The Flu Vaccine

My Child, My Choice

Issue 3

INFORMATION…YOU MAY HAVE MISSED

DID YOU KNOW that multi-dose vials of some flu vaccines and the single-dose prefilled syringe of the Fluvirin flu vaccines still contain mercury (classified as a neurotoxin by the EPA)?

DID YOU KNOW that the FDA recently admitted that they had no records about clinical trials relied upon by the FDA when approving the use of any currently licensed flu vaccine or Tdap vaccine for pregnant women?

DID YOU KNOW that CDC scientist Dr. William Thompson said that pregnant women should be the last ones to get a vaccine with mercury in it?

DID YOU KNOW that no flu vaccines were tested against a true placebo (e.g., the Fluarix flu vaccine was tested against a control group that received a pneumococcal vaccine, or a hepatitis A vaccine and/or chickenpox vaccine)?

DID YOU KNOW that the CDC's statement that annually "about 36,000 [Americans]" die is not a factual statement?

DID YOU KNOW that, according to a Cochrane study, 71 people would need to be vaccinated to avoid one influenza case?

DID YOU KNOW that there is limited evidence to support the safety of the flu vaccine for children under two years of age because adequate studies have not been done?

DID YOU KNOW that there is a proposed bill in the NY State Assembly that would allow children 14 and older to be vaccinated without parental consent?

DID YOU KNOW that vaccine manufacturers are not liable for any injuries or death from their vaccines as a result of the 1986 National Childhood Vaccine Injury Act?

DID YOU KNOW that the editor of the *Lancet* said that [medical] journals are "information laundering operations" for the pharmaceutical industry?

DID YOU KNOW that in 1992, Congress passed legislation to encourage relationships between industry and the CDC by creating the non-profit CDC Foundation?

DID YOU KNOW that in 1983, children got 24 doses of vaccine, but now in 2020 they get 72 doses?

THE FLU VACCINE

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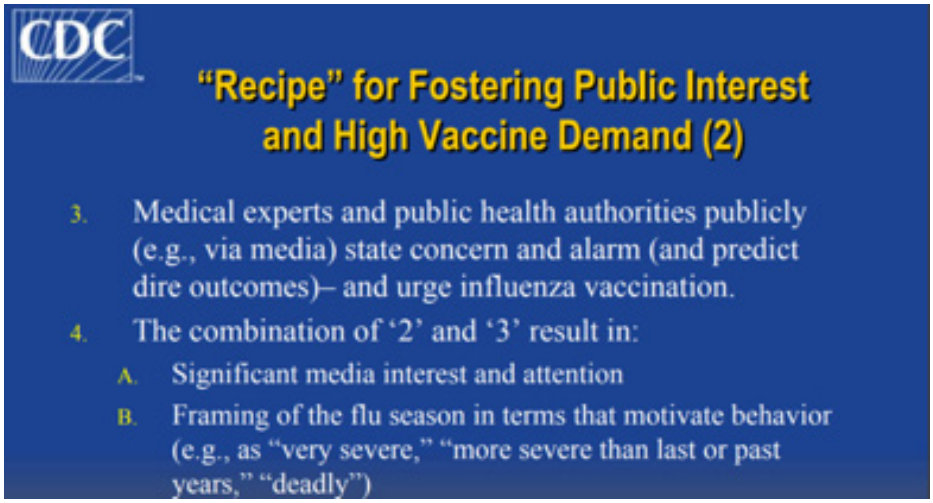
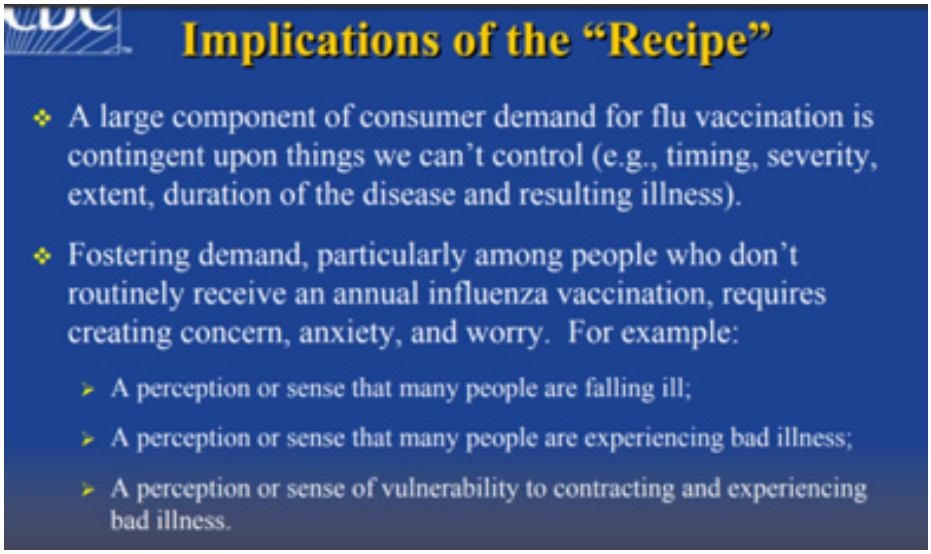
"Key elements of the immunization schedule—for example, the number, frequency, timing, order, and age at the time of administration of vaccines—have not been systematically examined in research studies."

The CDC's "recipe" (for inFLUencing public vaccine uptake)

At a 2004 presentation at an Institute of Medicine workshop, CDC's director of media relations, Gary Nowak, Ph.D., outlined the CDC's "Recipe for Fostering Public Interest and High Vaccine Demand." It called for encouraging medical experts and public health authorities to "state concern and alarm" about "and predict dire outcomes" from the flu season. **To inspire the necessary fear, the CDC encouraged describing each season as "very severe," "more severe than last or past years," and "deadly."**





http://www.nationalacademies.org/hmd/~/media/E9B963EDB28645C5ABCC22467120662D.ashx (page 6 and page 8)

How deadly IS the flu?

CDC was publicly claiming that each year "about 36,000 [Americans] die from flu," and as seen with the example from the *New York Times*, the range of numbers is likewise presented as though representative of known cases of flu-caused deaths. Yet the lead author of that very CDC study, William Thompson of the CDC's National Immunization Program, acknowledged that the number rather represented "a statistical association" that does not necessarily mean causation. In Thompson's own words, **"Based on modelling, we think it's associated. I don't know that we would say that it's the underlying cause of death."**

https://childrenshealthdefense.org/news/how-the-cdc-uses-fear-to-increase-demand-for-flu-vaccines/

ARE US FLU DEATH FIGURES MORE PR THAN SCIENCE?

British Medical Journal December 2005

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1309667/

The CDC website states what has become commonly accepted and widely reported in the lay and scientific press: annually "about 36,000 [Americans] die from flu" and "influenza/pneumonia" is the seventh leading cause of death in the United States. But why are flu and pneumonia bundled together? Is the relationship so strong or unique to warrant characterizing them as a single cause of death?

CDC states that the historic 1968-9 "Hong Kong flu" pandemic killed 34,000 Americans. At the same time, CDC claims 36,000 Americans annually die from flu. What is going on?

Meanwhile, according to the CDC's National Center for Health Statistics (NCHS), **"influenza and pneumonia" took 62,034 lives in 2001—61,777 of which were attributed to pneumonia and 257 to flu, and in only 18 cases was flu virus positively identified. Between 1979 and 2002, NCHS data show an average 1,348 flu deaths per year (range 257 to 3006).**

The NCHS data would be compatible with CDC mortality estimates if about half of the deaths classed by the NCHS as pneumonia were actually flu initiated secondary pneumonias. But the NCHS criteria indicate otherwise: "Cause-of-death statistics are based solely on the underlying cause of death...defined by WHO as `the disease or injury which initiated the train of events leading directly to death.'"

In a written statement, CDC media relations responded to the diverse statistics: "Typically, influenza causes death when the infection leads to severe medical complications." And as most such cases "are never tested for virus infection... CDC considers these [NCHS] figures to be a very substantial undercounting of the true number of deaths from influenza. **Therefore, the CDC uses indirect modelling methods to estimate the**

number of deaths associated with influenza."

CDC's model calculated an average annual 36,155 deaths from influenza associated underlying respiratory and circulatory causes (*JAMA* 2003;289: 179-86). Less than a quarter of these (8,097) were described as flu or flu associated underlying pneumonia deaths. Thus the much publicized figure of 36,000 is not an estimate of yearly flu deaths, as widely reported in both the lay and scientific press, but an estimate—generated by a model—of flu-associated death.

Pregnancy – good time for a flu vaccine?

Was the flu vaccine (or Tdap vaccine) tested for safety in clinical trials before being recommended to pregnant women in 1997?

NO, according to flu vaccine manufacturers' inserts:

"Safety and effectiveness of FLUCELVAX have not been established in pregnant women or nursing mothers."

"Safety and effectiveness of FLUZONE QUADRIVALENT have not been established in pregnant women or children less than 6 months of age."

"There are insufficient data on FLULAVAL QUADRIVALENT in pregnant women to inform vaccine-associated risks."

"Animal reproduction studies have not been conducted with Influenza A (H1N1) 2009 Monovalent Vaccine or AFLURIA. It is also not known whether these vaccines can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity....Safety and effectiveness of Influenza A (H1N1) 2009 Monovalent Vaccine have not been established in pregnant women or nursing mothers."

NO, say the FDA and CDC:

In response to a Freedom of Information Act lawsuit, the FDA has admitted, for the first time, that government agencies, including the CDC, are recommending vaccines for pregnant women **that have neither been licensed for pregnant mothers by FDA nor tested for safety in clinical trials.**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Informed Consent Action Network, Plaintiff, -against- United States food and drug administration Defendant.	**NOTICE OF VOLUNTARY DISMISSAL PURSUANT TO F.R.C.P. 41(a)(1)(A)(i)** Case No. 18-cv-11237-VEC

WHEREAS, plaintiff Informed Consent Action Network ("ICAN") requested the following records from defendant United States Food & Drug Administration ("FDA") pursuant to the Freedom of Information Act ("FOIA"): "**A copy of the report for each clinical trial relied upon by the FDA when approving for use by pregnant women any influenza vaccine currently approved by the FDA.**"

WHEREAS, after ICAN appealed, the FDA responded, in relevant part, as follows:

> **These requests sought the clinical trials relied upon by the FDA prior to approving any currently licensed influenza or Tdap vaccine for use in pregnant women as an indicated use. … We have no records responsive to your requests.**

THEREFORE, pursuant to F.R.C.P. 41(a)(1)(A)(i) of the Federal Rules of Civil Procedure, plaintiff ICAN by its undersigned counsel, hereby gives notice that the above captioned action is voluntarily dismissed, without prejudice against the defendant FDA.

Dated: February 10, 2019

KENNEDY & MADONNA LLP

_____

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Counsel for Plaintiff

https://childrenshealthdefense.org/wp-content/uploads/ican-vs-fda-voluntary-dismissal.pdf

The CDC website states: "*Flu shots have been given to millions of pregnant women over many years with a good safety record. There is a large body of scientific studies that supports the safety of flu vaccine in pregnant women and their babies. CDC continues to gather data on this topic.*"

https://www.cdc.gov/flu/highrisk/qa_vacpregnant.htm

The scientific studies that the CDC cites address fetal loss, major birth defects, small for gestational age issues, and obstetric conditions in the expectant mother (e.g., pre-eclampsia). However, these studies do not address possible long-term adverse effects from toxic ingredients in the vaccines crossing the placenta into the baby.

Flu vaccine → inflammation → autism risk?

Flu vaccine administration is documented to cause an inflammatory response in pregnant women. Current research finds that inflammation during pregnancy may be associated with the development of autism spectrum disorders.

Brief excerpts:

INFLAMMATORY RESPONSES TO TRIVALENT INFLUENZA VIRUS VACCINE AMONG PREGNANT WOMEN.

Vaccine 2011

https://www.ncbi.nlm.nih.gov/pubmed/21945263

Trivalent influenza virus vaccination elicits a measurable inflammatory response among pregnant women. There is sufficient variability in response for testing associations with clinical outcomes. As adverse perinatal health outcomes including preeclampsia and preterm birth have an inflammatory component, a tendency toward greater inflammatory responding to immune triggers may predict risk of adverse outcomes, providing insight into biological mechanisms underlying risk. The inflammatory response elicited by vaccination is substantially milder and more transient than seen in infectious illness, arguing for the clinical value of vaccination. However, **further research is needed to confirm that the mild inflammatory response elicited by vaccination is benign in pregnancy.**

MOTHER'S INFLAMMATION SHAPES BABY'S BRAIN

Science Translational Medicine May 2018

https://stm.sciencemag.org/content/10/439/eaat8524

For example, large epidemiological studies show that offspring exposed to mothers with high levels of inflammation during pregnancy are at an increased risk for developing neurodevelopmental disorders, such as **autism and attention-deficit hyperactivity disorder**.

INFLAMMATION AND AUTISM: FROM MATERNAL GUT TO FETAL BRAIN

Trends Mol Med. December 2017

https://www.ncbi.nlm.nih.gov/pubmed/29122491

Maternal immune activation (MIA) during pregnancy is associated with an **increased risk of behavioral disorders** in the offspring of affected mothers.

SOCIAL IMPAIRMENTS IN AUTISM SPECTRUM DISORDER ARE RELATED TO MATERNAL IMMUNE HISTORY PROFILE

Molecular Psychiatry October 2017
https://www.nature.com/articles/mp2017201

Preclinical animal evidence shows that immune activation in mothers during pregnancy **causes ASD-like behavioral traits in offspring.**

ELEVATED MATERNAL C-REACTIVE PROTEIN AND AUTISM IN A NATIONAL BIRTH COHORT

Molecular Psychiatry August 2014
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3633612/

C-reactive protein (CRP) is an acute-phase reactant which is a well-established marker of low-grade inflammation from both infectious and non-infectious exposures….

In conclusion, we demonstrated that elevated maternal CRP is related to an increased risk of autism in offspring. These findings, if replicated, may have important implications for elaborating the role of immune system dysfunction in autism. **Elevated maternal CRP may represent a common pathway by which infections and other inflammatory insults elevate risk for autism.**

MATERNAL AND EARLY POSTNATAL IMMUNE ACTIVATION PRODUCE DISSOCIABLE EFFECTS ON NEUROTRANSMISSION IN MPFC–AMYGDALA CIRCUITS

The Journal of Neuroscience March 2018
https://www.jneurosci.org/content/38/13/3358

Immune system activation during prenatal and early postnatal development **may contribute to the development of autism spectrum disorder** (ASD).

ACTIVATION OF THE MATERNAL IMMUNE SYSTEM DURING PREGNANCY ALTERS BEHAVIORAL DEVELOPMENT OF RHESUS MONKEY OFFSPRING.

Biol Psychiatry February 2014
https://www.ncbi.nlm.nih.gov/pubmed/24011823

… experimentally activating the maternal immune system during pregnancy in rodents **produces offspring with abnormal brain and behavioral development**.

HOW BRAIN CIRCUITS ARE AFFECTED BY INFECTIONS IN MOTHERS AND NEWBORNS

ScienceDaily March 28, 2018
https://www.sciencedaily.com/releases/2018/03/180328083434.htm

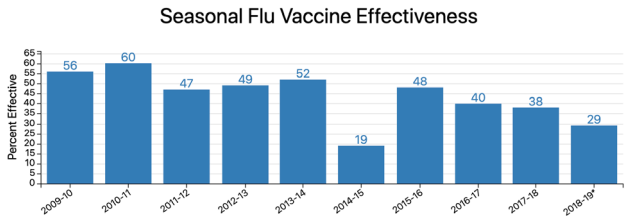
McLean Hospital neuroscientists have found that immune system activation during pregnancy and right at birth can cause alterations in the brain's neural circuits during young adulthood that are consistent with behavioral symptoms common in **autism spectrum disorder (ASD) and other developmental conditions.**

How effective is the flu vaccine?

The 2018-2019 vaccine was approximately 30% effective against influenza illness and hospitalizations.

https://www.cdc.gov/flu/vaccines-work/2018-2019.html

STATS FROM PREVIOUS YEARS (VARIES FROM 19% TO 60%)



https://www.cdc.gov/flu/vaccines-work/effectiveness-studies.htm

WHAT ABOUT THIS YEAR'S FLU VACCINE?

Time will tell.

FLU VACCINE FOR ALL: A CRITICAL LOOK AT THE EVIDENCE

Medscape December 2015
https://www.medscape.com/viewarticle/855937_1

Tom Jefferson, head of the Vaccine Field Group at the Cochrane Database Collaboration (which was the world's leading producer of evidence-based medical reviews), voiced serious reservations about the data supporting influenza vaccine recommendations, stating that **"The vast majority of the studies [are] deeply flawed. Rubbish is not a scientific term, but I think it's the term that applies."** ….He leads an international team of researchers who have combed through hundreds of flu-vaccine studies.

Brief excerpts:

VACCINES TO PREVENT INFLUENZA IN HEALTHY ADULTS

Cochrane February 2018 (current to December 2016)

https://www.cochrane.org/CD001269/ARI_vaccines-prevent-influenza-healthy-adults

71 people would need to be vaccinated to avoid one influenza case, and 29 would need to be vaccinated to avoid one case of influenza-like illness. We were uncertain of the protection provided to pregnant women against ILI and influenza by the inactivated influenza vaccine, or this was at least very limited….Protection against influenza and ILI in mothers and newborns was smaller than the effects seen in other populations considered in this review….**The protective effect of vaccination in pregnant women and newborns is also very modest.**

VACCINES FOR PREVENTING INFLUENZA IN HEALTHY ADULTS

Cochrane Systematic Review – Intervention March 2014

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001269.pub5/abstract

Influenza vaccines have a very modest effect in

reducing influenza symptoms and working days lost in the general population.

INFLUENZA VACCINATIONS FOR ALL PREGNANT WOMEN? BETTER EVIDENCE IS NEEDED.

Int J Environ Res Public Health September 2018

https://www.ncbi.nlm.nih.gov/pubmed/30231471

A Cochrane review concluded that the **inactivated influenza vaccine provides pregnant women with uncertain or very limited protection against influenza-like illnesses and influenza.** Some observational studies have suggested possible adverse effects of the inflammation following the vaccination. Consistent with the Cochrane reviewers' conclusions, further trials for influenza vaccines with appropriate study designs and comparison groups are required before promoting universal seasonal influenza vaccinations of pregnant women.

VACCINES FOR PREVENTING INFLUENZA IN HEALTHY CHILDREN

Cochrane February 2018 (current to December 2016)

https://www.cochrane.org/CD004879/ARI_vaccines-preventing-influenza-healthy-children

Live attenuated vaccines: **Seven children would need to be vaccinated to prevent one case of influenza,** and 20 children would need to be vaccinated to prevent one child experiencing an ILI (influenza-like illness).

Inactivated vaccines: **Five children would need to be vaccinated to prevent one case of influenza,** and 12 children would need to be vaccinated to avoid one case of ILI.

We found very few randomized controlled trials in children under two years of age. Adverse event data were not well described in the available studies. Standardized approaches to the definition, ascertainment, and reporting of adverse events are needed.

VACCINES FOR PREVENTING INFLUENZA IN HEALTHY CHILDREN

Cochrane Systematic Review - Intervention August 2012

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004879.pub4/abstract

Influenza vaccines are efficacious in preventing cases of influenza in children older than two years of age, but **little evidence is available for children younger than two years of age.** No safety comparisons could be carried out, emphasizing the need for standardization of methods and presentation of vaccine safety data in future studies. In specific cases, influenza vaccines were associated with serious harms such as narcolepsy and febrile convulsions. **It was surprising to find only one study of inactivated vaccine in children under two years,** given current recommendations to vaccinate healthy children

from six months of age in the USA, Canada, parts of Europe and Australia.

WHAT, IN FACT, IS THE EVIDENCE THAT VACCINATING HEALTHCARE WORKERS (HCW) AGAINST SEASONAL INFLUENZA PROTECTS THEIR PATIENTS? A CRITICAL REVIEW

International Journal of Family Medicine 2012
https://www.hindawi.com/journals/ijfm/2012/205464

The personal benefit from vaccinating healthy nonelderly adults is small and there is no evidence to show that it is any different for HCWs. The studies aiming to prove the widespread belief that staff vaccination has a substantial effect on patient morbidity and mortality are heavily flawed. No reliable evidence shows that HCW vaccination has noteworthy advantage to their patients—not in reducing patient morbidity or mortality, not in increasing patient vaccination, and not in decreasing HCW work absenteeism.

INFLUENZA VACCINATION OF HEALTHCARE WORKERS (HCW): CRITICAL ANALYSIS OF THE EVIDENCE FOR PATIENT BENEFIT UNDERPINNING POLICIES OF ENFORCEMENT

PLoS One January 2017
https://www.ncbi.nlm.nih.gov/pubmed/28129360

More realistic recalibration based on actual patient data instead shows that **at least 6,000 to 32,000 hospital workers would need to be vaccinated before a single patient death could potentially be averted**….The impression that unvaccinated HCWs place their patients at great influenza peril is exaggerated.

INFLUENZA VACCINATION FOR HEALTHCARE WORKERS WHO CARE FOR PEOPLE AGED 60 OR OLDER LIVING IN LONG-TERM CARE INSTITUTIONS (LTCI)

Cochrane June 2016
https://www.cochrane.org/CD005187/ARI_influenza-vaccination-healthcare-workers-who-care-people-aged-60-or-older-living-long-term-care

Our review findings have not identified conclusive evidence of benefit of HCW vaccination programs on specific outcomes of laboratory-proven influenza, its complications (lower respiratory tract infection, hospitalization or death due to lower respiratory tract illness), or all-cause mortality in people over the age of 60 who live in care institutions….**This review does not provide reasonable evidence to support the vaccination of healthcare workers to prevent influenza in those aged 60 years or older resident in LTCIs.**

Surprising results from the flu vaccine

Brief excerpts:

REPEATED INFLUENZA VACCINATION OF HEALTHY CHILDREN AND ADULTS: BORROW NOW, PAY LATER?

Epidemiol Infect. 2006
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2870374

Under the plausible assumption that protection against influenza infection lasts longer after naturally acquired infection than after vaccination, we show that **repeated vaccination at a young age substantially increases the risk of influenza in older age.**

INCREASED RISK OF NONINFLUENZA RESPIRATORY VIRUS INFECTIONS ASSOCIATED WITH RECEIPT OF INACTIVATED INFLUENZA VACCINE

Clin Infect Dis. Jun 2012
https://www.ncbi.nlm.nih.gov/pubmed/22423139

TIV (trivalent inactivated influenza vaccine) recipients had an **increased risk of virologically-confirmed non-influenza infections.** Being protected against influenza, TIV recipients may lack temporary non-specific immunity that protected against other respiratory viruses….We identified a statistically **significant increased risk of non-influenza respiratory virus infection** among trivalent inactivated influenza vaccine recipients, including significant increases in the risk of rhinovirus and coxsackie/echovirus infection."

VIRAL INFECTIONS IN CHILDHOOD RESPIRATORY DISEASE

American Thoracic Society Conference, 2009
https://www.atsjournals.org/doi/abs/10.1164/ajrccm-conference.2009.179.1_MeetingAbstracts.A5118

TIV (trivalent inactivated influenza vaccine) did not provide any protection against hospitalization in pediatric subjects with asthma. On the contrary, we found a **3-fold increased risk of hospitalization in subjects who did get the TIV vaccine.**

LIVE ATTENUATED INFLUENZA VIRUS (LAIV) INCREASES PNEUMOCOCCAL TRANSLOCATION AND PERSISTENCE WITHIN THE MIDDLE EAR

J Infect Dis. July 2015

https://www.ncbi.nlm.nih.gov/pubmed/25505300

While LAIV vaccination is safe and effective at reducing IAV and coinfection with influenza virus and bacteria, **LAIV may increase bacterial transmigration to the middle ear and could thus increase the risk of clinically relevant acute otitis media** (ear infection).

LIVE ATTENUATED INFLUENZA VACCINE ENHANCES COLONIZATION OF STREPTOCOCCUS PNEUMONIAE AND STAPHYLOCOCCUS AUREUS IN MICE

American Society for Microbiology 2014

https://mbio.asm.org/content/5/1/e01040-13

Using a mouse-adapted LAIV against influenza A

(H3N2) virus carrying the same mutations as the human FluMist vaccine, we find that **LAIV vaccination reverses normal bacterial clearance from the nasopharynx and significantly increases bacterial carriage densities of the clinically important bacterial pathogens *Streptococcus pneumoniae* (serotypes 19F and 7F) and *Staphylococcus aureus* (strains Newman and Wright)** within the upper respiratory tract of mice. Vaccination with LAIV also resulted in 2- to 5-fold increases in mean durations of bacterial carriage.

TEMPORAL ASSOCIATION OF CERTAIN NEUROPSYCHIATRIC DISORDERS FOLLOWING VACCINATION OF CHILDREN AND ADOLESCENTS: A PILOT CASE CONTROL STUDY

Front Psychiatry January 2017
https://www.ncbi.nlm.nih.gov/pubmed/28154539

Subjects with newly diagnosed AN (anorexia nervosa) were more likely than controls to have had any vaccination in the previous 3 months [hazard ratio (HR) 1.80, 95% confidence interval 1.21-2.68]. **Influenza vaccinations during the prior 3, 6, and 12 months were also associated with incident diagnoses of AN, OCD, and an anxiety disorder.** Several other associations were also significant with HRs greater than 1.40 (hepatitis A with OCD and AN; hepatitis B with AN; and meningitis with AN and chronic tic disorder). This pilot epidemiologic analysis implies that the onset of some neuropsychiatric disorders may be temporally related to prior vaccinations in a subset of individuals. **These findings warrant further investigation.**

"The science is not settled. There is always more to learn."

A History Lesson

FLU VACCINE FOR ALL: A CRITICAL LOOK AT THE EVIDENCE

Medscape Pediatrics December 21, 2015

https://www.medscape.com/viewarticle/855937

The 1918-1919 influenza pandemic, which occurred concurrently with World War I, killed approximately 50 million people around the world. Despite little understanding of the etiology of the pandemic, physicians began administering various vaccines to soldiers in an attempt to stop the spread of the disease.

During World War II, the US Army, eager to prevent a recurrence of 1918, supported influenza vaccine development efforts by such scientists as Jonas Salk.... A subsequent evaluation in 1947 found that **"the incidence of disease was no different in vaccinated and unvaccinated individuals."**... Nevertheless, the vaccine was released for use in the general population.

Then, in 1957, a new pandemic struck. The "Asian flu," although not as severe as the 1918 pandemic, would eventually cause 1-2 million deaths worldwide. A vaccine was manufactured, and millions of doses were administered in the United States in response. **The vaccine had no appreciable effect on the trend of the pandemic.**

Vaccine proponents felt that the failure of the vaccine was explained by the immunization campaign being too little, too late. As a result, in 1960, national health experts recommended, for the first time, routine annual vaccination, with emphasis on high-risk groups, including those over the age of 65 years and individuals with chronic illness. By the early 1960s, **routine influenza vaccination was generally adopted as a policy, with very little supporting evidence.**

After several years of this policy, the CDC decided to evaluate its impact. In 1964, Alexander Langmuir, MD, MPH, then the chief epidemiologist at the CDC, published a paper that **"reluctantly concluded that there is little progress to be reported."** ...Despite this, annual vaccination campaigns were continued.

In 1968, the CDC finally performed a randomized, double-blind trial to examine the effect of vaccination on morbidity and mortality. The authors concluded that **"Despite extensive use of influenza vaccines...attainment of [improved morbidity and mortality] has never been demonstrated."** Nevertheless, flu immunization continued.

In 1976, H1N1 "swine flu" appeared, and a large-scale effort to immunize as many Americans as possible was launched. However, the anticipated levels of disease did not appear, and an epidemic of paralytic Guillain-Barré syndrome in recipients of vaccine led to the program's cancellation. An analysis in 1977 by the CDC concluded that **in-**

fluenza control had been "generally ineffective" and that statistically valid community trials were needed.

In 1995, a major review from the US Food and Drug Administration acknowledged the ongoing **"paucity of randomized trials" and warned about serious methodological flaws in many existing flu vaccine studies.**

In 2000, the CDC performed a placebo-controlled trial and found that **"vaccination [when compared to placebo] may not provide overall economic benefit in most years."**

Nonetheless, in 2004, the AAP recommended annual influenza immunization for young children, household contacts, and healthcare providers.

Vaccination coverage recommendations continued to expand, and now during every flu season, we watch commercials by retail pharmacies telling us about the importance of getting the flu shot. The fact that the AAP recommends "mandatory" flu vaccination for healthcare providers means that eventually clinicians could be fired for not getting vaccinated…**after decades of vaccine use, it is hard to detect any public health impact.**

NVICP flu statistics

Vaccine manufacturers are not liable for any injuries or death from their vaccines as a result of the 1986 National Childhood Vaccine Injury Act (created because vaccine manufacturers could not handle all the lawsuits coming their way). Instead the government's National Vaccine Injury Compensation Program (NVICP) was created to compensate individuals who believe that vaccines caused injuries to themselves or their loved ones, or death.

https://www.hrsa.gov/vaccine-compensation/index.html

Flu vaccines are the most compensated vaccine type for injuries. They represent 60% of petitions to the NVICP. From 2014-2015, the NVICP flu vaccine settlements have increased from $4.9 million to $61 million, an increase of 1,100%.

https://childrenshealthdefense.org/news/caveat-emptor-science-versus-cdc-on-scary-flu-shot-promotions/

When looking at the chart on page 17, keep in mind that the U.S. Department of Health and

Human Services-sponsored Harvard Medical School project reported, **"Adverse effects from drugs and vaccines are common, but under-reported....Likewise, fewer than 1% of vaccine adverse events are reported."**

When Harvard reached out to HHS to follow up on these results, the HHS did not return their phone calls or emails.

healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

https://truthsnitch.com/2017/10/24/cdc-silence-million-dollar-harvard-project-charged-up-grading-vaccine-safety-surveillance-system/#sthash.NXboY1nK.goxOG60Z.dpbs

PETITIONS FILED, COMPENSATED, AND DISMISSED, BY ALLEGED VACCINE, SINCE THE BEGINNING OF VICP, 10/01/1988 THROUGH 11/30/2018

Vaccines	Filed Injury	Filed Death	Filed Grand Total	Compensated	Dismissed
Influenza	4,749	157	4,906	2,751	445

https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-december-2018.pdf

STARTLING STATEMENTS

Interview of Julie Gerberding, head of the CDC at the time (March 2008)

"When children have this disease [mitochondrial disorder], anything that stresses them creates a situation where their cells just can't make enough energy to keep their brains functioning normally. Now we all know that vaccines can occasionally cause fevers in kids so if a child was immunized, got a fever or had other complications from the vaccine, then if you're predisposed with a mitochondrial disorder, it can certainly set off some damage – some of the symptoms can be symptoms that have characteristics of autism."

https://www.youtube.com/watch?v=Dh-nkD5LSIg

Overall, approximately 1 in every 4,300 individuals in the United States has a mitochondrial disease.

https://www.chop.edu/conditions-diseases/ mitochondrial-disease

What is in the flu vaccine?

Influenza (Afluria) Trivalent & Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, thimerosal (multi-dose vials)
Influenza (Fluad)	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, barium, hydrocortisone, egg proteins, cetyltrumethylammonium bromide (CTAB), formaldehyde
Influenza (Fluarix) Quadrivalent	octoxynol-10 (TRITON X-100), beta-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Quadrivalent	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and *Spodoptera frugiperda* cell proteins, baculovirus and cellular DNA, Triton X-100
Influenza (Flucelvax) Quadrivalent	Madin Darby Canine Kidney (MDCK) cell protein, phosphate buffered saline, protein other than HA, MDCK cell DNA, polysorbate 80, cetylrimethlyammonium bromide, and beta-propiolactone, thimerosal (multi-dose vials)
Influenza (Flulaval) Quadrivalent	ovalbumin, formaldehyde, sodium deoxycholate, alpha-tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials), phosphate-buffered saline solution
Influenza (Fluzone) Quadrivalent	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials)
Influenza (Fluzone) High Dose	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium choride solution, formaldehyde
Influenza (FluMist) Quadrivalent	monosodium glutamate, hydrolyzed porcine (pig) gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf
https://www.fda.gov/media/75156/download

Polysorbate 80 is used as a **stabilizer, surfactant,** and **emulsifier** to keep the components of the vaccine evenly distributed in the liquid.

It is used in many drug formulations to open up the blood brain barrier (for example, in chemotherapy drugs). Thus when a vaccine contains polysorbate 80, toxic ingredients (like aluminum) may pass from the blood into the brain.

SUPERPARAMAGNETIC IRON OXIDE NANOPARTICLES MODIFIED WITH TWEEN 80 PASS THROUGH THE INTACT BLOOD-BRAIN BARRIER IN RATS UNDER MAGNETIC FIELD

ACS Appl Mater Interfaces May 11, 2016

https://www.ncbi.nlm.nih.gov/pubmed/27092793

This study showed that a metal, iron oxide, was carried into the brain with the use of Polysorbate 80.

Formaldehyde is used in certain vaccines to **inactivate viruses** and to detoxify **bacterial toxins.**

A new report (August 2014) from the National Research Council has upheld the listing of formaldehyde as "**known to be a human carcinogen**" in the National Toxicology Program 12th Report on Carcinogens(RoC).

http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=18948

Thimerosal (mercury) is a **preservative**.

24.5 to 25 micrograms of thimerosal are found in **multi-dose vials of some flu vaccines** and trace amounts (≤1 micrograms) are found in the **single dose Fluvirin flu vaccines.**

http://www.vaccinesafety.edu/thi-table.htm

CDC scientist Dr. Thompson in a secretly but legally recorded phone conversation with scientist Dr. Brian Hooker, father of an autistic child, 2014

https://fearlessparent.org/tag/william-thompson/

Dr. Hooker: *"I just wanted to get your thoughts if you would have any ideas on how to fix this? If you were in a position to do so, how would we ban—first and foremost, I think that getting thimerosal out of vaccines is just long overdue."*

Dr. Thompson: "*Well, let me tell you my thought on that. In the United States, the only vaccine that it's in is for pregnant woman, right?"*

Dr. Hooker: "*Right!*"

Dr. Thompson: "*So, my theory on that is that the drug companies think if it's at least in that one vaccine, then no one could argue that it should be out of the other vaccines outside of the U.S. So, I don't know why they still give it to pregnant women. That's the last person I would give mercury to."*

Dr. Hooker: "*Yeah. It makes absolutely no sense. And it's a full 25 micrograms. It even exceeds in the infant formulation for the flu shot—which*

you're not supposed to give flu shots until six months of age. The infant formulation have 12.5 micrograms. But the maternal flu shot still has 25 micrograms. And it's given in any trimester."

Dr. William Weil's quote from the secret Simpsonwood meeting held to "handle" damaging information from a CDC study done on thimerosal

http://putchildrenfirst.org/media/2.9.pdf

"The number of dose related relationships [between mercury and autism] are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant."

Mercury in Medicine Report by Hon. Dan Burton of Indiana, in the House of Representatives, May 20, 2003

https://www.govinfo.gov/content/pkg/CREC-2003-05-21/html/CREC-2003-05-21-pt1-PgE1011-3.htm

The decision by the CDC not to state a preference for mercury-free vaccines is especially difficult to understand, given the deep-seated concerns many policy-makers had about the potential impact of ethylmercury on the fragile central nervous systems of developing babies.

FDA officials spoke passionately about this problem at a meeting of the National Vaccine Advisory Committee in the summer of 1999. Dr. Katherine Zoon stated: ***"We need to understand more about thimerosal because in the past two days, I think we have recognized that there really is a paucity of data, And I think some of the points made about looking at the developing nervous system, looking at the developing immune systems, and the effects of these agents on that at critical times of development, hasn't been—hasn't been done—and I think that knowledge is very important."***

At the same meeting, Dr. Bernard Schwetz, the Director of the FDA's toxicology center, stated, ***"… the sensitivity of the fetus versus the neonate is very important, and for some of you who have forgotten about the sensitive windows during fetal development, the nervous system develops post-natally. So it isn't unreasonable to expect that there would be particular windows of sensitivity. So it isn't the matter of averaging the dose over the whole neonatal period—it's what's the week or what's the day or what's the series of hours that represent a particular event in the development of the nervous system when this whole thing might be dangerous. There may be weeks surrounding that when there isn't a major problem. We don't have that information."***

(See Report link above for more damaging information on thimerosal.)

AGENCY FOR TOXIC SUBSTANCES & DISEASE REGISTRY

https://www.atsdr.cdc.gov/toxfaqs/tf.asp?id=113&tid=24

How can mercury affect my health?

The nervous system is very sensitive to all forms of mercury….Exposure to high levels of metallic, inorganic, or organic mercury can permanently damage the brain, kidneys, and developing fetus. Effects on brain functioning may result in irritability, shyness, tremors, changes in vision or hearing, and memory problems.

How does mercury affect children?

Very young children are more sensitive to mercury than adults. **Mercury in the mother's body passes to the fetus and may accumulate there**…. Mercury's harmful effects that may be passed from the mother to the fetus include brain damage, mental retardation, incoordination, blindness, seizures, and inability to speak. Children poisoned by mercury may develop problems of their nervous and digestive systems, and kidney damage.

TECHNICAL REPORT: MERCURY IN THE ENVIRONMENT: IMPLICATIONS FOR PEDIATRICIANS

Pediatrics (AAP) 2001
https://pediatrics.aappublications.org/content/108/1/197

The developing fetus and young children are thought to be disproportionately affected by mercury exposure, because many aspects of development, particularly brain maturation, can be disturbed by the presence of mercury. **Minimizing mercury exposure is, therefore, essential to optimal child health.**

ENVIRONMENTAL MERCURY AND ITS TOXIC EFFECTS

Journal of Preventive Medicine and Public Health 2014
https://www.jpmph.org/journal/view.php?number=1215

In addition to reproductive issues, **mercury is also associated with the fetotoxicity which can present as miscarriage, spontaneous abortions, stillbirth, and low birth weights**….In the neonate, mercury exposure during pregnancy has been linked to neural tube defects, craniofacial malformations, delayed growth, and others…. **Mercury is known to cross the placenta where it can inhibit fetal brain development resulting in cerebral palsy and psychomotor retardation in the latter stages of development**….In light of these historic events and the toxicological evidence presenting in this review regarding the systemic effects of mercury on cellular, cardiovascular, hematological, pulmonary, renal, immunological, neurological, endocrine, reproductive, and embryonic development, **efforts should be made to insure adequate steps are taken in public health and prevention to reduce the occurrence of mercury exposure and raise public awareness.**

SCHUMER DEMANDS FDA INVESTIGATE CONTAMINATED BABY FOOD

October 20, 2019
https://nypost.com/2019/10/20/schumer-demands-fda-investigate-contaminated-baby-food/

Sen. Chuck Schumer demanded a federal probe into "very troubling" reports that baby food products are contaminated with lead and other toxic heavy metals. One in four baby foods was found to contain lead, arsenic, **mercury** and cadmium, according to the report Thursday.

"When these toxic metals get into a baby's nervous system, it can retard brain development, nerve development, the very kind of things we've seen [with] lead," Schumer said.

The senate's top Democrat called on the FDA to develop a proactive testing program for baby food, as well as establish standards for heavy metals to protect against neuro-developmental issues.

2 MORE LONG ISLAND SCHOOL FACILITIES SHUT DOWN BECAUSE OF MERCURY VAPOR May 2019

https://www.newsday.com/long-island/education/mercury-vapor-gym-flooring-1.31225813?fbclid=IwAR2bmaNCYx3E6PuCLOk3-2F5of0KFuO6CFuOCgL-JcVTqfKRkie62h4WAfSM

"You don't want your kids exposed to mercury in any form, especially not in a school," said Dr. David Carpenter, director of the Institute for Health and the Environment at University at Albany. **"It reduces IQ, causes reduced attention span. It's associated with more anti-social behavior…**all the last things you want associated with schools."

Is the CDC concerned about mercury?

The CDC says that thimerosal is safe and that there is no relationship between thimerosal and autism. They base this claim on six studies co-authored and sponsored by the CDC, which are reviewed in the following article:

METHODOLOGICAL ISSUES AND EVIDENCE OF MALFEASANCE IN RESEARCH PURPORTING TO SHOW THIMEROSAL IN VACCINES IS SAFE

BioMed Research International Volume 2014, Article ID 247218

https://www.hindawi.com/journals/bmri/2014/247218/

"As seen in this review, the studies upon which the CDC relies and over which it exerted some level of control report that there is no increased risk of autism from exposure to organic Hg (mercury) in vaccines, and some of these studies even reported that exposure to Thimerosal appeared to decrease the risk of autism. **These six studies are in sharp contrast to research conducted by independent researchers over the past 75+ years that have consistently found Thimerosal to be harmful.** As mentioned in the Introduction section, many studies conducted by independent investigators have found Thimerosal to be associated with neurodevelopmental disorders. Several studies, for example, including three of the six studies covered in this review, have found Thimerosal to be a risk factor for tics. In addition, Thimerosal has been found to be a risk factor in speech delay, language delay, attention deficit disorder, and autism."

STUDIES THAT THE CDC CLAIMS EXONERATE THIMEROSAL…AND WHY THEY DON'T

February 19, 2017

https://childrenshealthdefense.org/news/studies-that-the-cdc-claims-exonerate-thimerosal-and-why-they-dont/

[Link includes a] list compiled of the 19 studies from various lists on CDC's websites to defend the use of thimerosal in vaccines. These are the studies that CDC uses to claim thimerosal's safety. **Each is fatally flawed through the use of incorrect and even fraudulent statistics.** Even so, these studies demonstrate that thimerosal has been linked with tics, IQ deficits, speech delay and language delay.

In addition, CDC officials claim that thimerosal (ethylmercury) is the "safe" mercury (compared to methylmercury) because it leaves the body quickly.

This claim was based solely on data from a small study conducted in the early 2000s by an industry insider, Dr. Michael Pichichero, called "Babies Excrete Vaccine Mercury Quicker than Originally Thought," 2008. (The study states that Pichichero has served as a consultant to vaccine manufacturers including GSK Biologicals, Sanofi Pasteur, Wyeth Pharmaceuticals, and MedImmune.)

https://www.urmc.rochester.edu/news/story/1848/babies-excrete-vaccine-mercury-quicker-than-originally-thought.aspx

However, subsequent studies have proven that the ethylmercury in thimerosal is actually far more dangerous than originally thought as it is more persistent in organs than methylmercury. Science is not clear yet as to what exactly happens when thimerosal is injected in the body, but it has been demonstrated that it has a different effect on the body than methylmercury and therefore needs to be studied on its own.

The science is not settled on this issue, as these studies indicate:

Brief excerpts:

IDENTIFICATION AND DISTRIBUTION OF MERCURY SPECIES IN RAT TISSUES FOLLOWING ADMINISTRATION OF THIMEROSAL OR METHYLMERCURY

Arch Toxicol November 2010

https://www.ncbi.nlm.nih.gov/pubmed/20386881

Whereas the behavior of methylmercury in humans is relatively well known, that of ethylmercury is poorly understood….Taken together, our data demonstrated that the toxicokinetics of thimerosal is completely different from that of methylmercury. **Thus, methylmercury is not an appropriate reference for assessing the risk from exposure to thimerosal-derived mercury.**

COMPARISON OF BLOOD AND BRAIN MERCURY LEVELS IN INFANT MONKEYS EXPOSED TO METHYLMERCURY OR VACCINES CONTAINING THIMEROSAL

Environ Health Perspect. August 2005

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1280342/

Reports have indicated that infants can receive ethylmercury (in the form of thimerosal) at or above the

U.S. Environmental Protection Agency guidelines for methylmercury exposure, depending on the exact vaccinations, schedule, and size of the infant…. The results indicate that methylmercury is not a suitable reference for risk assessment from exposure to thimerosal-derived mercury. **Knowledge of the toxicokinetics and developmental toxicity of thimerosal is needed to afford a meaningful assessment of the developmental effects of thimerosal-containing vaccines.**

EXPOSURE TO MERCURY AND ALUMINUM IN EARLY LIFE: DEVELOPMENTAL VULNERABILITY AS A MODIFYING FACTOR IN NEUROLOGIC AND IMMUNOLOGIC EFFECTS

Int J Environ Res Public Health 2015

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4344667/?fbclid=IwAR0VlG_VzSTnjmwBbIP1x8tegW3XRZRCPhUKg4rmb38r5hHZGNBfw2NMI9k

Currently, ethylmercury and adjuvant-Al (aluminum) are the dominating interventional exposures encountered by fetuses, newborns, and infants due to immunization with Thimerosal-containing vaccines. Despite their long use as active agents of medicines and fungicides, **the safety levels of these substances have never been determined, either for animals or for adult humans—much less for fetuses, newborns, infants, and children.**

LOW-DOSE THIMEROSAL IN PEDIATRIC VACCINES: ADVERSE EFFECTS IN PERSPECTIVE

Environmental Research January 2017

https://www.sciencedirect.com/science/article/pii/S0013935116306430

Thimerosal, known to have neurotoxic effects even at low doses, has not been scrutinized for the limit of tolerance alone or in combination with adjuvant-Al (aluminum) during immaturity or developmental periods (pregnant women, newborns, infants, and young children)…. consistently, they showed a link of ethylmercury/thimerosal with risk of certain neurodevelopment disorders, such as tic disorder….**the collective evidence strongly suggests that Thimerosal exposure is associated with adverse neurodevelopmental outcomes.**

INTEGRATING EXPERIMENTAL (IN VITRO AND IN VIVO) NEUROTOXICITY STUDIES OF LOW-DOSE THIMEROSAL RELEVANT TO VACCINES

Neurochemical Research June 2011

https://link.springer.com/article/10.1007/s11064-011-0427-0

There is a need to interpret neurotoxic studies to help deal with uncertainties surrounding pregnant mothers, newborns and young children who must receive repeated doses of Thimerosal-containing vaccines (TCVs)....**Thimerosal at concentrations relevant for infants' exposure (in vaccines) is toxic to cultured human-brain cells** and to laboratory animals.

Who to believe?

It is evident that medical studies often report opposite conclusions. When reviewing a study, check who funded the study (is it a vaccine manufacturer or an organization funded by vaccine manufacturers?) and if the study's authors have conflict of interests (financial ties to pharmaceutical companies). This information is usually included at the end of the study.

Unfortunately...

"Marcia Angell wrote, **'It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgement of trusted physicians or authoritative medical guidelines.** I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*.'"

https://www.bmj.com/content/346/bmj.f3830/rr/652673

"Most U.S. clinical trials are funded by industry. Opportunities exist for sponsors to influence research....Compromises occurred in: research participants' well-being (9%), research initiatives (35%), publication of results (28%), interpretation of research data (25%), and scientific advancement (20%) because of industry support...."

https://www.ncbi.nlm.nih.gov/pubmed/19353387

"Private health care companies heavily invest in 'independent' researchers. Those researchers with COI are more likely to present positive findings....**Physicians often begin receiving pharmaceutical gifts and remuneration as early as the first year of medical school.**"

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494677/

"'**Journals have devolved into information laundering operations for the pharmaceutical industry**,' wrote Richard Horton, editor of the *Lancet*, in March 2004."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1140949/

Behind the (vax)$cenes

THE UNOFFICIAL VACCINE EDUCATORS: ARE CDC-FUNDED NON-PROFITS SUFFICIENTLY INDEPENDENT?

The BMJ 2017

http://vaccinesafetycommission.org/pdfs/bmj.j5104.full.pdf

The Immunization Action Coalition, Every Child by Two, and **American Academy of Pediatrics** have a few things in common. They are all non-profit organizations with large online presences that promote themselves as sources of reliable information on vaccines. They also receive funding from both vaccine manufacturers and the **Centers for Disease Control and Prevention.**

"The Immunization Action Coalition (IAC) drives its mission by operating programs supported with educational grants and other donations as well as by conducting partnership projects targeted at specific goals that promote immunization and increase rates."

https://www.immunize.org/aboutus/funding.asp

Funding 2019: AstraZeneca, GlaxoSmithKline (GSK), Merck Sharp & Dohme Corp., Pfizer Inc., Sanofi Pasteur, Seqirus (all vaccine manufacturers)

"Vaccinate your Family's (formerly Every Child by Two) mission is to protect people of all ages from vaccine-preventable diseases."

https://www.vaccinateyourfamily.org/about-us/funding/

Funding 2018: CDC, GlaxoSmithKline, Merck, Novavax, Sanofi Pasteur, Seqirus

American Academy of Pediatrics (AAP) - Friends of Children Fund ("contributions enable AAP to respond to health issues and continually generate new knowledge about the best way to care for children")

https://www.aap.org/en-us/about-the-aap/corporate-relationships/Pages/Corporate-Relationships.aspx

President's Circle: $50,000 & above: Merck and Sanofi Pasteur; $25,000 to $49,999: Seqirus

National Academy of Medicine (formerly Institute of Medicine - IOM)

https://nam.edu/wp-content/uploads/2018/06/2017-NAM-Annual-Report-_-rs.pdf

Annual Report 2017 Lifetime gifts or grants: $25 million or more: The Bill & Melinda Gates Foundation; $5 million to $10 million: Merck & Company; $1 million to $5 million: Astra Zeneca, GlaxoSmithKline, Novartis, Merck Company Foundation, Pfizer, Sanofi-Aventis, CDC

Funding of CDC took a turn in 1983, when the CDC was authorized to accept external "gifts" from industry and other private parties. In 1992, **Congress passed legislation to encourage relationships between industry and the CDC** by creating the non-profit CDC Foundation, which began operations in 1995.

Partial list of CDC corporate and organization partners (many hospitals have vaccine centers as indicated): AstraZeneca PLC, Aventis Pasteur, GlaxoSmithKline Biologicals S.A., Merck, Novartis, Pfizer Inc., Sanofi Pasteur, Inc, Wyeth Pharmaceuticals (all vaccine manufacturers), Pharmaceutical Research and Manufacturers of America (lobbying group for the pharma industry); NYU School of Medicine (Vaccine Center), Emory University School of Medicine (Vaccine Center), John Hopkins Bloomberg School of Public Health (Vaccine Initiative), Stanford University (LPCH Vaccine Program), Duke University School of Medicine (Vaccine Institute), Vanderbilt University Medical Center (Vaccine Center); Bill & Melinda Gates Foundation; Sabin Vaccine Initiative

https://www.cdcfoundation.org/partner-list/corporations

ACADEMIC MEDICAL CENTER (AMC)LEADERSHIP ON PHARMACEUTICAL COMPANY BOARDS OF DIRECTORS

JAMA April 2, 2014

https://sci-hub.tw/10.1001/jama.2013.284925

We studied the prevalence of AMC leaders on pharmaceutical company boards of directors….Of the 50 companies examined, 3 private companies lacked public data on governance. Nineteen of 47 (40%) companies had at least 1 board member who concurrently held a leadership position at an AMC, including 16 of 17 (94%) US companies. Forty-one board members held AMC leadership positions in 2012, receiving a mean financial compensation for board membership of $312,564 (excluding the 6 industry executives).

When AMC leaders serve on pharmaceutical company boards, they hold a fiduciary responsibility to shareholders to promote the financial success of the company, which may conflict or compete with institutional oversight responsibilities and individual clinical and research practices.

Pharmaceutical Company	Academic Medical Center Affiliations of Company Board Members in January 2013[a]	Annual Compensation for Board Membership[b]
GlaxoSmithKline	University of Texas Southwestern Medical Center	$165 000-$212 000
	New York University Langone Medical Center	
	Texas Medical Center	
Merck	Memorial Sloan-Kettering Cancer Center (n = 2)	$260 000-$325 000
	New York Presbyterian Hospital	
	Weill Cornell Medical College	
Novartis International	University of Illinois College of Medicine	$350 025-450 038
	Harvard University	
Pfizer	Rockefeller University	$275 550-320 000
	Partners HealthCare	
	Massachusetts General Hospital	
	University of Texas Southwestern Medical Center	
	Weill Cornell Medical College	
	University of Chicago	

a *Academic medical centers include health professional schools, parent universities, teaching hospitals, and health systems.*

b *Compensation figures are for academic medical center leaders only.*

ARE VACCINES PROFITABLE FOR DOCTORS AND PHARMACIES?

VACCINES ARE MONEY MAKERS FOR DOCS?

http://www.immunizeforgood.com/fact-or-fiction/vaccines-are-money-makers-for-docs

"The truth is doctors often lose money on vaccines. A study published in the Journal Pediatrics shows that the costs of giving vaccines exceeded the amount that the insurers and health plans pay. As experts in kids' health, physicians make recommendations based on years of studies, scientific research, and firsthand experience treating illness. Doctors know the many proven life-saving benefits of vaccines. Their only incentive to 'push' for vaccines is to keep your child healthy and protected from infectious disease."

REALLY?

MAKE ADULT IMMUNIZATION A PROFIT CENTER

MDedge June 15, 2018
https://www.mdedge.com/jcomjournal/article/168270/vaccines/make-adult-immunization-profit-center

"It's a widespread misconception among internists: Implementing an office-based adult immunization program is a potential financial sinkhole and just isn't worth the hassle. That's utterly wrong….**The typical net profit ranges from $21.50 for high-dose influenza vaccine to, at the top end, $47.41 for meningococcal group B vaccine (Bexsero) and $49.58 for recombinant human papillomavirus 9-valent vaccine (Gardasil-9)**….Always buy vaccines directly from the manufacturer; it's a better deal than going through a middleman, who'll invariably take a cut out of what should be the physician's profit."

8 WAYS TO MAKE ADULT VACCINATIONS PROFITABLE

Medical Economics March 2017
https://www.medicaleconomics.com/medical-economics-blog/8-ways-make-adult-vaccinations-profitable

"In fact, practices can actually make a profit based on billing for the vaccination itself, in addition to the administration codes. But to do so, physicians have to understand supply and demand, vaccination recommendations, the reimbursement procedures and they must stay on top of the business of vaccines….**You can make a profit anywhere from $10 to $50 per vaccine, depending on which vaccine it is.**"

(The same information applies to pediatric vaccines.)

HOW TO MAKE IMMUNIZATIONS A PHARMACY PROFIT CENTER

E Elements March 2019
https://www.pbahealth.com/how-to-make-immunizations-a-pharmacy-profit-center

"…And the flu shot is only the tip of the immunization iceberg. There's a glacial immunization opportunity beyond influenza waiting to

be uncovered. For example, **flu shots bring in roughly $20 of profit a pop. Compare that to meningococcal group B vaccine at $48, human papillomavirus at $50, and hepatitis B at $80**, according to one estimate.

"Multiple pharmacy experts say pharmacies that offer expanded immunizations can expect a minimum $40K per year in additional revenue, but more likely closer to $90K.

'"You do two or three new consultations a day, your profit on just those consultations could potentially pay for that pharmacist just to be there that day,' Feltner said. 'There are times where we'll get five or seven consultations in one day and have profitability of three or four hundred dollars on just that one-hour appointment depending on the patient's travel designation.'"

Legislation – beware!

Currently, **Connecticut**, **New York City**, and **New Jersey** require annual flu vaccines for children ages 6-59 months enrolled in childcare; **Ohio** requires annual flu vaccines for childcare, and **Rhode Island**, for childcare and preschool.

NOTE: There are limited studies to show effectiveness and safety of flu vaccines for children under 2 years old.

New York has a proposed bill to mandate the flu vaccine for all school children and day care attendees, and a proposed bill to mandate vaccines for all children's camp employees.

New Jersey passed a bill to mandate the flu vaccine for all health care facility employees, and has a proposed bill to mandate vaccines for health care vendors.

Massachusetts, **New York**, and **West Virginia** have proposed bills that would involve the government in medical exemptions.

Florida, **Maryland**, **New York**, **Ohio**, **Oklahoma**, **Pennsylvania**, and **South Carolina** have proposed bills that would allow pharmacists, podiatrists and/or community paramedics to administer vaccines to children starting at different ages.

District of Columbia, **Georgia**, **Maryland**, **Missouri**, **New York**, **Virginia**, and **Vermont** have proposed bills that would allow for "minor consent" (without parental knowledge or consent) for vaccination.

TO SEE OTHER PROPOSED BILLS RELATED TO VACCINES, PLEASE VISIT
https://nvicadvocacy.org/members/Home.aspx

CALL TO ACTION:

PLEASE WRITE, EMAIL, OR CALL YOUR CONGRESSMEN TO OPPOSE THESE BILLS!

PLEASE REACH OUT TO YOUR RELIGIOUS LEADERS TO ADVOCATE FOR PARENTS' RIGHTS!

The lobbying group for the pharmaceutical industry spent about $27.5 million on lobbying activities in 2018, a record annual total for the Pharmaceutical Research & Manufacturers of America, which represents most of the nation's largest drug and biopharmaceutical research companies including Pfizer, Sanofi, Merck, Johnson & Johnson, and Gilead Sciences.

IF A BILL FAILS, THEY WILL TRY AGAIN!

Big bu$ine$$

Vaccine manufacturers are not liable for any injuries or death from their vaccines as a result of the 1986 National Childhood Vaccine Injury Act (created because vaccine manufacturers threatened to discontinue vaccine production due to too many lawsuits).

"[The vaccine industry] is now a $30 billion industry. If you can get a vaccine on the schedule it can be a billion dollar annual profit for your company. So the incentives to get it on there are enormous and then no liability forever. There's no other pharmaceutical drug that can give you those returns with no liability." *Robert F. Kennedy, Jr.*

Industry analysts predict that within the next five years, the US flu vaccine market will be worth almost $3 billion annually.

"IT'S YOUR CHOICE. CHOOSE WISELY."

History, past and present, has shown that the flu vaccine is not very effective in all age groups. Flu statistics are exaggerated in order to incite hysteria and promote flu vaccination.

The flu vaccine contains toxic ingredients. Studies show possible risks to children and adults, including pregnant women, and there are very limited studies on the safety and efficacy of the flu vaccine in children younger than two. Manufacturers did not test the safety of this vaccine in pregnant women. The inflammatory response from a flu vaccine given to a pregnant woman may be harming her child.

According to the CDC, "good health habits like covering your cough and washing your hands can often help stop the spread of germs and prevent respiratory illnesses like the flu." In addition, washing your hands frequently with soap especially before eating; avoiding touching your eyes, nose or mouth with unclean hands; avoiding contact with sick people as much as possible; cleaning and disinfecting frequently touched surface areas; and eating nutritious foods are other no-risk ways to stay healthy.

DO THE BENEFITS OF THE FLU VACCINE OUTWEIGH THE RISKS?

***YOU DECIDE* — because your body and your child's body belong to G-d, not to the government.**

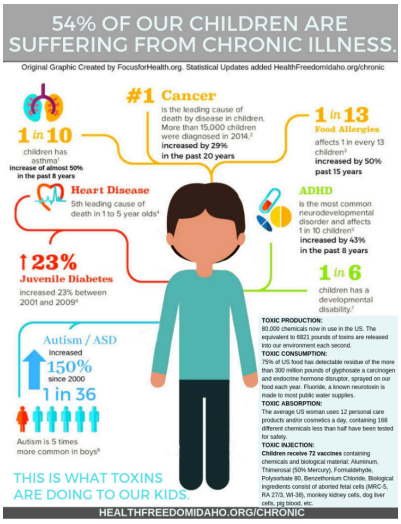
VACCINES THEN AND NOW

CHILDHOOD VACCINE SCHEDULE

1962 (5 DOSES)	1983 (24 DOSES)	2019 (72 DOSES)		
Polio	DTP (2 months)	Flu (pregnancy)	Polio (6 months)	Flu (6 years)
Smallpox	Polio (2 months)	Tdap (pregnancy)	Flu (6 months)	Flu (7 years)
DTP	DTP (4 months)	Hep B (birth)	Flu (7 months)	Flu (8 years)
	Polio (4 months)	Hep B (2 months)	HIB (12 months)	Flu (9 years)
	DTP (6 months)	Rotavirus (2 months)	PCV (12 months)	HPV (9 years)
	MMR (15 months)	DTaP (2 months)	MMR (12 months)	Flu (10 years)
	DTP (18 months)	HIB (2 months)	Varicella (12 months)	HPV (10 years)
	Polio (18 months)	PCV (2 months)	Hep A (12 months)	Flu (11 years)
	DTP (4 years)	Polio (2 months)	DTaP (18 months)	HPV (11 years)
	Polio (4 years)	Rotavirus (4 months)	Flu (18 months)	Tdap (12 years)
	Td (15 years)	DTaP (4 months)	Hep A (18 months)	Flu (12 years)
		HIB (4 months)	Flu (30 months)	Meningococcal (12 years)
		PCV (4 months)	Flu (42 months)	Flu (13 years)
		Polio (4 months)	DTaP (4 years)	Flu (14 years)
		Hep B (6 months)	Polio (4 years)	Flu (15 years)
		Rotavirus (6 months)	MMR (4 years)	Flu (16 years)
		DTaP (6 months)	Varicella (4 years)	Meningococcal (16 years)
		HIB (6 months)	Flu (5 years)	Flu (17 years)
		PCV (6 months)		Flu (18 years)

More vaccines (including for gonorrhea, chlamydia and HIV) are being developed. Note increase in vaccines after the 1986 National Childhood Vaccine Injury Act was enacted, taking liability away from vaccine manufacturers.

DO MORE VACCINES = BETTER HEALTH?



FOR MORE INFORMATION YOU MAY HAVE MISSED ON THE FLU VACCINE AND OTHER VACCINE ISSUES:

BOOKS

The Vaccine-Friendly Plan (Dr. Paul Thomas)
The HPV Vaccine on Trial (Mary Holland et al.)
Vaccines – A Reappraisal (Dr. Richard Moskowitz)
Dissolving Illusions – Disease, Vaccines, and the Forgotten History
(Dr. Suzanne Humphries and Roman Bystrianyk)

WEBSITES

www.nvic.org
www.ahrp.org
www.vactruth.com
www.vaxxed.com
www.vaxxed2.com
www.learntherisk.org
www.icandecide.org
https://thehighwire.com/ (WATCH)
www.childrenshealthdefense.org
https://immunityeducationgroup.org/
www.gardasil-and-unexplained-deaths.com
www.vaccineprospectus.com/short-introduction

DOCUMENTARIES (videos online)

Trace Amounts: Ethyl Mercury | Educational Documentary
Silent Epidemic: The Untold Story of Vaccines 2013 Documentary
Vaxxed

DO NOT CALL IT SCIENCE IF YOU AREN'T ALLOWED TO QUESTION IT.
CALL IT A BELIEF SYSTEM.
CALL IT A RELIGION.
CALL IT A CULT.
BUT STOP CALLING IT SCIENCE.

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If this car seat was
made by a company
who couldn't be sued
for defect
would you still
trust it?
Vaccine manufacturers
have been immune to
such lawsuits
since 1986.