

## **Why You Should Think Twice About Getting ANY Flu Vaccine**

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The government, media, and medical community are aggressively promoting the COVID-19 vaccine, using misinformation to convince people that the vaccines are safe and effective. They further imply that vaccinating a significant portion of the population might be the only way to regain the freedoms which the government took away in response to the false emergency declaration.

I'm asked daily about COVID-19 vaccines, and I will continue to publish information about them. But information about the safety and efficacy of flu vaccines for the last several decades is also helpful in making decisions about the COVID vaccines. The following article was originally written in 2017 and provides the history of flu vaccines, and the risks and benefits associated with them.

### **A Short History of Flu Vaccines**

Today, the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, the Centers for Disease Control, and the World Health Organization all aggressively promote flu vaccines. The origin of this recommendation goes all the way back to the 1918-1919 flu pandemic, which killed about 50 million people worldwide. There was little understanding of how the epidemic occurred, but doctors started promoting vaccines in order to prevent influenza. Early flu vaccines were tested in the military but by 1947, it was determined that "the incidence of disease was no different in vaccinated and unvaccinated individuals."[\[1\]](#) In spite of this, the vaccine was promoted for use in the general population.

In early 1957 an outbreak of the Asian flu began in China. Concerned about another epidemic, Maurice Hillman at Walter Reed Army Hospital sent virus samples to drug makers and encouraged them to

make a vaccine. The epidemic eventually caused almost two million deaths worldwide, 70,000 of those deaths in the U.S.[2] Millions of doses of vaccine were given to Americans, but the vaccine was again proven to be worthless.[3]

Vaccine advocates claimed that the historic failure of vaccines was due to the fact that they were given too late, and put forth the theory that starting before a flu outbreak would result in a higher efficacy rate. In response, in 1960 public health officials started recommending routine vaccination, which became a public policy within a few years with virtually no additional data to support such a policy. In fact, the evidence pointed to routine flu vaccines as a major public policy failure. CDC chief epidemiologist Alexander Langmuir and colleagues wrote in a 1964 paper that they "...reluctantly concluded that there is little progress to be reported. The severity of the epidemic of 1962-63 ...demonstrates the failure to achieve effective control of excess mortality." [4] They went on to say that routine vaccination should only be continued only if better evidence could be found to justify the significant cost of the vaccination program.

The CDC did conduct a randomized, double-blind trial designed to determine if the flu vaccine prevented morbidity and mortality, and concluded "Despite extensive use of influenza vaccines...attainment of (improved morbidity and mortality) has never been demonstrated." [5] A Food and Drug Administration review arrived at the same conclusion, and cautioned that there were methodological flaws in many of the studies reviewed. [6]

### **Today's Recommendations**

Based on the history of the vaccine, it is not surprising that continuing to market the flu vaccine to the public requires considerable misrepresentation. This starts with overstating both the incidence of and risks associated with getting the flu. First, we are all exposed to flu viruses all the time; the flu virus is constantly present and does not make a brief appearance during "flu season." Another issue is that

influenza is often confused with influenza-like illness (ILI) which can result from 200 viruses in addition to influenza A and B. These viruses produce the same symptoms as flu, which include fever, headache, aches, pains, cough, and runny noses, making it impossible to distinguish between the two without diagnostic testing. An individual is seven times more likely to have an influenza-like illness than influenza, but ILI is rarely serious.

Nonetheless The Centers for Disease Control promotes flu vaccines, stating, "Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people."[\[7\]](#)

But the CDC offers conflicting narratives about the flu; on another page of its website, the agency states, "CDC does not know exactly how many people die from seasonal flu each year."[\[8\]](#) In other words, the CDC aggressively promotes a solution for a problem that it cannot quantify.

### **Safety of Flu Vaccines**

What can be more easily quantified is risks associated with the vaccine. On several occasions, flu vaccine programs have been terminated due to side effects. In October 1976, The National Influenza Immunization Program (NIIP) started with about one million vaccinations per week, and grew quickly to four million per week. But within only two months, ten states had reported cases of Guillain-Barre syndrome linked to the vaccine. In December 1976, the program was discontinued.

By January 1977, more than 500 cases of GBS had been reported. Some patients recovered completely, some partially, and 25 people died. The NIIP determined that the risk of developing GBS within 6

weeks was 10 times higher for those receiving a flu vaccine than for unvaccinated people. While this should have been the end of promoting population-wide vaccination for flu until safety could be established, flu vaccine promotion programs continued. In 1992, 1993, and 1994 flu vaccines again were shown to increase the risk of GBS. [9] [10] [11]

As of November 2013, there were 93,000 reactions attributed to flu vaccines reported to the Vaccine Adverse Event Reporting System (VAERS) including 1,080 deaths, 8,888 hospitalizations, 1,801 disabilities, and 1,700 cases of Guillian Barre Syndrome. [12]

According to data from the National Vaccine Injury Compensation Program, the flu shot is the most dangerous vaccine in America. During one reporting period, out of 134 cases settled before the court, 79 were due to the flu shot, and these included three deaths. While the most common injury resulting from flu vaccines was Guillain-Barre syndrome, others included acute disseminated encephalomyelitis, transverse myelitis, shingles (herpes zoster), neuropathic demyelination, seizures, neuropathy, brachial plexopathy, rheumatoid arthritis, optic neuritis, and Bell's palsy. [13]

The adjuvants in flu vaccines, which include mercury (25 mcg), formaldehyde, polyethylene glycol, egg protein, polysorbate 80, MSG, pig gelatin, and antibiotics are equally concerning.

### **Continuing Issues With Efficacy**

The side effects are concerning, but become even more so when considering the vaccine's continued poor performance. A 2005 study concluded that the benefits of the flu vaccine were overstated, and "... [even during two pandemic seasons] the estimated influenza-related mortality was probably very close to what would have occurred had no vaccine been available." [14]

Cochrane Collaboration is the most independent medical research

organization in the world. A Cochrane review analyzed the impact of flu vaccines on healthy adults, including pregnant women and newborns, by looking at 90 reports of 116 studies that compared flu vaccines to placebo or to no intervention. Combined, the studies included close to ten million people. Cochrane concluded that 40 people would have to be vaccinated to prevent just one case of influenza-like illness (ILI), and 71 people have to be vaccinated to prevent one case of influenza. The vaccine had no effect on number of working days lost or hospitalization rates. The vaccine also had almost no effect on pregnant women or their newborn babies. Live aerosol vaccine was similarly useless.<sup>[15]</sup> In another review, Cochrane reported that flu vaccines were not effective for the elderly either.<sup>[16]</sup>

Cochrane conducted a similar review to evaluate the efficacy rates (defined as prevention of confirmed influenza and influenza-like illness), and adverse events of influenza vaccines in healthy children. The review included 75 studies and showed:

- Six children under age 6 have to be vaccinated with live attenuated vaccine in order to prevent one case of flu.
- In all of the studies, there was no useable data for children under the age of two.
- For children age two or younger, inactivated flu vaccines were no more effective than placebo.
- In order to prevent one case of influenza in children over the age of six, 28 children need to be vaccinated, and eight need to be vaccinated to prevent just one case of influenza-like illness.

The researchers found "no evidence of effect on secondary cases, lower respiratory tract disease, drug prescriptions, otitis media... (only) weak single study evidence of effect on school absenteeism and keeping parents from work." In other words, the children had almost no reduction in risk of developing the flu, flu-like illness, or of developing complications from flu. The vaccine was shown to be almost worthless.

Side effects were noted, however, and some were serious such as narcolepsy and febrile convulsions.

The researchers expressed surprise that the current recommendation is to vaccinate healthy children starting at 6 months of age in the U.S. and several other countries based on such limited evidence, and advised that research is needed in order to identify all potential harm resulting from flu vaccines.

Just as important, researchers identified issues concerning study design, funding, and scientific misbehavior. The Cochrane group reported that industry-funded studies showed more positive results than those funded with public money. They reported that "An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry-funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size...the review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies. The content and conclusions of this review should be interpreted in light of this finding."[\[17\]](#) According to Tom Jefferson, head of the Vaccine Field Group at the Cochrane Database Collaboration, "The vast majority of the studies (are) deeply flawed. *Rubbish* is not a scientific term, but I think it's the term that applies."[\[18\]](#)

Translation: A lot of scientific misconduct is required in order to report conclusions that support flu vaccines.

Even the package inserts on the vaccines state that they are not effective. For example, the package insert for FLULAVAL 2013-2014 formula for Influenza subtype A viruses and type B virus states, "... there have been no controlled trials adequately demonstrating a decrease in influenza disease after vaccinations with FLULAVAL."[\[19\]](#)



## **Flu Vaccines and Healthcare Workers**

In spite of this information, healthcare workers are routinely forced to get a flu shot, and often threatened with termination if they refuse. One of the reasons is that reimbursement rates from Medicare/Medicaid are tied to vaccination rates for hospital staff. Hospital systems must have a 90% or higher vaccination rate or they lose 2% of their funding from these programs.[\[20\]](#)

The flu shot does not protect patients, since patients do not get the flu from asymptomatic healthcare workers, whether or not they have been vaccinated. A meta-analysis conducted by CDC researchers confirmed this, showing that flu vaccines for healthcare workers offer little protection. The analysis looked at four studies from long-term facilities or hospitals and concluded that the impact on lab-confirmed flu was not statistically significant. The researchers noted that there are no estimates available on the number of deaths from flu in frail elderly people. Furthermore, the researchers ranked the quality of evidence for HCW vaccination on mortality as moderate and the quality for both influenza and hospitalization as low.[\[21\]](#)

Physician Daniel O’Roark, an outspoken critic of mandatory vaccines, refers to flu season as the yearly "influenza hysteria and the absurdity known as mandatory vaccination of HCW." O’Roark states that it has until recently been considered absurd to mandate medical treatments of any type for people who are mentally competent; for minors and those who were incompetent, consent would be given by parents or those with legal power of attorney. The reason, according to O’Roark, is that all medical treatments, including vaccines, subject people to varying degrees of risk.[\[22\]](#)

Healthcare workers are fighting back, however. A New Jersey appeals court ruled in favor of a nurse after she was fired for refusing a flu shot without claiming a religious or medical exemption, stating that "unconstitutionally discriminated against" June Valent when she was who was unfairly denied unemployment benefits by the hospital that

employed her.[23]

Nationally, 17% of hospital workers refuse the flu vaccine, and during the 2014-2015 flu season, 30% of hospital workers in New Jersey, Florida, and Alaska refused. There are 3662 hospitals in the U.S. and 966 report that 25% of their workers say "no," and 140 report that half or more are saying "no" to flu vaccines.[24]

### **Flu Vaccines and Pregnant Women**

Pregnant women are also coerced into getting flu vaccines. According to the CDC's website, "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." [25] But the package insert for the H1N1 vaccine states, "It is not known whether these vaccines can cause fetal harm when administered to pregnant women or can affect reproduction capacity."

Another study concluded that flu vaccines cause an inflammatory response in pregnant women and that inflammation increases the risk of both preeclampsia and premature birth. The researchers added that more research is needed to determine that flu vaccines are safe.[26] The package insert for FLULAVAL states, "Safety and effectiveness of FLULAVAL have not been established in pregnant women or nursing mothers." [27]

The FDA states that unless vaccines are specifically intended to be used in pregnant women, pregnant women are not eligible to participate in clinical trials, and that if a woman becomes pregnant during a clinical trial, she should not receive any more vaccines.[28] Yet the American College of Obstetrics and Gynecology says, "It is critically important that all obstetrician–gynecologists and all providers of obstetric care advocate for influenza vaccination, provide the influenza vaccine to their pregnant patients, and receive the influenza vaccine themselves every season. It is imperative that obstetrician–gynecologists, other health care providers, health care organizations,



and public health officials continue efforts to improve the rate of influenza vaccination among pregnant women." [29]

### **Continued Misrepresentation From Health Authorities**

Health organizations are so invested in selling flu vaccines that it seems they will do almost anything to perpetuate the myth that we are all in imminent danger and must get vaccinated. For example, in 2009 the CDC instructed health care professionals to stop testing for H1N1 and to assume that everyone who presented with flu-like symptoms had H1N1 flu. The CDC's statement to the public was that it did not want to waste resources on testing when the government had already determined that there was an epidemic. At the time, I reported that the number of cases did not indicate that there was, indeed, an epidemic; that the feds had ordered 193 million doses of the vaccine, and needed to "sell" these doses to the public; and that the CDC's directive to stop testing was an attempt to prevent the public from finding out the truth.

It turns out I was right, and a CBS news investigation confirmed this. As part of its investigation, CBS News requested state-by-state testing results prior to the halting of lab testing from the CDC. The CDC refused to provide the data, so CBS filed a request under the Freedom of Information Act with the Department of Health and Human Services. It took a very long time for HHS to respond.

In the meantime, CBS asked all 50 states to provide their data on lab-confirmed H1N1 prior to the order to discontinue testing. The majority were negative for both H1N1 and seasonal flu. This was the case even though the states were testing those who were deemed to be at the highest risk of having H1N1, such as people who had visited Mexico. Health authorities reported that these people had colds or upper respiratory infections, but not flu. [30]

The bottom line – the predicted epidemic of flu, along with deaths and co-morbidity did not take place, and instead of telling the public the

truth, the CDC lied in order to make its prediction appear to be true. The World Health Organization engaged in similar misbehavior.[31]

According to the Committee on Social, Health and Family Affairs of the Parliamentary Assembly of the Council of Europe (PACE), the WHO engaged in fear-mongering in regards to the H1N1 flu, without any evidence to back its actions. As a result about \$18 billion dollars was squandered worldwide.

Essentially, PACE determined, the WHO colluded with the drug companies, turning "run-of-the-mill" flu into a pandemic. While the drug companies benefitted financially, millions of people were vaccinated without cause, and without evidence that the vaccine was effective since it was not clinically tested. Testimony at a public hearing included this statement, "We are witnessing a gigantic misallocation of resources in terms of public health. Governments and public health services are wasting huge amounts of money in investing in pandemic diseases whose evidence base is weak." [32]

I'll repeat my advice about ALL flu shots – just say "no."

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