CDC's epidemic threshold is so low that deaths from the flu reach "epidemic" levels nearly every year, as they have for the last three years. The fact that federal officials and flu experts in the employ of the vaccine makers didn't mention this helped stoke the public frenzy -- and, of course, increased the vaccine makers' profits.

Drugmakers demand, government delivers

The real flu crisis this fall, the one that didn't make headlines, was the tug of war between the CDC and the three big pharmaceutical companies that manufacture flu vaccines. In 2002, when 12 million of the 95 million doses of flu vaccine produced by the nation's pharmaceutical companies went unused, the drugmakers absorbed a loss of \$120 million. By the fall of 2003, a couple of consecutive mild flu seasons, paper-thin profit margins, and declining vaccination rates had taken their toll. In less than two years, the number of flu vaccine manufacturers in the market had dropped from five to three. The pressure mounted on the CDC to ensure a profitable flu vaccination season by "expanding" the vaccine market. By that, corporate leaders meant that they wanted the CDC to recommend vaccination for young, healthy people, people for whom the CDC didn't recommend a vaccine -- until this year. People who, it could be argued, don't need a flu shot.

The three pharmaceutical manufacturers in the flu vaccine business, all of whom successfully market other drugs, made it clear that if the government failed to find enough arms and noses for their vaccines, they might reduce supply or exit the business, leaving the public vulnerable to a true vaccine shortage.

Drug company executives aren't exactly shy about the issue.

"Raising demand is key to raising supply," Howard Pien, president of Chiron Corporation, told the House Government Reform Committee this month. James Young, president of research and development at MedImmune, Inc., which makes FluMist and other flu vaccines, even went so far as to tell the same government officials that if the CDC would recommend universal vaccination, vaccine manufacturers might then be willing to guarantee that there would be enough flu vaccine to meet routine demand on an annual basis.

Increasing vaccination rates among those vulnerable to the flu, a longtime goal of CDC, is one thing. Increasing demand for flu vaccine regardless of who gets it is another.

Dr. Walter Ornstein, director of the CDC's National Immunization Program, made the agency's goals for last fall clear in a slide presentation in June 2003. The agency would "increase vaccine demand" by "enhancing" its communication efforts and extending its vaccine campaign past the end of November, when flu vaccination typically winds down across the nation.

The result? About \$450 million in additional profits for vaccine manufacturers in a single flu season.

FluMist: a government baby

The main factor that dissuades people who can afford to do so from getting flu shots is a distaste for needles. For 20 years, researchers at the National Institute of Allergy and Infectious Diseases (NIAID), a government agency that is part of the Department of Health and Human Services, worked on an invention they believed would remedy the problem. It was a nasal spray made from a live but weakened version of the virus, and from the moment the corporation Aviron began preparing it for market, Wall Street loved it. So did MedImmune, which bought Aviron last year, and drug marketer Wyeth, which joint-ventured with MedImmune to market it for the 2003 flu season.

The companies launched a \$25 million marketing campaign, and when stock analysts learned that FluMist would be released in time for the 2003 flu season, MedImmune's stock soared to 63 times the company's earnings at \$43.32 per share.

In the case of FluMist, it's hard to tell where the government ends and a corporate marketing campaign begins. NIAID, the National Institutes of Health (NIH) and the CDC, all of which are sub-agencies of the U.S. Department of Health and Human Services, each put out what can only be described as promotional press releases announcing that FluMist would enter the vaccine market. While NIAID and the NIH were open about the Department of Health and Human Services' role in developing FluMist, the CDC -- the hub from which the national flu vaccination campaign is run -- left out that factoid in its promotional materials and neglected to mention it at press conferences during which CDC officials regularly promoted FluMist as a needle-free alternative to vaccination. Consequently, none of the media's flu coverage last fall mentioned the Department of Health and Human Services' role in developing the vaccine.

Nearly all of the CDC's patient educational materials recommended FluMist, including flu pamphlets it distributes to doctors. But the CDC didn't stop there. As the public scrambled to buy up cheaper, injected vaccines, the agency put out press releases recommending that healthy individuals request FluMist in order to save dwindling supplies of the needle-delivered vaccine for those most at risk from the flu.

From an ethical standpoint, the CDC should have actively pointed out its ties to FluMist when it promoted it, said Calvin College Professor Hessel Bouma, a medical ethicist who studies healthcare's thorniest quandaries.

Despite the joint industry/government marketing campaign, by late September, things weren't exactly going well for FluMist. Executives at MedImmune and Wyeth knew FluMist was in trouble. Wal-Mart had backed out of a distribution agreement and the public was shying away from the drug's price tag, which at \$50 or higher per dose was more than five times the cost of an injected vaccine. Within weeks, MedImmune would issue a financial report adjusting its earnings estimates for FluMist downward by \$60 million. In addition, with millions of unsold doses still on their hands, injectable vaccine makers Aventis and Chiron weren't faring much better. Something had to give.

Dire Warnings

In early November, much of the news about the flu was confined to the business pages as analysts sounded warnings about MedImmune's troubles and speculated about how vaccination rates would affect the market. But by the end of the month, the flu "epidemic" made an amazing migration from the business pages to the front page as flu experts were suddenly everywhere, speculating about how high the death toll could climb and how many more children would fall to the flu.

With few exceptions, much of the propaganda that drove the flu story and kept it in the headlines can be traced back to one of three places -- the U.S. Department of Health and Human Services, the payrolls of FluMist manufacturer MedImmune or drug marketer Wyeth, or a nonprofit immunization advocacy organization called the National Foundation for Infectious Diseases (NFID), whose pro-flu immunization activities are largely funded by the flu vaccination companies.

By mid-November, a small handful of highly qualified flu experts, all of whom had connections to one of the groups listed above, fanned out across the television and print media, preaching doom and gloom. They made headlines at press conferences and were quoted in most of America's daily newspapers. Television and radio news breathlessly carried their predictions and a single, unified message came through -- everyone must be vaccinated.

"We will probably see more excess deaths this year than we saw in the 1968 [Hong Kong flu] pandemic," Dr. W. Paul Glezen, director of the Influenza Research Center at the Baylor College of Medicine told the Pittsburgh Post Gazette on Nov. 30.

Despite unremarkable weekly CDC death toll estimates, by December 12, Glezen was predicting 65,000 to 71,000 excess deaths from the flu in media interviews. "That's pretty bad," he told the Washington Post. "Unfortunately, it looks like there could be a lot of children this year."

What the articles didn't mention was that when Glezen wasn't giving interviews about the potential deadliness of the flu, he spent his time running FluMist trials as a clinical investigator working for MedImmune.

The same thing happened in an Associated Press story by medical editor Daniel Haney which ran in dozens of papers across the country, warning that the flu posed a particular danger to children this year.

"The fact that there are deaths among children without serious underlying health problems is very unusual," Haney quoted a Dr. Robert Belshe as saying.

Although the Dec. 18 article referred to him as "Dr. Robert Belshe of St. Louis University," which was accurate, what wasn't mentioned was that Belshe had done clinical research on FluMist and had intellectual property licensed to Wyeth, which markets FluMist.

Like Glezen and Belshe, Dr. Bill Schaffner, chairman of the Department of Preventive Medicine at Vanderbilt University in Nashville, Tenn., and a liaison member of the (CDC's) advisory committee on immunization practices, spent a considerable amount of time this fall stumping for flu immunization.

This year's flu season would shape up to be "a very noteworthy epidemic," he predicted to a CNN reporter in early December.

"School closures are one thing, but hospitalizations with pneumonia and death is another," the Associated Press quoted him as saying. "Mostly what we are concerned about are severe illnesses that bring people into the hospital ... at risk of dying."

Schaffner serves on the board of The National Foundation for Infectious Diseases (NFID), whose flu awareness activities are largely funded by flu vaccine makers Aventis Pasteur, Wyeth Pharmaceuticals, MedImmune and Chiron, among others, and generally promote the use of the vaccines the companies make and distribute. Representatives of all three companies sit on NFID's board of Trustees. Creative Loafing repeatedly asked NFID officials how much of the group's budget, which averages \$2 million to \$3 million a year, is donated by the flu manufacturers and distributors. The dollar figures they repeatedly promised were never forthcoming, though they did admit that unrestricted educational grants from the companies fund many of NFID's immunization promotion activities.

Dr. Kristin Nichol of the Minneapolis Veterans Affairs Medical Center was another popular flu source with the media last fall. Nichol spent this flu season warning the elderly that flu immunizations could cut their risk of death from heart attack and stroke.

Young people should also get vaccinated, she told MSNBC and others, "because they underestimate the extent to which they put other people at risk."

That Nichol conducted FluMist studies and is the head of the National Coalition for Adult Immunization, an NFID subgroup, was never listed among her credentials in any of the news reports.

Once again, medical ethicist Bouma says, they should have volunteered their ties to the vaccine industry when commenting on issues that could directly affect its profits.

Death Comes Early in Colorado

Every year, experts estimate that 36,000 Americans die from the flu. According to the CDC's website, the vast majority of those people have weakened immune systems from other illnesses. While tragic, these deaths typically don't draw much media attention, even when the victims are children, which, while rare, does happen.

But this year was different, in part because of an alarm sounded at a joint press conference by the NFID and the CDC, another sub agency of the U.S. Department of Health and Human Services, the government agency that initially developed FluMist. It was the first of many alarms that, over the next two months, would drive hordes of Americans in search of flu vaccines.

At the Sept. 23 conference, CDC officials warned the media for the first time that healthy children may be in danger of complications from influenza. A study of the previous flu season in the state of Michigan documented 10 cases of serious influenza-related illness and four influenza-related deaths among those under age 21, they said. For the first time in its history, the CDC pushed near-universal flu vaccination for healthy children and urged parents to do it immediately. Officials also used the conference as an opportunity to push FluMist as an alternative to injectable vaccines.

What didn't merit much mention was that like many of NFID's "advocacy" projects, the press conference, held at The Press Club in Washington, D.C., was "sponsored" financially by educational grants from Aventis Pasteur, Chiron Vaccines and Wyeth, the same three flu vaccine companies that, at the time, were trying to sell 83 million doses of flu vaccine to the American public, including FluMist. Obviously, both the CDC and the NFID should have actively disclosed their connections to the media, ethicist Bouma says.

In the weeks after the press conference, for the first time in recent memory, child deaths from the flu became front-page news. Though the numbers were small, the impact of these deaths was powerful when viewed under the media's microscope.

By late November, the Associated Press reported, in an article that ran in papers across the country, that there were four child deaths in Colorado from the flu and that the flu was widespread in Texas as well. The Colorado deaths occurred earlier in the flu season than had previously been seen, and since only two to four kids usually die from the flu in an entire typical season in Colorado, panic set in -- and local papers across the country simply lifted the information about the child deaths and the supposed Texas flu outbreak from national articles and worked it into their own coverage without questioning it, all the while speculating that the flu epidemic could spread to other states.

By the time the CDC, NFID and the American Medical Association representatives teamed up again for a Nov. 25 press conference, they had the media's full attention. As they had done the month before, they promoted FluMist and reiterated the danger the flu posed to healthy children and urged the country to get vaccinated. But by then it didn't matter. The scramble for a flu shot was already on. By early December, the government had bought the last 100,000 remaining doses from Chiron and Aventis to help meet overwhelming local demand. Soon, a national vaccination record was set.

Profits Galore

Though it slashed the price of FluMist by half before the end of the flu season, no more than 800,000 of the 4 million doses of FluMist were purchased by the public. Perhaps people believed that \$25 was still too much to pay for a flu shot. Or maybe the fact that the flu virus in FluMist is still alive, as opposed to the dead version used in traditional vaccines, scared people. Either way, despite the best

efforts of the CDC, the public turned their noses up at FluMist even while they waited hours in line for traditional flu shots.

Aventis and Chiron, meanwhile, fared much better. According to a Chiron press release, company sales of flu vaccines rose 271 percent, from \$90 million in the 2002 flu season to \$332 million this year. Aventis' U.S. vaccine sales rose 17 percent to \$598 million.

It's not enough, they say. According to its financial forecasts, Chiron envisions 150 million flu vaccinations annually in the U.S. by 2008 and sales of over \$1 billion.

A bill called the Flu Protection Act, which is now winding its way through Congress, may make that a reality. Aimed at preventing so-called vaccine shortages like the one this season -- and financial losses like the \$120 million hit taken by flu manufacturers the year before when vaccination rates stagnated -- the bill gives tax breaks to flu manufacturers and guarantees that the federal government will buy up any unused doses of flu vaccine each year at the end of the flu season.

It also mandates that the CDC conduct an annual campaign to increase flu vaccination -- and provides \$440 million to pay for it over the next four years, more money than is typically spent in a U.S. presidential campaign. (The bill's sponsors, Sen. Evan Bayh (D-Ind.), Sen. Dick Durbin (D-Ill.), Sen. Mary Landrieu, (D-La.), Sen. Larry Craig (R-Idaho) and Rep. Rahm Emanuel (D-Ill) together took in over \$35,000 from Wyeth and Aventis in the last election cycle according to the Center for Responsive Politics.)

In exchange for all this, which amounts to hundreds of millions of dollars in subsidies for an industry already making double digit profits, the companies merely have to agree to give the government advance warning if they plan to stop making the flu vaccine.

After its losses this season, MedImmune executives are considering dropping out of the flu market. But not Chiron and Aventis. Company spokespeople say the corporations plan to increase the number of flu vaccine doses they'll bring to the U.S. market by up to 50 percent in fall 2004, which they expect will be a banner year for flu vaccination.

Unless the American public catches on, it probably will be.

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Time for the Flu Vaccine? Think Again

by

Randall Neustaedter OMD

2002

The flu vaccine gets the most-useless-vaccine-of-all-time award. Now the CDC is recommending the vaccine for children under two years old and all adults over 50. Don't fall for it.

Flu Vaccine

Everyone knows about the flu and the flu vaccine. What people do not know is that flu vaccines are nearly useless in preventing flu, they will cause the flu, and they often result in nervous system damage that can take years for the body to repair. Other nations chuckle at Americans' infatuation with the flu vaccine. The joke would indeed be funny, if it weren't for the damaging effects caused by the vaccine.

The history of the flu vaccine reads like one stumbling fiasco after another. Take an example. Ever wonder how the particular viruses are chosen for next year's vaccine? The answer could be drawn from a 1930s film noir of Shanghai villainy. Scientists kill migrating ducks in Asia, culture the viruses and put those in next year's vaccine, because they have seen an association between bird and pig viruses and the following year's human flu epidemics. Perhaps this desperate guesswork is responsible for so many years when the flu vaccine's viruses had nothing in common with circulating viruses. According to a CDC report of the 1994-1995 flu season, 87 percent of type A influenza virus samples were not similar to the year's vaccine, and 76 percent of type B virus were not similar to the virus in that year's vaccine. During the 1992-1993 season, 84 percent of samples for the predominant type A virus were not similar to the virus in the vaccine.

Here is a list of the most common side effects of the flu vaccine as stated by the CDC - fever, fatigue, muscle aches, and headache. Sound familiar?

The primary targeted population for flu vaccine is the elderly, yet the vaccine is notoriously ineffective in preventing disease in that population. According to the CDC, the effectiveness of flu vaccine in preventing illness among elderly persons residing in nursing homes is 30-40 percent (CDC, 2001b). Other studies have shown an even lower efficacy of 0-36 percent (averaging 21 percent). The CDC proudly notes that for those elderly persons living outside of nursing homes, flu vaccine is 30-70 percent effective in preventing hospitalization for pneumonia and influenza. Yet the Department of Human and Health Services found that, with or without a flu shot, pneumonia and influenza hospitalization rates for the elderly are less than one percent during the influenza season. Regardless of vaccination status, 99 percent of the elderly recover from the flu without being hospitalized. The ineffectiveness of flu shots in the elderly led the CDC in 2000 to begin recommending the shots for all persons age 50 years and older. The rationale being that one third of Americans have a risk factor or chronic disease that puts them at risk of increased morbidity from the flu.

Annual flu vaccination is recommended for those individuals with asthma and other chronic respiratory and cardiovascular disorders. However, those people with impaired immune systems are the most likely to suffer adverse autoimmune reactions.

Children are the next frontier for the lucrative flu vaccine campaign. Vaccination is currently recommended for children over six months of age with high-risk medical conditions, but is not recommended for healthy children. Experts in the field suggest that parents of children age six months to two years "be informed that their children are at risk for serious complications of influenza, and allowed to make individual informed decisions regarding influenza immunization for their children" (Neuzil et al., 2001). This statement was made by Marie Griffin (and others), the same author who was implicated in the flawed study that supposedly exonerated the pertussis vaccine of nervous system damage. She is also a paid consultant to one of the world's largest vaccine manufacturers, Burroughs Wellcome. The children's market is the next big hope for vaccine campaigners. A 1998

working group began investigations to not only support, but also to "recommend" flu vaccine for young children.

The next big change in flu vaccines will be the introduction of a live intranasal flu vaccine, a dose that is actually sprayed into the nose. This vaccine has already been tested on young children. Live intranasal vaccine was found 93 percent effective in preventing influenza in children age one to six years old (Belshe et al., 1998). Unanswered questions about the live vaccine include the possibility of transmitting other, more dangerous viruses through the vaccine, the possibility of enhanced replication of the attenuated virus in individuals with compromised immune systems, and the possibility of bacterial superinfection if the replicating live virus disrupts nasal membranes (Subbarao, 2000). This vaccine waits in the wings for its chance as the next big gun in the vaccine arsenal aimed at our children.

Guillain-Barré Syndrome

In 1976 the flu vaccine was dealt a near fatal blow when reports appeared that the vaccine caused Guillain-Barré syndrome (GBS), an autoimmune nervous system reaction characterized by unstable gait, loss of sensation, and loss of muscle control. A mass vaccination program was mounted that year by the US Government, and 45 million Americans received the swine flu vaccine. Statistical studies have confirmed a causal relationship between the vaccine and GBS. During that year the rate of GBS in Ohio was 13.3 per 1,000,000 in vaccine recipients compared to 2.6 per 1,000,000 in nonrecipients (Marks & Halpin, 1980). A follow-up study also showed a significantly increased incidence of GBS during the first 6 weeks following receipt of the vaccine in patients residing in two other states. The rate of GBS was 8.6 per million vaccinees in Michigan and 9.7 per million vaccinees in Minnesota (Safraneck et al., 1991). This episode, which became known as the swine flu catastrophe, left doctors extremely reluctant to administer flu vaccine, and shattered the public trust in the flu vaccine campaign.

The association between GBS and flu shots was not unique to the swine flu. Earlier reports had also summarized cases of nervous system disorders occurring soon after the flu vaccine (Flewett & Hoult, 1958; Horner, 1958). More recently, an increased risk for GBS occurring in patients during the six weeks following the flu vaccine was revealed in the 1992-1993 and the 1993-1994 flu seasons (Lasky et al., 1998).

Pregnancy

One of the most bizarre twists on the flu vaccine saga is the CDC recommendation of 2001 that all pregnant women receive the vaccine in their second or third trimester. This recommendation even has doctors confused, since the vaccine remains a category C drug (unknown risk for pregnancy). No adequate studies have been conducted to monitor safety of the vaccine for mother and fetus. The only studies of adverse effects in pregnancy were conducted in the 1970s (Heinonen et al., 1973; Sumaya & Gibbs, 1979). Some flu vaccines still contain mercury as a preservative, despite a 1998 FDA instruction to remove mercury from all drugs. According to the CDC, two groups are most vulnerable to methylmercury---the fetus and children ages 14 and younger. An article published in the American Journal of Epidemiology in 1999 stated, "the greatest susceptibility to methylmercury neurotoxicity occurs during late gestation" (Grandjean et al., 1999). How did CDC committee members determine that flu vaccines were safe for pregnant women? They did not. The committee, despite its own recommendation, states, "additional data are needed to confirm the safety of vaccination during pregnancy" (CDC, 2001b).

Flu Facts

- Flu vaccine manufacturers are notoriously inaccurate at predicting the appropriate viruses to use in an individual year's vaccine, rendering the vaccine ineffective.
- Flu vaccine is relatively ineffective in those patients most at risk of flu complications.
- The vaccine has caused GBS in recipients during several different flu seasons.
- Those most at risk of flu complications probably share a higher risk of adverse reactions to the flu vaccine as well.

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The Flu Shot Stampede

by

Mary Starrett

[Editor's Note: I presume that it's unnecessary to explain to readers of this material that the flu 'pandemic' being hyped by the Illuminated Media outlets is a put-up con job to frighten uneducated people to rush off to the nearest clinic for their FREE flu shot and become 'protected' from this killer flu. I'm guessing that this 'flu' probably has much more to do with the incessant raining down of chemtrails in our skies everyday than by any natural evolution of influenza.

This latest scare scam is somewhat similar, but not quite as intense, as the 'swine flu' epidemic that the Illuminati's Gerald Ford (1973 or 74?) tried to convince the American public would sweep across the country like wildfire-if you didn't get your swine flu vaccine in time! Of course, there was no swine flu epidemic or even a swine flu outbreak, anywhere in America (however, lots of elderly people did die from the swine flu vaccine). The entire story was contrived. At the time, I wasn't aware of the NWO or of their takeover agenda, but I talked to my father about getting the shot and we both came to the same conclusion: "Nah, we'll take our chances" and avoided getting the vaccine. Of course, the deceptive minions working out of the Tavistock Institute in London or Stanford Research here in California, who hatch up these disinfo campaigns, want the public to really clamor and stampede to get these shots, so they pepper their propaganda outlets with dire stories of vaccine shortages. So, what else is new? The oldest seller trick in the book: make the customer think that he has to rush to get your product now, or else miss out because of a time limit or product non-availability.

The Illuminati's attempt to force mandatory nationwide anthrax or smallpox vaccination fell through, so now it's on to Plan B, their old standby-scare campaigns.

Don't buy it folks-and tell your friends: Avoid ALL vaccines. These liars do not have your welfare at heart. Their agenda is genocide and enslavement. Never forget that...Ken Adachi]

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Before You Get a Flu Shot or Take Another Pill

by

Mary Starrett

December 12, 2003

A senior executive with pharma-giant GlaxoSmithKline (GSK) in the U.K. said that fewer than half the patients prescribed some of the most expensive drugs actually got any benefit from them. Whoa.

How come that story didn't make front page news here in the U.S.? It was reported in the U.K. but pulled from a Reuter's stateside news lineup. Must have been an oversight.

Allen Roses, a GSK vice president admitted something many of us have known in one way or another for sometime; that "the vast majority of drugs- more than 90 per cent- only work in 30 or 50 per cent of the people." The public might be surprised to hear this, especially if they're still visiting M.D.'s and leaving with their hands full of little white slips. Roses, an academic geneticist from Duke University wasn't saying anything his colleagues didn't already know. GSK, one of the most profitable of all the drug companies, has relied, as have the others, on selling as many drugs as they can to the widest group of people. Doctors have typically used the trial and error approach when prescribing for their patients. Try this, then that and see what chemical cocktail "seems" to "work". In what is the typical modus operandi, Western medical practitioners will consider a drug has "worked" if the symptoms are gone. The underlying dis-ease of the organism hasn't been healed, but the outward appearances of the ailment have been masked. Add to this the damage done by drugs on the body's other systems and you have the reason so many people are sick and getting sicker.

Now that the president has pushed the massive scheme called a "Drug Benefit," it appears the only ones benefiting will be the drug companies. We would all do well to listen-really listen- to what Dr. Roses admits concerning the efficacy of drugs. Consider that, according to him, drugs for Alzheimers work in only one out of three patients, cancer drugs are only effective in one in four patients and drugs prescribed for migraines, osteoporosis and arthritis work only half the time. With doctors working in concert with pharmaceutical companies, most people who enter a doctor's office rarely leave without pills, scripts for pills or the promise of different pills on the next visit- "if those don't work".

Ozzy Osbourne, that mumbling, aging rock star who invited America into his home week after week just had surgery for injuries sustained in an accident. No wonder. The addle-brained performer was taking 42 different physician-prescribed drugs at the time of the accident. His daily intake of chemicals included antidepressants, antipsychotics, opiates, tranquilizers and amphetamines. Drugs like Valium, Adderall, Dexedrine and Mysoline got Ozzy through the day. The drugs were prescribed by a physician. While we tend to believe that only celebrities like Ozzy or Rush Limbaugh wind up being "over-served" by their high-dollar doctors, consider that with fewer than ten minutes to spend on each patient, many, if not most physicians simply prescribe something just to move on.

Take the flu vaccine. You're being encouraged by your doctor, the media and the federal government through all points "sky is falling" flu news bulletins to get a flu shot- a chemical mash including formaldehyde, aluminum and mercury cultivated on chicken embryos. The animal byproducts in vaccines carry the risk of viral contamination. Vaccine companies cannot guarantee the purity of animal cells used in vaccine culture.

Dr. Sherri Tenpenny cites research done by an immunogeneticist named Hugh Fudenburg who's been studying the flu vaccines and reports that if someone has five consecutive flu shots his or her chances of getting Alzheimer's disease is ten times higher. FluMist, a live-virus nasal vaccine is being pushed in a \$25 million dollar ad campaign. You may have seen the tv commercials for FluMist. Oddly, the very same symptoms the vaccine is supposed to prevent are mentioned as side effects of taking the highly contagious vaccine. The package insert warns recipients to "avoid close contact with immunocompromised individuals for 21 days". The number of those considered "immunocompromised" is huge-people on steroids, cancer drugs, folks with eczema, who've had organ transplants or who have HIV are considered at risk. I think it's safe to say that shooting a foreign substance into your nose can usually elicit a sneezing response - the very response that could

serve to spread the LIVE VIRUS that is contained in FluMist. Could this be a self-fulfilling prophecy? No wonder they're predicting a worse than usual flu season!

Fear Factor

Headlines scream "Flu Bug Worse This Year: Vaccines Limited". For months we've been warned to get our flu shots. The CDC, physicians and the media have been bellowing about the severity of this year's strain and the potential scarcity of the vaccine. Brilliant marketing I say- just make people think they can't get something and they'll line up for hours to get a toxic fluid shot into their arms that DOESN'T EVEN CONTAIN THE VIRUS THAT'S GOING AROUND! That's right. This year's vaccine doesn't completely match the virus that's supposedly going to make this a record-breaking flu season.

Each year between 20,000 and 40,000 people die from "flu-related" illness. These are people who are already immunocompromised. In other words, they're sick already, even if they're not showing symptoms. It is disingenuous to attribute all these deaths to the "flu". My recommendation is to sit down with your doctor or pharmacist or the stern tv news anchor -all of whom have been pushing this insane public health policy and ask them to read the list of ingredients in the vaccine vial. Then ask them what sense it makes to introduce these chemicals into the human body when more and more research shows severe damage occurs as a result. Ask him. Then roll down your sleeve and go home. Make sure you wash your hands a lot and stay away from people who've had the shots in their arms and up their noses.

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Flu Vaccine Season Is Revving Up Again

by

Catherine J. M. Diodati, M. A.

As summer wanes, and fall approaches, flu vaccine season is revving up again and the mandate still looms heavily over the heads of our valued health care workers (HCWs). The issue is one of coercion, selectively abrogating the legal and ethical rights of one sector of society, with the unsupported promise that their vulnerable patients will be protected from disease.

What do the studies reveal? After an extensive review of various trials, studies and articles, it has become very clear that the documentation used by officials to support the flu vaccine mandate are methodologically flawed.

Studies will suggest that HCW vaccination will prevent influenza transmission to patients but they invariably fail to establish any actual source for influenza outbreaks. It is just assumed that HCWs are responsible for transmitting influenza rather than visitors, other patients, delivery persons or anyone else who may come into contact with vulnerable patients. In one study, for example, vaccination was strongly recommended for HCWs following 3 confirmed cases of flu in a neonatal intensive care unit. (1) At the time, there were 4 unit nurses off duty due to an influenza-like illness. Although it was suspected that they introduced influenza into the unit, they were never tested for influenza and none of these nurses had attended the ill infants. Still, the authors stated that HCW vaccination is "the most effective strategy to diminish nosocomial [(hospital-derived)] infections." This is pure conjecture. There simply are no studies that unequivocally demonstrate that HCWs are responsible for nosocomial influenza infections. There is no evidence.

In nearly every study read, the researchers have failed to actually determine whether upper respiratory infections, in either their unvaccinated control groups or their vaccine groups, were caused by influenza. There are many other pathogens that are known to circulate during flu-season. Adenovirus, RSV (respiratory syncytial virus), coronavirus, rhinovirus, etc., all can cause exactly the same symptoms and complications as the influenza virus and cannot be distinguished unless proper tests are performed.

This was precisely the case for one of the central documents used to support the vaccine mandate for health care workers. (2) In this case, only 5% of all unvaccinated patients, in 12 geriatric care facilities, demonstrated a rise in antibody titre, indicating exposure to the influenza virus, but when symptomatic patients were tested, nasopharyngeal swabs failed to produce a single influenza-positive result. All symptomatic patients were either positive for RSV or adenovirus. Attending HCWs, whether vaccinated or not, were never tested for influenza and no mention was made of any respiratory illness amongst the staff. Nonetheless, without any direct evidence whatsoever, the authors concluded that vaccinating health care workers reduced mortality and influenza-like illness in geriatric patients and Health Canada cites this article in support of HCW influenza vaccination. (3) The same holds true for almost every article Health Canada cites to support the vaccine mandate: no one is ever tested for influenza but HCW vaccination is said to prevent transmission of the disease. There is no evidence.

Safety and efficacy assertions are similarly fraught with flaws. Of particular note, is the frequency with which systemic reactions are dismissed. In one study, for example, 86% of vaccinees experienced local reactions (soreness, redness, swelling) and 49% experienced systemic reactions such as fever, chills, aching/myalgia, tiredness/weakness, lightheadedness/dizziness, sore throat, runny nose, stomach upset/cramps, vomiting, painful neck glands and insomnia. (4) The authors stated that such symptoms are commonly associated with the vaccine but that "the vaccine could not have been responsible for such illnesses." How convincing is this argument when 49% of the vaccinees experienced systemic symptoms, which are the same as flu symptoms, and 24% experienced a cluster of symptoms? If these systemic symptoms are accompanied by viral shedding then we are exposing vulnerable patients to influenza because we are vaccinating our HCWs. Local reactions are of importance too, even if they are transitory, because they will affect HCWs abilities to perform their duties. Lifting patients, intubations, suturing, surgery, etc., all require precision and fitness.

Studies typically state that the influenza vaccine is effective in preventing the flu for at least 70% of the population under 65 and approximately 30%-40% effective in preventing the flu in those over 65. Rarely do these studies ever compare the match between the vaccine strains and the circulating strains for the given year. If the strains do not match-well, how useful is a rise in antibody titre? Even when the strains do match, influenza vaccination creates a cost-deficit. A US study found that during a year when the strains were well-matched, the cost of vaccination was \$11.17 per person more than the costs associated with not vaccinating. (5) During another year, when the strains were not wellmatched, the cost of vaccination was \$65.59 US over and above the costs associated with not vaccinating. From a financial perspective, this does not comprise a good use of our health care dollars.

Italian Epidemiologist Dr. Vittorio Demicheli made some interesting observations regarding influenza vaccine efficacy. Demichei et al. conducted a metanalysis of existing literature examining live and inactivated flu vaccines and anti-virals. (6) He found that the vaccine could only claim a 24% reduction in clinical influenza cases. Although the vaccine may elicit an antibody response in 70%-90% of individuals, this is not the same thing as preventing clinical influenza. Further, the metanalysis revealed that 69% of vaccinees experienced some type of local reaction and 26% experienced systemic reactions. Antivirals fared no better. Reactions included CNS depression/excitation and gastrointestinal effects. Some individuals (10%-27%) "secreted drug-resistant virus within 4-5 days of commencing treatment." The antivirals were 61%-72% effective in preventing influenza but only reduced the duration of existing illness by about 1 day. Demicheli et al. did state that the inactivated influenza vaccine was the most cost-effective intervention of those studied but this assertion was based upon a "lesser of all evils" philosophy. The other interventions were either extremely ineffective or associated with such horrendous adverse events that the inactivated vaccine won a place of honour by default. In the end, Demichei concludes:

"If assessed from an effectiveness and efficiency point of view, vaccines are undoubtedly the best preventive means for influenza in healthy adults. But when safety and quality of life considerations are included, parenteral vaccines have such low effectiveness and high incidence of trivial local adverse effects that the trades-off are unfavourable. This is so even when the incidence of influenza is high and adverse effect quality of life preferences are lowly rated. We reached similar conclusions for antivirals and NIs even at high influenza incidence levels. We conclude that the most cost-effective option is not to take any action."

Studies do not provide any evidence that HCWs are responsible for transmitting influenza to patients. They do not provide evidence that the influenza vaccine reduces transmission or improves the quality of life for HCWs. They do not demonstrate that the benefits of vaccination are greater than the risks and they cannot legitimately claim that this is a wise use of our diminishing health care dollars. Although only a few studies are mentioned here, methodological problems abound in existing literature and there is absolutely no justification, ethically, legally or medically, for abrogating the rights of health care workers.

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Flu Vaccines

Interview with Dr Eva Snead

by

Gary Null

GARY NULL: *(italic)* One of the most outspoken, intelligent and absolutely determined physicians on public health issues that's Dr Edith Snead. Nice to have you with us today.

DR EVA SNEAD: Nice to be with you. I appreciated all that flattery.

Well you deserve it. That's because I wouldn't give it if it's not deserved. Let's talk quickly, we have about eight minutes to talk about this latest phenomenon of everybody running out to get their flu shot and they can do that, I'm not suggesting that they should not do that, that's their choice but I'd like a different perspective so at least they have something to counterbalance their existing information. Why don't you share what you consider the pros and cons of the flu vaccine?

Well we have talked about vaccines and that they are all totally unsafe. Now talking about the flu vaccine itself it's prepared on chicken embryo, which mean unborn chicken which means that people who are allergic to these products like egg and chicken can become seriously ill and on the other hand the injection of these proteins into other humans will render them in a large percentage allergic to chicken and egg which means that people who were not allergic before will now become allergic.

The other problem is that all viral vaccines contain not only the particular virus but they also contain traces of leukaemia virus, cancer producing viruses etc. These are not completely removable, they exist in the chicken from which these eggs are taken and although they claim that they are like 98% purified, 2% of several billion viruses is still an awful lot of cancer and leukaemia dangers.

Another fact is that to separate cells we also may have to use a pork product which is made from raw pork stomach. This is an enzyme that separates the cells called pork trypsin and a lot of people who would not ingest or take pork products for religious reasons are seduced without knowing it into violating their convictions so there you have in a nutshell the beginning of why it is not very wise to take influenza vaccines.

OK. Why don't you give us some of what you have found in the literature, some of the problems with the flu vaccine and also they're claiming all this success. I question whether they can prove the success because you cannot disprove a negative.

That's correct. Imagine, Gary, the gullibility of a public that not only believes that these companies give them a safe and effective product but that they give them the credence of a god that two years in advance when they start making these serums they know which particular kind of influenza is going to be causing the epidemic two years later. I mean you know these people have the utter gall to tell people that they can do it because they can't. This is based on computer predictions and so on which are totally inaccurate. Now, you may remember the horrible epidemic of neurologic illness that we had in '76 and although the present day vaccines don't have that high an incidence even the package insert tells me that there's a higher incidence of Guillaine Barre which is a sort of euphemism for a variety of polio in all people under fifty that take the influenza vaccine. So imagine the risk you are running aside from the viruses, the cancer, the leukaemia. Two or three years ago there was a rash of positive HIV and hepatitis patients in Baltimore among people who would otherwise not be expected to have a positive test. When studied all of these people had received the influenza vaccine four to six weeks prior and this was rapidly covered up by the press as you were saying in your beautiful new article that told that the press is uninquisitive today.

Do you have an example of some of the guaranteed safety vaccines that we have been given over the years only later to find out that the guarantees were unsupported by any credible science and actually were deleterious?

There is no science, credible or otherwise, this is all guess work. I mean you can't test for something that hasn't happened and you can't test compared to what? I mean you don't know that there would have been an epidemic and certainly if you put a certain variety of viruses in the public then you will find they will say "Oh we were right. Virus A or B, Australian or South American or whatever you may call it will be endemic this year". Well you know you become a self-fulfilling prophesy because you created the particular problem and not only that but the other thing that is very, very important that nobody has brought up to my knowledge is about forty years ago a study was done in England on problems with the nervous system in new born and unborn foetuses that were aborted and they discovered that the majority of children who had birth defects in the nervous system particularly and encephalus had been exposed to the flu virus. Flu virus, of course, being now in all the vaccines that people are vaccinated. In the south of Texas we are having a tremendous rash of these particular neurologic problems. Children born without a brain or part of a brain and everybody is telling the public "Oh we have not a clue of what could cause this". Well, we do have a clue, we're just lying to the public.

Why do you think there's such an interest in getting people to get the flu vaccine. I realise that this is subjective and giveus subjective answer.

Well the manufacturer makes money. I mean that a very simple thing. They're seen as a wonderful product because they get the endorsement of government and health affiliations. He produces serum that costs you basically not that much to produce. You seduce the public into needing it and you sell millions and millions of doses so there's an awful lot of money to be made. Now from the point of view of public health, again there's money and grants to be made. I mean there are many people employed in persuading the public this problem exists and persuading them that they need it. And then of course, as you well know, we may suspect that there are other reasons that could be political or genocidal because the product is administered to large amounts of older people and as you well know in nursing homes where they receive flu vaccines there are many, many cases of flu shortly after the vaccination effort which indicates a total association and from a very crude point of view the perpetuation of life in older people particularly in nursing homes is not desirable to those that handle the funds. So of course we cannot prove this but it certainly presents a seductive hypothesis.

Again, that's a little too seductive for my taste. I haven't been able to make any such association but I would suggest that for them to tell us that the flu vaccines are both necessary ... I have not seen that they have either part of that scenario on hand. Dr Eva Snead thank you very much. Nice to always have you with us.

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Flu Natural Remedies

by

Jenny Marie Hatch

Flu Season hit early in Colorado and our family was compelled to take a break from life for the past few weeks and focus on getting well. We are not alone. Many, many people are suffering. The school called and said they were closing down two days early for thanksgiving break because so many are sick.

First some headlines:

DENVER - "When it comes to vaccinating children, Colorado is at the end of the list. Colorado is last in the country when it comes to vaccinating children for diseases like chicken pox, whooping cough and even the flu, according to state health officials. "Currently, Colorado is last in the nation -- 50th out of 50 states for vaccinating 19-35 month olds fully," said Dr. Robert Brayden with Children's Hospital."

"The number of confirmed flu cases in Colorado continues to rise dramatically -- up more than 300 percent over last week. The state already has reported 693 cases, months before the flu season is expected to peak. Doctors say it's because this year's flu vaccine does not exactly match the strain that's making people sick.

Officials with the Centers For Disease Control and Prevention say the mismatch is serious and this flu season could be worse than usual. However, health experts are still recommending that people get flu shots because the vaccine can help SOME from getting sick and avoid a potentially staggering flu season nationwide." - and we wouldn't want the pharmaceutical companies to lose any profits.....JMH (Emphasis added by Jenny Hatch)

Colorado Teen Becomes Season's First Flu Fatality

POSTED: 11:45 a.m. MST November 21, 2003

DENVER - "A 15-year-old has become Colorado's first flu death of the season, 7NEWS reported Friday."

Those are the local headlines from this past week in Colorado, and here is a little blurb on flu vaccine from a national lawyers website.

Influenza (Flu) Vaccine - "For years evidence has been mounting linking the Flu vaccine to serious neurological side effects. There have been occasional cases involving influenza vaccines causing Guillain-Barre Syndrome (GBS) and other autoimmune conditions. Guillain-Barré syndrome is a disorder in which the body's immune system attacks part of the peripheral nervous system. The first symptoms of this disorder include varying degrees of weakness or tingling sensations in the legs. In many instances, the weakness and abnormal sensations spread to the arms and upper body. These symptoms can increase in intensity until the muscles cannot be used at all and the patient is almost totally paralyzed.

Additionally critics of the Flu Vaccine argue that the Flu vaccine might be irrelevant. These critics argue that the flu vaccine, for most healthy people, is (1) unnecessary; (2) ineffective; and (3) capable of causing serious neurological injuries. Most cases of so-called flu are not influenza at all, but rather cases involving rhinoviruses and other infections. Getting the flu, for most healthy individuals is not very serious. Flu vaccines are admittedly viewed by many in the public health community as being a monetary vaccine, designed to reduce days lost from work. The most serious indictment of flu vaccines, however, involves the fact that we are always receiving last year's virus to try to protect us from this year's flu. Flu viruses change each year, and sometimes the vaccines are prepared with viruses, which are not the same ones that we are trying to protect against. Despite such mismatches, manufacturers are always quick to sell their product, and recalls are unheard of. There is evidence

that the manufacturers do not even conduct clinical trials for the vaccine each year, despite the fact that the components are changed."

So, to sum up, we have a deadly flu virus causing serious illness all across Colorado, and potentially across the nation. The medicos admit the current vaccine is not the right strain and the potential for a widespread flu epidemic is high. We have the lawyers aware of the complications and side effects from the vaccines, prepared to give legal aid to those who have been permanently damaged by the vaccine. Antibiotics don't work on viruses. Hospitalization, Antibiotics and Vaccines are about the only thing the medical profession has to offer to those who are sick. The over the counter cold remedies help with symptoms and can give relief, but these drugs can prove dangerous, causing a variety of other symptoms, especially in children. And because the over the counter remedies interfere with natural immunity, they tend to prolong the illness because the body is constantly being frustrated from purging the disease out of the various channels of detoxification. Fevers and Rashes are the immune systems first line of defense. Do we have some healthy alternative or happy medium between the doctors/pharmaceutical companies and lawyers/courts? And....

What is the parent of a sick child to do?

Before I share the alternative remedies that we have used these past weeks to heal our family, I would like to confess that I have a vested interest in this column beyond sharing some great information. If you decide to purchase some of the Essential oils I recommend, I will receive a kickback from the company for that referral. I was just going to write this article without mentioning the oils, but I know they have played a crucial role in keeping this illness under control and empowering our family to remain self-sufficient. I honestly don't care if you purchase the brand I use, even though they are some of the best oils on the market.

My five children have been very sick these past two weeks with a variety of symptoms; fever, rash, body aches, vomiting, diarrhea, headache, and general crabbiness. Now the only lingering symptom seems to be a very nasty cough. I am watching this lung action closely to be certain it does not develop into bronchitis or pneumonia. My children have complained long and loud about being kept home during this time, but I feel passionate about them not developing a secondary infection from this flu.

I have been stretched to my utmost capacity and at one point my fight or flight response kicked in and I was very tempted to run away from home. But I am the Mommy here, and it was/is my job to play nurse. Also, for some reason, I have not developed the flu. Although I have missed the most sleep, am nursing a baby, and have done the most physical work, I am still mostly symptom free. At this point, I am just exhausted. I believe this is because I have doctored myself right along with the children, and am constantly applying oils to them, and in the process have applied them to myself. I also have eaten my soup every day, several bowls a day, and have stayed well hydrated. If you as the caregiver become ill while caring for sick family members, you have my utmost respect and prayers in your behalf. Should this happen to you, I would highly encourage you to ask for help and have another healthy person in to help with care for the family. Ultimately this will be way cheaper than seeking emergency medical help, even if you have to fly someone in to help out.

Let me preface this information by saying, "I am not a doctor, I am not giving medical advice, I take no responsibility for any outcome you may experience if you decide to try some of these remedies".

I am simply sharing what I have done to help my children heal from a terrible flu in the hopes that some of my suggestions may prove helpful to others.

A few months ago I began stocking up on essential oils. I put in a supply of therapeutic grade oils anticipating the cold and flu season. It has been exciting the past two weeks to pull out the oils time and time again to help relieve the various symptoms that have presented. Even with the oils, I have been barfed on twice, and spent a whole night fearing that should my son puke again, he would goob me. While the oils don't stop symptoms, they do encourage the body to work more effectively, and sometimes even strengthen the symptoms. For example, my son was nauseated and had dry heaves and was unable to sleep. I put some peppermint oil on his feet and massaged the arches of his feet. As I massaged I could feel his heaves settle down, then all of a sudden he vomited, then he looked at me and said, "I feel much better" and was able to sleep.

Symptoms are good!

The allopathic model of medicine teaches us that symptoms are bad and must be suppressed at all costs. Over the years, I have come to believe that symptoms serve a purpose, especially with infectious disease. Most symptoms of flu are the body's attempt to cleanse itself, and so I take a different approach in the sense that when a fever or a rash appears, I encourage the symptoms for as long as is necessary. Hippocrates said, "give me a fever and I can cure any disease!" My nine-year-old son had a 103 degree fever for five days. During this time, I focused on keeping him well hydrated, comfortable, and clean. I gave him upwards of four baths a day and helped him vigorously scrub his skin with an essential oil soap and a stiff brush. I also had him brush his teeth several times a day and keep his tongue clean by vigorous scrubbing with an essential oil toothpaste. I massaged his feet over and over again with pure oregano and thyme oils diluted with olive oil. I kept him warm with a hot water bottle/blankets when he would start shivering with chills.

Oils of Gladness!

To help with hydration, I gave all of the children home made juice Popsicles and echinacea tea mixed with grape juice. I also served garlic soup every day. Here is my own recipe for this powerhouse of a soup.

Garlic Soup

In a soup pot sauté one chopped onion with five cloves of crushed garlic in three tablespoons of olive oil. Add in 1 tsp sea salt. Peel and chop five potatoes, five carrots, three large chopped celery stalks, and one bunch of chopped fennel. Add the vegetables to the onion and garlic when the onions are translucent. Cover the vegetables with water and bring to a boil. Then simmer while you make the Stock water and brown rice.

POTASSIUM/CALCIUM BROTH/VEGETABLE STOCK

Hard boil two quarts of water with
1 tsp sea salt
1 tsp flax seed
½ C. Oat Straw Tea
½ C. Oatmeal
The potato and carrot peelings
10 additional cloves of chopped garlic
1 thumb size piece of diced fresh ginger

Hard boil for twenty minutes, then strain and add to the vegetable soup pot.

Brown Basmati Rice

In a third saucepan, cook up one cup of brown basmati rice in three cups of water. Hard boil the water with the rice, 1 tsp salt, 1 tsp chopped garlic, and a one inch piece of diced ginger for five minutes. Then turn down the heat to low and simmer with the lid on for 40 minutes. To finish the soup, add in the cooked rice, garnish with chopped parsley and spinach.

Garlic Toast

Serve the soup with garlic toast. Sliced whole wheat bread brushed with garlic butter. Heat 3 tablespoons of butter with one clove of crushed garlic, brush on toast, then broil for a minute or two. Serve with the soup. If you can get your child to eat it, you can also add one drop of thyme and one drop of oregano oil to the garlic butter and brush that on the toast. Whenever I did this, my children refused to eat it. However, I read about a woman who used this essential oil toast to treat whooping cough with great success!

I made this soup three times in the past week. With leftovers, my children had plenty of anti-viral food to eat when they were hungry. If they were not eating, I simply served them the potassium/calcium

broth. Each child had a few days of natural fasting when they just weren't hungry. This was generally during the worst of the fever. I trust this symptom in children especially. But carefully watch for signs of dehydration while they forego food. Dehydration shows up with a sunken look to the face, pinched skin, and lack of urination. The child may also complain of bladder pain from lack of liquid moving through the urinary tract. On the worst days most of the children were happy to eat a few pieces of fruit or suck on a Popsicle and I was constantly offering them water.

Colon Hydration

I never felt the need to do this, but was prepared to if necessary. I had read that before the advent of the IV, our ancestors used to use the colon to re-hydrate a sick person. They would gently implant water into the colon using a piece of tubing to help the body to be better hydrated and to flush debris from the colon. I am grateful I never felt the need to do this procedure with my kids, but I would have done that first over going to the emergency room for help with re-hydration. (I do think it is appropriate to seek medical aid for hydration issues, especially with pregnant women and babies) but again, I would first try the colon hydration before exposing myself, or my children, to the germs in the hospital while they were in a weakened condition. To do this, simply purchase a child size enema bulb and fill it with warm water and carefully squeeze the bottle of water into the rectum. It is ideal to do this in the bathtub.

At no time in the past days did I administer any prescription or over the counter flu or cold medicines. (OK, my husband did take some Nyquil one night to help him sleep when he had not slept in three days). But we gave no drugs to the children.

Through quiet, diligent effort we have weathered this horrible, painful, disease. I am confident that all five children have now been effectively immunized naturally from the real current flu virus that is making everyone sick. This is natural immunity at its best! It is nothing to be frightened of. Common sense measures and simple effective cleansing techniques will restore health! And it is way more comforting to me than having them shot up with a synthetic, preserved, cultured, mercury laden flu "virus" that the scientists GUESSED would be the correct strain for the year, and then still have them get the live virus that is running around town, perhaps with their immune systems hindered in the ability to effectively deal with that live virus because they had the flu shot! I believe the public has truly been propagandized into believing the lies from the pharmaceutical companies when it comes to infectious disease. Hopefully with consumer awareness, the Center for Disease Control and the national, state, and local health departments will at some point be held accountable and the truth exposed in this whole vaccine scam. Do thousands of people need to die of a flu virus once again this year before the whole flu shot scandal is exposed?

Money mongering at the expense of the health and well being of citizens should be a crime. And the doctors, hospitals, news agencies, and health community should be ashamed of itself for shoving these toxic chemicals on the innocent. As John Robbins has stated, "the medical profession will get off its pedestal, when we get off our knees!" Have some confidence and take care of yourself and your family!

A few final tips. (These are a ton of additional work, but very important!)

Several times in the past days I have changed all of the bedding, especially the pillowcases, and washed them well in hot water and then sprinkled all of the bedding with essential oils. I also bundled the children up and took them outside for fresh air and sunshine for a few minutes most days. (Some days I could not get certain kids out the door because they were too dizzy). While we were outside, I opened all of the doors and windows and aired out the house. With all of the coughing, sweaty fevers, and mucous flowing, I believe these steps are very important in speeding healing.

I served lots of fresh fruit; Watermelon, Honeydew melon, red seedless grapes, apple and pear slices. The children tended to eat the fresh fruit more than any other food I served. This helps with cleansing the bowel and hydration issues.

I kept the sickest children close to me during the night. This helped me to tune in to them quickly when they were overcome with fever, nausea, or diarrhea. I could quickly get them into the bathroom,

and I believe averted a few messes, by helping them to the toilet instead of having to clean up toxic messy beds.

I also deep cleaned the bathrooms more than usual during the worst of the illness. Using Shaklee's Basic G, which is powerful enough to kill the aids virus, helped me to feel confident that we were keeping up with the germs. I had my daughters help to wipe down all surfaces in our home with an essential oil spray called Thieves, which is antiviral.

When my 13-month-old son was at his worst with glassy eyed fever, lethargic, (scary in a baby!) I went to extremes to try to get him to laugh. I took his hand and had him touch my nose - then I exploded with loud sounds, hiccupping and sneezing and laughing whenever he touched my nose. At first he just smiled at silly Mom, but soon he was laughing really hard as I continued to burst each time he touched my nose. Pretty soon, he was completely changed in his demeanor, and I could tell that flooding his system with happy endorphins really helped.

When my children started fighting and complaining, I knew we were getting better. The first time my eleven year old daughter punched her brother and told me if I made her eat one more bowl of soup she was going to scream, I knew we had beat this flu.

I don't claim that this list is complete, and I trust that you will be guided to know what is best for your family, even if that includes traditional medical care. But I hope and pray that you can weather this storm of a nasty cold and flu season and come out of it happy, healthy, and truly immunized from getting the same virus again!

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Why I Never Get Flu Shots

by

Chet Day

November 18, 2002

Every October and November, quite a few people write me and ask, "My Doctor tells me to get my annual flu shot. Should I do it?"

Well, I don't diagnose or prescribe, and what you do with your body remains entirely up to you and your doctor (if you still go to a doctor), but I'll gladly tell you what I do regarding flu shots...

I avoid them like the plague.

In fact, at age 54, I've never had a flu shot, and it would take a Marine nurse and at least four burly wrestlers the size of Jesse Ventura to hold me down and give me one.

Perhaps you already sense I have strong feelings about flu shots?

These feelings stem from personal opinion, reading, and dramatic personal experience.

First off, I don't think toxic chemicals and virus strains grown on living tissue belong in the human body, even when they're packaged in sterile glass vials.

Since my family and I don't rely on doctors anymore, I don't have access to an insert that reveals the composition of this year's flu vaccine, but I did find some general information at the Concerned Parents for Vaccine Safety and Vaccine Side Effects web sites, where I learned about some of the ingredients used to make vaccines.

According to the lawyers at Vaccine-Side-Effects.com:

"For years evidence has been mounting linking the flu vaccine to serious neurological side effects. There have been occasional cases involving influenza vaccines causing Guillain-Barre Syndrome (GBS) and other autoimmune conditions. Guillain-Barre syndrome is a disorder in which the body's immune system attacks part of the peripheral nervous system. The first symptoms of this disorder include varying degrees of weakness or tingling sensations in the legs. In many instances, the weakness and abnormal sensations spread to the arms and upper body. These symptoms can increase in intensity until the muscles cannot be used at all and the patient is almost totally paralyzed.

"Additionally, critics of the flu vaccine argue that the flu vaccine might be irrelevant. These critics argue that the flu vaccine, for most healthy people, is (1) unnecessary; (2) ineffective; and (3) capable of causing serious neurological injuries. Most cases of so-called flu are not influenza at all, but rather cases involving rhinoviruses and other infections. Getting the flu, for most healthy individuals is not very serious.

"Flu vaccines are admittedly viewed by many in the public health community as being a monetary vaccine, designed to reduce days lost from work.

"The most serious indictment of flu vaccines, however, involves the fact that we are always receiving last year's virus to try to protect us from this year's flu. Flu viruses change each year, and sometimes the vaccines are prepared with viruses, which are not the same ones that we are trying to protect against. Despite such mismatches, manufacturers are always quick to sell their product, and recalls are unheard of. There is evidence that the manufacturers do not even conduct clinical trials for the vaccine each year, despite the fact that the components are changed."

Let's turn now to some information from the Concerned Parents for Vaccine Safety website. Do you want any of the following vaccine constituents in YOUR bloodstream?

- Ethylene glycol
- Phenol, also known as carbolic acid
- Formaldehyde, a known cancer-causing agent
- Aluminum, which is associated with Alzheimer's disease
- Thimerosal (used as a mercury disinfectant/preservative)
- Neomycin and Streptomycin (used as antibiotics)

Some vaccines are also grown and strained through animal or human tissue like monkey kidney tissue, chicken embryo, embryonic guinea pig cells, calf serum, and human diploid cells (the dissected organs of aborted human fetuses as in the case of rubella, hepatitis A, and chickenpox vaccines).

Well, I refuse to put any or all of the above in my body, and I hope when your doctor starts telling you it's time for your annual flu shot that you'll require him to defend the annual injection. You or your insurance company's probably paying eighty bucks for a visit, so get your money's worth.

Have your doctor read you the insert that comes with the vaccine.

Then have him/her explain why it makes sense to inject toxic chemicals into the human body and how such substances can aid the delicate immune system.

Chances are he/she will fall back on questionable statistical and demographic explanations that the medical establishment has used for decades to justify immunization.

Try to engage your doctor in a non-confrontational discussion because this is an opportunity for him/her to actually give some serious thought to what he/she is injecting into bodies of patients day after day after day.

Many traditional doctors who haven't studied diet and life style aren't going to change unless we help to educate them to what drugs and vaccines may really be doing long-term to people.

Okay, I'm a realist so if I were still thinking traditionally, part of me would almost buy into the typical rationale for flu vaccines, that so many people are spared the annual flu and only a few die or have their lives ruined after being injected.

I'd buy into that if I were convinced that injecting a filthy substance into the body actually made sense.

Unfortunately, once I stopped buying into the big medical lies about their drug, cut, and burn system, I started questioning all if it.

And when one digs into the vaccine history -- check out the Swine Flu vaccine and smallpox vaccines if you want two real horror stories at <http://bioterrorism101.com> and scientific research (especially in Europe) -- it quickly becomes apparent that nobody really knows what these toxic stews of chemicals and microorganisms do in the human body.

To look at another disturbing possibility, go to <http://chetday.com/janecfids.html> and read an article written by a CFIDS sufferer, an article that shows the cause and effect connection between flu vaccines and terrible immune disorders.

Well, readers and a few medical professionals have called me a simple-minded dolt on more than one occasion, but since 1993 I've approached the yearly flu shot hype with the understanding that if I eat and live properly, I won't have to worry much about catching the flu.

The flu vaccine I use -- eating and living as close to nature as I can -- actually works.

Not only that, but it doesn't cost a dime, and nobody's going to have his/her life ruined because of a "bad batch" of vaccine that triggers some mysterious autoimmune disease that lays a person out of commission for years.

But let's say you don't want to eat and live close to nature.

Okay, I can understand that, but my next question would be "Which is better? Some rest time with the flu or having toxic chemicals injected into your bloodstream?"

I mean, seriously, before I got healthy I almost looked forward to a yearly bout with influenza because it meant I could go to bed and get some rest instead of working practically every waking moment of my life.

I might add that I haven't missed more than two consecutive days of work from an illness for over seven years as I write this update in November of 2002, so a non- vaccine approach does work for me.

This non-drug approach has resulted in a level of health that continually amazes me, especially when I see other men and women my age who are miserable and without energy. Men and women who spend all too much of their time drifting from doctor to doctor in endless pursuit of solutions that don't get to the cause of their problems -- diet and life style.

Thinking about taking a flu shot?

Do yourself a favor and think twice, and before taking that jab in the arm, review some natural approaches to building health at <http://chetday.com/21day.html> and for detoxing at <http://chetday.com/detoxbible.htm>.

Oh yeah, for the lame, status quo rationale for why the vaccine must be taken every year, courtesy of the Center for Disease Control, visit

<http://www.cdc.gov/ncidod/diseases/flu/fluovac.htm>

Finally, the decision regarding a flu shot is yours to make, but I urge you to make that decision from a position of strength and knowledge.

Do your homework before you agree to a flu shot.

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Taking It to Vaccine Court

**Parents say mercury in shots caused their children's autism,
and they want drug firms to pay.
The industry calls its defense rock-solid.**

by

Myron Levin

Times Staff Writer

August 7, 2004

As parents of two severely autistic boys, Kevin and Cheryl Dass of Kansas City, Mo., face a world of heartache and worry.

Last year Kevin, a FedEx driver, and Cheryl, a part-time hairdresser, spent \$27,000 on therapy for their sons. Financially exhausted, they are gnawed by these questions:

How will they continue the special help that Dillon and Kyle, their 4 1/2 -year-old twins, so desperately need? Will the boys - who barely speak, are not toilet-trained and go bonkers when taken out in public - ever be able to live on their own? If not, what will become of them when Kevin and Cheryl are gone?

"It's torn our life apart, it really has," Kevin Dass says. And, he insists, it didn't have to happen. The boys were born prematurely and alarmingly small. Yet at 3½ months, Dass says, they were given four shots in a single day, including three containing small amounts of mercury, a neurotoxin.

"They were still in the hospital on oxygen, staying alive, and they put this poison in them," Dass says. "They were fried. They were totally fried."

Like many anguished parents of autistic kids, the Dasses blame the condition on thimerosal, a mercury-based preservative that until recently was added to many routine children's shots.

Thimerosal was used to keep bacteria out of vaccines sold in multi-dose vials. But there were no studies beforehand of its possible effects on the developing brains of infants. And health officials, who aggressively expanded immunizations during the 1990s, did not consider that mercury exposure for millions of children would exceed federal guidelines.

Now, in a dispute overflowing with bitterness and rancor, more than 4,200 families, including the Dasses, are demanding compensation to help pay for their kids' special needs. Their claims have inundated an obscure branch of the U.S. Court of Federal Claims in Washington, sometimes called the "vaccine court."

The parents are pushing a disturbing theory: that their children were casualties of the war on disease, suffering brain damage from thimerosal by itself or in combination with measles virus in the measles-mumps-rubella vaccine. They blame mercury from vaccines and other sources for an epidemic rise in autism and related neurological disorders.

They theorize that their children were devastated because they were less able than most kids to clear mercury from their bodies.

Vaccine makers and health officials strenuously dispute the claims. While voicing compassion for the children and their families, they say there is no proof that tiny exposures - typically 1 part mercury per 10,000 parts of vaccine - can cause brain damage.

"There's simply no reliable scientific evidence" that thimerosal causes autism, said Loren Cooper, assistant general counsel for GlaxoSmithKline, the global pharmaceutical giant.

Dr. Stephen Cochi, head of the national immunization program at the U.S. Centers for Disease Control and Prevention, argues that only "junk scientists and charlatans" support the thimerosal-autism link.

In May, a committee of the national Institute of Medicine declared that evidence "favors rejection" of the thimerosal-autism link. Opposing studies, the panel said, were riddled with "serious methodological flaws."

In response, parent activists point out that some studies have indicated a link. They also charge that data were manipulated in one key study cited by the Institute of Medicine, and that authors of other studies had ties to vaccine makers.

At stake are not only vast sums of money but reputations and careers. Vaccine makers face a potential litigation nightmare. And the allegations confront two agencies: the Food and Drug Administration, which licenses vaccines, and the CDC, which is in charge of seeing that children are immunized against everything from polio to whooping cough.

The immunization program has been hailed as a spectacular success, responsible for saving countless children from illness and death. But if the parents are right, thousands of their children have become collateral damage.

For now, the main battleground is a tiny tribunal most people have never heard of.

The vaccine court was created in 1986 as Congress' response to a liability crisis. In rare cases, vaccines were being blamed for catastrophic injuries and even death. Makers were threatening to quit the business, which in turn threatened the vaccine supply.

The National Vaccine Injury Compensation Act shielded the industry from civil litigation by instituting a system of no-fault compensation. Under the law, aggrieved families file petitions, which are heard by special masters in the vaccine court. Successful claims are paid from a trust fund fed by a 75-cent surcharge per vaccine dose. The Department of Health and Human Services oversees the fund, with the Justice Department acting as its lawyer.

The autism case is approaching a crucial stage: a hearing within the next few months in which experts will joust over whether mercury causes autism.

If the verdict is no, the case ends there. If the special master finds for the parents, individual claims will be heard. A flood of successful claims could exhaust the \$2-billion fund.

Big vaccine makers such as Merck, Wyeth and Aventis-Pasteur, along with Glaxo, are watching with trepidation. Though safe from liability in the vaccine court, they are anxious because claims have begun to leak into the civil courts.

Under the law, petitioners who have gone more than 240 days without a ruling in the vaccine court can opt out and file a civil suit. More than three dozen families who've waited long enough have opted out, and more are sure to follow. A handful of suits are set for trials next year in Texas, Pennsylvania, Maryland and Georgia.

A legal Catch-22 could doom many claims in both the vaccine court and civil courts. The compensation law requires that petitions be filed within three years of the first sign of injury. In many cases, by the time children were diagnosed with autism and parents learned of their mercury exposure, the deadline had passed. This technicality could cause as many as 60% of the petitions to be discarded in the vaccine court, lawyers for the parents say. And some civil courts have decreed that people who did not file on time in the vaccine court can't pursue civil litigation.

"The parents are going through hell. The children are going through hell," said Richard Saville, a lawyer for some of the parents. "What we're trying to avoid - is a situation in which no court ever hears their complaint."

Even so, families who reach the civil courts may gain some advantages there. They will have access to internal industry documents that are not available in the vaccine court. Moreover, whereas the vaccine court pays medical and living costs and up to \$250,000 for pain and suffering, civil juries can award punitive damages as well.

Vaccine makers insist that their defense is rock-solid.

The evidence "is so overwhelmingly one-sided that we are confident that juries will overcome their natural sympathy for plaintiffs and decide these cases as science dictates," said Daniel J. Thomasch, lead outside counsel for Wyeth.

Privately, however, some industry figures conceded that when it comes to sick children and brokenhearted parents, science doesn't always win the day.

The companies "are terrified" of huge jury awards because "the injuries are so grave," said Kevin Conway, a lawyer for parents. "It's not just the kids, it's the parents, it's the siblings. These people just live emotionally exhausted and financially devastated lives."

Even if the companies are exonerated, victory will not come cheap. An industry representative, who predicted vaccine makers will win every case, said it could cost them hundreds of millions of dollars to do so.

Autism is the most severe of a range of neurological conditions called autism spectrum disorders. It limits the ability to communicate, form relationships and respond appropriately to the environment. Symptoms can include loss of language and eye contact, extreme withdrawal, violent or repetitive behavior, and extreme sensitivity to light and sound.

One in every 166 U.S. children suffers from an autism spectrum disorder, according to an estimate by the CDC and American Academy of Pediatrics. In California, the number of cases rose 273% from 1987 to 1998, according to the state Department of Developmental Services.

It's been suggested that broader definitions and better reporting are behind the apparent spike. But a study in 2002 by the MIND Institute at UC Davis found that these are at most minor factors, and that the increase is real.

In the search for a cause, thimerosal only recently became a suspect.

The compound is 49.6% ethyl mercury, not the methyl mercury found in fish and power plant emissions. Both forms are toxic, though some research suggests ethyl mercury is more quickly purged from the body.

Developed 75 years ago by Eli Lilly & Co., thimerosal has been used in vaccines since the 1930s and was the main ingredient in Merthiolate, an antiseptic daubed on millions of skinned knees before it was taken off the market 20 years ago.

Medical literature includes reports of thimerosal poisoning at a sufficient dose - along with advice to curb its use. Perhaps most alarming was a 1977 report on the thimerosal-linked deaths of 10 babies in Canada.

According to the article in Archives of Disease in Childhood, the antiseptic had been used to treat exomphalos, a type of umbilical hernia. Tissue and blood tests revealed high mercury levels in the dead infants. Moreover, the authors said, it "is extremely unlikely" that babies who survive the treatment "escape neurological damage, which may be subtle."

Mercurial antiseptics should be tightly restricted or banned from hospitals, they wrote, "as the fact that mercury readily penetrates intact membranes and is highly toxic seems to have been forgotten."

However, thimerosal remained the most popular of several preservatives used by vaccine makers to avoid the risk of bacteria from repeated needle insertions into multi-dose vials. Vaccines also come in

single-dose vials or disposable syringes that do not require preservative. But doctors and clinics traditionally preferred multi-dose vials because they were cheaper and easier to store.

No one would have cared but for this confluence of trends: autism rates were rising, while more mercury was being injected into kids.

The CDC sets the country's immunization schedule, which, in effect, has the force of law, since in many places children can't enter day care or school or qualify for public assistance unless their shots are up to date.

Mercury exposure increased markedly in 1991, when the CDC added hepatitis B and Haemophilus influenza type b, or Hib, vaccines to the schedule.

Because these were mostly sold in multi-dose vials, children whose dutiful parents stayed current with their shots received as many as nine injections with as much as 187.5 micrograms of mercury in their first six months of life — exposures well above Environmental Protection Agency guidelines.

This was disclosed in 1999 in a federal review, which showed that health authorities had ignored the rising exposures as they added shots.

In e-mails to colleagues at the time, Dr. Peter Patriarca, a senior FDA official, acknowledged that the agencies were open to attack. The FDA could be charged with "being 'asleep at the switch' for decades by allowing a potentially hazardous compound to remain in many childhood vaccines, and not forcing manufacturers to exclude it from new products," he said in a June 29, 1999, e-mail later disclosed at a congressional hearing.

It didn't take "rocket science" to track the rising exposures, Patriarca wrote. Critics may wonder "what took the FDA so long to do the calculations? Why didn't CDC and the advisory bodies do these calculations when they rapidly expanded" childhood immunizations?

In July 1999, the CDC and American Academy of Pediatrics called on vaccine makers to remove thimerosal as a precaution. Manufacturers began switching to single-dose containers. By 2002, thimerosal was present only in trace amounts in routine vaccines.

Now it is making something of a comeback. This year, the CDC added flu shots to the vaccine schedule for children 6 months and older. Aventis, the only producer of flu vaccine for infants and toddlers, makes it both in single-dose and mercury-containing multi-dose vials. The CDC has spurned appeals to recommend thimerosal-free shots for all children and pregnant women — fearing parents might refuse a shot for their kids if they couldn't get it mercury-free.

Exasperated by the agency's stance, lawmakers have filed bills in Congress and several states, including California, to ban thimerosal from pediatric vaccines.

Cochi of the CDC says such bills are ill conceived. He says children die of the flu, including more than 140 last year, while the risks of thimerosal are at most theoretical. He blames the uproar on those eager "to capitalize on the tragedy of parents with children who have autism, because they see a huge pot of gold at the end of the rainbow."

"That's the other side of this story," Cochi said, "that it has the potential to be a gigantic scam on the American taxpayer."

Of all the resentments of the parents, the idea that they are out for a buck seems to gall them the most.

And when they talk about their lives - the social isolation, financial distress and bleak prospects of their children - many can't help but weep. At such times, it's easy to see why vaccine makers would rather not face them in court.

Kyle and Dillon Dass arrived three months early in January 2000 - weighing 1 pound, 7 ounces and 2 pounds, 15 ounces, respectively. That was six months after the appeal to remove thimerosal from vaccines.

Kevin, their father, keeps a copy of an advisory sent to doctors by the Academy of Pediatrics shortly before his sons were born. "If there are limited supplies of thimerosal-free products available, priority should be given to use in premature infants," it says.

At 3 1/2 months, the boys got four shots in one day. Three contained thimerosal, according to medical records the Dasses later obtained.

At the time, the couple had never heard of thimerosal, but Cheryl Dass said she questioned giving several shots to her tiny babies. She did not put up a fight, however, deciding, "Oh well, you know what you're doing because you save lives every day."

Lyn Redwood, who lives near Atlanta, says her son Will began receiving doses while still in the womb.

Redwood, a former nurse, had amniocentesis during pregnancy. Because her blood was Rh negative, after the procedure she was given shots of gamma globulin to protect her fetus from an illness called Rh incompatibility disease.

Years later, Redwood said, she was amazed to learn that the two gamma globulin shots during pregnancy, and a third when she was breast-feeding, contained thimerosal.

Will, who has pervasive development disorder, a milder form of autism, had received an additional 237.5 micrograms of mercury in vaccines by the time he was 1 1/2, Redwood said.

Even so, he seemed to progress nicely until his first birthday. Redwood recalled that he started to walk, talk and generally do things on time - before suddenly regressing and slipping away. "He stopped looking at us. He stopped playing.... It was like 'Invasion of the Body Snatchers,' " she said. "Somebody had taken away my baby's soul and just left a shell of him in there."

The bizarre and disruptive behavior of many autistic children can make their families virtual prisoners in their homes.

Going out in public "is a train wreck," said Cheryl Dass. It's impossible to do the family things others take for granted, like going to a movie or church or "even to pick out a pumpkin."

Kelly Kerns of Lenexa, Kan., who has an autistic daughter and twin sons, said, "We're not the families that are doing baseball and birthday parties.

"I'm a mother that lives in a tunnel," she said. "I haven't been to a family reunion in four years. My family doesn't understand. They wouldn't understand.

"I used to be a decent person, and I just have acid rolling from my lips every time I open my mouth," Kerns said. "I ask God every day what did I do to deserve this. What did these kids do to deserve what they got?"

Some parents are hopeful, though not holding their breath, for help from the vaccine court. Others say they'd just as soon get a chance to bloody the industry in a civil trial.

Said Georgia Mueller of Kansas City, who has an autistic son: "I want it to hurt" the manufacturers, because they "never did the research to make sure this was safe."

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Flu Shots Linked To Asthma Attacks

by

Michael Bradley

Sydney Morning Herald, Australia

Vaccinating asthmatic children against influenza is unlikely to protect them from attacks and may even worsen their condition, say researchers who have found asthma-related emergency department visits are significantly more likely among children who have received a flu shot.

The US study comes a week after Australian authorities said they would consider whether local immunisation recommendations should be brought into line with America's.

Asthmatic children in the US are told to use the vaccine but from September the recommendation will be extended to all children aged between six months and two years. In Australia, influenza immunisation is not recommended for all children; however, a universal program is being considered by the Federal Government's vaccine advisory panel.

Professor David Isaacs, a specialist in immunology and infectious diseases at the Children's Hospital at Westmead and the chairman of the Australian Technical Advisory Group on Immunisation's committee on influenza, said: "In the United States they say children with asthma should be given a vaccine against the flu because getting the flu could make their asthma worse, but the evidence supporting this idea is far from brilliant."

Professor Isaacs said previous studies had failed to show different rates of asthma attack between groups of children given either the vaccine or a placebo.

"People seem to assume the vaccine will be good [for asthmatics] but the evidence does not show that it is," he said.

"In fact, there are lots of studies now suggesting it does not offer much benefit at all."

The American researchers compared two groups of 400 asthmatic children. One group received the vaccine. Those who were vaccinated were found to be almost twice as likely to seek assistance at an emergency department because of their asthma.

However, one specialist says doctors and parents should not read too much into the research. A medical virologist at Prince of Wales Hospital, Associate Professor Bill Rawlinson, said the findings might only reflect the higher use of the vaccine among children with severe asthma.

"If you are a more severe asthmatic, you are more likely to get the vaccine," he said.

[Financial tip: invest in inhaler futures and in Ritalin futures. The CDC's cranking up its "inject thimerosal via flu shots" campaign.]

<http://www.smh.com.au/articles/2004/07/23/1090464867466.html>

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Foggy Thinking as Inhaled Flu Vaccine Nears FDA Approval

NVIC President and Co-founder Barbara Loe Fisher, who served as the consumer voting member of the FDA Vaccines and Related Biological Products Advisory Committee was the sole dissenting vote opposing licensing of FLUMIST vaccine on the grounds that the vaccine manufacturer had not proven safety.

It seemed like a great idea. Perhaps a vaccine that could be administered with a simple sniff in each nostril, rather than a painful jab, could revive languishing flu vaccination rates in people at risk for the complications of influenza (mostly those over 65 and those with underlying heart disease, lung disease or diabetes). But then public health and science came into conflict with profit - and we all know how that all-too-often turns out.

Back in 2001, FLUMIST, an influenza vaccine made from live rather than killed virus, came before a Food and Drug Administration (FDA) Advisory Committee, seeking approval for use in healthy people aged 1-64 years. But the Committee soon detected hints that the vaccine was causing asthma in young people and requested more information. The vaccine's sponsor reached deep into its bag of corporate tricks and came up with the notion not of redesigning the vaccine to minimize its asthmatic propensity, but rather of seeking approval only for people 5 years old and above.

Sure, FLUMIST's market would be reduced, but MedImmune's stockholders would be happy that the vaccine was approved. Besides, everyone knows that doctors often prescribe "off-label" (outside of FDA guidelines) and drug companies' "detail men" are famous for encouraging such off-label prescribing. But this created a small scientific problem. The best designed study demonstrating FLUMIST's effectiveness (because it measured actual decreases in laboratory-proven influenza vaccination) included 1-7 year olds, but now most of that age group was excluded from the new target population. And the study in adults 18-64 only measured clinical disease, rather than the more accepted standard, in which laboratory proof of the presence of influenza virus is required. Moreover, the adult study failed to demonstrate statistical improvement in the main clinical outcome ("any febrile illness"), although it did for many of the secondary outcomes (e.g. "febrile upper respiratory infection"), and included relatively few people over the age of 50.

In fact, in an analysis of the 50-64 year olds planned after the study was complete, there was little evidence of vaccine efficacy, even for the secondary outcomes. The studies also showed that, despite investigators' efforts, many patients with asthma, who were supposed to have been excluded from the trial, slipped through and were vaccinated. This is likely to be even more common in actual clinical practice. In a complicated vote, the Advisory Committee decided that there was insufficient evidence of vaccine efficacy in 50-64 year olds. The Committee thus in effect recommended approval exclusively for those for whom the Centers for Disease Control and Prevention (CDC, like FDA, a part of the Department of Health and Human Services) does not recommend flu vaccination: healthy people aged 5-50.

The vote was also a landmark in that, with the support of the FDA, it permitted approval for a vaccine based on clinical rather than laboratory outcomes (recall that laboratory-confirmed outcomes were available only for the five, six and seven year olds). And a live virus vaccine at that, with concomitant risks of transmission to unvaccinated persons.

Compounding these problems was the FDA's failure to insist on any studies comparing FLUMIST to the existing killed virus vaccine. So consumers and physicians are left in the lurch, devoid of the data that should have been produced prior to approval and now probably never will be generated.

We also do not recommend the use of RELENZA (zanamivir) and TAMIFLU (oseltamivir) in the treatment of influenza.

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Side Effects of Influenza Vaccines Kill Seven in Japan

The Japan Times

Wednesday, February 5, 2003

The side effects of influenza vaccines killed seven people in the two years through last March, and more than 80 people suffer from the adverse effects of such shots each year, the health ministry said Tuesday.

The Health, Labor and Welfare Ministry, which gave the data to the Diet at the request of a Democratic Party of Japan lawmaker, said the number of reported side effects totaled 82 cases in fiscal 2000, rising to 87 the following year.

The symptoms include fever, vomiting and shock. Most have recovered, but 21 people who took the vaccines are still suffering side effects.

The seven people who died after being injected with flu vaccines were all older than 60, the ministry said. The causes of death included acute hepatitis and acute pneumonia.

In fiscal 2001, according to health ministry data, 10 million flu shots were shipped and 6.4 million people aged over 60 were vaccinated.

Influenza vaccines are extracted from virus cultures implanted in chicken eggs. Unlike polio and other preventive vaccines, influenza vaccines do not give total immunity to recipients. However, they are effective in reducing the chances of contracting the illness as well as preventing serious complications, including pneumonia.

<http://www.japantimes.co.jp/cgi-bin/getarticle.pl?nn20030205a4.htm>

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Manipulating Flu Numbers

The following article is nothing more than another one of the contrived media manipulations by flu vaccination proponents. Just as it is outlined in the CDC blueprint presentation on how to artificially scare people into getting the flu vaccine that we sent out last week, (http://www.ama-assn.org/ama1/pub/upload/mm/36/2004_flu_nowak.pdf) this article claims that there has been a "substantial climb" in hospitalizations because of the flu. This article is being sent out because of one very important line tucked away that needs to have the spotlight shining brightly on:

"the researchers used a broader category of flu-related illnesses to reach the new estimate."

That's right - broaden the category to confuse and needlessly scare people. However, last flu season according to the CDC themselves, only 18.9% of the circulating flu-like illnesses out there were of the three strains selected to be in the vaccine. (<http://www.cdc.gov/flu/weekly/weeklyarchives2003-2004/03-04summary.htm>) In other words, last winter, 4 out of 5 times, the sniffles, fever or aches were not caused by anything a vaccine can prevent. The media manipulation campaign continues to irrationally scare people into the vaccine.

In the words of Mark Twain: "There are 3 types of lies - lies, damn lies, and statistics."

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**Relevant Historical Lessons,
And
A - Politically Incorrect - Opinion On
This Year's Influenza Vaccine**

By Hilary Butler

Virus Lays Side Low

The Warriors fly to Canberra today hopeful they've seen the last of a -flu virus that has dropped half the side over the past fortnight, despite pre-season injections. (Weekend Herald, July 3-4, 1999, C6)

The last article I wrote on influenza was in Volume 9, Number 3, (Feb-Apr 1997) in which I detailed then up-to-date information on New Zealand and USA, and made some "future pointers".

Firstly, that someone would start promoting a combined flu/pneumonia vaccine, since most of the deaths from influenza are from pneumonia. It's not far away.

Secondly, that the influenza vaccine would be extended to all age groups, including children, because the manufacturers now have the ability to make enough vaccine to multi-jab everyone in the world every year. No longer are they restricted to "at-risk" groups, which was an arbitrary allocation due to the then available supply. *The New Zealand Herald*, 31/1/2000, A15, discusses two studies which concluded that influenza vaccination may be warranted in children under two because they were hospitalised for influenza "at rates similar to those for adults at high risk." Interesting. Ever heard of a baby with the flu? The babies, however, would need two flu shots.

Thirdly, I discussed some little gems from an apparently still embargoed American document (briefly discussed in JAMA, 17/1/1996, Vol. 275, No. 3 pg. 179-180) which mysteriously appeared in my letter box one day-and I predicted that this document would become the basis of the "rule the world" approach for blanket coverage with this vaccine. And it's happening!

Fourthly, that a National Immunisation Register would become the main tool.

I have to admit that I have not scoured the medical literature recently for all the studies of the effectiveness of flu vaccines. I stopped doing that religiously in 1992, when I got sick of the continual drip, drip of the media saying "flu vaccines will stop you getting the flu", while the literature said something else. As a result, this article is not "exhaustive", nor the last word on the flu vaccine. Nothing ever will be. It was also written at very short notice, so had to utilise on-hand facts. We can always update you later, if you feel the need.

This year, the media has gone mad on influenza early, with the Otago Daily Times 23/2 saying that in New Zealand, 470 people die every year from the flu, and influenza causes 2000-5000 hospitalisations. The Dominion 22/2 says, "Overseas studies suggest flu immunisation cuts hospitalisation by half and deaths by two-thirds for people aged 65 and over." But there are some additional twists to the promo-blurb. One of the most prominent features has been the assertion of the Health Department that the flu vaccine does not cause flu. Reported in the Gisborne Herald, 16/2/2000: "No excuses, jab not cause of flu". This has been repeated in several articles. If it never happens, why major on it or could it be that where there is smoke there is fire?.

News from the sick bay:

Despite a flu shot, Sen. Ted Kennedy is expected to spend the next few days at Sibley Memorial Hospital, where he's recovering from a flu-like "viral illness." (The Washington Post, Tuesday, 8/2/2000, C3).

So now we hear that Ted Kennedy, and no doubt others like him, have a "flu-like viral illness", when they get flu after the vaccine. And where is the evidence to prove that it was an unrelated strain? Can't find it. Is the "prosecution, defence, judge and jury" holding all the strings, and using that lack of evidence to suit themselves?

Another little complication is the story behind why two new drugs were developed, called Tamiflu and Relenza, and why it was attempted to keep them away from the public. A fishy piece if ever there was one. When news of potential anti-flu drugs leaked to the surface around 1992, I wondered how vaccine manufacturers might view the potential impact on their profits. When I read that 19 experts on the FDA committee spent hours bogged down in amazingly technical arguments about the clinical tests and what they proved, then refused to approve the drug (NZ Herald, 1/3/99) the first question that came to mind was "What were the vested interests of the committee members?" History, in the form of medical journals and Senate hearings, has shown that often the medical people on these committees have links with the relevant manufacturers or "conflicts of interest". Did it happen in this case? During that week, the company which manufactured Relenza, Biota, had seen a huge rise in stock prices to \$9.30, which on FDA's snub of the product, crashed, with some brokers calling it worthless, or a buy at 60 cents at best.

Then someone remembered that since approval had already been given on two other continents, the FDA ruling didn't mean much, and the price recovered slightly to \$4.00 by the end of the week. And they were right. In the Wall Street Journal 11/1/2000 is an extraordinary article detailing the rise and rise of these two drugs. This Northern Hemisphere flu season, the two manufacturers of Tamiflu and Relenza began an aggressive new marketing campaign, even though the incidence of the flu is neither higher nor more serious than in previous years. Tom Skinner, a press spokesperson at the CDC commented that they were getting the highest level of media calls about the flu that they had ever seen:

"While difficult to document, the intense promotional activities by Roche and Glaxo appear to be driving much of the flood of media interest in the flu. Roche is being particularly innovative, blanketing local reporters in different cities with nearly identical press releases about outbreaks of the flu in their area, that differ only in their references to local-area doctors and hospitals being swamped by flu patients"

Marketing strategies extended to employing grandmotherly actresses who handed out packets of freeze-dried chicken soup, the message supposedly being that while grandma's chicken soup might be good for flu, Tamiflu disables the virus, and is much better.

It is all part of a \$50 million campaign being waged by Roche and Glaxo, and they are succeeding, with doctors writing only 16,000 prescriptions for Tamiflu and Relenza in the week ending December 10, 80,000 the week after and a staggering 160,000 in the last week of December. "We are seeing tremendous consumer demand," said Charles Alfaro, a Roche spokesperson.

Meanwhile, other medical people appear very annoyed, judging by the material flowing from their pens. It appears they are worried that Relenza and Tamiflu have the potential to reduce the number of people having the vaccine (The Press, 25/1/2000). The same FDA committee that got their noses in a snit about the drugs in the first place, has gone on the offensive, sending letters to doctors reminding them that vaccines are the best protection, and that people with flu can develop severe bacterial infections **which must be treated with antibiotics**. They also made Glaxo change an advertisement which they thought overstated the drug's potential. In fact, the arguments have an echoing familiarity with the New Zealand Health Department's recent moaning to TVNZ about the publicity surrounding the Lyprinol TV exposure.

The ultimate in reasons as to why Relenza and Tamiflu are a bad thing is an inference made by the chairman of the National Coalition for Adult Immunisation, Dr Greg Poland, a vaccine "expert" at Mayo Clinic whose slogan is "Up to 60 times more adults die from vaccine-preventable diseases than children." To quote NZ GP, 9/2/2000:

"They go and they sit in crowded places like the doctors and emergency waiting rooms, so if you didn't have influenza when you came in you have it when you leave."

Meanwhile, back at the fort, American Health Departments enlisted 'Giant' food stores in America to be a venue for in-store influenza vaccination programmes to try to increase uptake (Greenbelt News Review, 14/10/99, pg. 3). If Mohammed won't go to the mount.

The Washington Post 17/10/99, A15, put out full page ads saying:

"From now through November 13th, licensed health care professionals will be giving flu shots in selected Giant stores for \$10. And by getting vaccinated early, you can greatly reduce your risk of getting the flu this season. Now that's a healthy idea that's a real shot in the arm."

But in New Zealand we are being told that immunisation campaigns have not achieved their targets in many countries (NZ Herald 17/1/2000, A 10). The tenor of newspaper articles is changing as well. In the past, it was just "at risk" people. Now, we are being told that not only should older people get vaccinated, but anyone who has contact with them:

"Anyone who has not had the strains of flu circulating in the community could catch it and get seriously ill - some may even die, even the fit and healthy. The only protection was to have the flu vaccine, Mr Jennings said."

That's funny. I read in a 1990 medical article that: "In the general community attack rates during an influenza epidemic are around 1% and the vaccine is estimated to give 70 - 80% protection." (Brit. J. Gen. Practice, Jan 1990, Vol. 40, pg. 10)

Now, the news media tells us that "attack rates often reach 10 to 40% of the population over a five to six week period." (Gisborne Herald, 21/1). How things change - will it soon be 100%?

Four years before, the Dominion, 12/3/96 reported Dr Jennings (New Zealand's resident flu expert) as saying:

"children, unless they fall into one of the at-risk categories, are not usually vaccinated. Dr Jennings says their immune systems are more intact, so they react more severely to the vaccine. And though children get the flu, it is seldom life-threatening for them."

Now they want to vaccinate children, because it appears that children give it to everyone else. Especially in Manukau:

"In the past two years the harsh Sydney A flu virus has emerged in poor areas of Manukau before spreading to other parts of the region. Statistics show the high incidence of flu in Manukau is a combination of poverty and a large population of children, says Nicholas Jones, Public Health's physician for disease surveillance." Manukau Courier, 1/2/2000:

"He [Dr Nicholas Jones] says GPs working in poorer areas should make sure people living in crowded situations get a free vaccination if they are eligible." NZ Doctor 2/2/2000.

Might malnutrition be a factor? I looked in vain to find anything in any of the clippings about the use of non- patented medicine in this year's publicity. Apart from one reference to eating good food I could find nothing. Dr Lance Jennings goes on about how serious influenza is, but nowhere do I see any mention of his study (mentioned in North and South, June 1996) "conducted at the University of Wisconsin in 1988 which demonstrated that a daily dose of 2000 mg of vitamin C reduces the severity of a cold by one half, and alleviates influenza symptoms."

Nor is it mentioned that a recent review (Paed Infect Dis J, 1997;16: 836-7) of three vitamin C studies found huge decreases (^a 80%) in pneumonia in people who took vitamin C as opposed to those who didn't, and mentioned Sabin's findings that no cases of pneumonia were found in monkeys with adequate vitamin C.

This would seem very important, since the focus of the medical people's loving-kindness seems to have been the elderly. So why doesn't Lance Jennings tell them that zinc is vital for colds (and the flu)? The last time he mentioned that was in the Sunday Star Times, 7/7/96. Since vitamin C is his interest, why doesn't he tell the group most at risk from the flu that they could not only lessen the severity of, if not prevent, both flu and pneumonia by taking supplements, but that vitamin C would increase their iron absorption (Nutrition Reviews Vol. 45, No 7 July 1987) and greatly enhance the Th1 cellular immunity which is all important in fighting the flu (Paed Inf Dis J, 1999;18: 283-290). Vitamin C and E supplementation also reduces the risk of cataracts by at least 50% (Canadian study,

mentioned in Time, 6/4/92). Vitamin C reduces coronary mortality by 50% in comparison with those who don't take it (BMJ Volume 314, 1 March 1997), vitamin E significantly improves cell mediated immune responses in the elderly (JAMA, May 7, 1997, Vol. 277, No 17:1380-1386), a high level of vitamin C means you have a far lower chance of having a stroke (BMJ, Volume 310, pg. 1563-6), men with a history of cardiac disease who were given beta carotene supplements of 50 mg every other day suffered half as many heart attacks, strokes and deaths as those popping placebo pills (Harvard study 22,000 male physicians Time, 6/4/92), and that supplementation with vitamin E reduces the pathogenesis of arthritis, diabetes and systemic lupus erythematosus (Am J Clin Nutr, 1993; 57: 650-656, Metab Clin Exp 1990;39:1278-1284).

I could go on and on, filling pages with medical references to studies which, if doctors took seriously and educated people, would help and save the lives of millions. Instead we read that Professor Matthew During, who has developed a vaccine against the effects of strokes, now wants to manufacture a vaccine against depression and obesity (The Herald 26/2/2000). Never mind that Dr Carl C. Pfeiffer, PhD, MD, has successfully treated even the most intractable schizophrenia with individually tailor-made vitamin programmes (Mental and Elemental Nutrients - A Physician's Guide to Nutrition and Health Care, Keats Publishing Inc, ISBN: 0-87983-114-6).

And that's the key, and the rub isn't it? These things need to be individually tailored. People need to be educated to learn about what their bodies need, and to take responsibility for themselves. And this means taking time, talking, sharing and convincing. It is so much easier to push a desk, a laboratory. The articles flow regularly, the conferences are timely breaks, and the Nobel award at the end sounds wonderful, not to mention financial security. Pardon me if I sound cynical - but no longer is there the same altruism in medicine that my parents once saw.

Meanwhile real PREVENTIVE medicine goes begging while others search for patented acclaim. "Deficiencies of vitamins and trace elements are observed in almost one third of all elderly" (Nutrition of the Elderly, NY Raven Press 1992) and JAMA Vol. 277, No. 17, pg. 1398-99: "Graying of the Immune System." It is literally that - caused in large part by nutritional deficiencies. I believe that the call for vaccines for everything is the biggest medical rip-off of the millennium - because if every doctor educated their patients about nutrients based on just the last 10 years of medical literature, and even half of them took it seriously, our health budget would immediately be dramatically slashed. But that might mean doctors in hospitals don't have a job any more.

As for the elderly, the influenza vaccine is the biggest rip-off of their lives. If they were educated as to nutrients, micronutrients, and simple preventive measures available at their back door, not only would the statistics they are emotionally blackmailed with become meaningless, and the impact of influenza on them be minimal, but many of their other health problems would be resolved by the same actions. And they don't know that. Why? Maybe they don't want to know? And maybe that apathy is partly because these researchers do what they are paid for, to develop and push products with a Wall Street Journal rating.

What do these experts recommend to the poor and elderly in Manukau? Just immunise and that is all. It's quick, easy, and takes no time. Contrast that with these extracts of advice in the Taupo Weekender, 10 February 2000:

Being fit and healthy is first defence against flu: *"Doctors say people should bolster their general fitness and health to ward off an impending virulent flu strike. Dr Alastair Fraser says a vaccine should be available late next month. Alastair says the vaccine is only active for around three months, so it is no use giving it too early, But he advises that people should improve their fitness and eat healthy foods to help reduce the risk of infection. Keep hydrated, get lots of sleep, eat good food and keep fit to keep the body's natural immune system in shape, he says. Alcohol should be cut as it suppresses the immune system."*

Here's someone who cares! But even this is controversial. Dr Rod Ellis-Pegler's attitude sums it up: **"Eat well, stay fit, catch it anyway"** (North and South June 1996 pg. 97)

Back to the vaccine story...

In Wellington, The Dominion, 23/2/2000 was telling everyone:

"Doctors in most parts of New Zealand are cancelling patients' appointments for influenza vaccinations because national supplies have run out as a result of exceptional demand."

And the Christchurch, Press, 24/2/2000:

"Early demand exhausts flu vaccine -a rush on demand has exhausted national supplies of the vaccine Canterbury Health Virologist Lance Jennings said a national influenza immunisation strategy group formed this year had also boosted awareness of the need for vaccine Dr Jennings said doctors had got organised earlier this year as a result, and demand for the vaccine outstripped supply. He said it was important for people to get immunised before the flu season hits. **It usually peaked during June, July and August."**

Hmmm! and if Dr Alastair Fraser is right, and **the vaccine is only active for three months**, all those people Dr Jennings organised to have the vaccine early will be most vulnerable by May, way before the season even peaks. He has support too, in research results which show that among the elderly antibody rates decline between 1-3 months after the shot (J Clin Micr, Dec 1989, pg. 2669). Amazing, then, how a public health nurse, Joan Painter, can get away with saying in the Gisborne Herald, 16/2: **"After several years of vaccination a person's resistance to all strains of flu was far greater"**. Does she not know that there are thousands of unvaccinated elderly in this country who have maybe only ever had one attack - or none - of influenza in their lives? And by this very fact, thousands of the vaccinated elderly in this country don't need the vaccine? Another interesting facet of this story is that this is not the first year for the A strain in New Zealand. The West Coast Times, 11/1/2000, in detailing the expected strain, said:

"Dr Jennings said in some ways having a fourth outbreak of Sydney flu (A) in New Zealand would be useful because it was incorporated in the new vaccine that would be available next month. If a new strain emerged, the vaccine might not be effective."

Now pardon me for being dense, but isn't the incorporation of a new strain in a vaccine to protect against whatever is known to be coming up? Or are there some things we're not being told here? This expected strain is one that regular imbibers of the vaccine are rushing to have for the fourth time in a row!

The fact is that the history of the influenza vaccine is paved with verbal evasions, political manoeuvrings and pharmaceutical shenanigans that most people have no idea about. It seems that truth is dependant on "circumstances".

Consider the following extracts 8 years ago, from an "eminent" Australian World Health Organisation doctor:

"Hundreds of Victorian doctors and pharmacies have run out of influenza vaccines, and there are fears that the stock has been depleted by healthy people who could be doing themselves more harm than good by taking the vaccine."

"Patients who want protections from an expected outbreak of the lethal flu strain A-Beijing are being turned away. New supplies of the vaccine are expected to be ready in the next few days, but the director of the World Health Organisation's Melbourne influenza centre, Dr Alan Hampson, said there was no guarantee supplies would keep up with the demand."

"I think it will be touch and go. I think we will use all the vaccine we had planned to release, and if anything happens to create additional demand we will have to look at ways of getting more, he said. Dr Hampson said the solid take-up of the vaccine was good news if at-risk people such as the elderly or chronically ill, were receiving the vaccine."

"But he was concerned some healthy people were seeking vaccination, wasting supplies and damaging their own natural immunity. Unnecessary vaccination was a particular problem with children who, if otherwise healthy, should be allowed to go through mild bouts of influenza to build up resistance." (Deborah Stone, Health reporter, Sunday Age 26/4/92).

Way back then, a high-up doctor stated that the influenza vaccine could damage the immune system of healthy people? Amazing how advice has now changed - because manufacturing techniques have become more advanced and **universal supply is now guaranteed?**

But what about that remark about healthy people having the vaccine and damaging their own natural immunity?

How could this be - if it is fact?

A 1999 medical article has shed light on a possible connection, and also confirms previously discounted "history". J Inf Dis, 1999; 180: 579 - 85 should be compulsory reading for all medical people who still insist that any vaccination is "natural". Interestingly enough, it is one of the few articles on influenza vaccines not funded by vaccine manufacturers.

This very carefully worded article used animal experiments to determine the **type** of immunity given by the currently used inactivated influenza vaccine. Which, of course, leaves the experts the opening to say that mice aren't humans. But if there is no similarity, then there was no point in the study in the first place, and the funding would not have been granted. So, let's work on the assumption that the findings are valid and applicable to humans. The first two sentences read:

"Immunisation with live influenza virus expands Th1 memory cells and facilitates more rapid recovery after heterosubtypic virus challenge. Immunisation with inactivated virus generates a Th2 response and does not lead to heterosubtypic immunity."

So far, so good. How does this relate to humans?

"Evaluation of memory responses of mice immunised by the various protocols demonstrated that the type of immunisation imprints T cell memory dictating the nature of the response to subsequent infection."

"Live, or live attenuated virus immunisation primes for heterosubtypic immunity, but inactivated virus does not. It is generally believed that this results from a failure of inactivated virus to enter into the endogenous pathway (natural method of acquiring immunity) and stimulate cytotoxic T lymphocyte (CTL) generation (the manufacture of virus-specific CD8+ memory T cells capable of killing virus-infected cells) inactivated virus may expand Th2 cells and prime for the wrong type of immunity."

They went on to describe the three experiments they did.

One

1) They injected live virus, which led to the release of interleukin 12 (IL-12) from dendritic cells, and culminated in the production of Th1 immunity which was also cross-reactive against other similar heterosubtypes, and cytotoxic CD8 cells with subsequent rapid clearance of virus infected cells on rechallenge of the influenza virus.

Two

2) They injected inactivated virus on its own, which induced Th2 immunity only to the type injected, and when re-challenged with live virus, produced only a Th2 type of immunity, leading to the production of interleukin 4 (Th2 specific hormone) and virus-specific antibodies of the Ig G1 type (Th2). The report states "in addition to failing to generate CTLs, inactivated virus induces the wrong type of cellular immune response, that is, Th2 immunity."

Three

3) They injected inactivated virus AS WELL AS interleukin 12 and anti-IL-4, with the result that a Th1 immunity was created. Interestingly, they repeatedly observed a more rapid clearance of heterosubtypic virus from the lungs after live virus challenge, which correlated with the observation that the addition of IL-12 and anti-IL4 converted the immune response to a Th1 response, with the

proper balance of IgG1/IgG2a (Th1). But although they cleared the virus more rapidly, the clearance was not as effective as in animals immunised with live virus.

But the authors wanted to go further and see if the vaccination would then determine how the immune system would react, if it came into contact with the virus again. They found that immunisation with different forms of the virus had imprinted immunological memory, resulting in animals injected with inactivated virus only responding with a Th2 response, and:

"In contrast, animals immunised with inactivated virus alone continue to make a Th2 response even after live virus infection."

The last paragraph of the article was interesting:

"We do not mean to imply that inactivated virus plus IL-12 and anti IL-4 would be superior to the currently employed trivalent influenza virus vaccine, but the data suggest that a renewed interest in inactivated virus vaccines may be warranted. If engineered to create the correct cytokine environment, they may be able to prime for some degree of cell-mediated immunity that might be crucial in host defence."

And is there historical precedent for these comments? Of course. After all, the article above was written with the full knowledge that the flu vaccine is not that good.

Some Historical Lessons

Some of you may have heard the presentations in New Zealand by Dr J. Anthony Morris in 1992 and 1995. But what you might not know is that his expertise and reputation for strict honesty was honed to a fine edge on the political carving board of the Influenza vaccine. There are lessons to be learned by the current medical profession, if only they cared. So who is Dr Morris, and what are these lessons?

Here are some extracts from an article in the Washington Post, 13th March 1977:

"The major impetus behind criticism of flu vaccines can be traced back to the work of J. Anthony Morris. In the mid-1950's, Morris was recalled from Asia to take a major job, in a reorganised laboratory within the National Institutes of Health (NIH). His task was to investigate vaccines, and assess the risk factors involved in their use.

"Morris began to concentrate on flu vaccines, and became alarmed at what he found. He discovered, for example, that there was no way to measure the potency of vaccines. No matter what the labels on a batch said, the actual strength of the dose might vary. But far more serious, Morris says, as a result of his experiments, he was convinced we had scientific evidence that flu vaccines didn't work.

"By the mid-1960's Morris was deeply involved in experiments on the long-term effects of flu vaccine and his research was indicating that, far from stopping flu, vaccination might well increase an individual's susceptibility.

"The scientist's criticism of flu vaccination ran directly counter to national medical strategy, and he began to run into fierce opposition from his superiors at NIH. I don't know for certain why,' Morris says, 'but there is a close tie between government scientists and manufacturing scientists. And I was hurting the market for flu vaccine.'

"Gradually his laboratory staff was whittled down. Publication of his scientific articles was blocked by superiors. Thousands of experimental animals, crucial to his work, were ordered destroyed. Finally he was forced from his laboratory and given a small room with no telephone. His research materials were crated and taken away."

"It was at this point that Morris in desperation went to the law offices of Edward Bennett Williams to seek help. They said it looked like another 'Ernie Fitzgerald case' and turned him away. Fitzgerald is a civil servant in the Pentagon who was victimised for exposing cost overruns in the Defence Department."

"At this point, Dr Morris was introduced to James Turner, one of Ralph Nader's lawyers whose concern was health:

"He got in touch with Morris, checked out his scientific credentials and spent six months poring over Morris' work. 'I was very impressed,' Turner says 'and I thought we had a chance to win.'

NIH Accused.

"Together they drew up a detailed memorandum charging irregularities in the NIH's handling of flu vaccines and alleging that the government had long been certifying for public consumption watered-down vaccines. This report became the basis for a grievance proceeding on behalf of Morris within the government and it sparked an investigation by Sen. Abraham Ribicoff. Soon the General Accounting office was called in to investigate.

"In the face of the Turner attack, NIH officials could only retort that Morris 'was extremely difficult to death with.' Ribicoff's Senate hearing prompted then Secretary of HEW, Elliot Richardson, to transfer Morris' laboratory to the Food and Drug Administration, where he resumed his work. Morris had been vindicated, but his lonely watchdog role was by no means over. The government continued its flu vaccination program as if nothing had happened.

"Morris then began to investigate the new 'live' flu vaccines that the government hoped would be the eventual conqueror of the flu. The vaccine administered to the public has been composed of 'dead' viral material. A live vaccine, which can be inhaled or taken in the form of nose drops, contains living virus modified in such a way that it produces a mild case of the disease. It is thought to produce the right kind of antibodies to protect against the disease. This live vaccine was given to humans, including small children, in the early 1970's in a test program. Morris began to test the live vaccine in mice - a precaution which had not been taken. He found that the live vaccine accelerated the growth of tumours in the test animals.

"The alarming finding that live flu vaccine might be carcinogenic was acutely embarrassing to federal health experts, since the vaccine already had been tested on people, had won special Congressional support as a potential cure-all for flu and was indeed earmarked for eventual public use. Morris' unpopularity among the health bureaucrats increased markedly.

"The General Accounting office, a congressional watchdog agency, concurred with some of Morris' criticisms, which eventually led to changes in the regulation of vaccines (Washington Star, 5/1/79, A2.). In 1978, Dr Morris became a prominent public critic of the Swine flu vaccine program. He had sent memoranda to various officials pointing out that the vaccine was dangerous, that it was impossible to accurately measure vaccine potency, and that his tests showed that it might result in hypersensitivity and trigger neurologic illnesses ranging from persistent head-aches to paralysis to Guillain-Barré, and maybe even death. He also insisted that the virus was probably not related to the one that caused a global epidemic in 1918-19, and that there was no evidence that the Swine flu could spread from person to person. (In 1988 a swine-flu virus killed a 32-year-old Wisconsin woman - J Clin Micr 1989, pg. 1413-1416 - but presumably the lessons had been learned, since there was not even the whisper of a vaccination campaign. JAMA 1988, Vol. 260, No 21, pg. 3116 subsequently confirmed that "continuous transmission of Swine influenza virus in humans has not occurred."). The Swine flu virus had not been isolated anywhere since it had been suspected in one person in Fort Dix, New Jersey, and that even if the virus could spread, the vaccine did not produce the right sort of antibody to protect. In other words, it wouldn't work, and was dangerous. He was ignored by his superiors. Specifically, as stated by the Washington Star, 5/1/79:

"Two Harvard Professors concluded that the failure of the Swine-flu program illustrated fundamental weaknesses in the nation's scientific decision-making process. Specifically, they said the director of the Center for Disease Control, who conceived the mass immunization effort, had "put a gun" to the head of President Ford by overselling the program."

"Since his superiors would not listen, Dr Morris appeared on the Phil Donahue show, stating who he was, and why he was concerned about the vaccine. As the Washington Post 13/3/77 said about Dr Morris's continual whistle-blowing:

"This was just too much for the FDA, and Commissioner Alexander Schmidt fired Morris for insubordination."

The final paragraph of this article went on to say: *"After nearly 20 years of struggle within the federal government Morris fights on. It's a medical rip-off," he says of the flu vaccine program. 'We should recognize that we don't know enough about the dangers associated with flu vaccine. I believe the public should have truthful information on the basis of which they can determine whether or not to take the vaccine.' And, he adds, 'I believe that, given full information, they won't take the vaccine.'"*

But the public were not given full information, more than 40 million took the vaccine, and Dr Morris was proven correct in his predictions, with the result that the vaccination campaign was called off in total disarray to the political and medical embarrassment of many of Dr Morris's colleagues.

The Washington Star 5/1/79 reported that a Civil Service Review had ordered reconsideration of the FDA's dismissal of Dr Morris:

"Expressing new concern for the welfare of 'whistle blowers.' A Civil Service review panel has ordered a reconsideration of the FDA's decision to fire a scientist who outspokenly challenged the Swine flu program in 1976."

"Schmidt, in his letter firing Morris, said, 'Your direct disobedience of your immediate supervisor signifies to me your unwillingness to exist within a necessary chain of administrative command.'"

"Dr Morris said yesterday, that he was 'tremendously encouraged' by the latest Civil Service ruling, and added: 'My biggest concern is not me. It's what this case might mean to other people. Hopefully, other persons in Government will feel free to express themselves more openly.'"

So what has this to do Rensen or mice? Dr Morris did his research in the days when no-one knew anything about Th1 and Th2. They called it cellular and humoral immunity, but there was no scientific proof that these two could and did work autonomously. But Dr Morris asserted then, and still asserts now, that the influenza vaccine did not, and still does not, provide the right sort of immunity. And I believe he is right. The work with mice proves it.

And he was not the only one to think so. The Australian Sunday Herald-Sun (13/9/92, pg. 28) stated:

"Professor Graeme Laver, a colleague from the John Curtin School of Medical Research, has joined scientists in the US and Britain to map the precise shape of a key protein in the influenza virus."

"Before he left for an international conference in the Palau Islands on efforts to find a flu blocker, Professor Laver warned the mutant influenza virus would make the AIDS virus look like a picnic (in the event of a pandemic). He said vaccinations were almost useless and a super-flu could develop at any time."

Another Professor not convinced about the vaccine! Most of you will be wondering how effective this vaccine is. Here are the main points from a sampling of articles:

Brit. J. Gen. Pract., Jan. 1990 Vol. 40, pg. 10 - 12. Outbreak of influenza A in a boarding school in 1986:

"In the first out-break there was a higher attack rate in the children who had been vaccinated twice in the period 1985-86 (39%, 20/52) than in those who had never been vaccinated (31%, 21/68). Similarly, in the second outbreak, the more recent vaccination in the autumn term of 1986 showed no protective effect - 39% attack rate in those vaccinated (151/387) and 37% in those not vaccinated (31/83)."

"Vaccination is a fairly expensive and time consuming procedure and there is some evidence to suggest that immunisation with influenza A (H3N2) vaccine merely delays natural infection. It might therefore be better to experience the inconvenience of a natural infection at an early age, particularly for the often milder H1N1 strains, avoid annual vaccination and gain more lasting immunity in the long term."

JAMA, 1992, Vol. 267, No 3, pg. 344-346: Outbreak of Influenza A in Washington nursing home.

Influenza occurred among 21 (19%) of 113 vaccinated residents, and 14 (16%) of 88 unvaccinated residents. Vaccine efficacy for preventing influenza was 20%. Tests showed the virus was antigenically similar to the A(H3N2) component of the vaccine administered.

MMWR 1986; 35:729-731:

Influenza outbreak among personnel on a Florida naval base, with an attack rate in those who received the current vaccine (A/Chile/1/83 H1N1, A/Mississippi/1/85 H3N2 and B/Ann Arbor/1/86) was higher in the vaccinated (37%, 23/63) than in the unvaccinated (33%, 11/33).

MMWR, February 28, 1992, Vol. 41, No 8:

A(H3N2) influenza vaccine administered to 88% of residents of a nursing home. An outbreak of influenza A occurred. Influenza occurred among 18% vaccinated and 31% of unvaccinated; Pneumonia following influenza occurred in 9% of vaccinated and 17% of unvaccinated. 29% required hospitalisation and 2 died - (vaccination status not reported!). The calculated vaccine efficacy for preventing influenza was 43%, and pneumonia was 45%. 10% of employees (33) were vaccinated, 19% of whom got influenza. The calculated vaccine efficacy for preventing influenza in the employees was 86%. Tests identified the virus as A(H3N2).

Journal of Clinical Microbiology March 1991, pg. 498 - 505:

"Rates of protection against influenza illness afforded by commercially available inactivated virus vaccines have generally been lower in elderly individuals, particularly those who are institutionalised, than efficacy rates reported in studies of younger populations. These observations, which suggest that the immune response to inactivated influenza vaccines may decline with advancing age, have prompted the search for alternative approaches to vaccination that will more effectively stimulate immunity to influenza in elderly individuals."

Research Resources Reporter September 1990:

"A substantial proportion of individuals with AIDS and Aids related complex remain unprotected against influenza even after two doses of influenza vaccine."

J Inf. Dis 1990;161:869-877: (one of three different references dated 1989 - 1990 detailing 3 different studies)

"Evidence from previous studies suggests that live influenza A virus vaccines may be more effective than inactivated virus vaccine in inducing immunity against wild-type influenza virus"

J Clin Micr November 1990, pg. 2539 - 2550 concluded that the live- attenuated influenza A virus vaccine induced a higher level of cytotoxicity and a response cross-reactive among influenza A virus subtypes compared with inactivated virus.

Journal of Infectious Diseases 1990, 161 pg. 333: "Questions have repeatedly been raised about efficacy in the elderly especially with regard to the type B component."

I thought the efficacy of A was low, but if they're concerned about the B strain as well.???

And here's one reference to back up Dr Alastair Fraser's assertion that you shouldn't give the vaccine too soon, because it lasts three months (at the most).

J Clin Micr Dec 1989, pg. 2669: (live vaccine, dead vaccine, and combination A influenza vaccine given to elderly). "Information regarding the duration of antibody responses to influenza vaccination in elderly population is limited we had previously found in seronegative young adults serum IgG HA antibody induced by live or inactivated influenza A virus vaccines remains elevated for at least 6 months after vaccinations the present study shows that the levels of both serum IgG and nasal wash

IgG IIA antibodies declined in all three groups of vaccinees between 1 and 3 months after immunisation our findings suggesting short duration of systemic and local antibody responses have obvious implications with regard to the scheduling for the elderly so that they can derive maximum protective immunity against influenza."

Maryland Medical Journal October 1988;

*Vaccine combination A/Taiwan, A/Leningrad, B/Ann Arbor. 126 residents, 5 status unknown, 87 had vaccine, 36 got A/Leningrad flu, attack rate 41%; 15 of 34 non-vaccinated also got flu - attack rate of 44%. One of the five pneumonia cases was not vaccinated, - pneumonia in vaccinated = 11%, unvaccinated 7%. **"Incidence of illness and complications were not significantly different in vaccinated and nonvaccinated residents. This study found no protective effects of influenza vaccination in a nursing home population."***

Why don't we hear about these studies any more?

Because, stung by such reports, medical people no longer want to talk about such articles. They consider them "unreliable." Instead North and South, June 1996 said:

"A USA 1994 double-blind, placebo-controlled trial of vaccination against influenza in 849 healthy working adults was carried out in the Minneapolis-St Paul area and published in The New England Journal of Medicine on October 1995 and came out in favour of immunising the well. It is one of the first reliable recent studies on the subject and revealed significant health and economic benefits: upper respiratory illnesses decreased by 25 percent, absenteeism from work decreased by 36 per cent and visits to the doctor by 44%."

Why the change in discussion from elderly to the well? **Why is this one reliable, and everything else not?**

Scand J Infect Dis 29: 181-185, 1997: The study preamble mentioned a previous randomised control trial among 1950 employees during a 5-month period in which acute respiratory infection was clinically observed in 8% of the vaccinated group and in 15% of the controls. The mean sick leave was 0.5 days less among vaccinated employees. The 1997 study was conducted among 458 municipal homemakers between the ages of 18 and 62, most of whom worked with elderly people in the high-risk category. The vaccine offered was Fluzone with 2 influenza A components, and 1 B component. 47% accepted vaccination. No incentives other than free vaccinations were offered. The cost of an influenza infection was FIM 1,183, while the cost of an averted infection was FIM 6,270, which resulted in a negative cost-benefit ratio. Under "conclusions" it was stated **"Influenza vaccination had a marginal protective effect on illness and absenteeism among healthy employees vaccination costs clearly exceeded the benefits evidence for the cost-effectiveness of vaccinating healthy adults during low or medium influenza activity remains inconclusive."** Absolutely amazing! I looked for other suggestions as to what could be recommended, and found another interesting gem... the last sentence of the abstract: **"Optimal vaccination strategies for healthy adults need to be planned individually with minimal loss of working time."**

An even more recent double blind study in the Paed Inf Dis J, 1999, Vol. 18, pg. 779-783 showed this:

"the results of this study show that conventional inactivated influenza vaccine reduced absenteeism by 28%.... The vaccine did, however, not decrease the number of days the subjects suffered from any symptoms of respiratory infections. The immunisation also failed to significantly reduce episodes of respiratory infections."

"We therefore conclude that health care providers of paediatric hospitals who are exposed to patients with respiratory infections and who work with severely immunosuppressed patients should be encouraged to take the vaccine, or should at least be informed about the potential benefits of influenza immunisation. Improved immunisation rates among HCWs would most probably not only increase the quality of life of health care providers, but also reduce absenteeism and the frequency of nosocomial infections."

Confused yet? I can't understand why not?!@#\$\$%

The only recent study I have regarding elderly is Arch Intern Med., 1998; Vol. 158, No 16, pg. 1769-76. This interesting little article compared the benefits of influenza vaccination for low, intermediate and high-risk senior citizens because **"Uncertainty about the benefits of influenza vaccination for healthy senior citizens may contribute to lower rates of utilisation in this group"**. The authors maintain that vaccination reduced hospitalisation for pneumonia and influenza by 29% in high risk patients, 32% in intermediate risk, and 49% in low risk. Effectiveness for reducing hospitalisation for all respiratory conditions was 19%, 39% and 22% respectively, and reducing deaths from all causes was 49%, 64% and 55%.

The total group break-down of all risk groups combined looks like this:

- Reduced number of Pneumonia hospitalisations =39%
- Respiratory conditions - all causes =32%
- Congestive heart failure =27%
- All mortality =50%

Their conclusion was that healthy senior citizens as well as senior citizens with underlying medical conditions benefit from vaccines and that everyone over 65 should be vaccinated. In spite of a funny little sentence under "cost benefits" which says, **"within the subgroups these findings did not reach statistical significance."** If the figures didn't reach statistical significance, then just how did they come to such sweeping conclusions?

And when it comes to the subject of the New Zealand medical establishment having a handle on all relevant issues - on one of my recent visits to a medical library I came across a wonderful influenza notice, and purloined it off the notice board. It requests staff be vaccinated with the influenza vaccine. There is a lovely little sentence which reads:

"The vaccines are accepted as being effective, providing the great majority of staff are vaccinated."

Now wouldn't you think that any vaccine worth its salt would either work, or not, **regardless** of how many are vaccinated?

And as for my prediction on the baying of doctors for the use of Pneumonia vaccines, sure enough:

"North Shore doctors are leading a push for free pneumonia vaccines for people with chronic respiratory problems." (North Shore Times-Advertiser, 11/2/2000, Front page).

Here are some statistics to chew over. But before you do, don't forget the reference to vitamin C reducing pneumonia by 80%.

(All these studies support the maximum possible universal use of pneumococcal vaccines. As usual.)

New Engl. J Med., April 29, 1993 pg. 1252:

"Recent case-control studies have demonstrated an overall protective efficacy of 56%"

Drugs & Ageing 1994: 5 (4) 242-253, pg. 246:

"For all patients over 65 years of age, the vaccine efficacy is 44 - 61%"

Genitourin Med. 1995; 71: 71-72:

"Physicians and patients should be aware that the vaccine is not fully protective and that episodes of sepsis, pneumonia and meningitis could still be pneumococcal in origin and should be treated appropriately."

Clinical Infectious Diseases 1995; 21:616-20:

"Controlled clinical studies have not shown convincingly that pneumococcal vaccination offers protection against pneumococcal pneumonia in elderly persons."

Clinician Review 11/3/97 www.medscape.com:

This article starts: *"Despite widespread endorsement by numerous medical organisations, the pneumococcal polysaccharide vaccine is administered to only 30% of individuals for whom it is indicated." On page three it says "The pneumococcal polysaccharide 'prevents pneumococcal infection in as many as two thirds of people who are vaccinated' for invasive diseases the vaccine ranges from 56% to 81% effective for other types of pneumococcal infections, e.g., non bacteremic pneumonia, the vaccine may be less effective. The antibody response is diminished or absent in people who have compromised immune systems, and poor or inconsistent in children younger than age 2 years because their immune systems are immature."* Then is a long discourse about how badly under-utilised it is -etc etc.

An article called *"Fixing the black eye given to pneumococcal vaccination"* (found on <http://www.slackinc.co>) April 1998, Atlanta, published the study results of Swedish investigators who were discharged from hospital after admission for pneumonia due to any cause. There were 339 in the vaccine group and 352 in the placebo group. The study showed that 63 (19%) in the vaccine group and 57 16% in the placebo group developed community acquired pneumonia. They determined that *"the 23 valent pneumococcal polysaccharide vaccine did not prevent pneumonia overall or pneumococcal pneumonia in middle-aged and elderly individuals."* They then concluded that the vaccine is between "50% and 80% effective in the prevention of invasive pneumococcal disease in this population."

(Does that sound contradictory to you???)

All of which said about as much as had been said before. But this time Dr David S. Fedson, MD, director of medical affairs, Pasteur Merieux MSD, came out swinging, shredding everything about the study that he could think of, even stating that the study was seriously under-powered. (The reality is that these criteria would probably eliminate all medical literature on all studies for influenza and pneumonia so far). But his most interesting comments are these:

"Even if, as the Swedish investigators state, pneumococcal vaccination did not have a wide impact on the total number of pneumonia cases in the community, it is simply inaccurate for them to state that vaccination would therefore be of limited value. Pneumococcal vaccine should be recommended and used because it prevents invasive pneumococcal disease; that is all we really need to know."

One of the lessons to be learned from the Swedish study is that attempts to increase pneumococcal vaccine use no longer **require** the undertaking of randomised, controlled trials to prove efficacy:

"The failure to use pneumococcal vaccine can no longer be attributed to limited protection of the vaccine itself," said Fedson. "It is the result of limited imagination regarding the burden of pneumococcal disease and the limited understanding of the protection afforded by vaccination. The effectiveness of pneumococcal vaccination is firmly established and requires no further demonstration." For more information: Fedson DS. A commentary on the report of the Swedish pneumococcal vaccination study group. Presented at the 1998 National Adult Immunization Conference, March 3-4, Atlanta.

In which case we'd better not ponder the recent findings in Emerging Infectious Diseases. 1999, Volume 5, No 3, that three trials of pneumococcal vaccines have shown that those vaccinated simply carry different serotypes in their throats not present in the vaccine, compared to those not vaccinated, because the number of types is so vast:

"Furthermore, the epidemiological findings of these studies should be the impetus for further research into the role of serotype and other factors in determining the variation in pneumococcal virulence, the nature of immune responses to organisms like the pneumococcus at the nasopharyngeal mucosal surface, and other questions in the biology of bacterial carriage."

Not only were these trials unnecessary, according to Fedson, but they too were probably a result of limited imagination and understanding. And as to being the impetus for further research??? Why do we need to do ANY research anyway? After all, according to the gospel of Dr Fedson, he knows all there is to know.

And they truly wonder why, world-wide, there are so many vaccination organisations just like us, questioning their wisdom and intellectual superiority.

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Flu Vaccine

International Vaccination Newsletter

Influenza is a specific syndrome, provoked by a specific viral agent, the influenza virus. The symptoms may be severe, or even lead to exitus in people with a weakened general condition.

Two main families have been detected, influenza A and B. But there are many strains of influenza viruses, and, moreover, existing strains mutate all the time. It is, therefore, an extremely difficult task to 'foresee' the causative agent of a new influenza epidemic, and even more difficult to produce a corresponding vaccine in time. The constant mutation of the viruses, and the unpredictability of which virus will show up where and when, makes the whole influenza vaccination business into a giant poker game.

The most intriguing deception of the public, however, is the suggestion that the patient who gets an influenza-vaccination will not get the flu. What is generally known to the public as 'a flu' is an influenza-like syndrome, with symptoms like fever, chills, muscle- or joint pains, a headache, a runny nose, and general malaise. This disease, however, has got nothing to do with the real influenza, neither can it in any way be prevented by an influenza vaccination. Thus, if doctors guarantee their patients that they will not get the flu after they came in to get their jab, this is an unethical manipulation, the basis for which most probably is simply profit for both those who produce the vaccine and those who administer it.

Apart from this manipulation, questions have to be answered as to the efficacy and the safety of the vaccine.

Efficacy

The lack of efficacy of the vaccine is well illustrated in a Dutch article (1) about a home for elderly people, where in spite of vaccination of two thirds of the population, a severe flu struck 49% of them, with strong morbidity (bacterial infections, pneumonia) and high mortality (10%). An important observation was that in the vaccinated population, 50% got the disease, compared to 48% of non-vaccinated. Also, complement binding antibodies for influenza A were positive in 41% of vaccinated compared to 36% in non-vaccinated. This clearly shows that the vaccination status did not have a protective influence at all. Further laboratory investigation confirmed that antibody building against the vaccine was normal, but the causative influenza A virus had not reacted to the vaccine the patients had been given.

Comparison with a similar situation in 1988 in a home for elderly people shows that in that second case both morbidity and mortality were significantly lower, namely 37 and 3%, respectively. The main difference, however, was ... that in this second home patients had not been vaccinated!

Induction of antibodies in elderly people never is higher than 52-67% (2). Morris even declares the efficiency is not more than about 20% (3). Mistakes in production, transport, conservation and administration can be responsible for a further decrease of efficacy (4).

Safety

Questions about the safety of influenza vaccines are not new. As early as 1973, Rabin wrote that between 1966 and 1970 almost all USA-made influenza vaccines were toxic (5).

I. Neurological complications

For many years, neurological complications of influenza vaccination were simply denied. In 1966, Stuart-Harris wrote that "There is little direct evidence that any of these neurological illnesses during or after influenza are specifically caused by the influenza virus" (6). And in 1971, Wells still believed that "There is at present no way of proving or of disproving the aetiological relationship" (7).

Later on, USA studies proved that there was indeed a relationship between both. Observations during and after the A/New Jersey mass vaccination campaign in 1976 lead to convincing statistics (see

GBS). German authors calculated the frequency of neurological complications at 1/0.7 million doses for influenza B vaccines and at 1/1.3 million vaccinations for influenza A vaccines (4). It is clear that for these figures, only documented cases have been taken into account, whereas as a rule not all cases have been properly diagnosed and reported. The real figures, thus, are likely to be higher. The first syndrome to be clearly correlated with the influenza-vaccination was the Guillain-Barre paralysis (1977). But only one year later, researchers discovered that neurological complications were not at all restricted to this one syndrome; on the contrary, they found a good number of neurological affections (8). Hennessen et.al. call the spectrum of syndromes "remarquably wide" and notice that in the course of a postvaccination disease process it is not rare for them to mingle into many different mixtures.

Although the first syndromes were detected after the A/New Jersey mass vaccination, complications after influenza vaccination can in no way be attributed or limited to this one vaccine. All 28 cases described by Hennessen et. al. e.g. were vaccinated with vaccines that did not contain this A/New Jersey strain.

More epidemiological data were gathered by Hennessen et al. The incidence of affections was significantly higher in autumn (September-November), four times more common in males than in females, in all age groups (16-73 years old) with an average age of 38,9 years. The interval between vaccination and first symptoms varied between 24 hours and 4 weeks, with an average of 11.3 days (8).

A. Paralysis

1) Guillain-Barre Syndrome (GBS)

The relationship between influenza-vaccination and GBS was proven after the 1976 A/New Jersey mass vaccination in the USA. In eleven states, comparable samples of vaccinated and non-vaccinated proved that in those vaccinated GBS occurred in 1/1.1 million, compared to 0,17 in non-vaccinated (9,11 times more frequent in those vaccinated). (Hennessen quotes different figures: 8,0/million in vaccinated compared to 1,8/million in non-vaccinated 8). 31% of cases were over 60 years old. Only 12% occurred within 7 days after vaccination, 74% between 8 and 28 days, and 14% even after one month 9. Most cases were diagnosed between 2 and 4 weeks after vaccination. Single cases occurred up to 4 weeks after vaccination. Ehrengut & Allerdist mention that, within 3 weeks after vaccination, the frequency already is up to 3,12 cases per million vaccinees 4. Vaccination could raise the risk factor for vaccinees to 1/1.1 million.

Ehrengut and Allerdist describe a case which progressed from paralysis of the extremities to affection of the intercostal muscles and facial paralysis (4). This complication may occur in normal, healthy individuals without any preliminary disease.

More cases were described during an IABS Symposium in Geneva, 1977 (10).

2) Facialis paralysis

This symptom generally occurs as part of a Guillain-Barre Syndrome (4, 8). 3) Paralysis of the extremities

Paralysis of both upper limbs occurred in an old man, with severe pain, atrophy of deltoideus muscles and hypoesthesia of the right arm after inoculation in the left upper arm (4).

Paresis of both lower limbs in a 58 year old man (4).

Wells describes two cases of myelitis transversa (7).

4) Landry syndrome (8)

5) Hypoglossus nerve paralysis (11)

B. Polyneuritis

Polyneuritis may occur in hands and feet, eventually accompanied of paralytic symptoms (4). Cases of polyradiculitis, polyradiculomyelitis and polyganglionic radiculitis are documented.

1) Hypoesthesia

2) Paresthesia (formication and numbness) have been noticed (4, 8).

3) Neuralgia

a) Trigeminal neuralgia (8)

b) Ischialgia (right sided) (8)

c) Intercostal neuralgia (chestpain) (8)

d) Sensory brachial plexus neuropathy (Parsonage-Turner Syndrome) (8, 12, 13).

C. Meningitis

Meningeal infection and a stiff neck with positive lumbar puncture can exist separately, or as part of a GBS syndrome (4).

D. Encephalitis

Encephalomyelitis and encephalopathy after influenza vaccination have been documented. A case was described by Ehrengut & Allerdist with loss of sight, then complete loss of consciousness and paralysis (4). Case 10 described by Hennessen had encephalitis with central disturbance of the N. Vestibularis (8). Also case 13 in the same study had encephalitis. Case 20 & 21 were diagnosed as meningoencephalomyelitis. Woods describes a case of encephalitis in a healthy seven year old girl in 1963 (14), Warren in 1956 (15), and another two cases were documented in 1962 (16).

E. Multiple Sclerosis

Some authors described a "recurrent encephalomyelitic syndrome" after vaccination (17, 18). Hennessen et al saw a similar case, where they were able to make the certain diagnosis of MS (8).

An exacerbation of symptoms was noticed in 1 out of 93 MS-patients vaccinated against influenza 19, 20.

F. Ataxia

Difficulties in walking in a 34 year old man were noticed, nine months after his influenza vaccination. The sensitive polyneuritis which also started shortly after vaccination had not subsided by that time. Right sided ataxia of lower limbs (8).

G. Headache

A strong headache (8) occurring within hours after vaccination is suggestive for meningeal or brain irritation and deserves immediate further investigation.

H. Disorientation about places (8)

I. Unconsciousness

Multiple drop attacks occurred in 1 described by Stör & Mayer (21).

J. Trembling of upper limbs (21)

K. Automatic motions of fingers and toes (21)

L. Aphasia (loss of speech) (8)

II. Respiratory Infections

A. Bronchitis

A strong bronchitis with fever was noticed in a 29-year old man who also developed GBS later on (4).

B. Bronchopneumonia

This occurred in an elderly old man, where symptoms started with paresthesia of fingertips, and ended up with death, 4 weeks after vaccination. Pneumonia 14 days after vaccination (8).

III. Gastro-intestinal problems

A. Vomiting

This happened to a man 13 days after vaccination; paralytic symptoms were noticed later on (4).

B. Nausea (8)

C. Rectal incontinence (8)

IV. Urinary symptoms

Dysuria or paralysis of the bladder

Difficulties with urination bothered a man 13 days after vaccination; a distention of the bladder was diagnosed. Complete paralysis of the bladder with necessity of catheterisation followed. Paralytic symptoms of the extremities were noticed later on (4).

V. Sexual problems

Impotence

Lessening of sexual potency lasted for over 3 months in a patient who suffered GBS (4). Sexual impotence (4).

VI. ORL

A. Vertigo

Vertigo with tendency to fall to the right side, 5 days after vaccination, accompanied an encephalitis in an eighteen year old male 4. Vertigo with nystagmus, within minutes after vaccination, so strong that the 13 year old, healthy boy could not even stand up or sit anymore (4). Affection of the N. Vestibularis in combination with encephalitis (8).

B. Noises in the ears (8)

C. Impeded hearing (8)

VII. Eyes

A. Proptosis (8)

B. Oedema of the retina (8)

C. Diminished vision; blurred vision (8)

- D. Diplopia (8)
- E. Nystagmus (8)
- F. Paralysis of eye muscles (cranial nerves VII & IX) (8)

VIII. Circulatory problems

- A. Collapse (8)
- B. Transient livid discoloration of the hands (8).
- C. Allergic thrombocytopenia in a 58 years old man 7 days after vaccination.
- D. Disturbed blood pressure (both increased or decreased) (8).
- E. Angor pectoris (8).
- F. Collapse (8)

Hennessen et al describe some cases, both in elderly men with either hyper- or hypotonic crises, but also in a young man with ophiotonus, and tonic-clonic fits within minutes after vaccination.

IX. General symptoms

- A. Fever

Fever occurs together with other syndromes, e.g. meningitis or GBS.

- B. Somnolence

This may also be part of a larger neurological syndrome, such as GBS (4), (8).

- C. Fatigue

Fatigue can be part of a general decrease of functional capacities (21).

Chronic fatigue is known to last for years after the infection subsided (4).

- D. Anaphylactic reactions

Typical for anaphylactic reactions is the short incubation time.

Ehregut & Allerdist describe such a reaction in an allergic person 1/2 h after vaccination (4). Warren describes a case where the reaction followed 4 to 5 hours after vaccination with fever, coryza and bronchospasms (15).

X. Mental problems

- A. Difficulty in thinking (21)
- B. Loss of initiative (21)
- C. Confusion (14)
- D. Hallucinations (14)

XI. Emotional problems

Sadness (21)

XII. Death

A 41 year old man died 4 weeks after vaccination, after progressive polyneuropathy and bronchopneumonia had developed (4). Death within 4 days (7).

Age Distribution

The many case descriptions available in medical literature prove that all age groups are susceptible to side effects.

Particularly important is the frequency of patients with serious side effects after the vaccine had been given for several years without any problem. This means that a lack of side effects after a vaccination is not a guarantee of safety of administration of the same vaccine in that patient later on.

From those who suffered GBS after vaccination, 11% were under 30 years of age, 58% were between 30 and 59, and 31% were 60 and more.

Etiology

Different mechanisms can play a role in the development of a post-vaccination neuropathy.

- a) Hypersensitivity reactions of the nervous system (serogenetic) are responsible for a small number of cases. Poser and Fowler describe similarities between GBS and serum disease.
- b) Toxic reactions may occur soon after inoculation of the patient in the absence of vaccine allergies.
- c) Viral infection of the brain by vaccinal viruses (4) or by reactivation of latent germs (21).
- d) Activation of latent auto-immune diseases (21).

The fact that different vaccines from different manufacturers lead to similar complications, suggests that these are not the consequence of the impurity of a certain vaccine, but a risk inherent in any influenza vaccine.

Contra-Indications

Any impairment of the immune system should be considered a contra-indication.

1. Allergies, especially to any substance of the vaccines; allergy to proteins, cow's milk etc.; hay fever... Allergies often lead to hypersensitive reactions (8).
2. Acute infections with or without fever must be a reason to postpone or abandon vaccination.
3. Chronic impairment of the immune system (auto-immune diseases) imply an increased risk in case of vaccination.

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Open Letter To Pediatricians On Flu Vaccines

by

Thomas Stone, MD.

Let us examine then the CAUTION displayed by the CDC in the Great Swine Flu Vaccination Disaster. When swine flu, or what was thought to be swine flu, broke out in a small epidemic at Fort Dix, New Jersey, public-health officials panicked and jumped to a lot of unwarranted conclusions. This panic set in motion the greatest public-health fiasco in the history of the United States thus far.

The Fort Dix epidemic comprised 12 cases of the "swine flu." And, although no new cases were discovered at Fort Dix after the initial outbreak, or anywhere else in the world for that matter, the Centers for Disease Control began a headlong rush into disaster.

MOST EXPERTS SAID that since immunization attempts against the flu epidemics of 1957 and 1968 had been completely unsuccessful, this would be a very expensive and DANGEROUS FOOL'S ERRAND by the CDC. Dr. E. Russell Alexander, Professor of Public health, University of Washington, said: "Our general view is that you should BE CONSERVATIVE about PUTTING FOREIGN MATERIAL into the human body." That's always true---especially when you are talking about TWO HUNDRED MILLION BODIES. The need should be estimated conservatively. "IF YOU DON'T NEED TO GIVE IT, DON'T." [Emphasis added].

But CDC officials were assuring everyone that the vaccine was PERFECTLY SAFE--"just like water"--in the words of Dr. Walter Dowdle. IS THIS WHAT YOU CALL CAUTION? HAS ANYTHING CHANGED?

The CDC set up a staff of "experts," including those darlings of the medical-political complex, Salk and Sabin. You will probably not be surprised to learn that Dr. E. Russell Alexander, who urged caution, was not included on this August body of experts.

IS IT ANY DIFFERENT TODAY? YOU ARE NOT SURPRISED, ARE YOU? ANYONE WHO DARES TO TELL THE TRUTH WOULD NEVER BE ON ANOTHER PANEL NOR WOULD THEY EVER GET ANOTHER RESEARCH GRANT. Do you think these people are dumb?

What happened recently to Dr. Andrew Wakefield at the Royal Free Hospital in London when he discovered that the vaccine caused changes in the gut which, in turn, could trigger autism? How many scientists are going to sacrifice their entire career and any future research grants by reporting the truth about these increasingly dangerous vaccines?

Even the head of the CDC admitted later that the panel of experts was merely a rubber stamp, a bunch of medical stooges.

IS IT ANY DIFFERENT NOW? - YOU ARE OUR BABIES AND CHILDREN'S LAST AND ONLY DEFENSE! This vaccine is against a disease that even the CDC admits is less than one in a million chance. AND YOU ARE CONTINUING TO RELY ON PANELS OF "EXPERTS," in the CDC, the PHS, the FDA and your AAP who are RUBBER STAMPS, a bunch of MEDICAL STOOGES! Can any of you honestly say that these panels are any different today? And, like the little trusting children that you all want to serve in the best possible manner, you trust these "experts" just as the children trust their parents.

In one of the topics, a pediatrician mentioned that he often thought like the children that he treated. Perhaps that is one of the qualities that it takes to be a good pediatrician, to relate well with children, to be able to see and feel like a child, and to trust parental figures without question. BEFORE IT IS TOO LATE, for the sake of your little patients, THINK CAREFULLY and CRITICALLY evaluate this SAME propaganda, from the SAME agencies, who are serving the SAME masters!

So President Gerald Ford, accepting what he assumed was the best advice available, and flanked by Salk and Sabin, signed the go-ahead bill in the White House press room with cameras rolling.

This vaccine was made from the yokes of eggs, and a certain number of people could be expected to have violent allergic reactions to the egg protein. But this would turn out to be the least of the problems. The American Medical Association, always in the forefront of any type of immunization drive, strongly supported the program but would soon, like the public health establishment, have egg on its face.

Although everyone was assured by the CDC that the vaccine was 90 percent effective and had little or no side effects, their own study in 1968-69 proved that "optimally constituted influenza vaccines at standard dosage levels have little, if any, effectiveness..." The Office of Management and Budget suggested that the CDC rethink its program: "The main reason for a possible change in approach is that there have not been any further cases of swine flu ANYWHERE in the world since the 12 Fort Dix cases..." The emphasis on "ANYWHERE" is in the original report, unusual in a government report. But the political juggernaut was on its way.

READ THAT LAST PARAGRAPH AGAIN, about how CAUTIOUS the CDC WAS AND IS.

Matters got rapidly worse. Incredibly, the planners forgot to allow in the trials for a two half-dose regimen for children, those considered most vulnerable and those most likely to spread the infection. "We just didn't think of it," one field worker later admitted.

Adding to the chaos, the Park-Davis Pharmaceutical Company had somehow managed to use the wrong virus. Millions of doses (and dollars) were discarded and the program was set back another six weeks. No one seemed to notice that the virus yield from the chicken eggs was only one vaccine dose per egg, which indicated that their Fort Dix swine flu, or whatever it was, grew slowly and was therefore non-virulent. It was unlikely to cause an epidemic. Or did they notice, and were afraid to say anything. There are powerful forces promoting these vaccines. Because, of course, they are so concerned about our babies and children!

Although children were to be the main target of the program, they were excluded because it was discovered that it didn't work in children. To avoid the American people seeing their total incompetence, this information was withheld from the public. Did you read that in your AAP journal? Pediatricians were saved by this then. This time there is little hope since the vaccines (20, 25 or 50?) involve children.

When it became clear there would be no epidemic, Sabin abandoned ship and urged the abandonment of the entire program. By mid-summer, CDC officials were admitting there was no need for the program. But then a strange thing happened, which illustrates how dangerous your congressman can be when mass emotion, rather than good scientific judgment and common sense, rules events.

The Congress passed the swine flu vaccination bill because of the outbreak of Legionnaire's disease. Jerry Ford, not known for his intelligence or grasp of logical concepts, told Congress that, although Legionnaire's Disease caused the deaths in Philadelphia and not swine flu, they could have been caused by swine flu! Following this peculiar logic, the bill passed overwhelmingly. Is this kind of peculiar logic limited to Congress?

Things got worse. It was discovered that a surface protein, the one that was supposed to make the vaccine effective, had been left out. This meant that the vaccine, even to those who believe in vaccines, was about as useful as chicken sweat. But the program went relentlessly forward--to disaster.

The CDC lied on the "registration form" saying that the vaccine was safe in pregnancy, even though it had not been tested on pregnant women.

Very CAUTIOUS, aren't they?

The form was actually a disguised "informed consent" which protected the CDC from lawsuits.

Yes, you could honestly say they were CAUTIOUS.

The CDC was not told the vaccine was probably useless because of the omission of the surface protein and they struck out the warnings from the manufacturers that neurological damage was a possible side effect.

Very CAUTIOUS, maybe they didn't want anyone to worry.

When three people dropped dead shortly after receiving the swine-flu vaccine in Pittsburgh, the program was temporarily closed down and nine states quickly followed suit. The panic subsided when President Ford and his family got their flu shots (or was it really saline?) on national television, and the fiasco continued. As people were dropping dead or becoming permanently paralyzed from the shots, it was decided to drop the tag line on the promotion: "Swine flu shot. Get It Before It Gets You." It sounded like a bad joke.

You know the disaster that followed: After a thousand cases of paralysis had been reported, the CDC reluctantly admitted that they were caused by the vaccine. The program was suspended "temporarily--in the interest of good medicine"--and was never heard of again. The American people, being smarter than these public-health bureaucrats, stayed away from the shots by the millions. If they hadn't, the tragedy could have been much worse.

But our babies and children are NOT going to have that choice, are they?

Their ONLY hope is to have a RARE pediatrician that uses his own capacity to critically evaluate and think thoughts like, "If I'm very busy and inoculate one and a half million infants, I might prevent one infant from contracting and dying of Hepatitis-B. On the other hand if this vaccine is the straw that breaks the camel's back, I might cause a permanent injury or death of 900,000 infants!"

Why have I taken so much space to relate this incredible story?

These new vaccines have been RAMRODDED through these SAME kind of "EXPERT" panels, with the SAME "RUBBER STAMP" mentality, with the SAME total disregard for the safety, health and well-being of those innocents who were and are subjected to these SAME fraudulent assurances of effectiveness and safety. ONLY THIS TIME IT WILL BE INFANTS AND CHILDREN who, unlike those adults who chose to trust the CDC and their "experts," they WILL NOT have a CHOICE, or as it seems, even a CHANCE.

These are the SAME people who will manage the forced/coerced vaccination of our babies and children with 20 or more injections most of which are for mild or non-fatal illnesses, and NONE of which are to be studied for safety or effectiveness. With their tiny IMMUNOLOGIC functions OVERWHELMED and/or OVER-COMMITTED to these useless vaccines, their synthetic immune system will be unable to counter an organism of even low virulence.

And these are the SAME people who have gone into the medical business to solve the "health-care crisis"--which they created.

Are you going to use this SAME degree of CAUTION with your tiny patients?
"Failing to do anything is also an experiment."

Yes, and, MAYBE you may be able to save that far less than one in a million infants (by the CDC's own account) from contracting and dying from Hepatitis-B, but what if your "experiment" becomes a disaster with the other millions of infants and children? What is the risk benefit ratio of your "experiment."

I would like to mention that Oath that we all took, "first do no ..." but apparently that has become irrelevant since most physicians are paid by the Federal government, the state, the HMO, the insurance company, etc. or no longer feel a responsibility to their patient, since their mission is now for the "good of the community"

But don't worry - I can see the headlines: "Babies dying from a horrible virus/bacteria that has suddenly become virulent. The CDC says we need a VACCINE to stop this lethal organism. The AAP says pediatricians want MORE vaccines to fight this drug resistant infection!"

No one will know. The entire newsmedia will dutifully report that the babies died from this "virulent" infection and that we need MORE vaccines.

Tom Stone

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Flu Vaccination

by

Dr Mendelsohn MD

Even though it is almost now winter and these shots are to be given before the flu season begins, plenty of people still are under pressure to be vaccinated against influenza and against pneumonia. That pressure to immunize emanates from at least three sources --one's own doctor, public health doctors, vaccine manufacturers and their public relations firms.

This triad (triumvirate? troika?) will, of course, try its best to frighten people about the dangers of the diseases. Just take a look at the very name of last year's flu --Taiwan flu. Haven't you ever wondered why doctors name flu strains after Asiatic countries? Do you remember the Hong Kong flu? The Singapore flu? The Bangkok flu? The Asian flu? The Russian flu, etc.?

Did you note that, when a strain finally originated in the U.S., doctors didn't call it the New Jersey flu? Instead, they named it after an animal that has a thick, bristly skin and a long, mobile snout --swine flu.

When the scare campaign heads in your direction, don't panic. Instead, keep in mind the fact that the doctor's treatment may be even more dangerous than the disease. Before your doctor fills the syringe, ask him to hand you the prescribing information for the vaccine. When you carefully read the four columns describing Merck Sharp & Dohme's pneumococcal vaccine, Pneumo- vax, you will learn that, while this vaccine is particularly recommended for older folks who are more likely to be ill, the manufacturer warns that caution should be exercised in giving Pneumovax to individuals "with severely compromised cardiac and/or pulmon_ary function in whom a systemic reaction wpuld pose a significant risk." Thus, the very people for whom the vaccine is recommended may be the same ones for whom it is the most dangerous!

You also will learn that, in addition to the more common reactions - soreness, redness, fever-neurologic disorders including Guillain-Barre paralysis have been associated with the penumococcal vaccine.

After you have read the small print on thc pneumococcal vaccine, read the small print on Fluzone, Squibb-Connaught's influenza virus vaccine. Under the section on warnings, you will learn that this vaccine interacts with anticoagulants, theophylline and anti-convulsants. You will learn that if jet injection is used, special precautions must be taken during sterilization to. prevent the transmission of.hepatitis or other infectious agents. You will learn that neurologic disorders such as encephalopathy (brain damage) have been linked to this vaccine. These reactions can begin as soon as a few hours and as late as two weeks after vaccination. You also will learn that, when the doctor or his nurse brings in the tray for your injection, the tray should be carrying two syringes-the second containing adrenalin, in case you go into shock from the vaccine.

Writing for Scripps-Howard News Service, Dr. William Proschauer reports (November 5, 1986) that healthy people under age 65 should not take the flu vaccine because "the risk of suffering serious complications from the vaccine is far greater than that of having serious effects from the flu."

Maybe after you read all this information, you will lean toward rejecting the vaccine. If you still need a clinching argument to help you make up your mind, ask your doctor if he himself has taken those shots.

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Flu Vaccine: Stay Out of My Womb

Commentary by

Dawn Richardson

Pregnant women everywhere know the feeling of making it to the milestone of their second trimester. For most, queasiness starts to subside, energy returns in spurts, and of course there is that indescribable feeling of becoming aware of your developing baby's movements.

You've altered your diet, exercised, stayed away from over the counter medications, your true hair color is revealing itself, and that wonderful bottle of wine with the Surgeon General's warning will continue stay buried in the back of the refrigerator awaiting the skinnier days ahead.

You ask yourself, "Is there anything more that I can do for me and my baby during the remainder of my pregnancy?" Well, according to the Centers for Disease Control (CDC) and the federal government's Advisory Committee on Immunization Practices (ACIP) there is - get the flu vaccine before this year's flu season hits. According to the CDC and ACIP, it was estimated that an average of 1 to 2 hospitalizations among pregnant women could be prevented for every 1,000 pregnant women immunized. (Prevention and Control of Influenza: Recommendations of ACIP. MMWR - May 1, 1998; 47)

My initial pregnant maternally protective hormonal response to this was utter disbelief. How could a biological pharmaceutical product be recommended for routine use for all healthy second and third trimester pregnant women? As I looked into this further, I became outraged and inspired to share the truth with pregnant women so they could make up their own minds. Here is what I found.

There are four drug manufacturers for this year's flu vaccine. The product package inserts published by the manufacturers state the disclaimer that "Animal reproduction studies have not been conducted with influenza virus vaccine. It is also not known whether influenza virus vaccine can cause fetal harm when administered to a pregnant woman...Although animal reproductive studies have not been conducted, the prescribing health-care provider should be aware of the recommendations of the Advisory Committee on Immunization Practices...The ACIP states that, if used during pregnancy, administration of influenza virus vaccine after 14 weeks of gestation may be preferable to avoid coincidental association of the vaccine with early pregnancy loss..."

Additional reading and phone calls to the manufacturers confirmed that all four flu vaccines contain thimerosal, a mercury derivative preservative banned by the Food and Drug Administration (FDA) in over-the-counter (OTC) drug preparations because of questions over safety. (Federal Register: April 22, 1998 (Volume 63, Number 77))[Page 19799-19802].

On July 7, 1999, the American Academy of Pediatrics (AAP) and the United States Public Health Service (PHS) issued a joint statement that because of the "neuro-developmental effects posed by exposure to thimerosal", "thimerosal-containing vaccines should be removed as soon as possible." The PHS and AAP recognized that because of thimerosal in vaccines, some children would be exposed to "a cumulative level of mercury over the first six months of life that exceeds one of the federal guidelines on methyl mercury." Hospitals around the country responded this summer by halting the administration of the thimerosal containing vaccine for hepatitis B at birth, deferring vaccination until the baby is older and more developed. What about my beloved little baby that isn't even developed enough to live outside the womb yet?

A quick internet search showed that even the CDC, in a revealing self-contradiction at another location, posted "Q. Who is most vulnerable to mercury? A. Two groups are most vulnerable to methyl mercury: the fetus and children ages 14 and younger."

(<http://www.cdc.gov/nip/Q&A/genqa/Thimerosal.htm>) More searching on the National Library of Medicine site almost effortlessly produced hundreds of articles and studies in medical and scientific journals clearly documenting the damaging effects of prenatal exposure to mercury. The results of one recent study published in the August 1, 1999 issue of the American Journal of Epidemiology stated that "the greatest susceptibility to methylmercury neurotoxicity occurs during late gestation,

while early postnatal vulnerability is less" which is the precise point in time that ACIP and the CDC is recommending we get the shot.

I then decided to call the CDC's Influenza Division myself, as a pregnant mother baffled by this scientifically unfounded and potentially unsafe recommendation. Maybe I was missing something that an "expert" could reveal for me. I was told that there was no scientific proof that the flu vaccine caused fetal harm. Well of course not, the manufacturers are right up front when they state that this hasn't been studied - isn't that convenient. I was also told that the CDC had no intention to change the recommendation for pregnant women because of thimerosal. The doctor blamed the recent concerns on "politics" rather than science. What a shame.

Even though the CDC does claim that a single study of a small number of pregnant women have demonstrated no adverse fetal effects associated with influenza vaccine; they continue and say, "however, more data are needed." Maybe this scientifically unsubstantiated recommendation is how the CDC plans on getting that data. So much for the Nazi war criminal trials at Nuremberg outlawing human experimentation without informed consent.

While I would absolutely hate to be one of the 1 in 1000 pregnant women needing to go to the hospital for the flu this winter, at this point, I feel far more threatened by the public health bureaucrats recklessly willing to experiment on me and my unborn child with a flu vaccine not proven safe for my baby.

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Price Gouging

Associated Press

Thursday, October 14, 2004

Is the CDC catching on? Or are they still part of the big picture....the scam?

WASHINGTON — Caught off-guard by a last-minute flu vaccine (search) shortage, hospitals and health officials are grappling with a side-effect perhaps more virulent than the bug itself: price gouging.

Around the country, officials say some vaccine suppliers are trying to cash in on the flu shot shortage by hiking up prices for hospitals and pharmacies. A recent survey found that the vaccine is sometimes being offered for 10 times its original value.

Federal prosecutors could use a variety of fraud, conspiracy and other charges to pursue individuals or companies thought to be engaging in price-gouging. Some states are taking their own action.

Attorneys general in Kansas and Florida are suing Fort Lauderdale, Fla.-based Meds-Stat for allegedly trying to seek "unconscionable profits" by offering pharmacies flu shots for prices way above normal.

Connecticut officials have received numerous complaints about price gouging, state Attorney General Richard Blumenthal said. He said his office is investigating and may announce action against some flu shot providers as early as Thursday.

When a flu shot leaves the factory, Aventis charges \$8.50 for it, and the company says it has not raised the price since Chiron's announcement. But prices easily can rise under the existing distribution system, which allows vaccines to travel from manufacturer to middleman before it reaches a hospital or doctor's office. Those inflated costs are then passed on to consumers.

A recent survey by the American Society of Health-Systems Pharmacists indicated that the price of the vaccine went up more than four times the original market value. In some cases, the survey showed, the vaccine is being offered at \$800 or more per 10-dose vial, which is more than 10 times the original value.

"There are companies out there that buy up and speculate on drugs that they think are at short supply and turn around and resell them at 10 to 100 times the mark up," said Bryant Herring, assistant pharmacy director for Wellmont Health System in Kingsport, Tenn., which has declined flu shot offers ranging from \$65 to \$100 a dose.

(I cannot believe people fall for these tactics regarding the flu shot vaccine. After all, we are just talking about the flu, aren't we? Do Americans see other countries laughing at us? It's all a scam and scare for profit, wake up people, wake up)

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Radio News Brief Uses Scare Tactics

I was listening to the radio on October 15, 2004.

A news brief came on about the flu shot.

This is a quote:

"A woman dies because of flu shot! Not because she got it, but because she didn't have one!"

"She collapsed in line from the heat and died"

I was curious. I looked up the news item.

This is the article they were trying to cite:

East Bay woman dies during long wait for flu vaccine

Friday, October 15, 2004
(10-15) 09:42 PDT (AP) --

LAFAYETTE, Calif. (AP) -- A 79-year-old woman who stood in line more than five hours for a flu shot collapsed and died after striking her head.

Marie Franklin and her husband, Robert, had been standing with hundreds of other seniors outside a Safeway supermarket on Wednesday when she became pale and weak. She collapsed as she walked toward shade.

Franklin, an award-winning local artist, died from those injuries Thursday. The Contra Costa County coroner's office ruled the death an accident.

"We see it as a fluke accident and choose not to blame anyone," said the Franklins' daughter, Ginni Poulos of Portland, Ore., who flew to her parents' home in the San Francisco Bay area city of Orinda. "We do think it could have been better organized. People wouldn't have had to wait so long if they had more workers or created a better system."

The nation's limited supply of flu vaccine has led to long lines at offices and stores offering vaccinations. Most of those waiting in line are the elderly and young children, those most susceptible to influenza.

The Franklins arrived at the Safeway at 8 a.m. and found hundreds of people already in line. At 1:15 p.m., Franklin got out of line to wait in the shade, leaving her husband to hold their spot.

"She was standing the entire time, with nowhere to sit and no shade," Poulos said.

Teena Massingill, Safeway public affairs manager, said employees brought out chairs, snacks and water for people waiting in line. Many had lined up well before the shots began at 10 a.m. and employees handed out numbers in the early afternoon, sending people home who were not going to be able to get one of the 500 shots available.

"It wasn't a drastic number of people who were told they couldn't be seen," Massingill said. "We're trying to provide these vaccines in the best way that we possibly can."

Police in Concord, another East Bay city, reported that two other seniors, women ages 76 and 83, were hospitalized Thursday after collapsing outside a Costco store from possible heat exhaustion while waiting in a long line for the vaccine.

The government has urged healthy adults to skip the shots after British regulators shut down shipments of vaccine that accounted for nearly half the nation's supply after some batches were contaminated with bacteria.

This is amazing! The media is in the game of distortion and scare tactics! To imply that she died from the flu was a total misrepresentation and only holds to the testament that the depth of this scam has no boundaries.

What a surprise!

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The Flu Shot Scam (Part 2)

Further Evidence

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The Flu Scare Game

by

John Keller

October 9, 2004

I always know when it's flu season. First, the media begins its usual role as hysterical government press secretary, uncritically trumpeting the same cooked numbers about the coming flu epidemic. The steady drone of recent broadcasts, including one on NBC's Today Show (10/6/04), warn that the flu kills about 36,000 people every year in the United States. The broadcasts usually cite the CDC as the source of this huge number. This is borne out by the main CDC page, with its immediate link to flu information and statistics. It's a crock, a lie, and a sham; a conspiracy to generate fear and stampede people to use a vaccine of questionable effectiveness to the benefit of pro-immunization bureaucrats, and big pharma. Sounds harsh, but follow the math and the money.

A cursory glance at the most recent (2001) death statistics from the Data Highlights page posted on the CDC site, shows that Influenza and Pneumonia (International Cause of Death numbers J10 and J18) killed 62,034 people. Quick mental subtraction would tell you that just over half were killed by the flu, versus pneumonia, if the 36,000 number is correct. So far, the size of the flu epidemic seems plausible. Here's the link to the National Vital Statistics System page within the CDC site that has the Data Highlights and Full Reports.

This is important, because the Data Highlights page is just that, a single page highlight of all the various mortality stats gathered by the CDC. Now, let's dig into the more detailed reports. The "Deaths: Final Data for 2001" report is an 8MB PDF. Skip it unless you want all the charts detailing deaths by race, age, and ethnicity. The 2002 preliminary report contains the interesting parts of the 2001 final report, as well as data from 2002. The second search result for J10 (the mortality code for flu) brings us to page 16 of 48, which contains the breakout of flu and pneumonia. Total flu deaths for 2002: 753. Pneumonia accounted for the other 65,231 deaths. Scrolling to the right are the numbers for 2001. Again, total flu deaths were under one thousand, coming in at 257. That's right, less than a thousand people died of the flu in 2001 and 2002, according to the CDC's own numbers.

Searching around on the CDC website reveals several more pages that call into question the 36,000 deaths per year number. For example, this page dedicated to the 2003-04 season (this link has been moved or should i say hidden, if anyone can find the CDC link to this please email it to me) states that "152 influenza-associated deaths among children" occurred during the 2003-04 flu season, but carefully avoids answering its own question about the total number of dead in the 2003-2004 season. Instead, it goes on in serious sounding quasis-scientific statistico blather: "During the 2003-04 season, the percentage of P & I-associated deaths was higher than the epidemic threshold for 9 consecutive weeks." Again, lumping pneumonia and flu deaths together, even though the CDC does not recognize the flu as one of the many causes of pneumonia.

Finally, the CDC's own "Flu Pandemics" page puts deaths in the United States from the Spanish Flu Pandemic of 1918-1919 at 500,000, Asian Flu pandemic of 1957-58 at 70,000, and the Hong Kong Flu pandemic of 1968-69 at 34,000. These are the three 20th century pandemics, and two of them killed close to what the CDC is now calling average. What's going on here?

How is it that the CDC could be off by two orders of magnitude between their own official mortality stats, and the press kit number of 36,000 deaths per year. Could it be that the CDC is somehow misleading the public about the relative dangers of the flu?

Here is a link to the CDC-AMA sponsored [National Influenza Vaccination Summit for 2004](#). This is an invitation only conference hosted by the CDC and the American Medical Association. Luckily for the public, the speaker list, agenda, and presentations are posted online. The attendees list of this CDC-AMA sponsored event reads like a lobbying group for flu immunization. Of the 97 attendees, vaccine manufacturers CHIRON (10), Aventis-Pasteur (10), Medimmune (5), and Baxter Vaccines (4) were a full 29 strong. Medical Conglomerates Kaiser Permanente (6) and McKesson (3) rounded out the big corporate influence cabal. The CDC sent 39 attendees and the AMA (proper, not members) had 4. The remainder of the attendees were a mix of state and local health departments (e.g. Rhode Island Medical Society), smaller pharma companies (e.g. Solvay Pharmaceuticals), and pro-immunization organizations (e.g. Sabin Vaccine Institute).

And did these learned scholars of immunology, virology, and general public health debate the merits of vaccinating against a virus that kills less than 1,000 people in most years? Perhaps they were celebrating the fact that only a few hundred died from the flu, thanks to their vaccines? Not exactly. The manufacture, distribution, and administration of flu vaccine is a cash cow, worth several hundred million dollars a year. Here's a quote from CHIRON CORP's 2003 Annual Report: "Sales of our flu vaccines were \$332.4 million, \$90.0 million and \$74.7 million in 2003, 2002 and 2001, respectively." Those numbers represent just the manufacture of flu vaccine, from one company, not including any of the profits from the distribution, or administration of the vaccine.

Buried in the speakers presentations from the conference are some interesting stats. It turns out that 147 children under 18 died of the flu in the 2003-04 season. Of those, 101 reported whether or not the child received the flu vaccine. Of those, 22 had received at least one flu shot, and 4 had received multiple flu shots. That puts the percentage of immunized children that died at just under 22% of all children (page 10 of 23, [Cochi Presentation](#).) Further in the report we learn that the CDC's own studies show they believe the flu vaccine to be only 16%-63% effective against the flu, while a French report shows 61% effectiveness against influenza-like-illness (without confirming that it's actually the flu). According to a Harvard study, ([Nowak presentation](#), page 26), only 22% of parents of children 6-23 months had them immunized, and only 30% of children under 18 were immunized. Now, I'm no [Dr. John Lott](#) when it comes to statistics, but if the ratio of immunized to non-immunized children in the total population (22%-30%) is nearly identical to the immunized to non-immunized ratio of children in an admittedly small sample of children that died (22%), the case could be made that the flu vaccine is largely worthless.

In other words, the best case these needle-happy pro-flu vaccinators can mount shows that their immunization program would work, maybe, just over half the time, but some simple number crunching of our own shows that its probably much less than that. The coup de grace' comes from one of the CDC's own, Glen Nowak, PhD., in a presentation titled [Planning for the 2004-5 Vaccination Season: A Communication Situation Analysis](#)" the good doctor lays out a media manipulation campaign that would make [Goebbels](#) proud. Pages 27 on detail a literal "7 Step Recipe" that the CDC will use, in conjunction with the virus makers, to "(Frame)... the flu season in terms that motivate behavior (e.g., as very severe, more severe than last or past years, deadly)".

To summarize thus far:

The flu kills fewer than 1,000 people on average, not 36,000

Flu Vaccine is of highly dubious effectiveness

The CDC and Vaccine Manufacturers are in closed door sessions with the primary stated purpose of boosting vaccination numbers by spreading fear

At this point, some may think, "Hey, it might be worth getting, just as a preventative measure. Sort of like throwing a little salt over your shoulder, what can it hurt?" Plenty. The good Dr. Donald Miller, cardiac surgeon and Professor of Surgery at the University of Washington in Seattle, recently did [an article](#) about the dangers of mercury in vaccines and amalgam fillings. The CDC has a position on Thimerosal (methyl mercury based preservative) in flu vaccines posted to [its website](#). Without admitting that Thimerosal might be responsible for the epidemics of autism, alzheimers, and ADD in this country, the CDC gives us a sop about taking it out or removing it. Reading the fine print, however, tells us: "the majority of influenza vaccines distributed in the United States currently contain

Thimerosal as a preservative." Furthermore, in a bit of regulatory trickery, the FDA is letting smaller amounts go undisclosed : "...some contain only trace amounts of Thimerosal and are considered by the Food and Drug Administration (FDA) to be preservative-free." In other words, even if you ask to see the vaccine label, check for Thimerosal, and get a warm fuzzy feeling about the shot being labeled "Thimerosal free," thanks to the FDA's accommodation of drug manufacturers, it could still contain mercury.

When the major manufacturers of flu vaccine get together with the CDC in a closed door summit with the sole purpose of figuring out how to stick 185 million doses of a questionable vaccine into a population in which less than 1,000 people a year die, what should we call it? Yes, Virginia, it is a conspiracy. Luckily the conspirators are foolish enough to believe that their website is safely hidden amidst all the chaff of the Internet, or else, are so brazen in their contempt for the general population that they think we can't do a little math and conclude "The vaccine doesn't work, and the flu is a flim-flam!"

Eventually, there will be another pandemic of the flu, and thousands will die. The CDC should concentrate on finding ways to lower the spread, working alternatives to vaccines, and ways to minimizing the severity of the flu, rather than pumping out fake numbers, creating an aura of fear and hysteria, and shilling for profits to huge pharma companies.

Footnote: Thanks to the Health Sciences Institute daily health e-letter for calling this fraud to my attention.

October 9, 2004

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Flu Vaccine Scandal And Flu Scandal Exploding

Compiled from

JON RAPPOPORT

www.nomorefakenews.com

2004-10-12

MONDAY, OCTOBER 11, 2004. BANNED CONTAMINATED CHIRON FLU VACCINE IS LOOSE IN THE US.

THE CDC MUST ANSWER QUESTIONS NOW. FOR EXAMPLE, DON'T ITS OWN BOTTOM-LINE STATISTICS PROVE THAT THE FLU IS KILLING VERY, VERY FEW PEOPLE???

MY ANSWER TO THAT QUESTION IS YES. THE CDC IS IS FLOATING FALSE PROPAGANDA ABOUT FLU DEATHS, IS CONCEALING THE TRUTH.

WE ARE LIVING IN THE MIDDLE OF A LIE.

THE CDC IS FABRICATING AND SPINNING ITS OWN DATA TO CONVINCE US THAT THOUSANDS OF PEOPLE (ABOUT 36,000) ARE DYING FROM THE FLU EVERY YEAR IN THE US. WHEN ITS OWN POSTED DATA (UNDER ALL THE LIES) SHOWS THAT FLU IS ABOUT AS DEADLY AS ACCIDENTS INVOLVING TOASTERS FALLING ON PEOPLE FROM APARTMENT WINDOWS.

NOTE: ALL DAY TODAY, BEFORE MY APPEARANCE TONIGHT ON COAST TO AM with George Noory, I'll be adding to the end of this article, giving you up-to-the-minute news on the breaking madness re FLU and FLU VACCINE...keep checking back for updates....

This isn't big, it's huge. (NOTE: I WILL BE ON COAST TO COAST AM WITH GEORGE NOORY TONIGHT FOR A FEW MINUTES IN THE FIRST HOUR....TALKING ABOUT CHIRON BANNED FLU VACCINE loose in the US...and CDC lies.

John Keller may have just solved several big mysteries vis-à-vis flu stats.

WHY DOES THE CDC SAY, OVER AND OVER, THAT 36,000 PEOPLE IN THE US DIE EVERY YEAR FROM THE FLU?

WHY DOES THE CDC LUMP TOGETHER FLU AND PNEUMONIA WHEN ISSUING DEATH REPORTS?

WHY DO LOTS OF PEOPLE SAY THEY KNOW OF NO ONE WHO HAS DIED OF THE FLU?

Does the CDC admit, on its own site, that the REAL numbers of flu deaths, in recent years, are UNDER 800 PER YEAR? UNDER 1000 (TOTAL) FOR TWO YEARS?

Mr. Keller, an independent researcher, has issued a report...I have excerpted a key paragraph below, which gives directions on finding the truth at the bottom of the CDC well. I have been trying to follow those directions...so far I'm lost in space...I need help from readers. Please try it yourself and report back to me. I have already emailed Mr. Keller and another friend for assistance. So far, my impression is, it's me. I'm just not finding what is there. I don't know. But I'm LOOKING, LOOKING, LOOKING. Help... [Update: I've gotten help from three independent sources.]

Again, this could be bigger than big.

Here is Keller's excerpt:

Now, let's dig into the more detailed reports. The "Deaths: Final Data for 2001"

[The file cited below is: deaths_2001_nvsv52_03.pdf,
and can be located in our Health Archive,
at <http://campbellimgold.com>]

(http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_03.pdf) report is an 8MB PDF. Skip it unless you want all the charts detailing deaths by race, age, and ethnicity. The 2002 preliminary report contains the interesting parts of the 2001 final report, as well as data from 2002. The second search result for J10 (the mortality code for flu) brings us to page 16 of 48, which contains the breakout of flu and pneumonia. Total flu deaths for 2002: 753. Pneumonia accounted for the other 65,231 deaths. Scrolling to the right are the numbers for 2001.

Again, total flu deaths were under one thousand, coming in at 257.

That's right, less than a thousand people died of the flu in 2001 and 2002, according to the CDC's own numbers.

End of excerpt.

THIS MAY BE THE BIGGEST MEDICAL STORY TO COME DOWN THE PIPELINE IN YEARS.

UPDATE: I'm getting confirmations on Mr. Keller's discovery. I will be adding to this article through the day, prior to my brief appearance on Coast to Coast AM tonight....and I'll be weaving in other material on the flu scam.

Keep checking back.

For example:

OCTOBER 11, 2004. Researcher Patricia Doyle has uncovered a very disturbing paragraph at the end of a Reuters article dated October 6:

"The Centers for Disease Control and Prevention [CDC] was working to find out where vaccines had already been shipped to providers such as clinics, drug stores and employers."

The paragraph is, of course, about the explosively widening Chiron flu vaccine scandal.

In previous stories, I've discussed the fact that this vaccine, just banned as UNSAFE and CONTAMINATED, was already shipped, in huge quantities, from England to the US, where it has been sitting in distributors' warehouses.

I warned that there was a very good chance vaccine had already been shipped out the doors.

The CDC KNOWS THIS IS TRUE. Because the hunt is on. Clinics, drug stores, employers.

The vials of vaccine have escaped quarantine.

US health authorities are downplaying the situation. They claim, without a flutter of an eyelid, that it is standard practice for vaccine makers to ship doses for sale and distribution BEFORE THESE MANUFACTURERS DO THEIR FINAL SAFETY TESTS.

As of this morning, Oct. 11, no major media outlet I can find has sounded an alarm.

Why not? I'll tell you. Because the CDC has not told them to.

It is the CDC that is holding back. You know: "We must avoid panic."

You can be SURE that, if the CDC and its parent, the US Dept. of Health and Human Services, an agency of the executive branch of the US federal government, had issued press releases, the major media would be all over this.

So it is those agencies of the government that are CULPABLE.

How many people in the US have already received contaminated flu shots manufactured by Chiron?

JON RAPPOPORT

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Now start putting all this together. If the CDC has been lying for years about the real numbers of deaths from the flu in the US---if the true numbers are much, much lower than advertised broadly, then why all the fear-mongering about the dangers of the flu?

They want to sell vaccine.

So what does it appear they have ended up with? Very few actual deaths from the flu. And a contaminated and very dangerous vaccine which is being sold out the doors in the US...a wildcat vaccine...and no accountability.

Add to this the hysterical propaganda about the possible arrival of The Big One, a global flu pandemic, based on no evidence at all, and you have a monumental crime in progress, right before your eyes.

Yesterday, on C-SPAN, I watched a few minutes of a brief Congressional hearing on the "flu-vaccine shortage" in the US. The drug-company reps basically said that the only way to guarantee the vaccine makers a good season every season for selling flu vaccine is to UP THE DEMAND. And that means young children, who are still "not getting the shots in great enough numbers."

It's nothing less than a RICO crime.

Keep checking back today...

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UPDATE: October 11, 2004, 12:10PM, Pacific Time. The first confirmation on the Keller report has come in, from John Cullison. He has checked part of Keller's work and finds identical low, low numbers on actual flu deaths. He offers the following path to take, using the CDC link Keller offered (above). As I suspected---since I am basically a writer with a typewriter who woke up one day with a computer---the technical details of the search are way over my head:

Hi,

[The file cited below is: deaths_2001_nvsvr52_03.pdf,
and can be located in our Health Archive,
at <http://campbellmgold.com>]

You need to download the PDF (create a link to it on a page, and then right click the link; then select Save Target As..., assuming you're using Internet Explorer), and then open it in Adobe Acrobat Reader (rather than reading it via Internet Explorer's Acrobat plug-in), and then you'll be able to search the document for "J10". (In Acrobat Reader, use the Edit->Find command, and once you've found "J10" the first time, use F3 to find subsequent "J10"s.) I've already done the work, however, so here's what you need to do.

Go to page 31. That page is printed in landscape mode, so that the table can fit the page. There, sixth line from the bottom, is the "Influenza and pneumonia (J10-J18)" listing, and below that are sub-listings for "Influenza (J10-J11)" and "Pneumonia (J12-J18)". Sure enough, under the first column of data, "All Ages", the influenza line shows a whopping 257, while the pneumonia line shows 61,777, for a total of 62,034. Almost 2/3 of the influenza deaths were of people over 74 years old.

Go to page 35. The table layout is either identical or very similar, but it lists death rates per 100,000. As you can infer from the fifth line from the bottom of the table, death from influenza is a one-in-a-million event.

Following those pages are breakouts for various races, various age groups (i.e. infant-related), etc. On page 104, you can find the following data:

"The large decrease in Influenza (ICD-10 codes J10-J11) deaths from 2000 to 2001 is largely due to a change in the coding rules, which resulted in deaths that would have previously been assigned to Influenza, instead were assigned to Pneumonia in 2001."

Of course, what exactly this means is not stated. Was the CDC misreporting pneumonia deaths as flu deaths previously, thereby generating excess alarm about the relative danger of influenza?

=-John=-

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UPDATE Oct.11, 2004, 12:25PM, Pacific Time: More from John Cullison that confirms the Keller report on ACTUAL very low CDC stats for flu deaths in the US:

[The file cited below is: deaths_2001_nvsvr52_13.pdf,
and can be located in our Health Archive,
at <http://campbellimgold.com>]

I've found the preliminary data for 2002. It's at
http://www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_13.pdf. It's in THIS

document that Keller's instructions make sense. Sure enough, on page 16, Influenza (J10-J11) is listed as 753, and Pneumonia (J12-J18) accounts for the other 65,231 cases.

=-John=-

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UPDATE: October 11, 2004, 12:30PM, Pacific Time: Here is another source, Martin Maloney, who has tracked the CDC page address cited by Keller. He offers his succinct confirmatory finding:

[The file cited below is: deaths_2001_nvsvr52_03.pdf,
and can be located in our Health Archive,
at <http://campbellimgold.com>]

Perhaps this is what you are looking for. Near the bottom of page 31 of that PDF document, you will find, under the heading:

Table 10. Number of deaths from 113 selected causes by age: United States, 2001 - Con.

Influenza and pneumonia (J10-J18)	62,034
Influenza (J10-J11)	257
Pneumonia (J12-J18)	61,777

Martin

A question is raised here. If table 10 is assembled BY AGE, are the figures cited here for all ages, or only for a restricted range of ages?

Hopefully, more later on this.

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UPDATE: OCTOBER 11, 2004, 1:30pm, Pacific Time. Martin Maloney replies to my question about whether the stats he just cited on flu deaths were for all ages or a restricted age group:

"Go to the top of the table, and you will see that age ranges are listed by column. The first column is "All ages" -- that is the column in which the cited figures appear."

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UPDATE: OCT. 11, 1:55PM. In John Keller's original report, which I excerpted above this morning, he gives a web page where the CDC discusses various types of pneumonia.

www.cdc.gov/ncidod/diseases/submenus/sub_pneumonia.htm

Keller points out that, on this page, there is no discussion of the FLU as a precursor to pneumonia. I have checked this page, and Keller is right. This is important, because the CDC could try to defend itself for lumping together pneumonia and flu in death stats by saying, "Well, as we all know, the flu brings on pneumonia, and whether a person dies from flu or flu/pneumonia, the basic cause (flu) could be the same in many, many cases." There is no conventional basis for this assumption, and therefore the CDC has no leg to stand on for this deceptive lumping of death stats under the category "flu/pneumonia." As you can see from reading this far in today's post, it is exactly that lumping together that makes the flu seem rather dangerous.

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UPDATE, OCTOBER 11, 2:10PM, Pacific Time. John Cullison has now posted a very important article on flu deaths stats. It attempts to make your search easier.

www.curezone.com/forums/m.asp?f=74&i=576

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UPDATE---BACKGROUND---OCTOBER 11, 2004, 2:40PM, Pacific Time.

BOSTON (CBS.MW)

British regulators' sudden move to shut down Chiron's flu shot manufacturing operations sent the company's shares tumbling, while fanning fears the United States could be vulnerable to an influenza epidemic.

Chiron (CHIR: news, chart, profile) rocked investors Tuesday when the company said it will not be able to release any of its Fluvirin vaccine because the British government has suspended the manufacturing license at its Liverpool plant for at least three months.

The plant is Chiron's only flu-shot manufacturing facility. The suspension only prohibits Chiron from making Fluvirin at Liverpool, and does not affect the production of other products there, the company said.

In addition, the British government also is preventing manufactured doses of the vaccine to be shipped to the United States.

Shares of the vaccine developer closed down 16.38 percent to \$37.98 Tuesday. Chiron had halted trading of its shares until about 12.15 p.m. Eastern and was down by more than a third at one point after trading resumed.

Chiron is one of only two major suppliers of seasonal flu vaccine to the U.S. market. The Emeryville, Calif.-based biotechnology firm planned to supply 46 million to 48 million doses of the vaccine for the 2004-05 flu season, which begins in October. The other major supplier, Sanofi-Aventis (SNY: news, chart, profile), is reportedly on track to supply 50 million doses.

Chiron's flu vaccine is only approved for use in adults. Pediatric flu shots are supplied by Aventis, according to the U.S. Health and Human Services Department.

"We profoundly regret we will be unable to meet public health needs," said Chiron Chief Executive Howard Pien in a conference call with investors midday Tuesday.

"The suspension ... has the practical effect of wiping out our ability to supply," he added.

According to Chiron management, the Medicines and Healthcare Products Regulatory Agency, or MHRA, Britain's equivalent to the U.S. Food and Drug Administration, yanked the company's license to manufacture the vaccine at its Liverpool plant at midnight Eastern time Tuesday, citing concerns about the process.

Chiron already had announced it was delaying shipments of the vaccine after discovering some batches of the vaccine made at the plant had been contaminated.

The company is also a major supplier of the flu vaccine to the British government.

The MHRA's move came just as Chiron was doing final testing on this season's supply. According to Chiron, practically all of the 48 million doses slated for the United States had already been manufactured when the MHRA pulled the plug.

Pien said that the move was "unexpected," maintaining that the flu shots had passed internal corporate inspection without a problem last week, an inspection process that the FDA appeared to be "fairly comfortable with."

"As of last week, we expected to be on track to have delivery of Fluvirin by early October," Pien elaborated on the U.S. shipments. "You should now assume that the entirety of the 2004-05 flu season is gone."

The executive said that the existing supply of flu shots at the Liverpool plant will be destroyed unless MHRA changes its decision in the next few days. He added that Chiron will begin discussions with that agency Wednesday.

Because it takes more than five months to manufacture the vaccine, Pien indicated that there is no way the company can manufacture more of the shots to meet its U.S. obligations.

Chiron also issued new 2004 financial estimates. The company said that due to the loss of its primary product for the year, Chiron now expects to post net earnings of between 35 cents

and 45 cents per share for 2004. The company previously forecast earnings of \$1.50 to \$1.60 a share for the year.

Chiron is one of the world's leading manufacturers of flu vaccines. The company is a major supplier of flu shots to the United States, as well as Germany, Ireland, Italy and the United Kingdom.

It said in August it was delaying U.S. shipments for several weeks after it was discovered that a small number of batches made at its Liverpool plant had been contaminated due to human error. Chiron executives testified before Congress last week that they anticipated no further delays in the shipments.

Sanofi-Aventis is the other major flu vaccine supplier to the United States. The company said Monday that it had already shipped 30 million doses ahead of schedule to U.S. distributors. See related story.

Niche biotechnology concern MedImmune (MEDI: news, chart, profile) also makes a spray-mist version of the vaccine, called FluMist. But that product has not been approved for use in children under age 5 and adults over 50, who combined make up the vast bulk of flu shot recipients.

MedImmune's chief executive told CBS MarketWatch in early September that his company had no plans to ramp up additional production of FluMist to fill any market void created by Chiron's delays. MedImmune had planned to only make about 2 million doses of FluMist for the 2004-05 flu season.

U.S.-traded shares of Sanofi-Aventis rose 0.98 percent to \$37.14. Its Aventis (AVE: news, chart, profile) subsidiary, of which 5 percent of its shares are publicly traded, was up 1.39 percent to \$86. MedImmune jumped 5.79 percent to \$25.78.

During a second press conference Tuesday, Chiron executives also emphasized that the company is still seeking to be a major vaccine supplier for the 2005-06 season. The company said that it is working diligently with U.S. and foreign regulators to help work out any outstanding issues to be able to begin the lengthy manufacturing process next spring.

"What we're worried about is our ability to live up to the public trust... as a reliable supplier of the vaccine," lamented Pien.

He added that the company is also on track with a previously planned \$100 million capital investment in its vaccine-making operations, which include construction and upgrades.

End of CBS piece.

Since that piece appeared, the CDC has admitted (though the admission has not received wide press attention) that perhaps 6 million doses of the vaccine had already been shipped into the US, before the ban was laid on. Perhaps more.

Chiron's flu vaccine is contaminated with the serratia bacteria.

The doses already in the US are outside the regulatory arm of the FDA and outside the control of Chiron. Therefore, as demand increases for the vaccine and the public becomes predictably hysterical (announce a shortage, make people drool for your product), these stocks of vaccine, sitting in US distributors' warehouses, are almost certainly going out the door into the black market. Who knows how much is being sold in the US and other countries.

To make things worse, about a million doses were shipped from Chiron in England this past July. People may have already been shot up with them...

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UPDATE, OCTOBER 11, 2004, 3:15PM, Pacific Time. Yet another reader has made the trek to the CDC site pages and has found a 2003 report about flu for the year 2001:

[The file cited below is: deaths_2001_nv52_03.pdf,
and can be located in our Health Archive,
at <http://campbellmgold.com>]

nv52 03.pdf (7.4 MB) pg 44

influenza and pneumonia deaths (j10-j18) 62,034

influenza (j10-11) 257

pneumonia (J12-18) 61,777

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UPDATE, OCTOBER 11, 4:50pm, PACIFIC TIME. Another backgrounder on flu vaccine.

Boom. It turns out that a great deal of the flu vaccine made by Chiron in England---the vaccine just declared contaminated and unfit for use and dangerous---IS ALREADY IN THE US. It was shipped here prior to the ban.

It's sitting in US distributor warehouses, "outside the direct control of the company or US [FDA] regulators," according to SFGate.com, the San Francisco Chronicle's online outlet.

So which flu vaccine are people in the US going to be getting this fall and winter??

The vials of Chiron vaccine in the US are under the quarantine imposed by the company after it learned that all 48 million of its 2004 flu-vaccine doses were banned by British regulators...but that quarantine does not mean the vials will just sit there in US warehouses. Oh no. It means that eager greedheads can start putting it on the market. Because the selling price will skyrocket in a very heavy demand situation.

Chiron vaccine could be going out the door as we speak.

It's open season on people who want flu vaccine.

And as you'll see in the SFGate article excerpted below, there is a curious word being used to describe FDA action on these US-warehoused flu vaccine doses: the word is RELEASED. Huh? RELEASED? No explanation is spelled out.

Here's the excerpt:

The Chronicle has learned that vaccine shipped across the Atlantic has been sitting since August in the warehouses of American drug distributors, under a Chiron-imposed "quarantine," but outside the direct control of the company or U.S. regulators.

Now, Chiron's entire production of at least 48 million doses of flu vaccine has been rendered useless after British regulators abruptly suspended the license of the Emeryville-based company's Liverpool factory Tuesday, cutting the U.S. supply of flu shots in half.

In this case, Chiron employed the little-known quarantine process under which drug makers can ship products to distributors before final safety tests are completed.

Norman Baylor, deputy director for the FDA's vaccine unit, said it was not unusual for manufacturers to ship vaccine under quarantine. The quarantine is lifted by the manufacturer when the company's final tests confirm that the product is safe and the distributor is free to sell it.

"I think the system works," Baylor said in an interview in September shortly after Chiron's contamination problem first surfaced. "The system did what it was supposed to do."

Baylor also confirmed that 27 bulk lots -- nearly half of the 60 produced by the Chiron plant -- had been "released" by the FDA prior to the company's discovery that some finished product was contaminated. The actual number of doses that can be produced from each lot varies.

Although the federal agency does not conduct tests on the final product, companies are liable for the safety of their medicines and have powerful incentive to test them thoroughly before releasing them from quarantine, Baylor explained.

Chiron shipped its first million doses of vaccine to distributors in late July, trumpeting its first-to-market achievement in a July 23 press release. At that time, the company explained that "in the coming days," it would "complete its internal release procedures, allowing distributors to begin shipping vaccines to customers."

Any optimism at Chiron evaporated with Tuesday's ruling. "We consider the Fluvirin season to be over, for all intents and purposes," Chiron spokesman John Gallagher said Wednesday.

He also confirmed that the initial crisis had been triggered when tests detected *Serratia* bacteria in a small number of lots. *Serratia* bacteria are often implicated in episodes of hospital-acquired infection and can be deadly in the bloodstream.

The company has yet to reveal when it discovered the contaminated lots, but having found a problem, Chiron never lifted its quarantine. Although no Chiron vaccine was shipped to clinics, some drug industry experts acknowledge that its presence at multiple U.S. distributor warehouses poses a potential security problem.

"Because of the shortage, the spot market for flu vaccines is going to go through the roof," said David Webster, a health care consultant in Lehigh Valley, Penn. "Any time there is an extremely valuable commodity, the potential exists that it will work its way on to the black market. It is a legitimate cause for concern."

End of SF Gate article

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UPDATE: OCTOBER 11, 2004, 9:20PM. PACIFIC TIME. I have had several people contact me who are trying to justify the CDC reporting system on flu and pneumonia. They basically claim that, since the flu "so often leads to pneumonia," especially the oh so deadly viral type of pneumonia (they stress this), it makes sense for the CDC to lump flu and pneumonia deaths together. I offer this tidbit from WebMD about viral pneumonia:

"Viral pneumonia is pneumonia caused by a virus. About half of all people with pneumonia have viral pneumonia. Viral pneumonia is usually less serious than bacterial pneumonia and can take from 2 to 4 weeks to recover.

"Viral pneumonia is usually less serious [than bacterial pneumonia]. A stay in the hospital is rarely needed."

Yes, I realize that the elderly, already drugged to the eyeballs, and suffering from multiple problems, can die of almost anything added to their already heavy burden, but this does NOT justify concluding that they are dying from the flu progressing into viral pneumonia on some seamless course in a vacuum.

So far I have found no authoritative death stats in the US from viral pneumonia, where the virus has definitely been IDed (NOT eyeballed) and where the titer [UK titre] of that virus has been determined to be high.

I'm sticking to my story. The CDC is fronting for a lie.

JON RAPPOPORT

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Emergency Alert: Great Danger Lurking In Flu Shots

Health Risks Far Outweigh Benefits!

by

Greg Ciola

October 8, 2005

It wasn't until I went to my local Publix grocery store recently that I realized how low pharmaceutical companies would stoop to propagandize the public with lies. While I was at the checkout counter a young woman bagging my groceries looked at me, smiled, and said: "Have you had the flu shot yet." My mouth almost hit the floor. She couldn't have asked a bigger opponent of pharmaceutical drugs this question.

I looked at her and asked: "Is Publix management instructing you to ask everyone this?" She said 'no' but since all the Publix stores were working together in partnership with Maxim Healthcare Services to administer the flu shot, employees were encouraged to ask customers if they were interested in receiving the shot. I looked at this young woman with pity in my eyes and said: "There's no way I would put that poison into my body."

With curiosity about why someone would make such a bold statement, we engaged in conversation and I spent the next ten minutes giving her an earful. I asked her if she had any information on the shot and she graciously went over to the front desk to get a flyer outlining the reasons for getting the shot along with the locations and times I could get it. In big bold letters across the top were the words: "TAKE YOUR SHOT!" In addition to the flu shot, they were also promoting pneumonia shots and tetanus/diphtheria shots. It was then and there that I realized I had to speak out against this insanity. According to the flyer, the flu is now a "DISEASE". Can you imagine this? A disease implies something that needs medical intervention. I guess a cold, headache, upset stomach or diarrhea could all potentially be classified as diseases too.

I remember vividly when they first started pushing the flu shot. It was originally marketed to the elderly and those with weakened immunity. Long gone are those days. There wasn't enough money to be made (or enough people to poison) by selling to this select market. Now the shot is being promoted to virtually everyone as some sort of flu panacea. North American parents are the target of most of the propaganda. For example, they are told that their children could die if they are not vaccinated. How so many can throw common sense out the window and buy into this scam is very disturbing.

Before you, your friends, or anyone in your family are conned into taking the flu shot, here are some of the risks you need to know about.

Flu Shots Contain Toxic Agents

Like sheep being led to slaughter, people are following the advice of medical pundits as though they are gods with divine intellect. Why is it that so few dare even question what's in the flu shot, or all other vaccines for that matter, before allowing a doctor to jab you with a needle? Did you know that the flu shot could contain anything from aluminum, formaldehyde, dangerous microorganisms, thimerosal (mercury), ethylene glycol, and other toxic adjuvants? In addition to these substances, the flu vaccine is prepared from the fluids of chicken embryos inoculated with the specific type (s) of influenza virus that supposedly protects against the strains federal health officials believe are most likely to be prevalent during the flu season. The effectiveness in preventing influenza often ranges from 30-40%. Not very encouraging considering the potential health dangers you may be opening yourself up to down the road from the toxic agents in the vaccine.

How is the human body supposed to build immunity by being exposed to neurotoxic poisons like mercury and formaldehyde? Mercury is the second most toxic material on the planet. The first is radioactive plutonium. To make thimerosal, they start with elemental mercury. Then, they hop it up 1,000 times by converting it to ethyl mercury. Then, they add aluminum to the vaccine that has a

synergistic effect with the mercury, causing it to be 10,000 more toxic than elemental mercury. Mercury is used to sterilize the flu vaccine.

Consider this insanity; they tell us that it's unsafe to touch or swallow the mercury from a broken thermometer yet it's perfectly acceptable to inject the same poison directly into your bloodstream through a vaccine. Don't worry! Your doctor knows what's best for you.

Now let's look at formaldehyde. Formaldehyde is classified as a toxic, colorless, water-soluble gas having a suffocating odor. It's used predominantly in embalming fluid and vaccines as a disinfectant and preservative. There are no long-term safety studies that vaccine manufacturers can draw from to validate the effectiveness of the flu shot. Those that take the shot are the safety studies and only 10% of the side effects associated with vaccines are ever reported to federal agencies. In fact, a simple search on the internet will lead you to literally thousands of websites and stories that report on vaccine injuries, including the flu shot. What you find will not put you at ease if you've bought into this myth.

If the public were fully informed and aware of all the ingredients that went into the flu shot, there would be a mass exodus away from it. Unfortunately, your doctor won't tell you anything about this; the news media will not report the truth about these contaminants; the CDC won't address the issue; pharmaceutical companies don't properly warn consumers; mass retailers pushing the shots don't seem to care even after being warned about the potential dangers of administering vaccines.

Do Flu Shots Help Spread The Flu?

It's rather ironic that what the flu shot is supposed to prevent actually seems to have an opposite effect on the population. In recent years, flu season seems to be programmed into society. When October rolls around, all of the sudden there's a massive outbreak of the cold and flu. Is it just coincidence that this happens to coincide with the exact time that millions of people receive the flu shot? Health officials would like us to believe that this is why we should all be vaccinated.

Another deception perpetuated by the vaccine cartel is that the flu shot contains inactive or dead viruses. If these viruses were completely inactive, then the shot would never stimulate an immune response. The flu shot contains "attenuated" virus. In the book, *The Sanctity of Human Blood: Vaccination Is Not Immunization*, Tim O'Shea, a highly recognized authority on the dangers of vaccines, sums up what attenuated really means:

"Attenuated means half-killed. The infectious agent is weakened so that it is just below the threshold of being able to trigger an inflammatory response in 99% of people. By allowing the implantation of an attenuated virus or bacteria into the body, we have done something nature would never permit. We have violated the sanctity of the bloodstream. We have tricked the immune system into not mounting an all-out response to a foreign agent. If the vaccine's microorganisms were not attenuated, the powers of the natural immune system would join together to repel and attack the invader."

Recent evidence suggests that those that receive the flu shot could be contagious for weeks and spread germs to the general public. For example, it's rather interesting to see how unvaccinated people exposed to those recently given the flu shot tend to be much more susceptible to getting the flu. Not only does the shot manipulate the immune system, it contains foreign microorganisms that have the potential to breed in the body. It is ridiculous for the CDC to say that none of these germs can be contagious. There are many well-respected health experts who believe that the number of people coming down with the flu would be drastically reduced if flu shots weren't administered. One of the best ways to avoid the flu is to stay away from people who have it. This includes staying away from those who have recently received a shot.

Flu Shots Do Not Guarantee Immunity

Doctors and pharmaceutical companies ignore the statistics of those who get the flu shot and still get the flu. Instead, we're bombarded with propaganda about how the shot helps prevent the flu. Numerous news reports during the summer of 2004 reported that the flu shots administered during 2003 were not even capable of protecting people against the influenza strains that we were around

last year. In good faith, millions of people took the shot thinking that it would buy them immunity when in reality all it bought them was a vial of toxins to suppress their immune system.

Many of you may have heard stories similar to this one: In 2003, a Canadian nursing home sent out a memo that stated all employees had to take the flu shot. Those that refused would be put on a leave of absence and possibly face the loss of their job. Not believing the hype, one employee (a personal friend of this writer) stood on her principles and refused the shot while her entire staff went along with the order. Much to her amazement, everyone that took the shot came down with the flu except for her. Does this surprise you? It should. Surprisingly, however, there are reports like this all over North America but there's a virtual media blackout on this truth because there's an agenda behind the promotion of the flu shot.

Trying to predict what influenza strains will be most prevalent during flu season is a crap shoot. The flu shot does not protect against all throat, respiratory, gastrointestinal, and ear infections. It does not protect you against SARS. The flu vaccine only gives temporary immunity at best. What we're NOT told, however, is that the flu shot actually weakens the immune system in the long run. Nobody knows for sure what negative effects the mercury, aluminum, formaldehyde, and other adjuvants will have on the immune system. Some of these agents are known to interfere with your DNA. How do we know that the DNA won't miscode genetic information to the cells? And even if you don't come down with the flu after getting a shot, your body may be much more susceptible to getting sick from other viruses and bacteria that it would normally be able to fend off. Is it all worth the risks? That's the decision you have to make.

Author Tim O'Shea made some very noteworthy statements in his book [The Sanctity of Human Blood: Vaccination IS Not Immunization] regarding the flu shot:

"A vaccine supposedly contains some version of the causative agent, in a weakened form. With influenza, by the time the virus is isolated, cultured for manufacture, and distributed to the population, the virus that is causing the current incidence of influenza has usually changed to a form completely unaffected by the vaccine. Michael Decker, MD of Aventis, the flu vaccine manufacturer admits: 'By the time you know what's the right strain, you can't do anything about it.'"

"This doesn't even take into account the unique form influenza virus takes within each person. Yet with flu shots, it's One Size Fits All - everyone gets the same vaccine. If it really worked, you wouldn't have to come back next year. Natural immunity is for life."

"Ever notice that people who get flu shots all the time keep getting the flu? Think that could have anything to do with not giving the body a chance to put immunity together itself?"

Vaccines Assault The Blood & Violate Biblical Law

The Bible tells us in Leviticus 17:11-12 that: "For the life of the flesh is in the blood... No soul of you shall eat blood, neither shall any stranger that sojourneth among you eat blood."

God has made it very clear throughout the scriptures that blood is sacred. When you understand the importance of health and nutrition and how critical your blood is in this process, it's easy to see why the flu shot, and all vaccines for that matter, violate Biblical law and all the laws of health. Your bloodstream is either a river of life to all the cells in your body or a river of disease and death. You can't inject blood contaminants, DNA disrupters, neurotoxins, and preservatives directly into your bloodstream and somehow think you're getting health.

Vaccines violate the natural processes whereby substances enter the bloodstream. They bypass the defensive capabilities of the liver, kidneys, colon, lymphatic system, and the immune system and deliver toxic waste directly into the body/bloodstream. Your body doesn't know what to do with mercury, aluminum, formaldehyde, chicken embryos, and microorganisms when it's fired into it like a missile. Some people can go into shock. Others have died and many have been seriously injured shortly after receiving a flu shot. Guillain-Barré, temporary Multiple Sclerosis-like illness, breathing problems, hoarseness, wheezing, hives, paleness, dizziness, weakness, and rapid heartbeat have all been reported as side effects from the flu shot.

Let's use common sense here. If God didn't want us to eat blood or mix unclean substances in our bodies, he certainly didn't want them injected directly into our bloodstream. All vaccines contain substances that God deems unclean and unfit for our bodies. The question really boils down to this: Are you going to trust God for your immunity or are you going to trust man? There are many safe and natural alternatives that are available to ward off infections but you'll never hear about them from the media. They thrive on fear in order to create consumption. That's how we could see thousands of people standing in long lines all night around the country hoping to get a flu shot before the vaccine runs out. Just read the following scripture from the extra-biblical book of Jasher and see where vaccines fit into this equation.

"And the sons of men in those days took from the cattle of the earth, the beasts of the field and the fowls of the air, and taught the mixture of animals of one species with the other, in order therewith to provoke the Lord; and God saw the whole earth and it was corrupt, for all flesh had corrupted its ways upon earth, all men and all animals." (Jasher 4:18)

These events are being described just prior to the flood of Noah. Perhaps we should take heed to what it says. The flu shot is harvested on chicken embryos. Certainly the book of Jasher is referring to events such as this and worse. It's very possible that all the genetic tampering and cross species mixing that's taking place with pharmaceutical and biotech companies could actually be unleashing these plagues of sickness upon the human race. Jasher certainly supports this theory.

Satanic Sorcery Is Alive And Well!

Most people have no clue that the word "pharmaceutical" is derived from the Greek word "pharmakeia," which means magic, sorcery, and witchcraft. The symbols of the pharmaceutical companies are extremely meaningful. For example, the winged staff with a serpent wrapped around a pole is the ancient magic wand of the pagan god Hermès. In an attempt to prevent people from linking with our Creator, pharmaceutical companies use their drugs, vaccines, spells and potions to contaminate the blood of an unsuspecting public.

The biggest disappointment comes from Christian leaders who should know these truths and proclaim them loudly from the pulpit. Instead, many churches throughout North America are actually promoting the flu shot to their congregation. In some instances, churches are even being used as outlets to administer the shot. How sad to see the body of Christ being DECEIVED by Satan's sorcery. Oh, how our Savior must feel!

If They Contaminated Our Food Supply, How Can We Trust Their Vaccine?

At present, there are two major pharmaceutical firms that supply the flu shot. One is Chiron Corp., based out of Britain and the other is Aventis, based out of France. Several years ago, a major problem arose from a genetically engineered variety of corn that hadn't been approved for human consumption. It was called StarLink corn. The manufacturer was Aventis, the same company supplying almost half of the U.S. flu vaccine this year.

StarLink corn had only been approved as animal feed. In rather mysterious fashion, StarLink corn was found in hundreds of food products on the market containing corn and corn by-products. The contamination led to a massive recall that turned out to be the biggest fiasco the biotech industry has ever had to experience.

One Midwest farmer has gone on record claiming that StarLink corn made all his males in his herd sterile, putting him out of business. He has also stated that there are at least 25 other farmers in the State of Iowa alone that he knows of that have blamed StarLink corn for sterility problems in their herd (See the book *GMOs: Beware of the Coming Food Apocalypse*, page 91, second edition). On top of this, numerous complaints were filed with the FDA because of allergic reactions people had to products that contained StarLink corn.

What relevance does this have with the flu shot? If this derelict company acted so recklessly with StarLink corn, how could we trust them with their flu vaccine? When one considers that the Population Council (www.popcouncil.org) based out of New York has been working on sterility vaccines to help reduce world population levels, and there are reports of sterility in certain herds that consumed

StarLink corn, it certainly doesn't put one at ease knowing the flu shot is being supplied and heavily promoted by Aventis. While there is no evidence and no known links to sterility problems with the flu shot, nobody knows what kind of long-term ramifications the vaccine will have. Again, it's a crap shoot with your health. You'd have better odds in Vegas.

Chiron's Flu Vaccine Shipments Suspended

If we can't trust the vaccine made by Aventis, certainly we can't trust the vaccine manufactured by Chiron. On October 5, 2004 British health authorities blocked shipments of Chiron's vaccine because of manufacturing problems. Chiron had planned to provide the U.S. between 46 and 48 million flu shots this year, almost half the nation's supply. In a strange twist of fate the shortfall has created panic in the U.S. population fueled by massive media attention that is causing millions to rush out and get their shot before supplies run out. Oh, how gullible can people be? What's sad is that an estimated 6-8 million doses of Chiron's vaccine were already in the U.S. market prior to the ban. It's very likely that some people were given this shot and if there were side effects you can be sure the statistics will be buried.

Natural Alternatives

There are many very effective, natural products available to help boost your immune system and keep you well during flu season without needing to inject neurotoxic poisons and blood contaminants into your body. Your immune system is the only thing that prevents you from being riddled with opportunistic infections and a host of other chronic illnesses. You can't build immunity and shield the immune system with vaccines and poisonous pharmaceutical drugs. You can only modulate the immune system through natural methods.

Enhancing the immune system means you don't just boost one or two components. There are 22 different instruments or components to the immune system including T-cells, B-cells, Natural Killer cells (NK cells), macrophages, lymphocytes, leukocytes, monocytes, interferon, gamma globulin, interleukin 1,2,3,4, and other white blood cells. All 22 components must be orchestrated simultaneously like a symphony, in order to maintain optimum immunity. While there are an extensive number of natural alternatives to help boost your immune system, here is a short, but effective list of some of the most powerful immune enhancers being used in alternative medicine:

- **Oregano Oil:** This natural wonder has been used for thousands of years as an antibacterial, antiviral, antifungal, and antiseptic agent. Many people have reported that regular use of this product during the cold and flu season has prevented them from getting sick.
- **Colostrum:** This is the first fluid secreted by the mammary glands of mammalian mothers in the first days after giving birth. Colostrum contains high levels of protein and growth factors, as well as immune factors. It's used around the world as one of the most powerful immune boosters known to man. The best colostrum on the market comes from New Zealand cows. Outside of New Zealand it's very hard to guarantee that the cows were grass fed and free of antibiotics, growth hormones, and steroids.
- **Olive Leaf Extract:** Fights all types of bacteria, viruses, fungi, and parasites and is good for virtually any infectious disease. Some religious scholars theorize that it is olive leaves that are being referred to in Revelation 22:2 that are used for the healing of the nations.
- **Propolis:** Resinous substance that bees derive from trees and mix with beeswax. Used as a health shield for the beehive, propolis has antibacterial, antiviral, antifungal, and antiseptic properties. Propolis has been used for thousands of years as an immune system booster.
- **Colloidal Silver:** This wonder product has been around for centuries and is reported to be one of the few things that helped protect people during the height of Bubonic plague.
- **Royal Jelly:** Fed only to queen bees. Contains over 100 nutritional properties and has long been known to strengthen the immune system.
- **Bee Pollen:** Plant pollen that bees harvest and pre-digest. Excellent for people with allergies and also strengthens the immune system.

- Aloe Vera: Contains high amounts of mucopolysaccharides which kick in the immune modulators to fight off disease.
- Homeopathic Remedies: There are some excellent homeopathic remedies that help build immunity and ward off the cold and flu. You can find many good homeopathic formulas at your local health food store or you can seek out a homeopathic specialist in your area that can custom blend formulas specifically targeted for your immune system.
- Mushroom Extracts (Shiitake, Reishi, D-Fraction Maitake): Have excellent immune-boosting properties. Shiitake increases T-cell function, Reishi has anti-tumor properties, and Maitake enhances the activity of key immune cells known as T-helper cells or CD4 cells.
- Echinacea: Excellent herb for the immune system and the lymphatic system. Echinacea has been shown to be very effective when it is cycled for 1-2 week periods throughout the cold and flu season. Early use of Echinacea at the onset of a cold or flu could help drastically diminish the duration and severity of illness.
- Vitamin C: Helps prevent free radical damage and has antifungal and astringent properties. High doses of vitamin C throughout the cold and flu season can help tremendously to ward off infection.
- Garlic: Has antibacterial, antiviral, antifungal, and antiseptic properties and has long been used to fight off and prevent colds and infections. Use 3-4 cloves on salad or crushed onto bread when your immune system is in a weakened state.
- Cayenne Pepper: Is used for a litany of health problems. Cayenne Pepper heats the body up, improves circulation, and helps ward off colds, sinus infections, and sore throats. This magical substance should be used on a daily basis during the cold and flu season.
- Probiotics: Help to maintain and rebuild intestinal flora. Flora plays a key role in keeping the immune system functioning optimally.
- Essential Fatty Acids: Good fats like Omega 3's and Omega 6's play a major role in cellular health. Good fats also help to bring nutrients into the cell and discard waste. EFA's also contain high amounts of antioxidants which help to protect your immune system.
- Oxygen Supplements: Virtually all microorganisms are anaerobic, meaning they survive predominantly in the absence of oxygen. When the body's blood oxygen is normal and the cells have adequate oxygen it's nearly impossible to get sick. There are many good products to choose from that can be added as drops to your water.
- Essential Oils: There are many essential oils like Frankincense, Myrrh, Spikenard, Rose Oil, Thieves, and others that provide tremendous immune system protection. Essential oils have been used for thousands of years and have much Biblical support to back up their use. They can be diffused through aromatherapy or applied to your skin and feet.
- Zinc: An essential mineral that promotes a healthy immune system and fights free radicals. Zinc lozenges have been reported to be effective in relieving symptoms of the common cold and reducing duration of colds.
- Alkaline Water: It's very important to keep your body properly hydrated and your pH in balance. Make sure you consume at least half your bodyweight a day of water to adequately flush out toxins and hydrate your cells.
- Rest: It's especially important during the cold and flu season to keep from getting run down. Make sure you get at least 6-8 hours of quality sleep a night.

While all of these natural immune boosters can help you tremendously, nothing can replace what a good diet and exercise can do for you. You can't feed your body garbage and turn to these natural alternatives as a last resort. Keep in mind that it costs nothing to remove all processed food from the diet. Processed foods can diminish your immune system. The more man touches a food, the less you should consume it. Replacing processed foods with whole foods will also boost your immune system. Sugar and sweets should also be avoided at all costs, especially during the cold and flu season. Sugar severely weakens the immune system and is the fuel that foreign invaders feed on.

Conclusion

It's better to trust in the LORD than to put confidence in man. God did not make a mistake when he created us. The human body is equipped with one of the natural wonders of nature: An Immune System. If you are concerned about the plagues and epidemics coming upon the world, read Psalm 91. If we are to stand steadfast until the end, it is with the LORD on our side. Don't become a victim of the fear and panic spread by the Pharma cartel and media. Our hope is in the King of Heaven and Earth who promised us deliverance. Remember this next time someone tries to con you into getting a flu shot.

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Tamiflu Deaths and the Tap-Dance

by

Jon Rappoport

December 22, 2005

Below you will find an excerpt from the Sydney Morning Herald, reporting two cases of "death from bird flu," despite treatment with Tamiflu, the drug that is being stockpiled all over the world against the hoax-pandemic.

I was reminded of an interview I did some years ago with retired propaganda pro Ellis Medavoy, who, in his time, worked the press to spread lies about medical issues.

Here is a piece from that Medavoy interview:

Q: So you're saying that when people die after a drug is given, there is a standard spin that is published.

A: Of course. The words "resistance" and "mutation" are hauled out and used. They are painted on the story.

Q: And how are these words employed?

A: "The germ has developed resistance to the drug." "The germ mutated rapidly, so the effective drug was no longer effective."

Q: Which means the drug can't be blamed for not working.

A: Not only that, but the drug can't be blamed for killing the patient. "It was the germ."

Q: What about proof that the germ really did mutate?

A: Try and find it. Normally, the mutation cover story is announced to the press with no proof at all. It's just a tale. They simply assume the germ must have evolved into a new form---overnight---and that's why the drug didn't work.

Q: There is another question, too. Did they ever really find the germ in question in the ill patient?

A: Right. Or did they find antibodies to the germ---

Q: Which are a sign of health.

A: Yes. In most cases, they don't isolate the actual germ at all. And when they do, they don't show that the germ existed in sufficient numbers in the body to cause any harm. It's all nonsense and obfuscation.

Q: So you could get a patient who is mildly ill, no real problem. Then he is given a drug and he dies. The story is spun so that the patient is said to have died from some germ, whereas the only logical explanation of death is that the drug killed him.

A: Absolutely. See, the drug makers always have a theory about how a drug works to cure a disease. They have a technical step-by-step story about the mechanism of cure. This happens, then that happens, then that happens over there, and then you have a cure. But they don't have a step-by-step story about how the drug can kill someone, because they don't want to know about THAT. So when a patient does die after being given a drug, the manufacturer always says, "There is no step-by-step chain of evidence that the drug actually

led to the patient's death. There could have been other factors involved. Therefore, we're exempt from blame." It's a tap dance.

End of interview excerpt

In the case of Tamiflu, it's interesting to note that even conventional assessments of the effectiveness of the drug admit that it only shortens the length of the flu by 1.5 to 2.5 days, if it is given after the person already has the flu.

However, the proponents of the drug don't want to bring this up as a reason for a flu death after treatment with Tamiflu. "Hey, it only shortens the length of the illness by a little bit, so yes, people can die anyway." No, instead they want to say the germ mutated and developed resistance to the drug. That suits them better. Otherwise, people might begin to say, "Why are we bothering with this drug at all? It does almost nothing."

Yeah. Almost nothing. Except it can have dire negative effects.

Here is an excerpt from the Sydney Morning Herald article. Notice how closely it follows the pattern Medavoy laid down:

Deaths of treated patients alarm bird flu experts

By Mark Metherell and agencies

December 23, 2005

THE deaths of two bird flu patients in Vietnam who had been treated with Tamiflu has raised questions about the drug Australia has stockpiled as a front-line medicine to combat an influenza pandemic.

To the dismay of medical experts and those responsible for the worldwide efforts to fight a pandemic occurring, the H5N1 bird flu virus in the bloodstream of the two patients in Vietnam rapidly developed resistance to the drug.

Concerns about resistance problems with Tamiflu suggested by an earlier case in Vietnam had already prompted the Australian Government to acquire more stocks of a rival antiviral drug, Relenza, a Health Department official revealed yesterday.

In one of the latest cases, a 13-year-old girl appeared to be stable but then rapidly worsened as the virus mutated, became more aggressive and eventually killed her.

Reports of the deaths are published in the New England Journal of Medicine by doctors funded by the British Wellcome Trust working in Vietnam. They urge changes to the global plans for fighting a flu pandemic. Other antiviral drugs are needed alongside Tamiflu, they say. [NOTE: THE WELLCOME TRUST IS VERY CLOSELY TIED TO GLAXO. GLAXO WAS GLAXO WELLCOME, UNTIL 2000, WHEN IT MERGED WITH SMITH KLINE BEECHAM TO BECOME GLAXO SMITH KLINE BEECHAM. WHY IS THIS IMPORTANT? BECAUSE GLAXO MANUFACTURES RELENZA, ANOTHER "ANTI-FLU DRUG," WHICH IS IN COMPETITION WITH TAMIFLU. SO WE HAVE A SITUATION WHERE THE WELLCOME TRUST TRASHES TAMIFLU AND CALLS FOR OTHER FLU DRUGS TO BE USED. SUCH AS RELENZA, WHICH HAD FALLEN ON HARD ECONOMIC TIMES. IT HELPS GLAXO TO TRASH TAMIFLU.---JR]

An Australian authority on influenza, Graeme Laver, said: "What is so worrying is that it looks as though it [the mutation] happened very quickly."

Dr Laver, whose research contributed to the development of the antiviral drugs, said while it was not surprising that a flu strain should develop resistance to the drug, the speed of the mutation was surprising as it was very difficult to develop resistant strains, even in the laboratory.

He said one possible comfort was that any future flu pandemic may not be the same as the current H5N1 strain, meaning it might not have the same potential to develop resistance rapidly.

The H5N1 strain has so far killed 71 people in South-East Asia, most of whom have been in close contact with infected birds. Scientists say the risk of a pandemic of the lethal disease would arise if the strain were to develop the ability to spread easily from human to human.

The Health Department's spokeswoman, Kay McNiece, said officials had been told of an earlier case of apparent resistance to Tamiflu and that was one of the reasons for the recent decision to order 1.81 million courses of the alternative antiviral, Relenza.

Australia has 3.95 million courses of antivirals held in secret stockpiles, most of them Tamiflu, as part of the \$555 million anti-pandemic measures...

End Sydney Morning Herald excerpt

JON RAPPOPORT
www.nomorefakenews.com

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Us Senate---Completely Under The Radar

DECEMBER 22, 2005.

Yesterday, I posted a piece on the sneak attack entered into the 2006 Defense Appropriations Bill. Language that offered new and extreme protection to vaccine manufacturers. Protection from liability in law suits filed when people are injured or killed by vaccines.

Well, the Senate passed that Bill. I watched the end of the vote on C-Span, and the count was 93-0, in favor. A landslide.

Today, I searched for articles on the passage of the Bill, and the reporting has been very slight. I have yet to see any article that refers to the windfall given vaccine makers.

Twilight Zone

The thing is, I'm having a great deal of trouble getting the precise wording in the Bill that was passed--the wording that relates to what's being called "flu preparation" or "flu preparedness." That section is where the vaccine makers are given new protection.

One source tells me that language won't be available to the public until next week. Wonderful.

Just so you know this is real, here is a brief snip from a December 20 Forbes article that mentions the upcoming Senate vote---the vote that was taken yesterday.

A final comment: I believe the whole Alaskan oil drilling amendment to the Defense Bill (which amendment was struck down) was a straw man. Frist and others at some point knew it would fail, and they were using it as a bargaining chip: "Okay, so the drilling is a no; but we want you to vote for the whole Bill if the drilling loses, right?"

By this process, the language protecting vaccine makers was kept in without argument and was passed.

Today, the House will rubber stamp what the Senate did yesterday. The Bill will go to Bush and he will sign it.

FORBES HEALTH: Bill Would Provide More Vaccine Liability Protections

In what critics charge is a massive Christmas present to drug companies, the U.S. House of Representatives Monday approved tougher liability protections for companies that make medicines to combat bird flu.

Proponents of the protections say they're needed in order to encourage drug makers to invest in vaccines to fight a feared bird flu pandemic, the Associated Press reports.

If potential liabilities outweigh potential profits, drug companies won't develop or produce vaccines, supporters contend.

The protections mean that people who seek damages on claims they were harmed by a vaccine would have to prove willful misconduct on the part of drug makers. This is a higher standard than negligence, which is the argument used in many liability suits in the United States.

"Negligence is much easier to prove; it's the failure to exercise reasonable care," Carl Tobias, a professor at the University of Richmond School of Law, told the AP. "Willful misconduct is a much higher standard. You must intentionally misbehave. ... The high standard would clearly discourage many suits."

The push for additional liability protections for the drug makers was led by Senate Majority Leader Bill Frist, (R-Tenn). He attached the legislation to the Defense Appropriations Bill, viewed by many as a must-pass bill.

The bill will be taken up by the Senate on Wednesday or Thursday.

End Forbes excerpt.

JON RAPPOPORT
www.nomorefakenews.com

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Another Piece in The Puzzle of Corruption

December 24, 2005.

As you can see from the AHRP release below, when the US Senate passed the Defense Appropriations Bill---which contained sneak-attack language giving complete liability protection to drug and vaccine companies, 34 senators stood to profit. Personally.

Why? Because the senators are invested in drug companies. And liability protection means no law suits against those companies. No falling stock prices as a result of ominous and costly suits.

It's nice to be in good hands, isn't it? The US Senate, Rumsfeld...

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FYI

On Tuesday evening, 38 U.S. Senators with about \$13.4 million in pharmaceutical stock holdings approved a sweetheart deal absolving the drug / vaccine industry from liability.

The New York Times reported that Senator Bill Frist (Majority Leader) inserted this shield from legal liability to his favorite industry "even if they are negligent or reckless."

Fortune Magazine confirms our report (October) that "The prospect of a bird flu outbreak may be panicking people around the globe, but it's proving to be very good news for Defense Secretary."

Secretary of Defense Donald Rumsfeld, who served as Gilead's chairman in 1997 when he joined the Bush administration, stands to gain handsomely from his stock in Gilead, manufacturer of Tamiflu--between \$5 million and \$25 million. The government is emerging as "one of the world's biggest customers for Tamiflu. In July, the Pentagon ordered \$58 million worth of the treatment for U.S. troops around the world, and Congress is considering a multi-billion dollar purchase. Roche expects 2005 sales for Tamiflu to be about \$1 billion, compared with \$258 million in 2004. "

Experts around the world are raising doubts about the drug's efficacy and raising concerns about its safety.

But if increasing personal wealth is the main objective of U.S. public officials--who cares if the medical products being traded on the stock exchange are either ineffective--or defective--or even lethal?

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Nurses Win Fight Against Mandatory Flu Vaccine

The Washington State Nurses Association (WSNA) won a victory in U.S. District Court, which upheld an arbitrator's decision that Virginia Mason Medical Center **COULD NOT** make influenza vaccination a condition of employment. Barbara Frye, RN, Director of Labor Relations at WSNA said, "it's a basic right for people to make decisions regarding their own health care treatment."

Now ask yourself, why are even nurses declining to take the influenza vaccine...even when they have been threatened with their jobs?????

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Influenza Vaccination During Pregnancy:

A Critical Assessment of the Recommendations of the Advisory Committee on Immunization Practices (ACIP)

David M. Aayoub, M.D.

F. Edward Yazbak, M.D.

Abstract

Influenza vaccination during all trimesters of pregnancy is now universally recommended in the United States. We critically reviewed the influenza vaccination policy of the CDC's Advisory Committee on Immunization Practice (ACIP) and the citations that were used to support their recommendations.

The ACIP's citations and the current literature indicate that influenza infection is rarely a threat to a normal pregnancy. There is no convincing evidence of the effectiveness of influenza vaccination during this critical period. No studies have adequately assessed the risk of influenza vaccination during pregnancy, and animal safety testing is lacking. Thimersol, a mercury-based preservative present in most inactivated formulations of the vaccine, has been implicated in human neurodevelopment disorders, including autism, and a broad range of animal and experimental reproductive toxicities including teratogenicity, mutagenicity, and fetal death. Thimersol is classified as a human teratogen.

The ACIP policy recommendation of routinely administering influenza vaccine during pregnancy is ill-advised and unsupported by current scientific literature, and it should be withdrawn. Use of thimersol during pregnancy should be contraindicated.

The ACIP's recommendation of influenza vaccination during pregnancy is not supported by citations in its own policy paper or in current medical literature. Considering the potential risks of maternal and fetal mercury exposure, the administration of thimersol during pregnancy is both unjustified and unwise. Pregnancy should continue to be a time when doctors are highly protective of their patients with regard to any fetal exposure. Without adequate safety testing, a risk-benefit analysis of influenza vaccination during pregnancy is not possible, and therefore the ACIP's present recommendation should be withdrawn.

Key Points from the Full Article

The 2005-2006 Fluzone, Fluvirin, and Fluarix package inserts clearly state that animal reproductive safety studies have not been conducted during pregnancy and that risk to the human fetus were never investigated, including mutagenicity, carcinogenicity, and effects on future fertility. The Fluzone manufacturer states that the vaccine should be given to pregnant women only if clearly needed. The Fluvirin insert adds that the clinical judgment of the attending physician should prevail. The manufacturer of the live vaccine Flumist issues a similar warning: "Animal reproduction studies have not been conducted with Flumist. It is also not known whether Flumist can cause fetal harm when administered to a pregnant woman or affect reproduction capacity." The manufacturer is careful to add: "Therefore, Flumist should not be administered to pregnant women". Eli Lilly MSDS further states that thimersol "is known to cause birth defects and other reproductive harm." The NTP broadly classifies thimersol as a teratogen capable of other adverse reproductive effects. The California EPA has proclaimed that thimersol is a human reproductive toxin when denying a request from Bayer, Inc., to reclassify thimersol as harmless.

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Influenza Vaccine: Review of Effectiveness of US Immunization Program and Policy Considerations

Journal of American Physicians and Surgeons

Volume 11, Number 3, page 69

Fall 2006

Below Are Key Points of the Article

"A number of studies have been reported that influenza vaccine (IV) administration has been less than optimally effective in certain subpopulations."

"...the yearly US mass influenza vaccination campaign has been ineffective in preventing influenza in vaccine recipients."

"Between 1979 and 2000, influenza vaccine was shown to have little or no effectiveness over the US population for preventing influenza cases, deaths, or hospital admissions."

"The poor effectiveness shown by the present study is particularly troubling in view of the cost of the influenza vaccine program. If it were recommended that every person be vaccinated annually against influenza, full implementation would require giving approximately 300 million doses annually in the United States.....at a cost of \$22.5 billion for the whole population." (remember, if this were the scenario, YOU would be paying \$22.5 billion.)

"Even if the influenza vaccines were 100% effective in preventing deaths for these children, which certainly does not seem to be the case, the cost of preventing the average of 10 deaths per year in children under 1 year of age would be about \$60 million per death prevented."

"...the annual cost to the NVICP (the National Vaccine Injury Compensation Program - this is the organization that must pay for drug company vaccines that damage YOU) of paying compensation for adverse effects is increasing substantially....as a number of studies have reported an association between influenza vaccine administration and adverse reactions such as Guillain-Barre syndrome, Bell's palsy, and systemic vasculitis."

"Another problem with annual influenza vaccination is that a large proportion of available vaccines currently contain 25 micrograms of mercury from thimerosal per 0.5 mL dose. Thimerosal is a highly toxic, ethyl-mercury containing compound, which has been found to pose a significant risk to some vaccine recipients. The public's awareness of this risk is shown by the passage of statutes that will soon ban the use of thimerosal at other than "trace" levels and/or completely in the states of Iowa, California, Missouri, Illinois, Delaware, New York, and Washington. The presence of thimerosal at preservative levels in influenza vaccine is one of the main reasons for public support of this legislation. An additional reason for caution is the ineffectiveness of live-virus influenza vaccines, for example, Flumist, a live cold-adapted trivalent nasally administered vaccine, which is currently being recommended for individuals aged 5 - 49. (There is a likelihood that one can catch the flu when one comes in contact with a person who has been inoculated with Flumist) Persons who have received Flumist....."are advised to avoid close contact with immuno-compromised individuals for at least 21 days. Persons with conditions such as HIV, malignancy, leukemia, or lymphoma, and patients who are receiving systemic corticosteroids, alkylating drugs, antimetabolites, radiation, or other immunosuppressive therapies are also placed at a significant risk. (What this article fails to state is that deaths from influenza are almost solely from individuals stated above. People with pre-existing illnesses who contract influenza and die are counted in the CDC death toll as an influenza death. This is clearly a misrepresentation.) Other individuals who should avoid contact with a Flumist inoculee include pregnant women, adults and children with chronic cardiovascular or pulmonary disorders, including asthma; metabolic diseases, including diabetes; renal dysfunction; or hemoglobinopathies. The widespread use of Flumist would place a significant part of the populations at risk, **raising serious concerns about the wisdom and ethics of recommending Flumist for use in the general population.**"

"In addition to transmissibility, a live virus vaccine poses the risk that vaccine strains could recombine or re-assort genes in the event that an inoculee contracts a second viral infection, potentially producing a 'super virus'".

"The annual risk of influenza....on average...is about 37% of the population. However, these millions of influenza cases annually translate into an average of about 1,300 deaths in the U.S., and not the often-quoted inflated number of 36,000 influenza deaths per year." (The source of these inflated numbers comes from combining pneumonia statistics with the influenza statistics. This is done in order to create a stronger "scare tactic". If one checks the CDC's death rate statistics this will be verified. Of the 1,300 deaths cited in this article, not one death was from influenza alone. All of these deaths were in individuals that had a pre-existing condition that greatly affected their immune system.)

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FDA Sued Over Mercury in Medicines

Association of American Physicians and Surgeons, Inc.

A Voice for Private Physicians Since 1943

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On Oct 27, the Coalition for Mercury-free Drugs (CoMeD) filed an amended complaint in U.S. federal court, disputing a Sept 26 FDA response defending the use of mercury in medications.

The lawsuit, originally filed in August 2006, asks the court to force the FDA to comply with existing law and regulations and provide proof of the safety and efficacy of mercury in drugs. The suit was filed because the FDA failed to answer issues raised in a citizen petition filed on Aug 4, 2004, by CoMeD representatives.

Mercury is found in at least 45 different prescribed or over-the-counter drugs, including eye ointments, nasal sprays, and vaccines, most importantly, **flu vaccines** administered to children and pregnant women.

In a 1999 internal email, obtained under a Freedom of Information Act request, an FDA official wrote that the agency's failure to evaluate the cumulative amount of mercury in medicine "...will raise questions about FDA being 'asleep at the switch' for decades by allowing a potentially hazardous compound to remain...and not forcing manufacturers to exclude it from new products...."

In a second email, the same official wrote: "...the greatest point of vulnerability on this issue is that the systematic review...by the FDA could have been done years ago and on an ongoing basis."

In a letter by FDA Acting Assistant Commissioner for Policy Jeffrey Shuren, denying the CoMeD petition, the "admission that the FDA had no substantive evidence confirming the safety of mercury in medicine was stunning," stated CoMeD.

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FDA Panel Proposes Tamiflu Warning Label

Monday, November 13, 2006

Doctors and parents should watch for signs of bizarre behavior such as delirium and hallucinations in children treated with the flu drug Tamiflu, federal health officials suggested Monday, citing increasing cases overseas.

Food and Drug Administration officials still don't know if the more than 100 new cases, including three deaths from falls, are linked to the drug or to the flu virus (we know the answer, don't we?!) - or a combination of both. Most of the reported cases involved children.

Still, FDA staff suggested updating Tamiflu's label to recommend that all patients, especially children, be closely monitored while on the drug. They also acknowledged that stopping treatment with Tamiflu could actually harm influenza patients if the virus is the cause of delirium, hallucinations and other abnormal behavior, such as aggression and suicidal thoughts. (Interesting, they say keep taking the drug that could be the cause of the problem...hmmm...what do you think?)

The FDA's pediatric advisory committee is to discuss the recommendation Thursday. The FDA isn't required to follow the advice of its outside panels but usually does. An FDA spokeswoman did not immediately return a call seeking comment.

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Tamiflu May be Linked to Risk of Self-Injury and Delirium

12/6/2006

Tamiflu may be linked to risk of self-injury and delirium; vitamin D suggested for influenza

New safety labeling provisions for the anti-influenza drug oseltamivir phosphate (Tamiflu) warn of potential neuropsychiatric adverse effects.

The warning is based on postmarketing reports, primarily from Japan, suggesting that persons who receive Tamiflu, especially children, may be at increased risk of self-injury or delirium.

An alert sent by MedWatch, the FDA's safety information and adverse event reporting system, advised close monitoring of patients given Tamiflu for signs of abnormal behavior.

Adverse events can be reported to MedWatch by telephone at (800) FDA-0178, online at www.fda.gov/medwatch, or by mail to 5600 Fishers Lane, Rockville, MD 20852-9787.

Some scientists suggest that a shortage of vitamin D triggers outbreaks of influenza, which tend to peak between late December and March.

Attempts to demonstrate a link between cold exposure and influenza susceptibility have failed. Additionally, influenza also occurs in tropical climes, where the seasonal pattern is similar. Some scientists hypothesize that sun exposure is the key. Susceptibility to influenza may be increased when vitamin D levels are lower, as during the rainy season in the tropics or winter in temperate zones.

Dr. John Cannell, a psychiatrist at Atascadero State Hospital in California noted that his ward at a maximum-security facility for the criminally insane was the only one spared during an influenza outbreak in April 2005. The only difference he could determine was that his 32 patients were taking high daily doses of vitamin D.

The hypothesis should be easy to prove or disprove with a controlled study. In the meantime, Cannell takes 5,000 IU of vitamin D daily during winter months (Michael Stroh, Baltimore Sun 11/26/06).

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Flu Shots - Beware of Toxic Additives

by

Sherri J Tenpenny, DO

One year ago this month, The Washington Post ran a story that not only extolled the use of the influenza vaccines but pushed for a new and improved version by saying, "Why wait for the pandemic to benefit from better flu vaccines?"(1) The story went on to say that the National Institutes of Health (NIH) is planning to strengthen the flu shot "destined for the elderly" by adding an immune-boosting compound to the shot called an adjuvant.

An adjuvant is a substance added to produce a high antibody response using the smallest amount of virus (antigen) possible. By definition adjuvants are considered to be "pharmacologically active drugs." They are designed to be "inert without inherent activity or toxicity" and yet they are required to "potently augment effects of the other compounds" in the vaccines. It is difficult to explain how a substance can be defined as "pharmacologically active" and at the same time be described as "inert and have no activity or toxicity."

The limiting factor for approval of new adjuvants has been that most are far too toxic for use in humans. However, one adjuvant has been approved in Europe and its approval is on the way for use in the U.S. It is an oil-based adjuvant called MF-59, a compound primarily composed of squalene.

On first blush, squalene seems like a good choice for an adjuvant. Manufactured naturally in the liver, squalene is a precursor for cholesterol. In addition, squalene can be purchased at health food stores in its more commonly known form, "shark liver oil." However, ingested squalene has a completely different effect on the body than injected squalene. **When molecules of squalene enter the body through an injection, even at concentrations as small as 10 to 20 parts per billion, it can lead to self-destructive immune responses, such as autoimmune arthritis and lupus.**(3)

Several mechanisms have been proposed to explain this reaction. Metabolically, squalene stimulates an immune response both excessively and nonspecifically. More than two dozen peer-reviewed scientific papers from ten different laboratories throughout the U.S., Europe, Asia, and Australia have been published documenting the development of autoimmune disease in animals subjected to squalene-based adjuvants.(4) A convincing proposal for why this occurs includes the concept of "molecular mimicry" in which an antibody created against the squalene in MF59 can cross react with the body's squalene on the surface of human cells. The destruction of the body's own squalene can lead to debilitating autoimmune and central nervous system diseases.

The squalene in MF59 is not the only cause for concern. One of its components, Tween80 (polysorbate 80) is considered by vaccine manufacturers to be "inert" but is far from it. A study published in December, 2005 discovered that Tween80 can cause anaphylaxis, a sometimes fatal reaction characterized by a sharp drop in blood pressure, hives, and breathing difficulties. Researchers concluded that the severe reaction was not a typical allergic response characterized by the combination of IgE antibodies and the release of histamines; it was caused by a serious disruption that had occurred within the immune system.(5)

Vaccine manufacturer Chiron is already using MF59 in its European influenza vaccine for seniors called Fluad™. It remains to be seen if Chiron will gain approval for using this adjuvant-containing vaccine in the U.S. In the mean time—and for the first time—all children from age six months to five years will be targeted for the flu shot this fall. Expect even more children to be on the vaccine list as early as 2007; discussions are underway to mandatorily vaccinate the healthy five to nine year-old group as a school requirement.

A record 121 million doses of flu vaccine was produced for the 2006-2007 flu season and production is being ramped up to 140 million doses for the coming flu season. Be prepared for a huge push to get everyone vaccinated this fall. Consider it to be psychological pre-conditioning. The plan is to get each person ready—and eager—to roll up their sleeve for an injection of the "pandemic" flu vaccine when it becomes available.

Retaining freedom of choice will become increasingly important for those who want to refuse. Get politically active by joining the American Association for Health Freedom, at <http://www.healthfreedom.net>, the organization on Capitol Hill that lobbies for a person's right to choose and the practitioners right to practice. Self-appointed experts at the WHO and the CDC who really believe the only way to survive a pandemic to be inoculated with viruses and chemicals will be pressuring you to comply. Don't let the bird flu vaccine become mandatory in your State.

When the media begins to, once again, shriek about the coming bird flu pandemic by urging everyone to be vaccinated, remember that the bird flu vaccine will be largely untested. Worse, it will be no more effective than the annual flu shot and there is a high probability it will contain MF-59.

(1) Neergaard, Lauren. "Experts Say Elderly Need Better Flu Shot." The Washington Post. April 17, 2006.

(2) Kenney, R. T., Edleman, R. "Survey of human-use adjuvants," Expert Review of Vaccines 2 (2) (2003): 167-188.

(3) Ref. No. 1: Svelander, L., Holm, B. C., Buchtt, A., Lorentzen, J. C., Svelander, L. "Responses of the rat immune system to arthritogenic adjuvant oil," Scandinavian Journal of Immunology 54 (2001): 599-605. PMID: 11902335.

(4) Matsumoto, Gary. Vaccine A: The Covert Government Experiment That's Killing Our Soldiers and Why GIs Are Only the First Victims Vaccine. (New York: Basic Books)

(5) Coors, Esther A., Seybold, Heidi, Merk, Hans, Mahler, Vera. "Polysorbate 80 in medical products and nonimmunologic anaphylactoid reactions," Annals of Allergy, Asthma and Immunology 95 (2005): 593-599.

Dr. Sherri J. Tenpenny is respected as one of the country's most knowledgeable and outspoken medial doctors regarding the negative impacts of vaccines on health. Through her education company, NMA Media Press, she spreads her vision of retaining freedom of choice in healthcare, including the freedom to refuse vaccination.

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