

What's the Danger of Swine Flu Vaccinations?

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There seems to be quite a lot of uncertainty about the technical nature of Swine Flu (H1N1) vaccines.

As a medical doctor, I wish to clarify a number of important issues: First, we should talk about vaccines instead of vaccine, since the vaccines vary as for their compositions and even their ways of being dispensed: some by injection, another by the nose.

I think the fears as for the vaccines can be referred to:

1. the adjuvants - in particular squalene which was in all probability responsible for the Gulf War syndrome,
2. the virus antigen's condition (dead, attenuated, live)
3. a deeply rooted mistrust in our politicians and the vaccine producers' motives and morals: e.g. Baxter's live bird flu virus last Winter (12), the Bayer AIDS haemophilic product scandal (15).

First it is necessary to understand, that pandemic vaccines are made according to two procedures:

1. The Development of a **totally new vaccine from scratch**. This takes more time, administration and testing than mock up vaccines (see below).
2. A **Mock-up vaccine** is a vaccine with all the adjuvants of the pandemic vaccine - but without the killed or attenuated pandemic virus. (1) This virus is - until the pandemic virus is known - a different, attenuated known potentially pandemic virus, in the case of the Pandemrix vaccine for the EU it is an attenuated H5N1 bird flu virus. This is the mock-up vaccine. When the nature of the pandemic swine flu virus (H1N1) is known, it replaces the H5N1 virus in an attenuated form, the adjuvants being left unchanged.

Until now mock-up vaccine test-vaccinations have been going on on voluntary "human guinea pigs." Since most of the contents of the vaccine has already been approved, the approval of the pandemic vaccine is easier to implement.

After the exchange of virus in the vaccine, the company will have to apply for a "variation". However, this is just a matter of form, since such a variation approval is given by the EU within 5 days - which means that there is no objective testing of the vaccine requiring official approval. The safety is entirely left to the vaccine producer, who has been granted immunity to actions of damages due to expected side effects (2).

So, as you see, there is no confusion with regard to swine flu and bird flu viruses. But there is another important consideration: the role of squalene.

The average quantity of squalene injected into the US soldiers abroad and at home in the anthrax vaccine during and after the Gulf War was 34.2 micrograms per billion micrograms of water. According to one study, this was the cause of the Gulf War syndrome in 25% of 697,000 US personnel at home and abroad. (3). You can find this table of FDA analyses from the Gulf War lots on The Military Vaccine Resource Directory website (4)

a.. AVA 020 - 11 ppb squalene (parts per billion)

> b.. AVA 030 - 10 ppb squalene

> c.. AVA 038 - 27 ppb squalene

> d.. AVA 043 - 40 ppb squalene

> e.. AVA 047 - 83 ppb squalene

These values were confirmed by Prof. R. F. Garry (5) before the House of Representatives. Prof Garry was the man to discover the connection between the Gulf War syndrome and squalene.

According to his findings, the Gulf War syndrome was caused by squalene, which was banned by a Federal Court Judge in 2004 from the Pentagon's use. (6)

As seen on p. 6 of this EMEA document (7), the Pandremix vaccine contains 10,68 mg of squalene per 0,5 ml. This corresponds to 2.136.0000 microgrammes pr. billion microgrammes of water, i.e. one million times more squalene per dose than in (4). There is any reason to believe that this will make people sick to a much higher extent than in 1990/91. This appears murderous to me.

I have contacted the Danish National Health Service: They are to decree mass vaccinations in Denmark - and yet they knew nothing about the composition of the Pandremix vaccine.

Then I addressed the Danish Medicinal Agency. They admitted that the Pandremix vaccine from GlaxoSmithKline does contain squalene and thimerosal. They have not rejected my remark that the squalene concentration is dangerous. In contrast, the AstraZeneca MedImmune nasal vaccination (8) avoids squalene side effects.

So far the use of squalene has been banned by the FDA in the US according to Der Spiegel (9). However, this may not last long (10).

“Clearly bypassing the FDA requirements for safety testing of these new adjuvants and the vaccines which contain them puts the entire population at risk for serious, possibly life threatening side effects, particularly any of the 12,000 paid trial participants (6,000 children) who are unfortunate enough to be randomized into the adjuvant containing groups.”

Still, on July 23, 2009, the FDA announced, “Currently, no U.S. licensed vaccine contains the adjuvants MF-59 or ASO3 (squalene). It is expected that a novel influenza A (H1N1) vaccine

manufactured using the same process as U.S. licensed seasonal inactivated influenza vaccine but administered with MF-59 or ASO3 will be authorized for emergency use only.”

Furthermore, “Two of the manufacturers (Novartis and GSK) have proprietary oil-in-water adjuvants (MF-59 and ASO3, respectively) which have been evaluated in a number of clinical studies including studies with influenza vaccines. These manufacturers will include an evaluation of the utility of the adjuvant for dose sparing and higher effect in their clinical studies.”

“The same document indicates that vaccines containing the un-approved adjuvants will be given to 100 children 6 months to 3 years old, 100 children 3 years old to 8 years, 100 individuals 18 to 64 years old and 100 individuals 65 and older in each of the multiple clinical trials. In addition, 700 individuals in each trial will be given non-adjuvanted vaccine”.

Now for the immunological side effects of squalene to occur takes months to years – and cannot be evaluated after up to 6 weeks of observation. Der Spiegel (9) calls the mass vaccinations on Europeans a gigantic cost free experiment to provide the FDA with mass vaccination experience to clear the track for sale in the US.

EMA admits that side effects can only be found through extensive vaccination campaigns! (1).

Here is what EMA (4) has to say about risks of GSK Pandemrix:

EMA's Pandemrix is commonly or very commonly associated with a range of local and systemic adverse reactions but these are not often of severe intensity and the safety profile would not preclude the use of the vaccine in healthy adults aged 18-60 years or > 60 years.

However, there are some adverse reactions known to be very rarely associated with influenza vaccines and it is currently not possible to predict if higher rates might be observed with Pandemrix compared with, for example, seasonal influenza vaccines.

Dr Keiji Fukuda, the WHO's flu chief, today warned about the potential dangers of the untested vaccine (11): “There are certain areas where you simply do not try to make any economies. One of the things which cannot be compromised is the safety of vaccines.”

Which is exactly what is going on!

What I do not know is, if they are going to leave the attenuated (or live – Baxter (12)) bird flu vaccine – or to totally replace it by the H1N1 virus.

Other severe, but rare side effects are autism in children due to thimerosal (13) and the Guillan-Barré syndrome seen with 400-500 Americans after the 1976 unnecessary mass vaccinations against swine flu (14) – videos. As for additional severe side effects of squalene – see Stephen Lendman (15).

My advice: If you are forced to be vaccinated against the harmless swine flu (H1N1) – demand a vaccination with the AstraZeneca nasal vaccine MedImmune (8)- thereby avoiding squalene side effects.

References

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- (15) Stephen Lendman, Global Research, 10 June, 2009 <http://www.globalresearch.ca/index.php?context=va&aid=13925>
- Surveys can be seen here <http://euro-med.dk/?p=9152> and here <http://euro-med.dk/?p=9895>

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