

The CDC Votes in Favor of a Flu Vaccination Assault on Americans' Health

Richard Gale & Gary Null

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A central principle of democracy is freedom of choice. We can choose our political party, our religion, and the food we eat, but this does not seem to be the case when it comes to our medical choices and our freedoms to make them.

The recent unanimous 11-0 vote by the members of the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP) favoring every American over the age of six months receive the flu influenza vaccine is one more attempt by our federal health officials to open up our bodies to the free market capitalism of pharmaceutical coffers. It is another step to mandate a vaccine across the nation, a policy that has many supporters in the pro-vaccine science community. The vote raises an alarm about our federal government's scientific integrity, and calls into question its true allegiance and purpose: to protect the health of American citizens or increase Big Pharma profits. If the recommendation were ever enforced, the US would be the only nation in the world with mandatory flu vaccination. However, what our investigations show and what differentiates the US health agencies from the health ministries in other nations, is that in the US federal health system Big Pharma money, lobbying and corporate favors are what shape drug and vaccine policies and this is rampant throughout the system.

Mandatory influenza vaccination has been tried before across a nation. During the 1980s, Japan had mandatory flu vaccination for school children. Two large scale studies that enrolled children from four cities with vaccination rates between 1 and 90 percent discovered no difference in the incidences of flu infection. As a result, in 1987, Japanese health authorities ruled that flu vaccination was ineffective and was no more than a serious financial and legal liability if it was to continue. The mandatory policy was quickly overturned. By 1989, the number of Japanese taking the flu vaccine dropped to 20 percent. 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.[1]

Now we are hearing that for the forthcoming 2010-2011 flu season, the H1N1 flu strain will be included in the seasonal flu vaccine. This will be a quadravalent vaccine comprised of four strains including the H1N1. As of this month, the World Health Organization (WHO) continues to evaluate the H1NI virus at a 5 level pandemic and issues warnings to deaf ears now that people realize the WHO's word is disreputable. Nevertheless, we should still brace ourselves for another year of old yarn, fear-mongering, media spin and more voodoo science.

A brief overview of the past H1N1 pandemic boondoggle will help us to understand the addiction of denial permeating the ranks of the CDC's advisory committee. It presents a picture of a delusional bubble, unrelated to medical facts, that the CDC has found comfort to float within. The simple fact remains that the CDC is disconnected from anything resembling legitimate science thereby making their recent decision ludicrous and criminally irresponsible.

The CDC's predictions of particular strains during past flu seasons has never been especially accurate. In fact, often it has been extraordinarily dismal. The previous swine flu prediction in 1976 resulted in only one swine flu death but hundreds of people suffering permanent disabilities, including death, from the vaccine. For the 1992-1993 flu season, the prediction made for the virus used in the vaccine was off by 84 percent. For the 1994-1995 season, it was off by 43 percent for the primary strain targeted and off 87 percent and 76 percent for the other two strains. The Laboratory Center for Disease Control's study comparing vaccine strains with the strains appearing during the 1997-1998 season found the match off by 84 percent. One would achieve a greater accuracy rate by simply flipping a coin.

An article published in the prestigious *British Medical Journal* in 2005, "Are US Flu Death Figures More PR Than Science" is apropos for addressing the wildly inflated figures by the WHO and CDC to present their case for mass vaccination measures. The article begins, "US data on influenza deaths are a mess." The study reviews the CDC's own statistical data and finds numerous inconsistencies and incompatibilities between "official estimates and national vital statistics data." Although the government's predictions never came close to the "dire outcomes" stated by our health officials, the CDC's own communication strategy was marked by high levels of fear.[2]

The US government's assessment of the past H1N1 scare is another example of flawed science and incompetence. In last August's issue of *USA Today*, the White House's Council of Advisors on Science and Technology, which receives its recommendations from the CDC, warned us that the H1N1 would kill between 30-90,000 American citizens. At the same time, the CDC was predicting 2 million people would be infected and as high as 40 percent of the entire population. The WHO, which sleeps in the same bed with the CDC in their shared complexes in Atlanta, was screaming figures of 7.5 million deaths worldwide. Consequently, the FDA fast-tracked swine flu vaccines manufactured by 5 different drug makers, none which met reliable standards of viable clinical testing and data to determine their efficacy and safety. And pregnant women, young children and the elderly were primary targets—those also most susceptible to serious vaccine adverse reactions. Over \$1.6 billion tax dollars went to Big Pharma on orders of 229 million doses, of which only 90 million were actually administered and the remaining 71 million left to decompose on shelves or dump off on poorer nations out of the graciousness of the American philanthropic spirit.

However, as we witnessed in 2009 and the early months of 2010, people woke up to the false alarm of a swine flu pandemic. Often intuition is better suited to sniff out a hoax and scandal than the pseudo-science our federal health officials give obeisance to behind closed door conference rooms. And in the case of the so-called H1N1 pandemic, intuition proved correct. Our health agencies' warnings and numbers propagandized over mainstream media simply did not add up and have been consistently found to be contrary to more medically reliable and unbiased facts generated by independent sources without ties to the private vaccine manufacturers.

Whenever the CDC, the FDA and the US Department of Health and Human Services post figures, it is a prudent rule of thumb to be suspicious and investigate their accuracy. The fact of the matter is that the CDC is completely clueless about this past season's flu infection rate and the number of deaths due to the H1N1 strain. Let us explain why.

Immediately following the WHO's decision in May 2009 to cease laboratory testing of samples to determine the actual biological cause of infectious cases with influenza-like symptoms, the US followed suit. Therefore, no matter what they tell you, no matter what Dr. Gupta and other tools of the media and establishment have to say, no proper testing was performed. Only PCR technology can determine the actual subset of a Type A flu strain, such as H1N1. But PCR diagnosis was not routinely performed in order to monitor and track rates and the spread of infection. By its own admission, a CDC report found that rapid influenza kits used in hospitals and clinics were wrong as much as nine out of ten times, and on average between 40-69 percent. The CDC determined that the instant tests are "not highly worthwhile for diagnosing H1N1 infections."

So why would any organization responsible for the tracking of an infectious disease believed to be a global health threat, potentially threatening the lives of millions of people, make such a decision to not carefully monitor flu infections is beyond comprehension, unless it knowingly determined, with malice of forethought, that the H1N1 strain was mild and not a national danger. And many independent experts in infectious diseases had been stating this throughout the season but our health agencies preferred to ignore their warnings.

Yet it is the reported death rates due to H1N1 infection that seriously call the CDC's integrity into question. According to the CDC reports, anywhere between 8,870 and 18,300 Americans died from swine flu. For the sake of simplicity, the health feds conveniently circulate the figure of 12,000 deaths.

Projections in the UK were equally off the mark. The British Ministry of Health was expecting 65,000 deaths, but reported only 500 towards the season's end. British citizens, however, were better informed of the scandalous hoax and of the 110 million vaccine doses purchased, under contracts amounting to over \$864 million to the drug makers (not including national preparatory measures bringing the total to over \$1 billion for a small population), only 6 million Brits, approximately 10 percent, were vaccinated.

What figures does the World Health Organization report for the number of worldwide swine flu deaths? 18,036. That is correct, not millions. That is only 5 percent of the global figure for deaths associated with the regular seasonal flu. I don't need an advanced degree to notice a grave discrepancy here, unless we are to believe that the H1N1 virus was on autopilot to target victims with American birth certificates or citizenship. But the reasons for the CDC's erroneous numbers are quite easy to understand.

First, as mentioned, the CDC did not monitor the swine flu with any precision and accuracy. Our officials don't have, and never had, the data to make any accurate determination.

Second, the CDC does not distinguish between deaths caused by an influenza virus and deaths due to pneumonia. The two are lumped together in their mortality statistics and pneumonia-related deaths are reported as having an initial influenza cause. For example, if we take the combined figure of flu and pneumonia deaths for the flu period of 2001, and spin the figures, we are left believing that 62,034 people died from influenza. The actual figures are 61,777 died from pneumonia and only 257 from flu. Even more amazing, in those 257 cases, only 18 were scientifically identified as positive for the flu virus. These are the CDC's own figures. But does the New York Times, Boston Globe, Washington Post and all the others report this? No. Do any of the puppets that mumble on television, with access to official sources and data, actually do their homework? No. A separate study conducted by the National Center for Health Statistics for the flu periods between 1979 and 2002 reveals that the actual range of annual flu deaths were between 257 and 3006, for an average of 1,348 per year.[3] This is a far cry from the 36,000 annual flu deaths still found on the CDC's website and vomited by the major media.

And here is the catch. If we apply the same criteria to determine the actual number of swine flu related deaths in 2009-2010, serious vaccine adverse effects, besides the hundreds of reported miscarriages, would far outweigh deaths and injury due to the virus.

Third, there are over 150 different viruses during any given flu season that can cause flu-like symptoms, such as adenovirus, parainfluenza, bocavirus, etc. Very few of these are ever tested. For example, in Canada where actual infection rates are more carefully monitored, during the 2004-2005 flu season, the Canada Communicable Disease Report showed that of the 68,849 laboratory tests performed for influenza, only 14.9% tested positive for a flu virus. The remaining 85.1% specimens were a result of other pathogens impervious to flu vaccines.[4] For the following 2005-2006 season, Health Canada received 68,439 tests for influenza like infections. Of these, only 6,580, or 10.4% confirmed positive for influenza. The rest, 89.6%, were other pathogens.[5] So no vaccine would have benefitted or protected those almost 90 percent in Canadians.

In the US, however, the CDC relies upon an esoteric witch's brew of figures based upon various mathematical algorithms and speculative projections with no sound basis in reality. On one CDC site we find evidence of their flawed methodology: "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 and circulatory disease." [6] This is clearly an indication of policy turned dogmatic with utterly disregard for sound scientific evidence. It is all business as usual, negligent disregard for scientific reason, and full speed ahead.

And while the brilliant minds in the CDC decide to expose all Americans to the adverse risks of influenza vaccination— Guillain-Barre Syndrome, schizophrenia, neurological disorders, miscarriages, polyneuritis, encephalitis, multiple sclerosis, intense headaches suggestive or meningeal or brain irritation, aphasia (loss of speech), bronchopneumonia, sexual impotence, angor pectoris, anaphylactic reactions and death[7]—we should not lose sight of what is unfolding across the great pond in the European Union's investigations into the CDC's favorite bed partner—the WHO, an utterly corrupt organization at every level.

Two reports recently published have indicted the WHO for serious malfeasance and conflict in interests behind the fabrication and propagation of the 2009-2010 H1N1 swine flu pandemic and has been called a "momentous error" in global health oversight. The people at the WHO had as much accuracy in their predictions as the Bush administration did with WMDs in Iraq.

The *British Medical Journal* printed a research paper by its Features Editor, Deborah Cohen, and Philip Carter from the Bureau of Investigative Journalism in London, charging the largest global health organization with exaggerating the H1N1 flu and being steered in their decisions and fraudulent fear campaign by the pharmaceutical industrial complex. According to the authors, "credibility of the WHO and the trust in the global public health system" has been damaged.

A second devastating preliminary report released by the Health Committee of the Parliamentary Assembly of the Council of Europe (CE) found gross negligence and lack of transparency in the WHO's handling of the swine flu scare. Throughout the WHO's key advisory committees, particularly a secretive group known as the "emergency committee", which steered the WHO's assessment and predictions of the spread of H1N1 flu virus and advised them to announce a level 6 pandemic, were scientists entrenched in the morass of private vaccine and drug interests, particularly GlaxoSmithKline (H1N1 vaccine and Relenza anti-viral drug maker) and Tamiflu maker Roche AG. Even worse, the WHO never publicly disclosed widespread conflict of interests. Paul Flynn, the rapporteur for the CE's report stated, "the tentacles of drug company influence are in all levels of the decision-making process," and "they vastly over-rated the danger on bad science." Following a lengthy investigation, a preliminary report, which still awaits a final version next month, states the result of the WHO's negligence in proper oversight resulted in the "waste of large sums of public money and unjustified scares and fears about the health risks faced by the European public"

The WHO continues to withhold the names of the 16 members sitting on its secret "emergency committee." However, this week, two of the members resigned, notably Dr. John MacKenzie from Curtin University in Australia, who was the WHO advisor who first urged the organization to call a pandemic and is well known to be entangled in financial interests and investments with the pharmaceutical cartel.

So far the CDC has weathered the WHO controversy in Europe unscathed. A fundamental oversight in the CE's investigation and hearings has been solely targeting the WHO. It ignores the role of government health agencies' complicity in promulgating the H1N1 hoax and the flushing away of billions of dollars into the drug industry, especially during an economic downturn and recession. As we witness the WHO's indifference and denial of wrongdoing crumble, the question remains over whether or not the CDC was complicit in the propagandizing of the astronomically expensive H1N1 hoax.

Of course, the vaccine industry doesn't give a damn about the investigations. Their vaccines, anti-viral drugs, and oligarchic rule over the medical caste system make them immune to independent international scrutiny. And we can be assured none of the lap dogs at the *New York Times*, MSNBC and other major media would expose their crimes. In the shadow of this medical charade, the drug makers are laughing their way to the banks. No Big Pharma executive is sitting before investigative committees to give an accounting of corporations' role in the pandemic debacle. Instead, after scoring over \$6 billion (Associated Press, May 19, 2010) it is again business as usual and another flu season ahead to further increase revenues.

Similar to the WHO, the CDC's Advisory Committee on Vaccination and Practice, which voted in favor of a flu vaccine-for-all policy, is equally stacked with individuals entrenched in financial ties with the vaccine and drug makers. The Committee's Chair, Dr. Carol Baker from Baylor University, has consistently received research and educational grants and private donations from Big Pharma. She is also on the Board of Directors of the National Foundation of Infectious Diseases, a consulting body of scientists frequently wined and dined and provided perks by the pharmaceutical industrial complex. Another Baylor University committee member, Dr. Wendy Keitel, received clinical trial support from Novartis, the maker of the H1N1 vaccine most widely distributed in the US. Dr. Janet Englund at the Children's University Medical Group in Seattle received financial support for clinical trials favoring vaccines made by Medimmune (the nasal flu vaccine), Novartis, and Sanofi Pasteur. Dr. Cody Meissner received Big Pharma support through Tufts University for his supporting clinical trials for Medimmune's RSV vaccine and for participation in Wyeth's streptococcus vaccine for children, Prevnar.

To put this into greater perspective, since the FDA relies on industry-funded clinical trials and subsequent data to approve vaccines and drugs, there also appeared in the news this month a critical finding from the German Institute for Quality and Efficacy in Health Care, published in the peer-reviewed journal *Trials*. The study investigated 90 approved drugs in the US (and let us make no mistake, vaccines are drugs! In fact, the flu vaccine is listed as a Category C drug; which means there are no adequate safety studies to determine whether flu vaccination adversely affects pregnant mothers and their fetuses.) and discovered that 60 percent of the 900 papers were unpublished and some were concealed from the federal regulatory agencies. Forty to sixty percent omitted clinical details or changed their final analysis. Among the pharmaceutical industry studies alone, 94 percent were unpublished, and 86 percent of the university studies sponsored by drug makers remained unpublished.

What does this tell us? If they were positive results, the drug companies would without hesitation publish their findings; but if the clinical studies' results contradict their expectations negatively, thereby delaying and preventing regulatory approval and licensure of a product, then there is no incentive for their release. And they are under no regulatory obligation to publish or produce them. Hence the American public is denied approximately 90 percent of the actual clinical data performed on any given drug or vaccine. The German study concludes that drug makers intentionally "conceal unfavorable results or results that do not fulfill one's expectations." Therefore, the vaccine and drug makers are permitted to conduct their nefarious, quack science behind closed doors with full participation and cooperation from the WHO, CDC and FDA. Of course, the CDC and FDA condone this behavior because they are completely subservient to the power and wealth of the pharmaceutical industry.

The recent CDC vote continues a tradition of denial over independent studies and reports warning of the over-exaggerated alarm and the dangers of pushing forward with an H1N1 vaccine that was not given sufficient time to prove its safety and efficacy. They even deny their own voices.

Dr. Anthony Morris is a distinguished virologist and a former Chief Vaccine Office at the FDA. His view about influenza vaccines summarizes their efficacy well. In Morris's opinion there is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza,' Dr. Morris states, as a matter of record, "The producers of these vaccines know they are worthless, but they go on selling them anyway."

Canada's Vaccination Risk Awareness Network (VRAN) website is a community of physicians, researchers and vaccine researchers and journalists reporting on vaccines' flawed promises and pseudo-science. Among all vaccines, the flu vaccine is presented with "The Most Useless Vaccine Of-All-Time Award."

Some of the most damning evidence about the efficacy of flu vaccines was reported in two studies performed by Dr. Tom Jefferson, head of the Vaccine Field Group at the prestigious independent Cochrane Database Group, published in *The Lancet* and the prestigious *Cochrane Database Systems Review*. The first study was a systematic review of the effects of influenza vaccines in healthy children.[8] The other was a review of all the available published and unpublished safety evidence available regarding flu vaccines.[9] The authors of the study had also contacted the lead scientists or research groups for all the efficacy and safety trial studies under their review in order to gain access to additional unpublished trial studies the corporations may possess. The conclusions are shocking. The only safety study performed with an inactivated flu vaccine was conducted in 1976. Thirty-four years ago! And that single study enrolled only 35 children aged 12-28 months. Every other subsequent inactivated flu vaccine study enrolled children 3 years or older.

Dr. Jefferson told Reuters, "Immunization of very young children is not lent support by our findings. We recorded no convincing evidence that vaccines can reduce mortality, [hospital] admissions, serious complications and community transmission of influenza. In young children below the age of 2, we could find no evidence that the vaccine was different from a placebo." [10] With respect to adults, in 64 studies involving 66,000 adults, Jefferson noted, "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 no change in the number of hospitalizations compared to the non-vaccinated."

And in another interview for the German magazine *Der Spiegel* on July 21, 2009, Jefferson seems to conclude his analysis of the H1N1 scare, "Sometimes you get the feeling that there is a whole industry almost waiting for a pandemic to occur. The WHO and public health officials, virologists and the pharmaceutical companies. They've built this machine around the impending pandemic. And there's a lot of money involved, and influence, and careers, and entire institutions! And all it took was one of these viruses to mutate to start the machine grinding."

Clearly there is no rationale for submitting the American population to a vaccine with higher risks of adverse effects than its record of efficacy in preventing flu infection. If the CDC's vote withstands and were to ever become the law in the land, we will witness one of the largest crimes ever inflicted upon the American public, solely for corporate gain. Aside from rampant adverse effects in children, many that will not appear until their later years due to the number of toxins contained in flu vaccines, there will also be thousands of women having miscarriages. We will have entered a new medical twilight zone, where true science, responsible medical practice, and reliable public health become virtually nonexistent.

Richard Gale is the Executive Producer of the [Progressive Radio Network](#) and a former Senior Research Analyst in the biotechnology and genomic industries. Dr. Gary Null is the host of the nation's longest running public radio program on nutrition and natural health and a multi-award-winning director of progressive documentary films, including *Vaccine Nation* and *Autism: Made in the USA*.

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- [4] Statement on Influenza Vaccination for the 2004-2005 Season" *Canada Communicable Disease Report*. Volume 31, ACS-6, 15 June 2005.
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