

The Truth about Flu Shots

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

“By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British Empire. Other countries of Europe followed suit. Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then, as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines.” ~Dr. Tim O’Shea, “The Sanctity of Human Blood: Vaccination I\$ Not Immunization”

On June 11, 2009, the World Health Organization (WHO) announced that it had declared “Level 6” pandemic emergency with regard to the “swine flu.” Shortly thereafter, on cue, the Centers for Disease Control and Prevention (CDC) announced that we should expect mass vaccination in this country to begin as early as September, 2009. We have been covering the development of the global pandemic preparedness machinery in The IO since June, 1998. It is our belief that this machine has been in motion since March 28, 2009 and will not be stopped; that the global influenza pandemic the CDC and WHO have been predicting (planning) for at least a decade will be declared—whether people are pandemically sick and dying or not—and the global mass vaccination campaign for which they have been preparing since the 1970s swine flu fiasco will commence—soon. It is absolutely crucial that you share the following information with your friends, family and both elected and appointed bureaucrats within your community.

1. What are the ingredients of the annual flu shot?

- Egg proteins: including avian contaminant viruses such as avian leucosis
- Gelatin: known to cause allergic reactions and anaphylaxis - usually associated with sensitivity to egg or gelatin proteins
- Polysorbate 80 (Tween 80): can cause severe allergic reactions, including anaphylaxis
- Formaldehyde: known carcinogen
- Triton X100: a strong detergent
- Sucrose: table sugar
- Resin: known to cause allergic reactions

- Gentamycin: an antibiotic
- Thimerosal: 49.6 percent ethyl mercury (still in multidose vials)

2. Do flu shots prevent the flu?

Not in babies: In a review of more than 51 studies involving more than 294,000 children it was found 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, it was only effective 33 percent of the time in preventing the flu. **Reference:** “Vaccines for preventing influenza in healthy children.” *The Cochrane Database of Systematic Reviews*. 2 (2008).

Not in children with asthma: In a study of 800 children with asthma, where one half were vaccinated and the other half did not receive the influenza vaccine, the two groups were compared with respect to clinic visits, emergency department (ED) visits, and hospitalizations for asthma. **CONCLUSION:** This study failed to provide evidence that the influenza vaccine prevents pediatric asthma exacerbations. **Reference:** Christly, C. et al. *Arch Dis Child*. 2004 Aug 89 (8):734-738

Not in children with asthma (2): “The inactivated flu vaccine, Flumist, does not prevent influenza-related hospitalizations in children, especially the ones with asthma...In fact, children who get the flu vaccine are more at risk for hospitalization than children who do not get the vaccine.” **Reference:** The American Thoracic Society’s 105th International Conference, May 15-20, 2009, San Diego.

Not in adults: In a review of 48 reports including 66,000 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 (0.16) days. It did not change the number of people needing to go to the hospital or take time off work.” **Reference:** *The Cochrane Database of Systematic Reviews*. “Vaccines for preventing influenza in healthy adults” 1(2006)

Not in the Elderly: In a review of 64 studies in 98 flu seasons of the elderly living in nursing homes, flu shots were *non-significant* for preventing the flu. For elderly living in the community, vaccines were not (significantly) effective against influenza, ILI (influenza-like illnesses) or pneumonia. **Reference:** *The Cochrane Database of Systematic Reviews*. “Vaccines for preventing influenza in the elderly” 3(2006).

3. What about the new Swine (H1N1) Flu shot?

On June 11, 2009, WHO announced a Level 6 Pandemic

- A new report from a WHO advisory group predicts that global production of vaccine for the novel H1N1 influenza virus could be as much as 4.9 billion doses a year, far higher than previous estimates.
- The report states that vaccine makers are expected to produce about 780 million doses of seasonal flu vaccine for the northern hemisphere’s 2009-2010 flu season for the U.S.:
- 350 million doses will be ready by June 30, 2009

- 430 million doses will be ready by July 31, 2009
- Pandemic” H1N1 vaccine will be made in PER.C6 cells (human retinal cells) and contain either AS04 (by GlaxoSmithKline) or MF59 (by Novartis), an oil-in-water “squalene-based” adjuvant known to trigger severe autoimmunity in test animals (**see chart below**).

In May 2009, HHS contracted with the following companies to produce both antigen and adjuvants for production of a 2009 pandemic H1N1 flu vaccine:

Orders for Bulk Supply of 2009 H1N1 Influenza Vaccine Antigen and Adjuvant

Manufacturer

Bulk Vaccine Antigen

Oil-In-Water Bulk Adjuvant

Novartis
 \$150 million
 \$139 million

GlaxoSmithKline
 \$ 38 million
 \$144 million

Sanofi Pasteur
 \$191 million

CSL Biotherapies
 \$180 million

MedImmune
 \$ 90 million

Total
\$649 million
\$283 million

Reference: www.medicalcountermeasures.gov/BARDA/MCM/panflu/factsheet.aspx

- Federal health officials will probably recommend that most Americans get three flu shots this fall: One regular flu shot and two doses of the new swine flu vaccine being rushed to market.
- The “working hypothesis” of the CDC is that most Americans will need two swine flu shots to get full protection, although “the elderly (people born before 1957) may be able to get

away with just one,” said Dr. Anne Schuchat, the agency’s director of immunization and respiratory disease.

4. Is “Mandatory Vaccination” with the new swine flu possible?

- 1946: the United States Public Health Service was established and Executive Order (EO) 9708 was signed, listing the communicable diseases that could be corralled using quarantines. Between 1946 and 2003, cholera, diphtheria, tuberculosis, typhoid, smallpox, yellow fever and viral hemorrhagic fevers were added.
- April 4, 2003: EO 13295 added SARS to the list.
- April 1, 2005: EO 13295 amended to include “Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic.
- The power to quarantine was delegated by the President to the Secretary of Health and Human Services (HHS) to be determined at his or her discretion.
- The Secretary of HHS was given the power to arrange for the “apprehension and examination of persons reasonably thought to be infected.” A cough or a fever could put a person at risk of being quarantined for an extended period of time and without legal recourse.
- January 28, 2003: Introduction of Project BioShield during President Bush’s State of the Union Address. This created a permanent “indefinite funding authority to develop medical countermeasures.”
- New authority was given to the National Institutes of Health to accelerate research and development of drugs and vaccines. Emergency approval would be given to “fast tracked” drugs and vaccines deemed necessary in combatting a biological warfare attack or pandemic, bypassing standard safety testing by the Food and Drug Administration.
- December 17, 2006: Division E—Public Readiness and Emergency Preparedness Act (PREPA) was added as an addendum to the Defense Appropriations Bill HR 2863 at 11:20 pm on Saturday night, long after House Committee members had signed off on the bill and gone home for the holidays. Section (b)(1) states, “The Sec of HHS can make a determination that a ‘disease, health condition or threat’ constitutes a public health emergency. He or she may then recommend ‘the manufacture, testing, development, administration, or use of one or more covered counter measures...’ A covered countermeasure, defined in Division E, is a ‘pandemic product, vaccine or drug.’”
- Division E also provides complete liability protection for **all** drugs, vaccines or biological products deemed to be a “covered countermeasure” for an outbreak of any kind. Protection has been given to the drug companies for **any** product administered for **any** public health emergency declared by the Secretary of HHS.
- Pharma is now protected from all accountability, unless criminal intent to harm can be proven by the injured party. Drug companies are protected from lawsuits, even if they know the drug will be harmful. (Criminal intent would be nearly impossible to prove).

5. What can we do to protect ourselves and communities?

- Share this information with everyone you know
- Contact local first responders (EMTs, paramedics, firemen, doctors and nurses) and let them know what is in the shots since “they” will be the first ones to get it.
- Contact your county commissioners, sheriff and local police to discuss your concerns about the looming threat of mandatory vaccination, quarantine and confiscation of private property for either quarantine or drug/vaccine dispensing clinics. Consider taking them some homebaked cookies to get in the door while attaching a friendly face to the cause of liberty and our fundamental right to exempt ourselves from forced medical experimentation.
- Contact local city council members about our constitutional right to refuse a pandemic vaccine that has the potential to kill or maim without the recipient having any legal recourse.
- Write a small article or letter to the editor for local, community newspapers. Check out sample articles and letters on DrTenpenny.com and VacLib.org/basic/flu/swineflu.htm
- Have at least a month supply of food and water in your home and be prepared to voluntarily self-quarantine if given no other options.
- Stock up on Vitamin D3 (3,000 IU per person), Vitamin A, Vitamin C, colloidal silver and homeopathics for both preventing and treating the flu.
- Check out www.Oath-Keepers.org A .pdf of their oath for easy printing will be on www.DrTenpenny.com I am sharing this important oath with our local military recruitment offices, reservists and retired military people we know.
- Connect with other activist organizations such as www.CampaignForLiberty.com - those who support 2nd amendment issues, environmental and “real” food safety issues, animal rights and health freedom issues. Work together to spread the word about their liberty issues while you encourage their involvement with the mandatory vaccine resistance movement. Every compulsory vaccination campaign in history has been a public health disaster. Note the quote from Dr. Tom O’Shea above. To allow organized medicine to continue compelling mass vaccination can only occur as a result of collective ignorance and cultural complacency.

As stated years ago by Margaret Mead, “Never doubt that a small group of thoughtful committed citizens can change the world; indeed it is the only thing that ever has.”

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Books being cooked to justify Level 6

According to the WHO as of June 19, 2009, 88 countries have reported the presence of a novel flu virus, with a total of 48,954 cases and 193 deaths worldwide attributed to the new “bug.” WHO statistics for the U.S., which has the most reported cases of any one country, are 17,855 cases and 44 deaths. However, the CDC claims 21,449 cases and 87 deaths as of June 13 (In Mexico, the alleged epicenter of the current pandemic, the WHO reports a total of 9,007 cases and 118 deaths.) By looking on the CDC website, the case definition for those allegedly infected with the novel H1N1 virus changed on June 1, 2009, to include cases that are influenza-like illnesses (ILIs) that test positive for influenza A but negative for human H3 and H1; previously healthy adults 65 and older who are hospitalized for an ILI; a person who has an ILI that resides in a state without confirmed cases, but has traveled to a state or country where there are one or more confirmed or probable cases, or; a person with an ILI who has an epidemiologic link in the past 7 days to a confirmed case or probable case. The CDC is blatantly padding the numbers.

The CDC has also admitted that 71 percent of hospitalizations occurred in people with chronic underlying conditions such as cancer and autoimmune diseases. How many had received the annual flu vaccine was not revealed even though this past season’s flu vaccine contained “A/Brisbane/29/2007 (H1N1) -like virus (A/Brisbane/29/2007 IVR 148) and A/Brisbane/10/2007 (H3N2)-like virus (A/Uruguay/716/2007 NYMC X-175C)” and live flu viruses such as contained in FluMist are known to “mutate” while recipients are infectious for 21 days.

Although there was a lot of panic in Mexico over deaths attributed to the “novel” flu virus, Celia Alpuche, head of the main lab in Mexico that does influenza testing, told ScienceInsider that “There is no scientific evidence, up to date, that we have a different A (H1N1) virus other than human seasonal or swine-origin H1N1.”

On April 25, 2009, Yeny Gregorio Dávila of Mexico City posted the following on the *BBC News* website: “As a doctor, I realise that the media does not report the truth. Authorities distributed vaccines among all the medical personnel with no results, because two of my partners who worked in this hospital (interns) were killed by this new virus in less than six days even though they were vaccinated as all of us were. The official number of deaths is 20, nevertheless, the true number of victims are more than 200. I understand that we must avoid to panic, but telling the truth it might be better now to prevent and avoid more deaths.” It is apparent to anyone who understands the deadly nature of vaccines that the vaccine administered to the medical personnel in Mexico proved to be deadly.

But no proof that a novel H1N1 virus actually exists has been produced. Dr. Stefan Lanka from Klein-Klein-Aktion is offering €10,000 to anyone who is able to produce a scientific paper proving the existence of the alleged novel H1N1 flu virus. To date, not one scientist or public health official has come forward with the proof of a novel H1N1 flu virus and the media is generally uninterested in the fact that proof of a “virus” associated with a novel swine flu strain is nonexistent.

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