

# Ineffectiveness and Dangers of Flu Shots

By [Stephen Lendman](#)

Global Research, October 05, 2009  
5 October 2009

Theme: [Science and Medicine](#)

In-depth Report: [THE H1N1 SWINE FLU PANDEMIC](#)

Believing what governments say can be hazardous to your health. It's even truer from corporate-sponsored studies on the benefits of their products. Thus, be very leery about the new CSL Ltd. one on the effectiveness of taking one Swine Flu dose. More to the point, any Swine Flu shot as, in single or multiple doses, they're all extremely toxic, dangerous, and must be avoided to protect human health from the pathogenic onslaught vaccines are designed to unleash.

CSL is "Australia's leading biopharmaceutical company (and) the only commercial manufacturer of influenza vaccines in the Southern Hemisphere." It's currently producing "a pandemic influenza vaccine called Panvax H1N1 which uses the proven technology that has enabled us to provide Australia with seasonal flu vaccines over the last 40 years."

The New England Journal of Medicine published "the welcome news," claiming to show one shot produced the same immune response protection as annual flu vaccines. More on their ineffectiveness and hidden dangers below.

The National Institute of Allergy and Infectious Diseases (part of the US National Institutes of Health) also claims its early trials and studies confirm one dose provides protection eight to ten days after inoculation. Again beware - their advice endangers your health, especially about Swine Flu and the vaccines designed for it. They advise everyone take them voluntarily. Later, Health and Human Services (HHS) Secretary Kathleen Sebelius may mandate them if enough people don't comply, and individual states may follow suit.

## Separating Facts from Government and Industry Disinformation

According to the [Centers for Disease Control](#) (CDC), annual flu shots are advised for "all children from 6 months through 18 years of age," everyone over 50, pregnant women, and individuals with "long-term health problems" like heart, lung, kidney or liver disease, HIV/AIDS, other immune system diseases or persons with weakened immune systems, asthma, diabetes, anemia, certain muscle or nerve disorders, residents of nursing homes or chronic care facilities, and certain others.

Warning about "seasonal epidemics," the [World Health Organization's](#) (WHO) advice is much the same, adding that "Seasonal influenza spreads easily and can sweep through schools, nursing homes or businesses and towns....The most effective way to prevent the disease or severe outcomes from the illness is vaccination."

The WHO claims "Among healthy adults, influenza vaccine can prevent 70% to 90% of influenza-specific illness. Among the elderly, the vaccine reduces severe illnesses and complications by up to 60%, and deaths by 80%."

Information below shows WHO claims are false and misleading. So are the CDC's and NIH's and doubly so for the new Swine Flu vaccines.

### All Vaccines Are Ineffective and Unsafe

Gary Null is a leading health and nutrition expert, author, documentary filmmaker, founder of the Progressive Radio Network, and syndicated host of the longest running health program in America, Natural Living with Gary Null.

On September 18, 2009, he interviewed Dr. Viera Scheibner, "arguably one of the world's most respected scientists and scholars on vaccine medical data....Her investigations uncover how the vaccine industrial complex (and complicit government regulatory bodies produce) pseudo-science that is fraught with inconsistencies, poorly designed studies, erroneous interpretations, and conclusions that are patently false" – by design, not chance.

She calls vaccinations "an illness industry," causing a "pandemic (of) degenerative diseases (and) behavioral problems."

From her research and writings on vaccine science and history, she said:

"Ever since the turn of the (last) century, medical journals published dozens and dozens of articles demonstrating that injecting vaccines (can) cause anaphylaxis, meaning harmful, inappropriate immunological responses, which is also called sensitization. (This) increase(s) susceptibility to the disease which the vaccine is supposed to prevent, and to a host of related and other unrelated infections."

"We see it in vaccinated children within days, within two or three weeks. (Most of them) develop runny noses, ear infections, pneumonitis, (and) bronchiolitis. It is only a matter of degrees, which indicates immuno-suppression, (not immunity). It indicates the opposite. So I never use the word immunization because that is false advertising. It implies that vaccines immunize, which they don't. The correct term is either vaccination or sensitization."

In addition, "Vaccines (can) damage internal organs, particularly the pancreas," so everyone vaccinated, including for seasonal flu, is vulnerable to contracting severe "autoimmune diseases like diabetes," Addison's Disease, Arthritis, Asthma, Guillian-Barre Syndrome, Hepatitis, Lou Gehrig's Disease, Lupus, Multiple Sclerosis, Osteoporosis, Polio, and dozens of others.

Some can kill. Others produce a lifetime of disability and pain because autoimmune disease happens when the "body attacks itself," or more accurately "is attacked" by an unhealthy lifestyle, stress, and various harmful ingestible substances; that is, toxins in drugs, food, air, water, and other liquids. According to immunologist, Dr. Jesse Stoff, human health is compromised four ways:

- by poor nutrition;
- man-made environmental toxins;
- disease-causing organisms and their toxins; and
- immune system trauma from factors like x-ray radiation and stress.

Other factors include a lack of sleep and exercise, smoking, heavy alcohol consumption, and various excesses that throw the body out of balance, making it susceptible to a host of debilitating illnesses.

### Known Toxins in Seasonal Flu and Other Vaccines

Millions voluntarily take annual flu shots not knowing their harmful ingredients. With variations by producer, they contain numerous stabilizers, neutralizers, carrying agents, and preservatives, including:

- 25 micrograms of mercury (thimerosal), a known neurotoxin; one microgram is considered toxic; according to the NIH, “mercury and all of its compounds are toxic, exposure to excessive levels can permanently damage or fatally injure the brain and kidneys;” even “exposures to very small amounts” can also cause “allergic reactions, neurological damage and death;” it’s also linked to autism;
- aluminum hydroxide and phosphate, known to be linked to some neurodegenerative diseases, including Alzheimer’s disease; the Office of Occupational Safety and Health Administration (OSHA) reports x-ray evidence of pulmonary fibrosis among workers studied; it also reports that patients undergoing long-term kidney dialysis develop speech disorders, dementia, or convulsions;
- formaldehyde, a known carcinogen according to the National Cancer Institute; it’s also linked to upper respiratory tract problems and effects on lymphatic and hematopoietic systems (relating to human blood cells);
- gelatin, polysorbate 80 and resin - ingredients causing severe allergic reactions;
- ammonium sulfate, a suspected gastrointestinal, liver, and respiratory toxicant and neurotoxicant;
- sorbitol, a suspected gastrointestinal and liver toxicant;
- phenoxyethanol (antifreeze), a suspected developmental and reproductive toxicant;
- beta-propiolactone, a known carcinogen and suspected gastrointestinal, liver, respiratory, skin and sense organ toxicant;
- gentamycin, an antibiotic;
- triton X100, a strong detergent;
- animal tissues and fluids, including potentially contaminated horse blood, rabbit brain, dog kidney, monkey kidney, chick embryo, chicken egg, duck egg, pig blood, and porcine (pig) protein/tissue;
- calf and fetal bovine serum;
- macerated cancer cells;
- diploid cells from aborted fetal tissue; and/or
- other ingredients varying by producer.

Contrary to industry and government agency advice, annual flu shots are dangerous and ineffective. According to Croft Woodruff, president of the EDTA Chelation Association of British Columbia:

“Statistically, you’d be more likely to avoid the flu if you took nothing at all. So why are we subjected to the flu vaccine media blitz each year?” In a word, profits assured annually as long as enough people take them – for all vaccines (besides the enormous bonanza from the Swine Flu vaccines), billions of dollars in annual revenues, according to leading producer estimates.

On September 29, Wall Street Journal writers Jonathan Rockoff and Peter Loftus explained that the industry believes vaccines:

“will become an increasingly important source of growth to replace aging blockbusters that are poised to lose patent protection. Vaccine sales are growing faster than sales of other prescription medicines and are largely immune to the generic competition that is already cost drug makers billions of dollars in revenues on their top-selling treatments. Moreover, government agencies both in the US and around the world are increasingly reliable buyers of vaccines as they seek to stockpile medicines that could help protect the public in case of a major flu outbreak.”

Or perhaps, in the case of Swine Flu, infect it as part of a sinister depopulation scheme through involuntary male and/or female sterilization and future deadly illnesses while rewarding producers with hundreds of billions in profits from global inoculations over the next few years. For what may be planned, it doesn’t get any better than that. As a result, the public is cautioned to ignore media and official hype and stay safe by refusing all vaccines, especially the new Swine Flu ones that may, in fact, be bioweapons.

More Disclaimers about Flu Vaccine Effectiveness and the Truth about Their Dangers

First the worst news. Annual flu shots may induce one or more of the above-mentioned annoying to life-threatening autoimmune diseases, including severe allergies, diabetes, and the Guillan-Barre Syndrome (GBS) nerve disorder that causes progressive muscle weakness, paralysis, and at times death. They can also cause encephalitis, an acute inflammation of the brain; various neurological disorders; and thrombocytopenia, a serious blood disorder.

Now the bad news. Annual flu shots don’t work, except to enhance producer profits, which is why the industry, complicit regulatory bodies, and the media tell unsuspecting people to take them.

Each year, government health agencies guess which viral strain(s) are most worrisome. Usually they’re wrong. For example, New York Times writer Lawrence Altman headlined his January 15, 2004 article, “Vaccine Is Said to Fail to Protect Against Flu Strain” in reporting that the CDC said its most recent recommended flu vaccine had “no or low effectiveness” against that season’s Fujian threat, based on study results from its first ever health providers survey. Other studies report similar findings, and so do reliable scientists from their research.

The Lancet reported that a 2008 study on “immunocompetent elderly people aged 65 – 94 years enrolled in Group Health (a health maintenance organisation) during 2000, 2001, and

2002” found that “influenza vaccination was not associated with a reduced risk of community-acquired pneumonia during the influenza season.” Influenza predisposes individuals to contracting pneumonia.

In understated terms, the prestigious medical journal concluded that “The effect of influenza vaccination on the risk of pneumonia in elderly people during the influenza seasons might be less than previously estimated.” Yet doctors keep recommending them based on misleading industry and government information.

In October 2007, the National Institute of Allergy and Infectious Diseases, National Institutes of Health reported on the “[mortality benefits of influenza vaccination in elderly people: an ongoing controversy](#)” and concluded:

“frailty selection bias and use of non-specific endpoints such as all-cause mortality have led cohort studies to greatly exaggerate vaccine benefits. The remaining evidence base is currently insufficient to indicate the magnitude of the mortality benefit, if any, that elderly people derive from the vaccination programme.”

On May 1, 2003, The New England Journal of Medicine reported on the largest ever study to determine the effectiveness of pneumococcal pneumonia vaccine inoculations – based on medical data for 47,365 people aged 65 or older from 1998 – 2001. It found no significant association between vaccination and a reduced pneumonia risk in concluding:

“alternative strategies are needed to prevent nonbacteremic pneumonia, which is a more common manifestation of pneumococcal infection in elderly persons.” In other words, flu shots don’t work, so why take them.

An October 2008 published study in the Archives of Pediatric & Adolescent Medicine had similar conclusions based on doctor visits during the two most recent flu seasons. It reported:

“In 2 seasons with suboptimal antigenic match between vaccines and circulating strains, we could not demonstrate VE in preventing influenza-related inpatient/ED or outpatient visits in children younger than 5 years. Further study is needed during years with good vaccine match.”

In September 2008, the American Journal of Respiratory and Critical Care Medicine reported that the Department of Public Health Sciences, School of Public Health, University of Alberta concluded as follows from “clinical, laboratory, and functional data” collected on 1,813 adults “with community-acquired pneumonia admitted to six hospitals outside of influenza season” in Alberta:

“mortality benefits of influenza vaccination” are “overestimated” even though the population inoculated increased from 15% in 1980 to 65% in 2008.

In the October 2006 British Medical Journal, Dr. Tom Jefferson wrote about “Influenza vaccination: policy versus evidence” and concluded:

“Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured. (In addition), Little comparative evidence exists on the safety of these vaccines....The optimistic and confident tone of some predictions of viral circulation and the impact of inactivated vaccines, which are at odds with the evidence, is striking. The reasons are probably complex and may involve a messy blend of truth and conflicts of interest making it difficult to separate factual disputes from value disputes.”

In other words, influenza vaccination programs are ineffective and worthless. They're also dangerous.

In 2006, the Cochrane Database of Systematic Reviews reported on an Oxford University, Institute of Health Sciences examination of “Vaccines for preventing influenza in healthy children” and concluded from the results of 51 studies involving 263,987 subjects aged 23 months to six years that vaccines are little more effective than placebos. It added that:

“If immunisation in children is to be recommended as a public-health policy, large-scale studies assessing important outcomes and directly comparing vaccine types are urgently needed.”

#### FDA-Approved Swine Flu (H1N1) Vaccines

On September 15, the FDA:

“announced today that it has approved four vaccines against the 2009 H1N1 influenza virus. The vaccines will be distributed nationally after the initial lots become available, which is expected to be within the next four weeks....Based on preliminary data from adults participating in multiple clinical trials, the 2009 H1N1 vaccines induce a robust immune response in most health adults eight to 10 days after a single dose, as occurs with the seasonal influenza vaccine.”

The FDA warned that “People with severe or life-threatening allergies to chicken eggs, or to any other substance in the vaccine, should not be vaccinated.”

Approved US vaccines are produced by CSL Ltd., Novartis Vaccines and Diagnostics Ltd., Sanofi Pasteur (a division of Sanofi-Aventis Group), and AstraZeneca's MedImmune LLC. According to the FDA, “All four firms manufacture the H1N1 vaccines using the same processes, which have a long record of producing safe seasonal influenza vaccines.”

Meanwhile, other governments have placed large orders for Baxter's CELVAPAN A/H1N1 vaccine, Novavax's VLP, and GlaxoSmithKline PLC's versions to assure all the major vaccine producers share in the enormous profit bonanza.

Sanofi Pasteur's vaccine proved ineffective with one shot, and Medscape Medical News reported that while it will have fewer side effects it may not protect against the 2009 H1N1 strain.

Novartis' version contains its proprietary squalene adjuvant MF59, linked to annoying to potentially deadly autoimmune and other diseases, including paralysis, autism, Alzheimer's disease, and Gulf War Syndrome. Glaxo's ASO3 poses the same risks and will be available in America through CSL Ltd.'s vaccine.

Squalene in vaccines has been secretly used for years, but according to Dr. Rima Laibow, Medical Director of the Natural Solutions Foundation:

“Never before has (it) been (officially) approved for use in a drug in the United States. But once before, when it was allowed in certain military vaccines, more than 60,000 soldiers were hospitalized (by what became) known as ‘Gulf War Syndrome.’ (In *Doe v. Rumsfeld*, a Federal Court in 2004, forbade its involuntary use by United States troops.”

“This new (Swine Flu) vaccine has, literally, 1,000,000 time more squalene than the experimental military vaccine, known as ‘Vaccine A.’ The attempt to rush this dangerous vaccine into the bodies of the public without safety testing is a violation of US law, regulation and medical ethics and must be condemned.”

Glaxo (GSK) will distribute CSL Ltd.’s vaccine with its own proprietary high potency squalene adjuvant MPL (monophosphoryl lipid A) system ASO3 that exponentially enhances its dangers as Dr. Laibow explained.

After being linked to Gulf War Syndrome, Army scientists concluded from over two dozen post-war animal studies that nanodoses dangerously compromise the human immune system and may also kill.

MedImmune says it FluMist is a “gentle nasal mist. It’s a quick spray in each nostril, one of the places where the flu virus enters the body. (It) helps your body develop proteins called antibodies that help protect you from the flu.”

Dr. Rima Laibow calls FluMist a “recipe for pandemic. (It) contains 3 live viruses. You shoot it up your nose and your immune system gets a chance to make antibodies to three live, weakened viruses while the manufacturer hopes against hope that one of these three actually causes a disease this year....Of course, if you are immune compromised or go near someone who is, you will get sick or infect them with the virus and they can get the flu.”

Laibow and others also warn that Flu Mist risks potential brain damage, making it an extremely hazardous drug. The nasal passage olfactory tract is a direct pathway to the brain. Ingesting viruses through it risks encephalitis, a viral-induced acute brain inflammation.

British geneticist and biophysicist Dr. Mae-Wan and biologist Joe Cummins add that:

“Vaccines can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines, that have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune diseases.”

According to Medimmune, “FluMist is a (nasal administered) vaccine approved for the prevention of certain types of influenza disease in children, adolescents, and adults 2 - 49 years of age,” except for:

— children and adolescents regularly taking aspirin or products containing it;  
or persons with certain:



- sensitivities,
- health problems,
- illnesses,
- malignancies,
- immunodeficiencies,
- nutritional deficiencies,
- abnormalities,
- allergies, or
- infections - categories applying to the majority of the population, including many in it unaware it means them.

MedImmune’s product information states:

“Administration of Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal, a live virus vaccine, to immunocompromised persons should be based on careful consideration of potential benefits and risks. Safety has not been established in individuals with underlying medical conditions predisposing them to wild-type influenza infection complications.”

“Appropriate medical treatment and supervision must be available to manage possible anaphylactic (life-threatening allergic) reactions following administration of the vaccine....Hypersensitivity, including anaphylactic reaction, has been reported during post-marketing experience with FluMist....Intranasal may not protect all individuals receiving the vaccine.”

Each producer lists numerous adverse reactions to its vaccines. Those MedImmune reported included:

- “Congenital, familial and genetic disorder: Exacerbation of symptoms of mitochondrial encephalomyopathy (Leigh syndrome);
- Gastrointestinal disorders: Nausea, vomiting and diarrhea;
- Immune system disorders: Hypersensitivity reactions (including anaphylactic reaction, facial edema and urticaria);
- Nervous system disorders: Guillain-Barre syndrome, Bell’s Palsy;
- Respiratory, thoracic and mediastinal disorders: Epistaxis;” and
- “Skin and subcutaneous tissue disorders: Rash.”

The FDA has not approved nasal vaccine sprays for children under two, adults over 49, or pregnant women. Product instructions also warn that:

“FluMist recipients should avoid close contact with immunocompromised individuals for at least 21 days,” that should include health care workers but it doesn’t. It suggests the



likelihood that the vaccine's live virus will spread among immune-weakened hospital patients and elsewhere through close contact with their providers.

In their article titled, Vaccines' Dark Inferno, Gary Null and Richard Gale warn that:

"The vast majority of scientists, physicians, nurses and public health educators' trust that the ingredients in a vaccine have been individually and synergistically proven safe and effective." So do most people, even though commonly held beliefs are wrong, including by professionals who should know better. Because they don't, their patients' are endangered by the array of above toxins that in combination with new ones can trigger "a pandemic of Vaccine Disease, manifesting in myriad illnesses (including the new H1N1) dependent upon each vaccinated person's genetic predisposition and the robustness of (their) immune system(s to withstand) any epidemic threat posed by wild infectious pathogens (that) could unfold in so-called developed, hygienic society."

Since most governments sacrifice human health for business profits, who are the guardians to protect us from the coming pathogenic onslaught that may weaken or destroy the immune systems of millions of unsuspecting people, and likely sterilize and/or kill them. Something to consider before submitting to dangerous vaccines that everyone has a legal, ethical and for many a medical right to refuse.

*Stephen Lendman is a Research Associate of the Center for Research on Globalization. He lives in Chicago and can be reached at [lendmanstephen@sbcglobal.net](mailto:lendmanstephen@sbcglobal.net).*

*Also visit his blog site at [sjlendman.blogspot.com](http://sjlendman.blogspot.com) and listen to [The Global Research News Hour](#) on RepublicBroadcasting.org Monday - Friday at 10AM US Central time for cutting-edge discussions with distinguished guests on world and national issues. All programs are archived for easy listening.*

The original source of this article is Global Research  
Copyright © [Stephen Lendman](#), Global Research, 2009

**[Comment on Global Research Articles on our Facebook page](#)**

**[Become a Member of Global Research](#)**

Articles by: [Stephen Lendman](#)

About the author:

Stephen Lendman lives in Chicago. He can be reached at [lendmanstephen@sbcglobal.net](mailto:lendmanstephen@sbcglobal.net). His new book as editor and contributor is titled "Flashpoint in Ukraine:

US Drive for Hegemony Risks WW III."

<http://www.claritypress.com/LendmanIII.html> Visit his blog site at [sjlendman.blogspot.com](http://sjlendman.blogspot.com). Listen to cutting-edge discussions with distinguished guests on the Progressive Radio News Hour on the Progressive Radio Network. It airs three times weekly: live on Sundays at 1PM Central time plus two prerecorded archived programs.

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)

[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)