

The Toxic Science of Flu Vaccines

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Global Research, November 01, 2016

Region: [USA](#)

Theme: [Science and Medicine](#)

Joshua Hadfield was a normal, healthy developing child as a toddler. In the midst of the 2010 H1N1 swine flu frenzy and fear mongering about the horrible consequences children face if left unvaccinated, the Hadfield's had Joshua vaccinated with Glaxo's Pandermrix influenza vaccine. Within weeks, Joshua could barely wake up, sleeping up to nineteen hours a day. Laughter would trigger seizures.

Joshua was diagnosed with narcolepsy, "an incurable, debilitating condition" associated with acute brain damage.[1] Today we can look back at Pandermrix as a horrible vaccine. Research indicates that it was associated with a 1400% increase in narcolepsy risk. More recently, a team of Finnish scientists at Finland's National Institute for Health and Welfare, recorded 800 cases of narcolepsy associated with this vaccine. Vaccine ingredients other than the engineered viral antigen are most often believed to be the primary culprits to adverse vaccine reactions. The Finnish research, on the other hand, indicated that the vaccine's altered viral nucleotide likely contributed to the sudden rise in sleeping sickness.[2]

Although Pandermrix was pulled from the market, it should never have been approved and released in the first place. This is a classic case of regulatory negligence by health officials and the WHO which promulgates flu vaccines around the world. Like all vaccines, which are now commonly fast tracked through government health regulatory bodies for rapid release upon the public, it should have been tested more thoroughly and more rigorously reviewed.

Since the time of Edward Jenner's primitive inoculation experiments to combat smallpox, and its countless aftermath of deaths throughout the 19th century, modern vaccine science has failed to learn its lessons. The failure of proper regulatory oversight has resulted in Joshua and other British citizens becoming disabled for life. The British government has paid out over 63 million pounds to cover lawsuits to Pandermrix victims. Glaxo has never admitted its flu vaccine caused brain damage. And this begs the question as to why it was withdrawn since it was the corporation's single flagship vaccine against the swine flu.[3]

We shouldn't become complacent by assuming flu vaccine risks only affect young children. Sarah Behie was 20 years old after receiving the flu shot. Three weeks later her health deteriorated dramatically. Diagnosed with Guillain-Barre syndrome, a not uncommon adverse effect of influenza vaccination, four years later Sarah remains paralyzed from the waist down, incapable of dressing and feeding herself, and rotting away in hospitals and nursing homes.[4]

Joshua's and Sarah's stories are by no means unique. Today tens of thousands of infants, toddlers, children and adults across the nation are increasingly becoming victims of vaccine injuries. No national debate is initiated because regulatory malfeasance within federal health agencies has aligned its self interests with pharmaceutical profits rather than serving

the public health.

Flu vaccines are perhaps the most ineffective vaccine on the market. Repeatedly we are told by health officials that the moral argument for its continued use is for “the greater good,” although this imaginary good has never been defined scientifically. For the present 2016 flu season, the CDC has removed Medimmune’s live attenuated flu vaccine (LAIV) FluMist from the market because it was found to be ineffective. Or at least this is the rationale stated by the agency. According to the CDC, one third of children’s influenza vaccinations are with live nasal sprays. Yet regardless of how infective and useless FluMist has been, it has remained on the market since 2003, and in 2014 the CDC recommended it as its flu vaccine of choice for children.[5]

Although last year FluMist was only 3% effective, according to an NBC report, the real truth behind its withdrawal is likely more crucial. [6] There is no reason to doubt that the vaccine contributed to more cases of flu infection than it prevented. And this is a fundamental flaw with all live vaccines, and even killed attenuated ones, that have been shown to “shed” and infect people in contact with the vaccinated persons, especially those with compromised immune systems.

In her investigative report, “The Emerging Risks of Live Virus and Virus Vected Vaccines,” Barbara Lo Fisher notes that the attenuated virus in the flu vaccine can shed and infect others for months after vaccination. Both the unvaccinated and the vaccinated are at risk. The CDC acknowledges this risk and warns “Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.”[7]

At their best, flu vaccines remain around 50-60% effective according to official health statements. However, the World Health Organization’s predictions for 2014-2015 flu strains were a bust. The match was such a failure that the CDC was forced to warn the American public that the vaccine was only 23% effective.[8] Given that the 2012-2013 flu season was only 27% effective for the 65 years-plus age group, predictive methodologies to determine which flu strains emerge during any given influenza season have more in common with medieval divination than sound science. For the 1992-1993 and 1997-1998 seasons, the vaccine concoction of flu strains was only 16% effective. Katherine Severyn, who monitors the actual WHO predictions and compares them with CDC claims has stated that, “depending upon the study cited, [flu] vaccine efficacy actually ranges from a low of 0%.” [9]

Dr. David Brownstein has noted that as far back as 1999, the Journal of the American Medical Association reported increased risks of febrile disorders greater than placebo associated with the live vaccine.[10] According to the FDA’s literature on FluMist, the vaccine was not studied for immunocompromised individuals (yet was still administered to them), and has been associated with acute allergic reactions, asthma, Guillian-Barre, and a high rate of hospitalizations among children under 24 months – largely due to upper respiratory tract infections. Other adverse effects include pericarditis, congenital and genetic disorders, mitochondrial encephalomyopathy or Leigh Syndrome, meningitis, and others.[11] Given this litany of vaccine dangers, it is highly unlikely the vaccine was removed simply for ineffectiveness. Yet when has the CDC ever been truthful with the public?

The development and promotion of the influenza vaccine was never completely about protecting the public. It has been the least popular vaccine in the US including among healthcare workers. Instead, similar to the mumps vaccine in the MMR, it has been the cash cow for vaccine makers. Determining the actual severity of any given flu season is burdened by federal intentional confusion to mislead the public. The CDC's first line of propaganda defense to enforce flu vaccinations is to exaggerate flu infections as the cause of preventable deaths. However, validating this claim is near impossible because the CDC does not differentiate deaths caused by influenza infection and deaths due to pneumonia. On its website, the CDC lumps flu and pneumonia deaths together, currently estimated at 55,227. The large majority of these were pneumonia deaths of elderly patients. Yet in any given year, only 3-18% of suspected influenza infections actually test positive for a Type A or B influenza strain.[12]

Dr. Martin Meltzer, a CDC expert in health economics, has stated "almost nobody dies of the flu" and "deaths [are] associated with flu, but not necessarily caused by flu." [13]

To date there is only one gold standard clinical trial with the flu vaccine that compares vaccinated vs. unvaccinated, and it is not good news for the CDC and the vaccine makers. This Hong Kong funded double-blind placebo controlled study following the health conditions of vaccinated and unvaccinated children between the ages of 6-15 years for 272 days. The trial concluded the flu vaccine holds no health benefits. In fact, those vaccinated with the flu virus were observed to have a 550% higher risk of contracting non-flu virus respiratory infections. Among the vaccinated children, there were 116 flu cases compared to 88 among the unvaccinated; there were 487 other non-influenza virus infections, including rhinovirus, coxsackie, echovirus and others, among the vaccinated versus 88 with the unvaccinated. This single study alone poses a scientifically sound warning and rationale for avoiding the vaccine.[14]

It is worth noting that there are approximately 200 distinct viruses that are misdiagnosed as influenza and produce flu-like symptoms. These organisms don't magically appear during fall and winter - they are always with us. Nevertheless we are more susceptible to flu-like infections during the colder months when there are less daylight hours.

In a later study by Dr. Danuta Skowronski in Canada, individuals with a history of receiving consecutive seasonal flu shots over several years had an increased risk of becoming infected with H1N1 swine flu. Skowronski commented on his findings that "policy makers have not yet had a chance to fully digest them [the study's conclusions] or understand the implications." He continued, "Who knows, frankly? The wise man knows he knows nothing when it comes to influenza, so you always have to be cautious in speculating." [15]

There is strong evidence suggesting that all vaccine clinical trials carried out by manufacturers fall short of demonstrating vaccine efficacy accurately. And when they are shown to be efficacious, it is frequently in the short term and offer only partial or temporary protection. According to an article in the peer-reviewed Journal of Infectious Diseases, the only way to evaluate vaccines is to scrutinize the epidemiological data obtained from real-life conditions. In other words, researchers simply cannot — or will not — adequately test a vaccine's effectiveness and immunogenicity prior to its release onto an unsuspecting public.[16]

The Cochrane Collaboration, the world's foremost group of unbiased researchers, physicians

and scientists, has performed a series of meta-analyses on the effectiveness of the influenza vaccine. In 2014 they found that vaccinating adults against influenza did not affect the number of people hospitalized nor decrease lost work.[17]Cochrane researchers stated that their results might be overly optimistic due to the fact that 24 out of 90 studies were funded by the vaccine manufacturers, which tend to produce results favorable to their product.[18]

According to Dr. Tom Jefferson at the Cochrane Collaboration, it makes little sense to keep vaccinating against seasonal influenza based on the evidence.[19] Jefferson has also endorsed more cost-effective and scientifically-proven means of minimizing the transmission of flu, including regular hand washing and wearing masks. There is also substantial peer-reviewed literature supporting the supplementation of Vitamin D.

Dr. Jefferson's conclusions are backed by a 2013 article by Johns Hopkins University School of Medicine scientist Peter Doshi, PhD, in the British Journal of Medicine. In his article Doshi questions the flu vaccine paradigm stating:

"Closer examination of influenza vaccine policies shows that although proponents employ the rhetoric of science, the studies underlying the policy are often of low quality, and do not substantiate officials' claims. The vaccine might be less beneficial and less safe than has been claimed, and the threat of influenza appears overstated." [20]

The CDC currently recommends that elderly Americans receive a flu shot, stating that "[v]accination is especially important for people 65 years and older because they are at high risk for complications from flu." [21] Unfortunately, this warning is grossly unfounded. A significant body of research proves that receiving the flu shot does not reduce mortality among seniors.[22] One particularly compelling 2005 study was carried out by scientists at the federal National Institutes of Health (NIH) and published in the Journal of the American Medical Association (JAMA). Not only did the study indicate that the flu vaccine did nothing to prevent deaths from influenza among seniors, but that flu mortality rates increased as a greater percentage of seniors received the shot.[23]

After the release of the study, investigative journalist Sharyl Attkisson covered the findings in a CBS News segment. Attkisson interviewed the only co-author of the study who was not affiliated with the NIH, Dr. Tom Reichert, who stated that the research team revisited the data several times, but that no matter how they analyzed the "incendiary material", the conclusion was clear: flu shots don't improve mortality rates in the elderly population.[24]

Dr. Sherri Tenpenny reviewed the Cochrane Database reviews on the flu vaccine's efficacy. In a review of 51 studies involving over 294,000 children, there was "no evidence that injecting children 6-24 months of age with a flu shot was any more effective than placebo. In children over 2 years of age, flu vaccine effectiveness was 33 percent of the time preventing flu. In children with asthma, inactivated flu vaccine did not prevent influenza related hospitalizations in children. The database shows that children who received the flu vaccine were at a higher risk of hospitalization than children who did not receive the vaccine.[25]

In a separate study involving 400 children with asthma receiving a flu vaccine and 400 who were not immunized, there was no difference in the number of clinic and emergency room visits and hospitalizations between the two groups.[26]

In 64 studies involving 66,000 adults, "Vaccination of healthy adults only reduced risk of

influenza by 6 percent and reduced the number of missed work days by less than one day. There was change in the number of hospitalizations compared to the non-vaccinated. In further studies of elderly adults residing in nursing homes over the course of several flu seasons, flu vaccinations were insignificant for preventing infection.[27]

During every annual quarter, the CDC's Advisory Commission on Childhood Vaccines meets, and the Department of Justice releases its report on settlements made for vaccine injuries and deaths. In recent years, the flu vaccine has topped the charts. During its most recent release in June 2016, 85 of the 116 cases, and 2 of the 3 deaths, settled by the "vaccine court" over a three month period were associated with the flu vaccine.[28] While this might appear to be a small and insignificant number compared to the millions of vaccines administered, it bears noting that the CDC itself admits that only 10% of vaccine adverse effects go reported. Independent analysis indicates it may be as small as 1-2% at best.

For almost a decade, the CDC has known influenza vaccines are ineffective and life-threatening for the elderly but continues to market them without hesitation. Hence in November 2014, five senior citizens at an assisted living facility in Dacula, Georgia, died within week after all residents were vaccinated.[29] During the previous year's flu vaccine trials, Sanofi Pasteur's Fluzone killed 23 elderly participants during the vaccine trial. Nevertheless, the vaccine was approved and continues to be marketed towards senior citizens.[30]

Today, the most extreme wing of the pro-vaccine community, headed by Paul Offit at Children's Hospital of Philadelphia, have been diligently pursuing mandatory vaccination and encouraging states to repeal personal religious and philosophical exemption from vaccinating. During the flu season, the debate over mandatory vaccination becomes most heated as medical facilities and government departments attempt to threaten employees and schools who refuse vaccination. Although this is deeply worrisome to those who advocate their Constitutional rights to freedom of choice in their healthcare, there are respectable groups opposing mandatory flu shots. Among them are the American Medical Association and the Association of American Physicians and Surgeons. According to the statement of the latter, the Association "objects strenuously to any coercion of healthcare personnel to receive influenza immunization. It is a fundamental human right not to be subjected to medical interventions without fully informed consent." The American Medical Association statement recognizes "philosophic reason" as a valid means for exemption. In addition, many union organizations, such as National Nurses United, the American Federation of Teachers, and the Coalition of Kaiser Permanente Unions now oppose mandatory flu shots. What these organizations recognize and is categorically denied by the Paul Offits in the pro-vaccine cabal, is the hard science raising serious questions over the flu vaccine's efficacy and safety that doesn't justify a national mandate.

The good news is that Americans are rapidly losing confidence in the CDC. According to National Consumers League poll, over two-thirds of Americans believe vaccines cause autism, which the CDC categorically denies.[31] Almost two months after the media reported on the revelations by a CDC whistleblower, Dr. William Thompson, who exposed the CDC cover up of a vaccine-autism connection with the MMR vaccine, a CBS News poll showed public approval of the CDC nosedived to 37%, down from 60% the previous year. Vaccine apologists and the major media claim this large decrease is due to the CDC's dismal handling of the Ebola crisis; however, Thompson's whistleblowing received over 750 million Twitter impressions indicating that the debate over vaccine efficacy and safety is far more on the public's mind.[32] Positive endorsement of the CDC would plummet further if the

public knew the full extent of CDC officials lying to Congress and their conspiracy to commit medical fraud for over a dozen years.

Imagine the tens of thousands of children and families who would have been saved from life-long neurological damage and immeasurable suffering if the CDC was not indebted to protecting the toxic products of the pharmaceutical industry and was serving the health and well-being of American children? And we can begin to further dismantle this citadel of despotic medical fascism by simply refusing the flu vaccine and protecting ourselves by adopting a healthier lifestyle during the flu season.

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Notes

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