

My wife and I began this in-depth research on the safety and efficacy of the H1N1 flu vaccine in order to provide you with fully researched information to help you in making the decision whether or not to get the flu shot. Once we got deep into the project we found some amazing and sometimes unbelievable information, much of it directly from medical journals, the vaccine manufacturer's own studies, studies done by outside sources, information provided by the CDC, FDA, and other health regulating agencies, as well as many in the field who have done numerous research studies. The amount of information not typically shared with the public is ginormous. It has taken weeks to weed through hundreds of pages of reports and articles. Putting the pertinent information together in a concise method has been much more time consuming than we anticipated. We want to get this information to you as quickly as possible so will be releasing it in sections. Dr.
Robert & Jeanie Grace



“Swine Flu Paranoia”

That photo was emailed to me recently having a little fun amidst all this worldwide pandemic fear. But the actual flu and the decision about getting the vaccine are no laughing matter. All around us is the constant bombardment of news stories telling us that officials are in a panic about this flu and are rushing vaccines out as fast as possible. On the other hand are reports about the dangers of the vaccine. Now what?

Should I Get the H1N1 Swine Flu Vaccine?

A number of patients have asked my opinion about getting the H1N1 Swine Flu Vaccine. I can't make that decision for anyone but I have done some research on both sides of the issue. Whatever decision you make, it should be an educated one after both sides of the issue have been considered.

The government and the companies making the vaccine have been quick to put out a huge amount of information via the media and the medical community telling you why you should get the vaccine. I feel reasonably sure you have seen plenty of this information so I will give a number of reasons why you need to think twice before blindly being vaccinated.

Following are some questions being asked about the flu, the vaccine and the dangers of both. Again, I am not including information *in favor* of the vaccine since it's everywhere. There is a serious lack of information as well as a lot of misinformation against these vaccines so I am only covering this aspect. It seems many in our government don't feel the average American, given ALL information, is capable of making good decisions on their own so have elected to present only one side of this and many other issues. I feel most people are intelligent and quite capable of making a decision that best suits their needs. And that whatever educated decision is made, it should be respected.

Everywhere I look and everything I hear says this flu is going to be a dangerous widespread pandemic. And then there is the daily count of how many have already died. It's gotten scary.

The word 'pandemic' sound really scary. In years past, the CDC's information on what constitutes a pandemic included such things as infection so deadly that *mortuaries are unable to bury all the dead* and death

& disease so widespread that it *disrupts governments around the world*. Now, according to the updated CDC website, “pandemic” simply means something that *infects multiple people in multiple countries*.

So far the H1N1 flu has been relatively mild in those individuals who become infected. In fact, that’s one of the reasons the CDC upped the publicity recommending that everyone be vaccinated. The number of vaccines sold has been nowhere near the number the CDC had planned. As an example of the mild nature of this flu, at the height of the spread through Asia, China, with a population of 1.3 billion people, reported 5,592 cases and no deaths. In Mexico, where this flu was reported as extremely deadly, 176 flu deaths were reported, however, only 7 of those were confirmed to be the new H1N1 flu strain. And all 7 of those deaths were individuals who were already very ill. Also, we are at the beginning of our flu season but the Southern hemisphere is leaving its flu season and entering spring and summer. Evidence from the developed South report that, while many were infected, the symptoms have been mild and the number hospitalized was “*exceptionally low*” with no risk of a H1N1 epidemic reoccurring.

Don’t let the “daily death” count scare you! That’s the very reason this number is so often quoted – to get people to act NOW. No one wants to unnecessarily risk their life but you have to put this death rate number into perspective. First of all, they never tell you how many of those who have died had been vaccinated and went on to become infected anyway. Secondly, the number who were very old and/or very ill is never differentiated. Third, and most important, many every year that are counted among the flu deaths actually died from bacterial pneumonia—a secondary infection—and other flu-like illnesses caused by non-influenza viruses and bacteria and not actually the flu itself. Consistently the statistics show that approximately 95% of cases reported as flu are attributable to *other pathogens*, such as adenoviruses, rhinoviruses, and any one of the other 200+ viruses with symptoms identical to the flu, and not the flu virus. What should actually be scary is a study in the *Journal of the American Medical Academy (JAMA)* that links many pneumonia deaths with patients taking stomach acid suppressing drugs.

The biggest thing to remember is, even if the number of deaths being reported was actually flu deaths, it may sound huge and ominous but in actuality it is quite small. Did you know that in this country alone one person dies every 13 minutes in a vehicle crash? That is, close to 50,000 people in the U.S. die every year just driving their car. The Mayo Clinic estimates that 180,000 people die each year directly from type II diabetes, a preventable disease. Each year 1.1 million people in the U.S. have a heart attack and of those over 500,000 die, also largely a preventable disease. There are at least 100,000 *reported* death per year from properly prescribed, properly take prescription medications. Another 100,000 per year die from infections picked up in hospitals, largely preventable. Around 200,000 in U.S. hospitals die every year from *preventable* blood clots following surgery or illness. One American dies as a result of a fall every 31 minutes. I could go on and on but I think you get the point. Please realize this scary number is simply that, a number to scare you into acting.

It’s also important to remember that even seemingly unbiased “news” has often been written and distributed by the very companies who stand to profit huge sums of money from the sale of these vaccines. And since every form of media receives more than half of all their advertising dollars from pharmaceutical companies, they cannot afford to step on the very toes of those who’s money provides their salaries. Gone are the days when you could expect to see unbiased investigative journalism representing both sides of an issue without a product or viewpoint to sell. My wife has a degree in Marketing. She has opened my eyes to the plethora of veiled marketing campaigns disguised as informative news.

With fewer journalists than ever, as all forms of media loose readers & viewers to free internet sources, much of our news is simply stories handed to them, written by *big business* (don’t loose site of the fact that the pharmaceutical industry is simply big business – more like *huge* business!) It’s the reporter’s *job* to make the stories as sensational as possible, especially when it comes to death—our biggest fear. Money talks and when huge sums of money are spent on advertising, it affects not only the type of ‘news’ and documentaries you see but even influences how health situations are handled on drama programs. Several months ago my wife and I decided to watch one of the “doctor” shows we’d heard about. During the episode a patient, after reading disturbing information on the internet, was being ridiculed for being wary of a new drug just approved and more so because he went to the internet for information. I think it no coincidence that this

weekly program is supported by a number of pharmaceutical drug ads. It behooves us to be aware of this trend and not buy into what is, for the most part, simply hype.

But doesn't the flu kill 36,000 people per year and H1N1 flu is expected to kill even more?

First, so far this flu has been a very ordinary bug. You may feel lousy for a few days but it hasn't been dangerous. In fact, the medical director of a large children's immunization service in London was quoted in the London Times as saying, "To start with, swine flu is far milder than we first feared, so the case for vaccinating millions of healthy adults against a disease that is no more unpleasant than a bad cold is questionable," adding, "There is no good evidence that the vaccine helps those with chronic health problems or pregnant women..." and "...the effectiveness of the vaccine is known to decrease sharply after 70 years of age."

Second, in the U.S. the CDC estimates numbers of seasonal flu cases and deaths based on mathematic modeling – not on confirmed numbers of flu cases. Now I admit, math equations themselves can be pretty scary, but to scare the public into injecting basically untested chemicals into their bodies using these equations is a whole different matter. To derive the numbers to plug into their math equations, the CDC lumps all influenza-related illness and death with that of pneumonia-related illness and death. The quote on the CDC's own web site states, "Statistical modeling was used to estimate how many flu-related deaths occurred among people whose underlying cause of death on their death certificate was listed as a respiratory or circulatory disease." However, separate studies prove 95% of all flu-like cases being reported are not actually the flu at all but one of the other 200+ viruses that cause the exact symptoms. Without lab verification, the actual number of those who contract the flu is unknown – and the CDC does not require any verification, simply says to count anyone with flu symptoms as a confirmed case. In some areas they are using a quick-test to verify that patients have the flu. The problem is, the quick-test is highly inaccurate – with something like less than 10% accuracy rate. Many years, in up to two-thirds of the cases of flu-like illness, no cause at all could be found.

And again, the CDC never says how many of those reported as dying from the flu were either very old or very sick. Nor do they report how many had been vaccinated.

But the CDC doesn't profit from all the hype, and they say this flu is bad.

In the past, we have always counted on our government to keep us safe, especially when it comes to our health. But we've all seen the stories in the past few years about the connection between the FDA and the pharmaceutical companies. It appears the CDC is just as vested in the profits of the drug companies. In fact, some reports confirm that all 15 members of the CDC Advisory Committee on Immunization Practices have financial ties to the vaccine industry. Reports continue about the numerous failures of the FDA and CDC while the number of health officials with direct and indirect financial ties to the very industry they are charged with regulating is at an all time high. All this while continuing to claim time and again that injecting and ingesting dangerous drugs and other chemicals are completely harmless. This alone should give us pause.

Further, the pharmaceutical industry—the biggest lobby group in Washington—continually influences our politicians who regulate the health agencies and formulate health policies. They pump billions of dollars into both parties in order to assure favorable legislation. Many former congressmen go directly from their position as your representative to a multimillion-dollar job with one the pharmaceutical lobby or consulting groups when they leave public office. It is then their job to lobby and advise their former fellow congressmen to legislate in favor of drug company profits. It has become all too common for public policy and corporate liability to be directly written for and by the pharmaceutical industry. For example, the Medicare Drug Plan enacted several years ago was largely written by those directly connected to the pharmaceutical industry. I know of no other industry that is afforded so much latitude, self-regulation, and access to policy makers than the drug makers. And since vaccines require limited testing, are easily made mandatory, and afford the makers some of their highest profit margin, I suspect we will continue to see increasing numbers of vaccinations touted as "preventative medicine".

I don't like to sound cynical, as though our government and its health regulating offices are somehow involved in some wild conspiracy along with a secret cover-up. I'm neither a cynic nor a conspiracy junkie. However, over the past 20 years the medical atmosphere in this country has taken a marked change of

direction while the health of the nation rapidly declines. Time and again numerous connections between the pharmaceutical industry and our congressmen, the FDA, CDC, NIH, WHO and just about every other health regulating office around the globe has been uncovered. At the least, it is disconcerting. At the worst it could be down right scary – even scarier than a flu outbreak.

It is public knowledge that the pharmaceutical companies influence their researchers, pick and choose study results with favorable outcomes while discarding those that prove a drug to be useless or dangerous, and are regulated by officials who have a vested interest in their financial success. On top of that, drug companies funnel huge sums of money into medical schools, provide many of the professors who teach the courses, and set up the parameters and pay for research studies conducted at these medical schools. Once your doctor has set up practice, almost all information he/she receives about which drugs, vaccines, etc. to prescribe is directly provided by the drug companies themselves. The yearly relicensing and education seminars every doctor is required to attend are often fully or partially paid for by the pharmaceutical industry and the speakers are paid by the drug company with his/her speech often prepared by the drug company as well. Even the highly respected medical journals such as *Journal of the American Medical Association (JAMA)* are largely funded by pharmaceutical ads. Under these current conditions, I am not entirely convinced that the pharmaceutical industry, as well as many of the regulating offices, are watching out for the overall health of our citizens. Until changes are made, I feel we should all take great caution when choosing drug therapies to “give us health” and do what we can to stay as healthy as possible so as to avoid as many drugs and vaccines as possible. I am not against drugs or vaccines, per se. What I am concerned about is the excessive amounts of drugs being prescribed for preventable, easily remedied conditions, and the now standard practice of defining common human discomforts as ‘syndromes’ that require lifelong medications. And now with vaccines requiring so little testing, exemption from lawsuits when damages are discovered, and legislators quick to make them mandatory, more and more pharmaceutical companies are jumping onto this cash cow.

So if the flu isn't as bad as expected, why did the CDC raise the Pandemic warning level to 6, the highest possible alert?

The warning level was raised to account for the possibility of the geographic spread of the virus, and tells nothing of its virulence or deadliness. In other words, if the common cold was rated on the same scale, it would have to be given a warning level of super-6 since it's spread capability is even higher.

Some are comparing this swine flu with that of the 1918 Spanish influenza – the Great Pandemic that killed 50 million worldwide and about 500,000 Americans.

First, here are some facts about the 1918 flu. The actual death rate from that very deadly virus was about 1% of all those infected. Researchers now believe that half the world's population—a billion people—were infected. This was also during the time of World War I. The outbreak began in rural Kansas when draftees for the war were sent there for training. These men were placed in crowded quarters under very stressful conditions with poor nutrition. The flu spread quickly to other military outlets, both at home and abroad, thru civilians in the U.S. and Europe.

The 1918 influenza began as a very mild flu, milder than normal. Suddenly in August 1918 a very deadly form violently erupted in Switzerland and spread quickly around the world. Scientists have since theorized that the chemical warfare used during World War I caused the virus to mutate. The mustard gas actively being used by the Germans, exposing troops on both sides, in later experiments was found to speed up the rate of reproduction of molds and bacteria and would be even more powerful in an influenza virus, where replication rates are already much faster.

It must also be taken into consideration that in 1918 with the world at war the underlying health and immunity of the people was severely compromised. On top of dreadful physical conditions of those in the militaries and citizens alike, the general stress level of everyone was at an all time high.

An interesting note: There was a vaccine being used for the 1918 flu. According to Eleanor McBean, a 1918 pandemic survivor and author, Greece refused to purchase any of the vaccination being sold, and there were no deaths from the Spanish Flu in Greece.

OK, but what about the deadly Avian Flu of 2006?

The avian (bird) flu was predicted to become the next global pandemic, "It's not a question of IF the avian flu pandemic is coming, but WHEN!" Such dire predictions were based, in part, on a high rate of death of those who became infected with avian flu, particularly in Vietnam. The death rate in Asia was reported to be as high as 70%.

However, a couple of years after the outbreak a report was published in the medical journal, *Archives of Internal Medicine*, suggesting that the death rate attributed to avian flu was severely overblown. In the midst of the avian flu scare a group of Swedish researchers traveled to Vietnam to conduct the study and were surprised with what they found. The scientists concluded that hundreds of thousands, perhaps millions of people in Asia are infected with avian flu each year, not just the few hundred individuals sick enough to wind up in a hospital. The vast majority of the population infected with avian flu seems to experience only a mild, self-limiting illness, indistinguishable from the symptoms of seasonal flu.

The scary death rate from avian flu would likely plummet spectacularly if health leaders examined and confirmed the evidence suggesting that avian flu is widespread and ordinary.

Viruses often mutate into more deadly "bugs" – shouldn't I get the vaccine in case this happens?

If the H1N1 virus does mutate to a more serious form, the current vaccine won't protect you. Vaccines are made from the virus for which it is to protect you. If the virus changes, the vaccine wasn't made from the new version. In fact, there is some independent research showing that widespread vaccination may play a role in flu viruses mutating into much more dangerous strains.

The CDC is recommending this vaccine even if the virus mutates in the hope of it offering *some* immunity. Read further for information on the success of vaccines at providing immunity to illnesses.

If the vaccine can prevent even one death, isn't it worth it?

There are two parts to this question and I'll cover the safety of the vaccine later. The first part relates to the vaccine preventing death. Obviously there isn't any way of saying any particular individual would have died from the flu had they not been vaccinated. However, there are some very interesting statistics that have me wondering about the effectiveness of all flu vaccines. The percentage of the population receiving flu shots has risen dramatically over the past thirty years. As a result, you would expect to see a decrease in the death rate percentage over the corresponding thirty years. The actual graph is basically *flat*. The percentage of the population dying from the flu has remained the same as it was before widespread vaccinations were introduced.

Facts regarding flu vaccine's effectiveness just don't support the claims. Consider these examples:

- In 2004 vaccine production fell behind, causing a 40% drop in immunization rates. There was no rise in the mortality rate.
- In two years, 1968 and 1997, there was a complete "miss" between the expected viruses and the actual set of viruses circulating those winters, with the effect that no one was vaccinated. Death rates from all causes, including flu and the various illnesses it can exacerbate, did not increase.
- Rising rates of vaccination of the elderly over the past two decades have not coincided with a lower overall mortality rate. In 1989, only 15% of people over age 65 in the U.S. and Canada were vaccinated against flu. Today, more than 65% are immunized. Yet death rates among the elderly during flu season have increased rather than decreased.
- During the 1980s, Japan had mandatory flu vaccination for school children. Two subsequent large-scale studies discovered there was no difference in the incidences of flu infection. As a result, in 1987, Japanese health authorities ruled that flu vaccination was ineffective and the policy was quickly overturned. By 1989, the number of Japanese taking the flu vaccine dropped to 20%. A follow up study at that time found that there was statistically insignificant change in influenza infection rates compared to when the vaccine was mandatory.

The government has been vague about the H1N1 vaccine's effectiveness. So far, no official has gone on record giving any real data about the effectiveness of this specific vaccine.

Hasn't the CDC and everyone else said this vaccine is safe?

There seems to be different language everywhere you look for the answer to this question. Direct quotes (not paraphrased or interpreted) are more along the lines of the new pandemic vaccines being just as safe as seasonal flu vaccines. That doesn't give me a lot of comfort since I'm not 100% convinced of the *long-term* safety of the annual flu vaccines. According to the 2009-2010 printed insert for Flulaval, one brand of seasonal flu vaccine, "*Safety and effectiveness have not been established in pregnant women, nursing mothers, and children.*" Yet those are the very ones at the head of the line each year for the injection.

The director of vaccine research at the World Health Organization (WHO), Dr. Marie Paul Kieny had this to say about the safety of the pandemic flu shots: "*It's not to say they would not be safe, they may be very safe but there is no data for the time being to demonstrate safety.*"

Here's another quote to consider. This statement from the federal government's Vaccine Advisory Committee admits we are embarking on a risky medical experiment involving millions of human guinea pigs: "*The need to actively monitor vaccine recipients for vaccine adverse events is critical given that the vaccine candidates will all contain a new antigen and may be combined with adjuvants that are not part of licensed vaccines in the U.S.*" (emphasis mine)

Initial vaccine production was rushed and as supplies became limited, the makers stepped up production even more. It took only a matter of months for the vaccine to be developed, declared safe, and marketed. The combination of chemicals that will be directly injected into the bloodstream of millions was approved by the FDA ***with virtually no safety testing!*** And to protect all involved, the government has granted absolute legal protection to government planners, vaccine manufacturers and all personnel involved at any level of the swine flu shot. By invoking the PREP Act of 2006 (Public Readiness and Emergency Readiness Act) the Department of Health and Human Services (HHC) granted complete immunity "*in all stages of 2009 H1N1 influenza vaccine development, testing, manufacture, distribution, prescribing, administration and use.*" This has also been extended to cover any problems caused by antiviral drugs (i.e. Tamiflu, etc.) This makes me a bit uncomfortable, as it gives no incentive for the makers to follow even basic safety guidelines, much less assure the drug's effectiveness and it's safety.

The World Health Organization (WHO) acknowledged, "*Genuine adverse events directly caused by the vaccine may also occur, but cannot be predicted in advance*".

But I heard that testing was done and more is being done right now, especially for children and pregnant women.

According to the FDA, the swine flu vaccines was tested and declared safe. However, what you may not realize is that safety testing requirements for vaccines is very minimal. Most of the yearly flu vaccines, including H1N1, is given to at most a few hundred young healthy individuals, often college students, and sometimes as few as 20-30 young healthy individuals. Two to three weeks after the injection, it is pronounced safe for everyone. The standard randomized double-blind placebo studies to determine efficacy and safety is not required for vaccines, nor is there evidence that it has ever been done in any vaccine trials.

Government official's exact words for the H1N1 vaccine is that it "*appears to be safe with no serious side effects.*" Problem is, most serious side effects show up many months and even years later. Also, the CDC officials are recommending that everyone, especially children, receive annual influenza shots as well as one or two doses of the H1N1 flu vaccine. There and been NO tests to determine the safety and efficacy of two to four doses of different kinds of influenza vaccine. And even worse, there has never been any testing done on the cumulative effect of yearly flu shots.

The National Institute of Allergy and Infectious Disease (NIAID) is conducting a *randomized trial*—not a placebo controlled—study on pregnant women. This trial cannot establish vaccine safety because there is no

control group for comparison of outcomes. It is simply comparing one brand of flu shot over another. Any safety problems common to both vaccines will never show up in this kind of incomplete analysis.

The vaccine industry began with the smallpox vaccine produced in 1796 by Edward Jenner and grew with the generalized germ theory from the late 1800s by Louis Pasteur and Dr. Rudolf Virchow, considered the father of pathology. The brief version of this theory goes like this: a small amount of a virus or a weakened version is injected, causing the body's immune system to produce antibodies. These antibodies would then protect you if you later came into contact with the virus. Problem is, this theory was never adequately tested back in the 1700 and 1800s. Decline in deaths from the diseases for which vaccines were being given was assumed to be the result of the vaccine. However, this has never actually been proven. Most of these diseases were in a steep decline, some almost nonexistent, by the time widespread vaccination began. Some diseases, like measles, began to increase after the vaccine was introduced, the number of cases highest in areas where the vaccine was most widespread.

Both Pasteur and Virchow, before their deaths, tried to correct their own germ theories of disease. By the end of their careers, both scientists realized this one-dimensional thinking was flawed. However the belief, as well as the hugely profitable industry, was already firmly entrenched and both men were unable to budge scientific thinking before they died. Louis Pasteur is reported to have said on his deathbed, "*The microbe is nothing, the terrain is everything.*" By terrain, Pasteur meant the health of the human host. What both men realized was that germs, in the form of viruses and bacteria, exist all around us yet neither just comes along and makes us sick. Rather, microbes infect those people who are already weakened. Both men attempted to take the emphasis off the germs and put it back on the health of the human body. Germs have always existed and always will. *Ignore the germs, pay attention to the health of the individual*, was their conclusion. However, huge profits are being made from the antiquated germ and vaccine theories – not just by the vaccine industry but also with antibacterial and antiviral products of all types.

The vaccine industry is based on the *assumption* that the vaccines are responsible for death rate decline and yet the theory has never been proven. No one knows how much natural immunity occurred as a result of exposure to illnesses and from mother to baby from a mother's natural immunity and via breast milk. Also unknown is how many fewer people become infected because of improved nutrition and hygiene. However, this *assumption* is the very reason stringent safety and efficacy testing has never been required.

It is now being questioned whether simply having antibodies in the bloodstream has much, if anything to do with immunity. Children with agammaglobulinemia are incapable of producing antibodies, yet they recover from infectious diseases almost as quickly as other children. According to a retired vaccine scientist turned whistle blower in a 2002 interview: "*That [immunity] is the bad premise. It doesn't work that way. A vaccine is supposed to 'create' antibodies which, indirectly, offer protection against disease. However, the immune system is much larger and more involved than antibodies and their related killer cells.*"

Another point that is brought out by Jamie Murphy, author and investigative journalist, is that "*the medical profession and science do not know, and have never known, what the infecting dose of an infection really is. It's not something that can be measured. So they're really guessing at the amount of antigen and other supplementary chemicals that they put in the vaccine.*" Murphy goes on to say; "*Vaccines are portrayed as being indispensable and somehow better at disease protection than what our innate biological defenses and nutritional resources have accomplished for thousands of years. I think it's the height of arrogance for the medical profession to think that they have duplicated a biological process that has taken care of people since the beginning of time.*"

I'm over 65, shouldn't I have the vaccine even if it's not necessary for younger, healthy individuals?

There are two reasons why many over the age of 65 choose not to have the swine flu vaccine. First of all, a similar H1N1 flu went around in 1957, so anyone born before then may already have some immunity to the virus. Secondly, it's well documented that the flu shot doesn't work very well for those over 65. Pneumonia, not the flu, is more of a health problem, especially as you age. According to *The Lancet*, pneumonia occurs with equal frequency in people over age 65, with, or without a flu shot. In a study published in the *Journal of American Medical Association (JAMA)*, volunteers over 60 received a flu shot or a placebo. 2% of the flu shot group got the flu while 3% of the placebo group did. Considering that all statistics are accurate only to

within a few percentage points, the difference in these two numbers isn't enough to declare any difference at all. Another very thorough study published in 2006 of eight years of medical data on more than 72,000 people 65 and older concluded that flu vaccines had virtually no effect on reducing mortality.

Also, the live virus, the adjuvants, and other chemicals included in the shot are harmful to most and may have more of a detrimental effect on the very young and the very old.

What about my little ones in day care – aren't they at risk of catching the flu since they are around other small children?

Researchers looked at over 50 studies involving 260,000 children under age six and found the flu vaccine to be no more effective than a placebo.

According to a study released at the 2009 American Thoracic Society International Conference, children with asthma who received FluMist (the up-your-nose flu shot) experienced a three-fold increased risk of hospitalization. Officials have stated that children with asthma should not get the nasal flu vaccination. However the shot version does contain the very controversial thimerosal (mercury). And some areas are suspending all limits on the amount of thimerosal per shot, allowing as much mercury as possible in order to increase the number of shots available.

Again, weigh the possible benefits against the possible harm and make your decision accordingly.

Has there been any research done on the effectiveness of flu vaccines by anyone not connected in any way to the vaccine/pharmaceutical industry? If so, what have they found?

As a matter of fact, there has been. Independent reviews of published medical research from around the world pertaining to flu shots are periodically undertaken by the Cochrane Collaboration, which does not accept government or industry money for its research.

In one review the Cochrane group looked at 51 studies involving 260,000 children: "No evidence that injecting children 6-23 months of age with flu vaccines is any more effective than a placebo." In another Cochrane review of 25 studies involving more than 60,000 healthy adults: "Universal immunization of healthy adults was not supported by this review." The Cochrane group also looked at 64 studies involving the elderly: "The runaway 100 percent effectiveness touted by proponents [of the flu shot] for the elderly was nowhere to be seen. What you see is that marketing rules the response to influenza, and scientific evidence comes fourth or fifth."

A consensus says that the flu shot saves lives, but unbiased data does not back this up.

I thought studies proved that people who get the flu shot in the fall are half as likely to die from the flu than those who do not get the shot.

You have to understand the way these statistics are gathered and interpreted. First of all, depending on which study is used, the statistic states that those who get the flu shot were anywhere from 50% to 90% less likely to die—from any cause—that winter than those who do not get the shot. Using the total number of deaths that winter, they determine whether there were less deaths among those who got a flu shot in the fall. Included in the numbers of deaths are those resulting from car accidents, heart attacks, and everything else. The raw numbers do show a lower death rate in those who have been vaccinated. However, the premise is faulty from the beginning.

Influenza causes only a tiny fraction of all deaths in the US, even if you use the CDC's method of counting all illnesses with symptoms that are similar to the flu. In the elderly, flu only accounts for, at most 10% of winter deaths, again using the CDC expanded definition. According to Tom Jefferson, a physician based in Rome and the head of the Vaccines Field at the Cochrane Institute, "For a vaccine to reduce deaths by 50% - 90% would mean it would have to prevent deaths not just from influenza, but also from falls, fires, heart disease, strokes, and car accidents. That's not a vaccine, that's a miracle."

These types of studies are called "cohort studies" and are notoriously prone to bias, especially when it comes to health factors. There's a phenomenon called the "healthy user effect" that's proven that, on

average, healthier people—those more concerned with their health—chose to get the vaccine, while the “frail elderly” didn’t or couldn’t. In 2004 a very thorough study was done of eight years of medical data on more than 72,000 people 65 and older. The healthy-user effect explained the entire benefit that other researchers were attributing to flu vaccine. This study suggesting that the vaccine itself had virtually no effect on reducing mortality. The methodology, thoroughness, and professionalism of this study was praised by all in the field but the lead physician and senior investigator, Lisa Jackson, with the Group Health Research Center in Seattle, was turned down for publication by the *Journal of the American Medical Association*, with the claim that, “*To accept these results would be to say that the earth was flat!*” The paper was published in 2006 in the *International Journal of Epidemiology* but was largely ignored by doctors and public-health officials.

Jackson had been warned prior to conducting the above study that “*no good can come*” from questioning the oft quoted statistics used to convince people that vaccines will save their lives. She was told by colleagues that, “*Potentially a lot of bad could happen for me professionally by raising any criticism.*”

Officials give a lot of possible reasons for the increasing number of studies that do not confirm the effectiveness of vaccines but refuse to do further testing, simply choosing to go along with a *belief* that was established hundreds of years ago that flu vaccines save lives. The problem is, the vaccine philosophy became dogma before adequate testing could be done to determine safety and efficacy. Now that it has become medical doctrine (as well as the most profitable division of the pharmaceutical industry) to even state that further testing is needed is analogous to heresy and often results in being shunned by the medical establishment. However, it’s a case of circular logic and misquoted statistics that keep the entire concept afloat, going something like this, “*We believe vaccines saves lives even though we admit that adequate studies have never been done. However, we do not need further study because we believe vaccines saves lives. To do a placebo controlled study to determine if vaccines actually do work would be unethical since you would be giving no vaccine to the placebo group and since we believe they save lives, we would be subjecting the unvaccinated placebo group to possible death, even though we’ve never tested to see if this is in fact true. But we believe it to be true so we can’t do those kinds of tests.*” I hope you’re asking yourself, “Huh?” I sure am!

This kind of circular logic is not new to the medical field. Over the years there have been many treatments, tests, and medications that became medical doctrine on the slimmest of evidence, and because it was generally accepted as truth, subsequent testing was declared unnecessary, only to find out many years and numerous lives later that the treatment was killing patients. One such example not so long ago was the accepted practice of high-doses of chemotherapy followed by a bone-marrow transplant for advanced cases of breast cancer. Cancer specialists refused to enroll patients in randomized clinical trials for a far less toxic approach, saying it would be unethical, because they knew the accepted approach worked. When the studies were finally completed in 2000 it turned out that the bone marrow transplants were killing patients. This is only one of numerous examples.

Given the number of studies found in scientific literature showing possible links of vaccines to autism, migraines, rheumatoid arthritis, Guillane-Barre Syndrome, ear infections, osteoarthritis, diabetes, lupus, fibromyalgia, Parkinsons, Alzheimers, Lou Gehrigs, Sjorgren's, MS, anemia, seizures, certain ulcers, Chronic Fatigue Syndrome, thyroid problems, ADD & ADHD, meningial infections, encephalitis, sexual impotence, Gulf War Syndrome, impeded hearing, certain eye disorders, and many more autoimmune & inflammatory conditions I would think we are long past due for some true testing. Continuing to assume their effectiveness while allowing severely limited testing to show safety then using scare tactics to convince people to get the shots, enacting laws requiring multiple vaccines, and ignoring numerous warning signs of possible serious harm seems a bit nuts to me.

It should always be remembered: The money is in the medicine—not the cure.

During the 1976 outbreak of swine flu the vaccine caused death and paralysis from Guillain-Barre syndrome. Wouldn't they have fixed the vaccine, changing whatever caused the problems?

In 1976, Washington rushed in a mass immunization program against a swine flu outbreak that was confined to a single military base. Forty million people were injected with this fast-tracked vaccine that caused thousands of cases of Guillain-Barre syndrome (GBS) and 25 known deaths. The number of known deaths

due to the H1N1 virus that year? *One.* According to the Association of British Neurologists, "Following the 1976 program of vaccination against swine influenza in the US, a retrospective study found a possible eight-fold increase in the incidence of GBS." More than \$1.3 billion was awarded for the deaths and damages. Government officials swear a repeat of 1976 will not happen but they also admit they don't really know for sure.

In fact, Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases admits that a clinical trial will not detect a damaging or deadly event such as the GBS that occurred in 1976. "The only way to pick that up is after the fact, when a lot of people get vaccinated and good surveillance picks it up." In other words, we won't know if the stuff is really bad until many months, maybe years after we give it to a millions of people.

Disconcerting was a letter written in July 2009 by Professor Elizabeth Miller, head of the Health Protection Agency's Immunization Department to all neurologists that they needed to look out for increases in cases of brain disorders, especially GBS, that might follow the launch of this immunization program. Neurologists throughout Britain and the U.S. are being warned about a possible increase in GBS yet the very doctors and nurses throughout the world who are tasked with injecting millions of babies, elderly, very ill, and healthy individuals are not given this information.

Adding to the concern, Dr. Tom Jefferson from the Cochrane Collaboration is on the record saying, "New vaccines never behave in the way you expect them to. It may be that there is a link to GBS, which is certainly not something I would wish on anybody. But it could end up being anything because one of the additives in one of the vaccines is a substance called squalene, and none of the studies we've extracted have any research on it at all."

Even if vaccines aren't proven to be as effective as we've always been told, shouldn't I get the vaccine just in case it might help – even a little?

That would be my suggestion... ***IF*** it was proven beyond a shadow of a doubt that there are no health risks associated with vaccines. Sadly, the safety of vaccines in general, and the flu vaccines in particular is even less researched and the data more manipulated than for the effectiveness of the vaccines.

First of all, researchers admit they really don't understand the entirety of the immune system. It's much too complicated. Next, the entire premise of vaccines is backwards. Vaccinating someone typically involves injecting a weakened or small amount of a virus directly into the bloodstream. However, scientists do know that our immune responses begin **LONG** before any pathogen reaches the blood. In fact, the whole process is designed to keep the offending substance **OUT** of the blood or severely alter it, rendering it incapacitated long before it enters the blood. The process begins with the skin in its attempt to keep out as much foreign matter as possible. Then, every avenue into the body has it's own complicated array of reactions to kill or modify unwanted pathogens. Immunity does not start in the blood. Many researchers are coming to the realization that the full inflammatory response is necessary to create real immunity and that injecting these antigens may be dangerous and at the root of the out of control inflammatory and autoimmune diseases we now have in this country.

Dr. Viera Scheibner, arguably one of the world's most respected scientists and scholars of vaccine medical data with two books and almost 100 peer-reviewed papers published on the subject, says "...injecting vaccines can cause harmful, inappropriate immunological responses... [This means there is] increased susceptibility to the disease which the vaccine is suppose to prevent, and to a host of related and other unrelated infections." and that the runny noses, ear infections, pneumonitis, and bronchiolitis that most vaccinated children develop after an injection "indicates immuno-suppression. So it doesn't indicate immunity. It indicates the opposite."

Dr. Scheibner goes on to say, "Vaccines [can] damage internal organs, particularly the pancreas... So not only is it that children develop these infections with increased severity, but they develop... these autoimmune diseases like diabetes. That's a real pandemic.... [Vaccination] is an illness industry. They cause pandemics of diabetes. They cause pandemics of other degenerative diseases. They cause pandemics of behavioral problems."

Dr. Richard Moskowitz, past president of the National Institute of Homeopathy, and a cum laude graduate of Harvard and New York Medical School, states that, "*Vaccines trick the body so that it will no longer initiate a generalized inflammatory response. They thereby accomplish what the entire immune system seems to have evolved to prevent. They place the virus directly into the blood and give it access to the major immune organs and tissues without any obvious way of getting rid of it. These attenuated viruses and virus elements persist in the blood for a long time, perhaps permanently. This, in turn, implies a systematic weakening of the ability to mount an effective response, not only to childhood diseases but to other acute infections as well.*"