

A New Flu Season of Pain, Profit and Politics

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According to all official health reports, we are now fully in flu season. It is that time of year when public health officials, physicians pediatricians and pharmacists warn that everyone over 6 months of age should protect themselves and get vaccinated. Most Americans, believing the government's propaganda about the safety and benefits of the flu vaccine, are joining the inoculation lines without pausing to consider the accuracy and legitimacy of health officials' and pediatrician claims.

The official government figure for the annual number of deaths caused by influenza infection remains at 36,000. Why this figure has not changed during the course of a decade is anyone's guess. However, there can be between 150 and 200 different infectious pathogens—adenovirus, rhinovirus, parainfluenza, the very common coronavirus and, of course, pneumonia—that produce flu-like symptoms. For example, how many people have heard of bocavirus, which is responsible for bronchitis and pneumonia in young children, or metapneumovirus, responsible for more than 5 percent of all flu-related illnesses? This is true during every flu season and it will be no different for the 2013-2014 season.

If we take the combined figure of flu and pneumonia deaths for the period of 2001, and add a bit of spin to the figures, we are left believing that 62,034 people died from influenza. The actual figures determined by Peter Doshi, then at Harvard University, are 61,777 died from pneumonia and only 257 from flu. Even more amazing, among those 257 cases only 18 were confirmed positive for influenza.

A CBS Investigative Report, published in October 2012, exemplifies the unreliable and perhaps intentionally deceptive misinformation campaign steered by the US government

health agencies every flu season . After the CDC refused to honor CBS's Freedom of Information request to receive flu infection data by individual state, the network undertook an independent investigation across all fifty states to get their infectious disease statistics. The final report contradicts dramatically the CDC's public relations blitz. For example, in California, among the approximate 13,000 flu-like cases, 86 percent tested negative for any flu strain. In Florida, out of 8,853 cases, 83 percent were negative. In Georgia and Alaska, only 2.4 percent and 1 percent respectively tested positive for flu virus among all reported flu-like cases. If the infection-rate ratios obtained by CBS are accurate, the CDC's figures are significantly reduced and flu season severity is overstated dramatically.

In addition to false advertising by the government and America media, over recent years, we have witnessed an increase in "scientific" studies framed as commercials and public relations spin to promote vaccine efficacy. A highly flawed medical trial conducted by a vaccine maker has a greater chance of being published in a prestigious medical journal than scientifically sound research conducted by an independent scientist or university without conflict of interests with government and private industries. When we question why this is the case, the deduction is that such research is more often than not promotional spin to support the financial interests of the corporate party. This is particularly true of industry and government-funded vaccine trials with the sole intention to influence the nation's health policy makers and physicians, and to relieve doubts concerning vaccine efficacy and safety. The nation's health agencies then rely upon these fabrications to convince the healthcare community and citizens about the importance of vaccination and the dangers of contracting an infectious disease. And this scenario is particularly flagrant in studies promoting flu vaccine propaganda.

There is a single question that needs to be answered: what is the actual gold standard proof to claim that the flu vaccine is efficacious for any given individual? The question whether or not the flu vaccine is safe becomes secondary if the vaccine's efficacy is negligible or useless. In that case, there

would be no convincing scientific rationale for administering the vaccine in the first place. During the past four years, since the hype and subsequent fizzle of the 2008 H1N1 scare, we have done an extensive review of the scientific literature and analysis of flu vaccination, and the results are startling.

In an interview with Dr. Thomas Jefferson, coordinator for the Cochrane Vaccine Field in Rome, Italy, he stated that in 2009 he conducted a thorough review of 217 published studies on flu vaccines and found only 5% reliable. In other words, 95% of published flu vaccine studies are flawed and their conclusions should be dismissed. This is not a great surprise; even CDC officials were forced to confess that “influenza vaccines are still among the least effective immunizing agents available, and this seems to be particularly true for elderly recipients.”¹ Dr. Anthony Morris, a distinguished virologist and a former Chief Vaccine Officer at the FDA, found “there is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza.” Dr. Morris stated, “The producers of these vaccines know they are worthless, but they go on selling them anyway.”²

In 2006, Dr. Peter Doshi published a devastating study in the *British Medical Journal* that systematically unveils the flawed predictive science used to publicize our health agencies’ influenza statistics and mortality rates. His analysis shook up enough health authorities to warrant twelve scientists from the CDC and National Institutes of Health to unsuccessfully challenge him. Now at John Hopkins, Doshi continues his analysis of a century’s worth of influenza mortality statistics and government manipulation of influenza data, such as the annual figure of 36,000 influenza deaths we hear and read repeatedly.³ Although this magical number was for all practical purposes alchemically conjured via mathematical modeling back in 2003, it continues to be the most holy number in the CDC’s PR vocabulary every flu season. Doshi draws the conclusion, published in the

American Journal of Public Health, that commercial interests are playing the role of science in both industry and government.⁴ When we review the FDA's and CDC's flawed methodology for promulgating the myth that 36,000 Americans die annually from flu infections, we will see that over 90 percent of these mortalities are a result of pneumonia and other infections, not the influenza virus. On the CDC's website, the agency makes reference that deaths caused by influenza and pneumonia are grouped together

In a more recent 2013 report published in the *British Medical Journal*, Doshi had this to say about flu vaccinations: "The vaccine may be less beneficial and less safe than has been claimed, and the threat of influenza seems to be overstated." He notes that a study published by an Australian team found that "one in every 110 children under the age of five had convulsions following vaccinations in 2009 for H1N1 influenza."⁵ Separate independent studies conducted in the UK, Finland and Sweden concur that the flu vaccine directly contributed to the rise in cases of narcolepsy following receipt of GlaxoSmithKline's Pandemrix vaccine. The conclusion is that the vaccine triggered an immune reaction against the children's sleep center cells.⁶

Perhaps the vaccine industry's single and most vital error to determine whether flu vaccines are effective lies in its unsound belief that measuring antibodies following vaccination is indicative of protection from flu infection. Therefore studies are strictly designed to quantify antibody levels and not to discover whether the vaccine actually prevents disease. This primitive and biologic-denying creed is a major reason why more voices in the scientific community acknowledge that the entire premise of the flu vaccine is based upon junk science. As a result, one of the very few double blind placebo controlled trials on Sanofi Pasteur's Vaxigrip influenza vaccine, utilizing a genuine placebo (saline solution), noted a 5.5 times higher rate in respiratory infections caused by non-influenza viruses in the vaccinated group compared to the unvaccinated.⁷

Pregnant Women and the Flu Vaccine

The CDC's website states, "if you are pregnant, a flu shot is your best protection against serious illness from the flu. A flu shot can protect pregnant women, their unborn babies and even the baby after birth." Is there any scientific truth to this claim?⁸ We would expect that if this were true, then we would find this mentioned on the flu vaccine package inserts. But we don't. For example, for the H1N1 vaccine inserts, we find "It is not known whether these vaccines can cause fetal harm when administered to pregnant women or can affect reproduction capacity."

Surprisingly few vaccine studies have been performed on pregnant women. And none of them according to Dr. Jefferson are "high quality." While some extremely poor trials have been conducted, the CDC's National Institute for Allergies and Infectious Disease research into the potential dangers and risks of the flu vaccine to both mom and fetus is negligible. After evaluating all flu vaccine studies on pregnant women, and finding them "artificial" in the way they were designed and carried out, Dr. Jefferson concludes that "I would be very very cautious about vaccinating unborn babies."⁹

The *New York Times* published an article touting the CDC myth of flu vaccine safety for pregnant women. The Times quoted Dr. Jay Butler, CDC's chief of the swine flu vaccine task force to relieve fears about flu vaccine adverse effects, especially to pregnant women. Dr. Butler said, "There are about 2,400 miscarriages a day in the US. You'll see things that would have happened anyway. But the vaccine doesn't cause miscarriages. It also doesn't cause auto accidents, but they happen."¹⁰ Not very reassuring to expectant mothers across the country, especially since none of the approved H1N1 vaccines used at that time had

undergone rigorous clinical safety trials on pregnant women or the potential adverse effects of mercury-laced vaccines and other ingredients, such as spermicide, detergent and cosmetics, on the developing fetus.

In 2012, the National Coalition of Organized Women received documents with statistics based upon the government's Vaccine Adverse Events Reporting System (VAERS) covering the 2009 and 2010 flu season. The CDC's own vaccine injury data collection revealed a 4,250% increase in fetal deaths after the flu shot. The VAERS statistics were confirmed later by Dr. Gary Goldman and published in the *Human and Environmental Toxicology Journal* showing that the H1N1 swine flu vaccine did in fact cause a 4,250% rise in spontaneous abortions.

The CDC has refused to provide further information under a Freedom of Information Act filing until after a three year period, a direct violation of FIOA law. When confronted and queried about the rise in fetal deaths among vaccinated pregnant mothers, the CDC's Dr. Shimabkuru confirmed the agency knew of this increase.¹¹

A study appearing in the journal *Vaccine* provides a strong warning against administering the flu vaccine to pregnant woman.¹² The study observed a rise in inflammation in pregnant woman that relates directly to preeclampsia and leading to premature births. Commenting upon this study, Sayer Ji, founder of GreenMedInfo, wrote this should be expected given the "highly inflammatory, neurotoxic and immunotoxic" ingredients found in flu vaccines. A list of flu vaccine ingredients includes:¹³

- Ethyl Mercury (thimerosal): a powerful neurotoxin implicated in autism, seizures, mental retardation, dyslexia

- Aluminum compounds: a known neurotoxin that has been associated with brain damage, dementia, Alzheimers and convulsions
- Ammonium Sulfate: commonly used in pesticide preparations and attributed to respiratory toxicity;
- Beta-Propiolactone: a hazardous chemical associated with lymphomas in animals;
- Formaldehyde: an embalming chemical and known human carcinogen, neurotoxin, and genetic disruptor;
- Monosodium Glutamate: a preservative known to adversely affect learning, behavior and reproduction
- Oxtolinol-9: a vaginal spermicide;
- Phenol: an immune inhibitor that has been known to be highly toxic to the cardiovascular, nervous, reproductive and respiratory systems and once employed by the Nazis in the concentration camps
- Polysorbate 80: associated with anaphylactic shock and a classified carcinogen in animals

If the dangers of the toxic chemical ingredients found in flu vaccines is not enough, there is also the high health risks associated with the cellular medium pharmaceutical companies use to prepare the influenza virus. Commonly, chicken embryos have been the standard medium for growing flu strains. In her book, *Fear of the Invisible*, medical investigative journalist Janine Roberts reproduces documents from closed CDC meetings to discuss problems associated with vaccine manufacturing.¹⁴ The meeting was called to raise alarm and review the degree of genetic contamination found in vaccine preparations that rely on chicken embryo and other animal tissue medium, including the flu vaccine. The transcripts conclude that due to the primitive methodology to filtrate vaccine preparations, the end result injected into people can contain numerous known and unknown genetic and protein residues and contaminants.

During one meeting, Dr. Andrew Lewis, then head of the DNA Virus Laboratory in the Division of Viral Products confirmed that “All the egg-based vaccines are contaminated. . . . These fertilized chicken eggs are susceptible to a wide variety of viruses.” Among these viruses are Avian Leukosis Virus (associated with leukemia cancer in birds) and Equine Arteritis Virus (associated with arthritic conditions in horses). Dr. Conroy of the World Health Organization stated that the arthritis virus is found in all fertilized chicken eggs. Other active biologic ingredients include prions (tiny proteins responsible for incurable diseases and neurological disorders in both humans and animals) and oncogenes (a gene that turns normal cells cancerous). One attendee, Dr. Goldberg, stated, “There are countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world—and we can only test for those we have identified. Thus the vaccine cultures could contain many unknown particles.”

Because of the known dangers and high level of genetic contamination of all flu vaccines developed from chicken embryos, other mediums are being sought to replace them. Novartis’ Flucelvax employs dog kidney cells, and a more recent flu vaccine approved by the FDA in 2013 utilizes a cell line from the armyworm *Spodoptere frugiperda*. But no known research has been conducted to our knowledge on the risks to the body’s immune system from these new genetic cell lines.

Children and the Flu Vaccine

When the CDC launched the new swine flu vaccines in 2009, it recommended vaccination of children as young as 6 months. All FDA-approved intramuscular flu vaccines comprise an inactivated virus. So is there any evidence that inactivated viral influenza vaccines are effective in very young children? Our own analysis and review has not uncovered any convincing scientific evidence. However, some of the most damning evidence was reported in two studies performed by Dr. Tom Jefferson at the

Cochrane Group and published in *The Lancet* and the prestigious *Cochrane Database Systems Review*. The first study was a systematic review of the effects of influenza vaccine in healthy children.¹⁵ The second was a review of all available published and unpublished safety evidence available regarding the flu vaccine.¹⁶ The authors of the study had also contacted the lead scientists or research groups for all the efficacy and safety trials under review in order to gain access to additional unpublished data the corporations may possess. The conclusions are shocking. The only safety study found for an inactivated flu vaccine was conducted in 1976. And that single study enrolled only 35 children aged 12-28 months. Every other subsequent inactivated flu vaccine study enrolled only children 3 years and older. Therefore, upon what medical basis should the flu vaccine be administered to six month old children? There is none.

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.”¹⁷

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.”¹⁸

A live flu virus vaccine is available via nasal administration. As for this vaccine, no safety studies have been performed on children under 22 months. Of course a vaccine with an flu active virus can make the recipient potentially contagious. National Vaccine Information Prevention founder and president Barbara Lo Fisher concurs: “The live virus activated vaccine has the ability to spread flu.”¹⁹ Medimmune, the sole manufacturer of the live flu nasal vaccine, repeatedly refused to give unpublished data to Dr. Jefferson without executive clearance. This was also true for some vaccine makers working with inactive viruses.

Mercury, in the form of thimerosal, continues to be used in infant influenza vaccines. An important peer-reviewed study appearing in the June 2009 issue of *Toxicological and Environmental Chemistry* discovered a causal relationship between the amounts of mercury found in infant flu vaccines when administered to monkeys, and cellular toxicity resulting in mitochondrial dysfunction, impaired oxidative reduction activity and degeneration and death in neuronal and fetal cells.²⁰ These are all indicative signs found in some ASD. But health officials prefer to ignore such results. For the future health of American children, the study's findings arrived at a bad time when a Harvard study reported that autistic spectrum disorders (ASD) had increased to 1 in 91 people compared to the earlier 1 in 150 estimate.

The Elderly and the Flu Vaccine

Is there any benefit for senior citizens to receive the flu vaccine? To date, there is in fact no credible data to support the marketing campaign to push flu vaccination upon the elder population. Rather there is strong scientific data to suggest that seniors avoid it all costs. For the 2013 flu season, Fluzone is the preferred vaccine being marketed to seniors. This "high dose" vaccine contains more viral antigens compared to the normal vaccine given to younger adults. The results of Fluzone's own safety trial documents 7.4% of elderly volunteers experience serious adverse events and 23 persons in the trial died following administration of the vaccine. All total there were 249 serious adverse incidences out of 3,833 participants enrolled in the study.²¹ A common excuse we hear from the CDC and FDA when a vaccine has been associated with serious health consequences is that the problem is not the vaccine, but other unidentified health risk factors in the victims. This type of defense and blatant denial is found repeatedly on our federal health agencies own websites.

In 64 studies that looked at a total of 66,000 healthy 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 no change in the number of hospitalizations compared to the non-vaccinated.”²² So if this is true of healthy adults, what about the flu vaccine’s efficacy among the elderly who are frequently immuno-compromised from other illnesses?

The flu vaccine has been shown to be less effective among seniors over 65 years of age than other age groups. Nevertheless, the over-65 population remains a primary target for federal vaccination campaigns. There have been many studies conducted in nursing homes to determine how effective flu vaccines are in preventing infection. Average effectiveness results, which means measuring only the dose required to stimulate an adequate immune response, are in the low to mid twenty percent range (21-27 percent). Another set of four studies indicates the flu vaccine was 0, 2, 8 and 9 percent effective.²³ Yet despite these dismal results, the CDC still wishes us to believe that vaccinating elderly citizens is “50-60% effective in preventing hospitalization and pneumonia and 80% effective in preventing death.”²⁴

Government health projections confirm, and the CDC has been forced to acknowledge, that elderly people, with or without the flu shot, show less than a one percent rate of being hospitalized for pneumonia and influenza. That means that 99 percent of elderly people manage to weather the storm.²⁵ In an even more shocking study, the CDC had to admit that last year’s flu vaccine was 91% ineffective for seniors citizens.²⁶ However this has not discouraged government officials from marketing the flu vaccine upon senior citizens and professional geriatric medical associations and healthcare facilities.

An important Dutch study was conducted in a large home for the elderly. In spite of two thirds of the residents having been vaccinated, the flu infected 49% of them, including bacterial and pneumonia infections, and 10% died. The critical observation found in the study was that 50% of those vaccinated got the disease whereas 48% of non-vaccinated

people were infected. The results of this study again reveal the uselessness of the flu vaccine.²⁷

Heart and cardiovascular disease risks increase during natural aging and is a leading cause of death among the elderly. It has recently been discovered in a study published in the *International Journal of Medicine* that the flu vaccine contributes to cardiovascular inflammation thereby increasing the risk of heart attack. The study found that the flu vaccine induced platelet activity, elevated C Reactive Protein, and reduced heart rate variability—all indicated in adverse cardiovascular events.²⁸

Alzheimer's disease is now the sixth leading cause of death in the US and affects over five million people. The disease is growing rapidly and today one in three seniors die from it or another form of dementia at a cost of \$203 billion in 2013 and an expected increase to \$1.2 trillion by 2050.²⁹ With the federal health agencies aggressive pursuit to vaccinate senior citizens with the flu vaccine, is there any evidence that over vaccination is contributing to the Alzheimer surge?

Dr. Hugh Fudenburg, a leading immunologist and founding director of Neuro Immuno Therapeutic Research Foundation, is one of the most quoted immunogeneticists of our times, with over 850 papers in peer-reviewed publications. After years of immunological study, he discovered that individuals who had five consecutive flu shots between 1970 and 1980, the chances of acquiring Alzheimer's Disease were ten times or 1000% higher than those who had only one or two vaccinations during that same time period.³⁰ The reasoning is the accumulate amount of mercury and aluminum in the body after successive annual flu shots.

Asthma and the Flu Vaccine

Vaccine opponents claim that one of the adverse effects of vaccination is the onset of asthmatic conditions. A great way to counter this attack is to make the claim that flu vaccination will reduce asthmatic attacks brought on by flu infection among those

children who are most susceptible to them. In fact, this is what the vaccine industry claims.

A study by Dr. Herman Bueving at the Department of Family Practice at Erasmus University Medical Center in Rotterdam, Netherlands, conducted one of the few randomized, double-blind placebo studies found in vaccine literature. The two-year study enrolled 696 asthmatic children, half vaccinated and the rest administered a placebo. The study found there was no difference between the incidence and severity of asthmatic attacks between the two groups. This Dutch study exposes another CDC deception and strengthens the case against flu vaccine's ineffectiveness.³¹

In fact, 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. 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.³²

Concealing Research Data

If the influenza vaccine is effective and safe, and corporations have strong evidence to prove this, then why is so much data held by vaccine makers concealed from government drug regulatory agencies, the scientific community and the public?

Independent vaccine investigators and scientists, with no vested interest in the vaccine industrial complex, and who wish to preserve high standards of scientific integrity, face hostile resistance and find themselves hamstrung to gain access to necessary scientific and clinical trial data from the vaccine industrial complex and their guardians in government health services. This has hindered proper vaccine evaluation. Federal agencies do not regulate what a corporation does or does not do with its clinical data on vaccine efficacy and safety. All that is required from vaccine makers is the necessary

documentation required for FDA submission in order to gain approval and registration. All other data is sealed in a proprietary vault off-limits to the scientific community unless a company provides access willingly. This in itself is a violation of the highest ethics of medical science, which by definition should be a quest for discovering and confirming medical facts and by sharing information publicly so scientists can further their knowledge to find the best solutions for tackling our health problems.

Dr. Jefferson states, “We believe all unpublished trial safety data should be readily accessible to both the regulatory bodies and the scientific community on request. Our evidence gives rise to a concern that lack of access to unreported data prevents published data being put into context and hinders full and independent review. This cannot be good for public confidence in these vaccines.”³³

A scientific study was reported on CTV, Canada’s largest private television network, on September 23, 2009. The study, conducted in three Canadian provinces—British Columbia, Ontario and Quebec—by Toronto’s Mount Sinai Hospital, raised serious concerns over the potential efficacy of the flu vaccine based upon new data showing that a person vaccinated with last year’s seasonal vaccine is more susceptible to contract the H1N1 virus.³⁴

More recently, an animal study conducted by the Center for Biologics and Evaluation and the National Animal Disease Center discovered that young piglets vaccinated with one flu strain (H1N2) not only failed to protect the animals but in fact protected and enhanced the proliferation of another flu strain (H1N1) in the lungs thereby causing pneumonia and respiratory illness.³⁵

Flu Vaccine Safety

Over the decades I have interviewed many of the world’s most knowledgeable vaccine scientists, researchers, physicians and vaccine attorneys working with children who are damaged victims from vaccination. Among the questions I routinely ask, is whether or

not there is any evidence that vaccine makers conduct randomized double-blind placebo studies to determine efficacy and safety. Throughout true science, this protocol has served as the gold standard, and never has anyone in the medical community, nor any source in our own research, found evidence for randomized double-blind placebo studies ever being conducted in vaccine trials by the CDC, NIAID and the corporate drug industry.

The use of placebos used in vaccination trials is exceedingly important. In standard scientific methodology a placebo should be a very inert substance, such as water, saline or a sugar substance, in order to accurately determine the tested substance's effects on human biology. According to Australian vaccine historian Dr. Viera Scheibner, vaccine trials do not employ an inert placebo. Instead, what is substituted for an actual placebo is "the vaccine with all the adjuvants and preservatives, certainly not inert substances, minus those viruses and bacteria." According to Scheibner, "that is why when they compare the trial children who were given the lot and those who were given placebo, they have the same rate of reaction."³⁶ This means that all vaccine efficacy and safety trials using a non-inert placebo are fundamentally flawed by design at the starting gate. Flawed methodology inevitably results in flawed data. Yet that is the guiding principle the vaccine industrial complex relies upon, and our federal health officials and professional medical associations, such as the American Pediatric Association, are all too ready to approve and promote outrageously bad science.

If there is no compelling scientific evidence that flu vaccines are effective and have a high degree of certainty of protecting us from flu infection, then it is criminal to suggest that the vaccine should be made mandatory.

Flu Vaccine Mandates

The recent push to mandate flu vaccines for American healthcare workers is not the first time mandatory flu vaccines have been tried. During the 1980s, Japan had mandatory flu vaccination for school children. Two large scale studies enrolled children from four cities

with vaccination rates up to 90 percent discovered there was no difference in the incidence of flu infection. As a result, in 1987, Japanese health authorities ruled that flu vaccination was ineffective and was no more than a serious liability if it were 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.³⁷

In recent years fictitious literature masquerading as sound science has become the norm for aggressive national campaigns to increase flu vaccination rates. Often these studies either remain unpublished or are reinvented for publication well after the fact. CDC funded research is especially culprit in promoting vaccine fraud. Once the public learns to distinguish fact from fiction in the government and major media endeavors to vaccinate every American against influenza, the greater the realization that the Bernay-like advertising blitzkrieg has no scientific basis and is intended increase financial interests of the vaccine industrial complex and insurers.

Hygiene is More Effective than the Flu Vaccine

In a curious twist of fate, corporations, far removed from drug and vaccine development, but obligated to test and market their own products, conduct studies that contradict the dogma of the pharmaceutical industrial complex. Procter and Gamble have conducted numerous studies on their common household products such as soap and liquid detergents. One such study was a randomized, placebo study of 611 hundred households, in 36 separate neighborhoods, in Karachi, Pakistan to determine whether frequent use of a common hand soap, an antibacterial (promotional) soap and a placebo soap would reduce the rate of lung infections due to pneumonia among children.

Procter and Gambles' results are quite startling with a fifty percent lower incidence of pneumonia infections among children under five with the plain and antibacterial soaps

compared to placebo. There was also a 53 percent reduction in diarrhea and a 34 percent decrease in incidences of impetigo. Compare this with the efficacy of the flu vaccine and it is evident that soap and hygiene is a far more effective and less dangerous means for preventing the spread of communicable infections.

The truth of the CDC's and the Department of Health and Human Services' statistics claiming serious illness and death due to influenza infection is complicated by another simple medical fact. "Over 200 viruses cause influenza and influenza-like illness which produce the same symptoms (fever, headache, aches and pains, cough and runny nose)." When it comes to identifying the infecting virus for any case displaying flu-like systems, only PCR is sound and reliable. According to a Cochrane Summary of this issue, unless reliable, and more costly, diagnostic testing is performed, "doctors cannot tell the two illnesses apart." The summary continues, "At best, vaccines might be effective against only Influenza A and B, which represent about 10% of all circulating viruses."³⁸ For all other strains and flu-like viruses, the flu vaccine is utterly inadequate.

While this may appear to be an irrelevant example, it compliments Dr. Jefferson's research at the Cochrane group. His conclusion about the flu vaccine is, "People should ask whether it's worth investing these trillions of dollars and euros in these vaccines.. What you see is that marketing rules the response to influenza and scientific evidence comes fourth or fifth. The best strategy to prevent illness is to wash your hands."^{39 40} And if you are among those who hold Dr. Jefferson suspect, then even the FDA's and CDC's 1999 directive to manufacturers to remove mercury from vaccines recommends that the safest and most effective way to prevent flu infections is frequent hand washing and a healthy lifestyle.⁴¹

Conclusion

The good news is that throughout developed nations, citizens are increasingly educating themselves about the dangers of vaccines, not just to protect their children, but themselves. Annually, the percentage of people refusing flu vaccination increases.

Towards the end of the 2012-2013 flu season, the *Washington Post* reported only 36% of Americans were vaccinated.⁴² It would be expected that the majority of those vaccinated were children because they more frequently visit pediatric physicians for regular checkups and have vaccines forced upon them. A 2011 survey conducted by the Rand Corporation found that about 50% of adults said they “don’t need” the flu vaccine or they “don’t believe in it.”⁴³

A 65% non-vaccination rate worries US health officials greatly. But health officials are not only feeling the pressure from parents and informed citizens questioning vaccine safety and efficacy but also from doctors and scientists. Late in 2012, a group of scientists in the UK demanded that British health ministers make the truth about the flu vaccine public. The scientists, some expert in immunology, demanded the government be held accountable for “wasting taxpayer money” on a vaccine that is not only unnecessary but essentially useless.⁴⁴

Private vaccine and pharmaceutical companies have no expense for marketing and distributing influenza vaccines to doctors and health care facilities. Rather the US government purchases the flu vaccine outright from vaccine makers and then the government is required to promote, advertise and sell them. Government holds the debt. Because the pharmaceutical industry already received its money, it is the government’s responsibility, with taxpayer money, to sell the vaccines by whatever means at its disposal. This is another reason why people of all ages and parents need be better educated to see past the barrage of junk science and the publicity of misinformation originating in the federal health agencies.

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