

Obama Administration Launches Deceptive Swine Flu Propaganda Blitz

To Counter Growing Criticism from Scientific and Medical Community

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

President Obama and his top health officials are engaging in a major public relations effort to divert attention away from whether its swine flu vaccine is effective and safe – to whether there is enough of it to go around. And the media, as always, is cooperating fully. This echoes the way media debate was manipulated during the Vietnam and Iraq Wars. Instead of debating whether we should even be fighting those wars, the media debated only whether we were using the correct military strategy.

Increasing numbers of scientists and doctors are issuing harsh criticisms of the Government's plan to vaccinate (forcibly if necessary) virtually the entire U.S. population with what they claim is a poorly tested vaccine that is not only ineffective against swine flu, but could cripple and even kill many more people than it helps.

The CDC's public relations campaign has been running "scare" ads that portray swine flu as a full-blown "pandemic" responsible for snuffing out countless lives, and which, unless stopped by universal vaccination, could kill millions of American citizens. But scientists and health officials throughout the world have called the governments claims unjustified and deliberately misleading.

For example, Dr. Anthony Morris, a distinguished virologist and former Chief Vaccine Office at the U.S. Federal Drug Administration (FDA), states that "There is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza" and that "The producers of these vaccines know they are worthless, but they go on selling them anyway."

And in November 2007, the UK newspaper The Scotsman, made public warnings by the inventor of the "flu jab," Dr. Graeme Laver. Dr. Laver was a major Australian scientist involved in the invention of a flu vaccine, in addition to playing a leading scientific role in the discovery of anti-flu drugs. He went on record as saying the vaccine he helped to create was ineffective and [that] natural infection with the flu was safer. "I have never been impressed with its efficacy," said Dr. Laver.

We hear the assumption being made by the Centers for Disease Control (CDC) that the number of deaths from the H1N1 virus is at pandemic levels and now a "national emergency." One would assume that with all of its resources, the New York Times' October 26 front page story on the CDC's statistics would be accurate: 20,000 hospitalizations and 1,000 deaths due to the swine flu. However, this is all fiction. And it is a fiction solely based

upon the CDC's own contradictory statements and actions.

Our independent investigations into the clinical trials and statistical studies of influenza vaccines reveal glaring discrepancies. Let us not forget that it is this same New York Times, with its "star" reporter Judith Miller, who led America into believing that Saddam Hussein possessed weapons of mass destruction, tried to purchase yellow cake uranium from Niger, and had dealings with al-Qaeda. And let us also remember that it is the same CDC and health officials in Washington, including President Ford and his top health advisor F. David Matthews, who pushed through and propagandized an untested vaccine during the 1976 swine flu scare, which resulted in thousands of severely neurologically damaged Americans and about 500 reported deaths. Aside from permanent paralysis, many of these vaccine victims also underwent torturous processes for many years to get the government to recognize their illnesses and help cover their costs. Not only was the CDC's prediction and vaccination campaign for the 1976 flu season a total disaster, it also turned into a deadly scandal, witnessed across the United States on 60 Minutes when Dr. David Sencer, then head of the CDC, confirmed that the vaccine was never field tested, that there were only several reported incidents of H1N1 infection and none of these had been officially confirmed, and then lied about the CDC having no prior evidence that the swine flu vaccine could cause severe and permanent neurological damage. The end result from the 1976 debacle cost the government \$3.5 billion in damages, two-thirds were for severe neurological injury and death directly due to the CDC's vaccination campaign.

Therefore, being anti-vaccine or pro-vaccine is not the most urgent issue. What is critical is whether or not there is legitimate, sound science to support either position; in this regard, the vaccine manufacturers and our federal health agencies have failed in the past, and continue to fail today. And they fail dismally. There is absolutely no evidence for sound-scientific protocol or anything resembling a gold-standard behind the swine flu infection statistics and vaccine efficacy and safety clinical trials to support Obama's and his health advisors' claims. Instead, the reports on hospitalizations and deaths due to the H1N1 virus are grossly distorted. What we are really witnessing is "official" science and statistics that are little more than propaganda.

One unfortunate development over the years is the notion that there is such a thing as a "flu season." The truth is that we move annually into periods where there are dramatic increases in flu-like causing pathogens, however, the majority of these are unrelated to any strain of influenza virus. 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, and worse, during a "flu season." 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 this year is no different. Furthermore, all flu vaccinations, including the swine flu, are useless for protecting people from these many prevalent infectious organisms.

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 separate study conducted by the National Center for Health Statistics for the flu periods between 1979 through 2002 revealed the true range

of flu deaths were between 257 and 3006, for an average of 1,348 per year.

The recent CBS Investigative Report, published on October 21, is one example. After the CDC refused to honor CBS's Freedom of Information request to receive flu infection data for each individual state, the network performed independent outreach to all fifty states to get their statistics. Their 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 infectious-rate ratios obtained by CBS are accurate, the CDC's figures are significantly reduced and agree with earlier predictions that the H1N1 virus will be simply an unwelcomed annoyance. So we are in the midst of an enormous medical hoax, a design and purpose that has yet to unfold completely, that will nevertheless reap huge revenues for the vaccine industrial complex.

Another example is a recent alarmist report issuing from Georgetown University, also usurped by federal health officials and their multimedia comrades to fuel a campaign of fear and panic. The report announced that over 250 students were infected by swine flu when in fact none of these students were tested for H1N1 infection. The university's figure was based solely on a count of student visits to the health clinic and calls into an H1N1 hotline.

This is not the first time the CDC's predictions for influenza strains have been overstated and miscalculated. In an interview on Swedish television, Dr. Tom Jefferson, head of vaccine studies at the prestigious international Cochrane Database Collaboration, after reviewing hundreds of influenza studies and statistical analyses, has said the WHO's and CDC's "performance is not very good." And in an ITN News interview last month, Jefferson called the swine flu pandemic a "juggernaut they [the WHO, government agencies and vaccine makers] created." For the 1992-1993 season, the prediction was off by 84 percent. For the 1994-1995 season, it was off 43 percent for the primary strain and off 87 percent and 76 percent for two other strains. The Laboratory Center for Disease Control's study comparing vaccine strains with the strains appearing during the 1997-1998 season found the match was off by 84 percent. Again Dr. Jefferson in a Der Spiegel interview remarked,

"there are some people who make predictions year after year, and they get worse and worse. None of them so far have come about, and these people are still there making these predictions. For example, what happened with the bird flu, which was supposed to kill us all?... Swine flu could have even stayed unnoticed if it had been caused by some unknown virus rather than an influenza virus... An influenza vaccine is not working for the majority of influenza-like illnesses because it is only designed to combat influenza viruses. For that reason, the vaccine changes nothing when it comes to the heightened mortality rate during the winter months."

Our review of all clinical trial studies conducted by the H1N1 vaccine makers for pre-licensing in the American market—CSL, Novartis, Sanofi-Pasteur, Medimmune and now GlaxoSmithKline—reveals they were poorly designed and feebly executed. Any professor in molecular biology or virology would fail a graduate student who presented a paper relying on research conducted in the manner of the studies the vaccine corporations submit to the FDA. Nevertheless, it is this lack of sound randomized, double-blind controlled placebo studies, particularly for inactivated virus vaccines, that our government is declaring definitive and is using to justify mass vaccination of our population.

Last week, Switzerland's health authorities rejected Novartis' new swine flu vaccine, Celtura, being targeted for women and children, because the company's studies were insufficient to guarantee its safety. In addition, the new Novartis vaccine, which uses a cell base from dogs, was found to be contaminated with canine-specific bacteria. The Swiss newspaper, Tagesanzeiger, also noted there remains some suspicion that Novartis' new vaccine may be a repackaging of an earlier 2008 vaccine responsible for killing almost two dozen homeless people during an illegal clinical trial in Poland. This is the same Novartis whose Fluvirin H1N1 vaccine being distributed in the US relied only on a hasty clinical efficacy and safety trial enrolling only a small number of health adults. Novartis likely remains unperturbed. The Swiss pharmaceutical giant has reported a \$6.1 billion profit so far this year and expects to boost sales for the final quarter with its swine flu vaccine.

In July, the CDC announced it would cease testing and counting H1N1 virus infections. Their public reason was simply that they are convinced there is a pandemic and, therefore, accurate monitoring was unnecessary. On August 30, the CDC declared the states should report influenza and pneumonia-associated hospitalizations and deaths together, not singling out actual cases of H1N1 infection if there happen to be any actually confirmed from a laboratory. This has always been the CDC's policy, and the 36,000 figure of annual flu deaths repeated ad nauseam on their website and spewed from the media's health pulpits for several years straight, does not distinguish between pneumonia, influenza and other flu-like pathogenic deaths. Perhaps it would make very little difference because the current rapid diagnostic tests for the H1N1 virus can range in only 10-50 percent accuracy.

Elsewhere in the world, particularly in Europe, civilians are increasingly rejecting the H1N1 vaccine. Recent polls in Germany and Austria show only 13 and 18 percent respectively willing to take the shot. In Sweden, four vaccine related deaths have been announced and almost 200 healthcare workers have reported becoming more seriously ill from the vaccination than they might have from a flu infection. In the US, anywhere from 90-99 percent of adverse events go unreported.

If people would simply shut off the CDC's supported propaganda noise being blasted across the airwaves and newspapers—the spectacle of newscasters being inoculated, interviews with government health officials or private doctors and academics receiving consultation fees from drug makers, and the drivel of the New York Times—and simply do their homework, Americans would wake up and realize the hoax behind the swine flu pandemic. All of the information is before us. Nothing is hidden. All the contradictions and hypocrisies are contained within the massive vaccine industrial complex—including the government health agencies and professional medical associations. The lie is too large for them to not expose themselves if we simply look.

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