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Newsletter August 2009

Do Vaccines Increase Your Risk of Disability and Dying?

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The nightly news continues to report on the anxiety about there not being Swine Flu vaccine available before the start of flu season. There are also long lines in Dallas with kids attempting to get their vaccines before school starts---they won't let the kids go to school without them (or so they say---they don't tell parents that they can opt out with a simple form). I must assume this process is going on in most places in the US.

But are we protecting our kids from illness and death or are we increasing their chances of getting sick, being permanently injured with neurological and other irreversible illnesses, or increasing their risk of death when we vaccinate them? The data clearly says we are doing the latter.

History clearly documents the millions of people that have died from infectious disease in the 1800's and early 1900's. Then, with better sanitation, running water, better nutrition, and antibiotics, the number of deaths in the US from infectious diseases plummeted. Diseases like smallpox and polio were essentially eradicated. Then came mandatory vaccines. As vaccines were introduced on a large scale, deaths began to increase again. In spite of that, governmental agencies in the US and Europe began to mandate mass vaccination. This insanity has increased to the level that some states and some physicians threaten to take children away from their parents and file criminal charges of neglect of a child against parents that refuse to vaccinate their children!

Polio in the US and in Europe declined by 47% from 1923 to 1953. It continued to decline until it is almost non-existent. The use of the Salk vaccine from 1955 and the Sabin vaccine from 1959 did not change the decline initially. The European countries that did not use these vaccines had the same decline in cases of polio as we did using it in the US. However, the trend began to change with the use of the vaccine. From 1954 to 1955 in Massachusetts, before mass vaccination, there were 273 cases of polio. After vaccination started, there were over 2000 cases/year, a 642% increase!

Dr. Jonas Salk who developed the first polio vaccine testified before Congress that live oral polio vaccine (used in the US since 1960) was "the principle, if not the sole cause" of all reported polio cases since 1961." In Science magazine, he said, "The live polio virus vaccine has been the predominant cause of domestically arising cases of paralytic poliomyelitis in the United States since 1972. To avoid the occurrence of such cases, it would be necessary to discontinue the routine use of live polio vaccine."—Dr. Jonas Salk, Science, April 4, 1977.

In the CDC report of 1992 "Epidemiology of Polio in the U.S. One Decade after the Last Reported Case of Indigenous Wild Virus Associated Disease" (Stebel, et al., CDC, February 1992, pp. 568-579), the CDC said that every case of polio in the US from 1982 to 1992, with the exception of imported cases, were caused by the polio vaccine!

An often overlooked fact is that children often shed live viruses in their stool for 6-8 weeks after vaccination! See "Shedding of Virulent Poliovirus Revertants during Immunization with Oral Poliovirus Vaccine after Prior Immunization with Inactivated Polio Vaccine," Journal of Infectious Diseases 1993; 168." Thus when we vaccinate our children and send them to school, they carry the viruses we injected into them and transmit them to the other children, their parents, grandparents, and anyone else that comes into contact with them.

Polio was stamped out in Europe without the use of polio vaccines and in third world countries where less than 10% of the population received the polio vaccines, only rare cases are seen. We cannot credit vaccines with eliminating polio----it actually increased the incidence of polio wherever it was used. In addition, polio vaccines increase the complication of paralysis.

MEASLES

English Measles (IPA: /ˈmizəlz/) is an infection of the respiratory system caused by the rubeola virus. Symptoms include fever, cough, runny nose, red eyes and a generalized, maculopapular, erythematous rash.

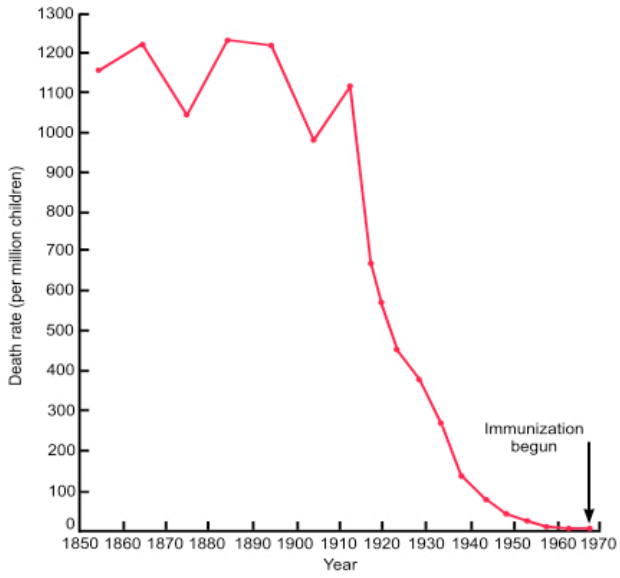
Measles is spread through respiration (contact with fluids from an infected person's nose and mouth, either directly or through aerosol transmission), and is highly contagious—90% of people without immunity sharing a house with an infected person will catch it. The infection has an average incubation period of 14 days (range 6–19 days) and infectivity lasts from 2–4 days prior to 2–5 days following the onset of the

rash. Measles was historically called **rubeola**. In contrast,German measles is an unrelated condition caused by the rubella virus.
Only one case per 100,000 leads to brain infection called subacute sclerosing pan-encephalitis and death. As sanitation improved, only three deaths per 10,000,000 occurred in 1955. Note that this is eight years before the measles vaccine was developed!

An Australian research team lead by J.F. Enders developed the measles vaccine in 1963. See Aust J Exp Biol Med Sci 1963 Aug;41:SUPPL467-89. By 1969, World Health Organization found that people that had been vaccinated for measles had a 14 times greater chance of getting measles than those that had not been vaccinated! A 1979 WHO study found that the normal incidence of measles in susceptible children was 2.4% but in vaccinated children, the rate was 33.5%. The Proceedings of the 20th Immunization Conference of May 6-9, 1985 contained a report from the US Government that 80% of measles occurred in those that had been vaccinated for measles! In 1992, the FDA noted that 95% of measles cases had been vaccinated for measles, and that vaccinated individuals were carriers of the disease.

Before the measles vaccine was developed in 1963, it was rare to see measles in young children. Now that mothers have been vaccinated when they were children, they don't pass immunity on to their newborns. Thus we see that most cases of measles are in the young, particularly around 15 months of age.

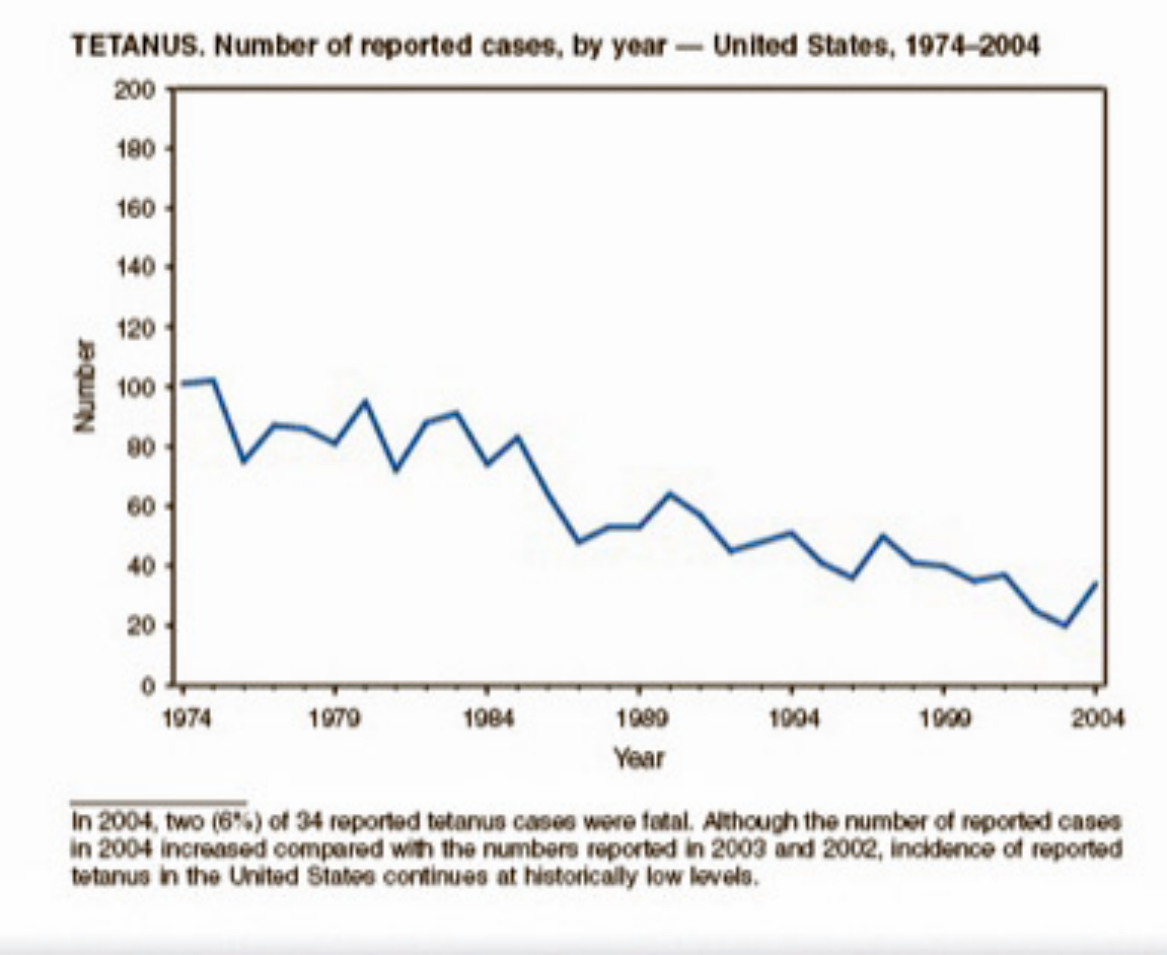
It is obvious that vaccinating our children for measles doesn't protect them from getting the disease. In addition to not protecting our children from measles, the vaccine itself can cause neurological disease including Guillain-Barre syndrome (an ascending paralysis noted by weakness in the legs that spreads to the upper limbs and the face along with complete loss of deep tendon reflexes), encephalitis, sclerosing pan-encephalitis, multiple sclerosis, anaphylactic shock, Reye's syndrome (enlarged liver and swelling of the brain and kidneys---often after aspirin is given when a viral illness is present), insulin-dependent diabetes, and cancer.



Measles: death rates of children under 15 in England and Wales
(From McKeown, T.: *The Role of Medicine: Dream, Mirage or Nemesis?*)

TETANUS

Tetanus is rare in the United States, with nearly all cases occurring in adults who were not vaccinated as children. About 100 cases are reported each year; 63% of these occur in people over the age of 50. The number of tetanus cases in the United States has steadily decreased since the 1940s (500 to 600 cases per year); the number of reported cases has remained at approximately 50 to 100 cases per year since the mid-1970s. In 1999, however, the lowest number of annual cases to date was reported (33, or 0.02 per 100,000). http://www.lifesteps.com/gm/Atoz/ency/tetanus.jsp The following chart is from the CDC website.



About 40% of the US population is not vaccinated against tetanus. However, the incidence of the disease continues to decline because of better wound care and general improvements in sanitation.

The following neurological illnesses have been reported as temporally associated with vaccines containing tetanus toxoid: neurological complications including cochlear lesion, brachial plexus neuropathies, paralysis of the radial nerve, paralysis of the recurrent nerve, accommodation paresis, Guillain-Barré syndrome, and EEG disturbances with encephalopathy. The IOM, following review of the reports of neurological events following vaccination with tetanus toxoid, DT or Td, concluded the evidence favored acceptance of a causal relationship between tetanus toxoid and brachial neuritis and GBS. (From package insert for Tetanus Toxoid).

DIPHTHERIA

Diphtheria occurs in approximately 0.001 cases per 100,000 population in the U.S. since 1980; before the introduction of vaccine in the 1920s incidence was 100-200 cases per 100,000 population. Diphtheria remains endemic in developing countries. The countries of the former Soviet Union have reported >150,000 cases in an epidemic which began in 1990. (CDC website).

Although a diphtheria vaccine was developed in the 1920's, widespread use in the US did not occur until the 1940's as it did in Europe. Although the CDC continues to give credit to the vaccine for decreasing diphtheria, it was on the decline across the US and Europe until widespread use of the vaccine in the early European countries began mandatory vaccination about 1939-1940. The graphs are from the League of Nations. (Their poor quality speaks of their age.) As one can see from the graphs, the incidence of diphtheria increased dramatically as vaccination was instituted. Sweden had essentially no diphtheria without vaccinations before 1940. This caused British physicians in 1938 to sign a moratorium against mandatory vaccinations. France had little diphtheria until the Germans that occupied France forced them to vaccinate. By 1943, the diphtheria in France had increased dramatically.

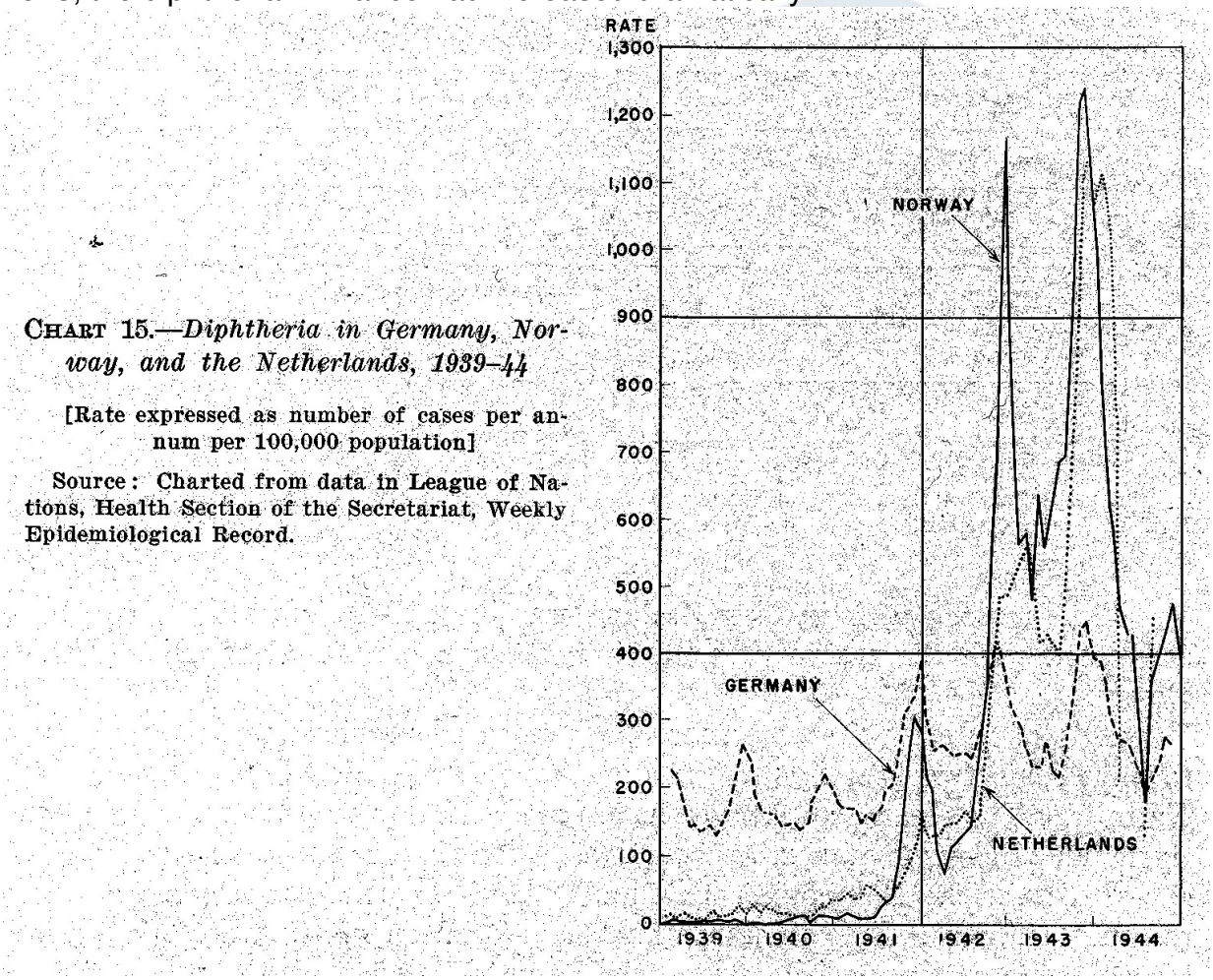


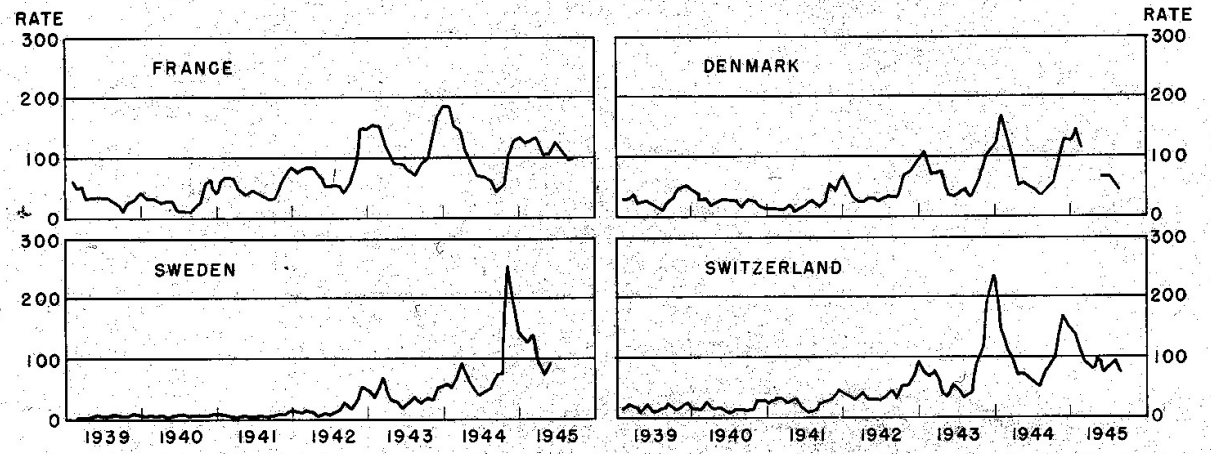
CHART 15.—*Diphtheria in Germany, Norway, and the Netherlands, 1939–44*

[Rate expressed as number of cases per annum per 100,000 population]

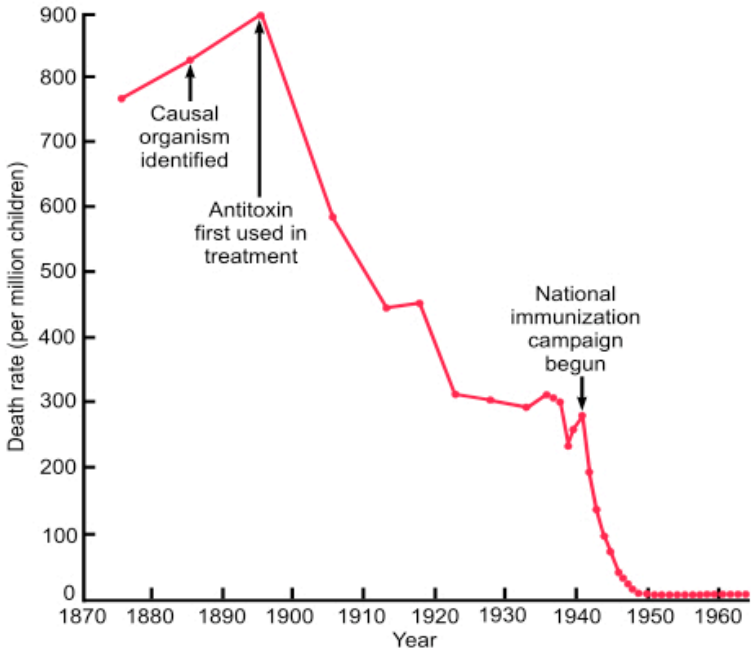
Source: Charted from data in League of Nations, Health Section of the Secretariat, Weekly Epidemiological Record.

CHART 16.—*Diphtheria in France, Denmark, Sweden, and Switzerland, 1939–45*

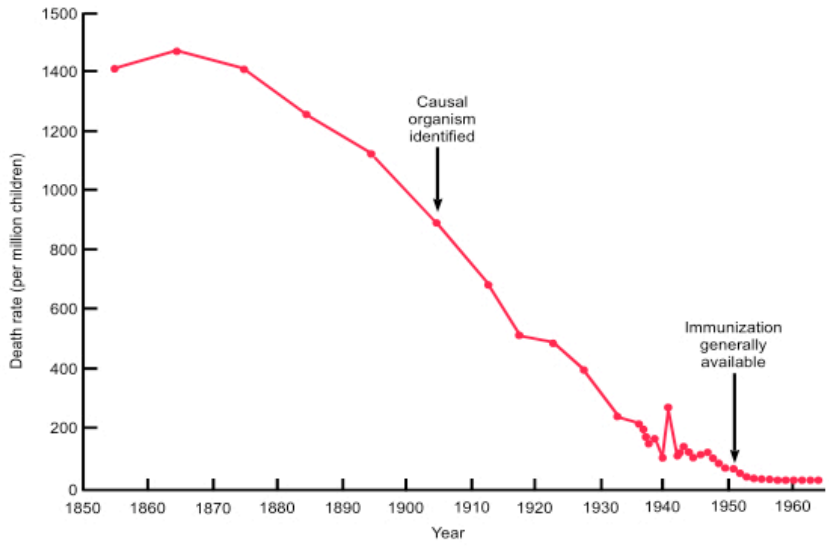
[Rate expressed as number of cases per annum per 100,000 population]



Source: Charted from data in League of Nations, Health Section of the Secretariat, Weekly Epidemiological Record.



Diphtheria: death rates of children under 15 in England and Wales
(From McKeown, T.: *The Role of Medicine: Dream, Mirage or Nemesis?*)

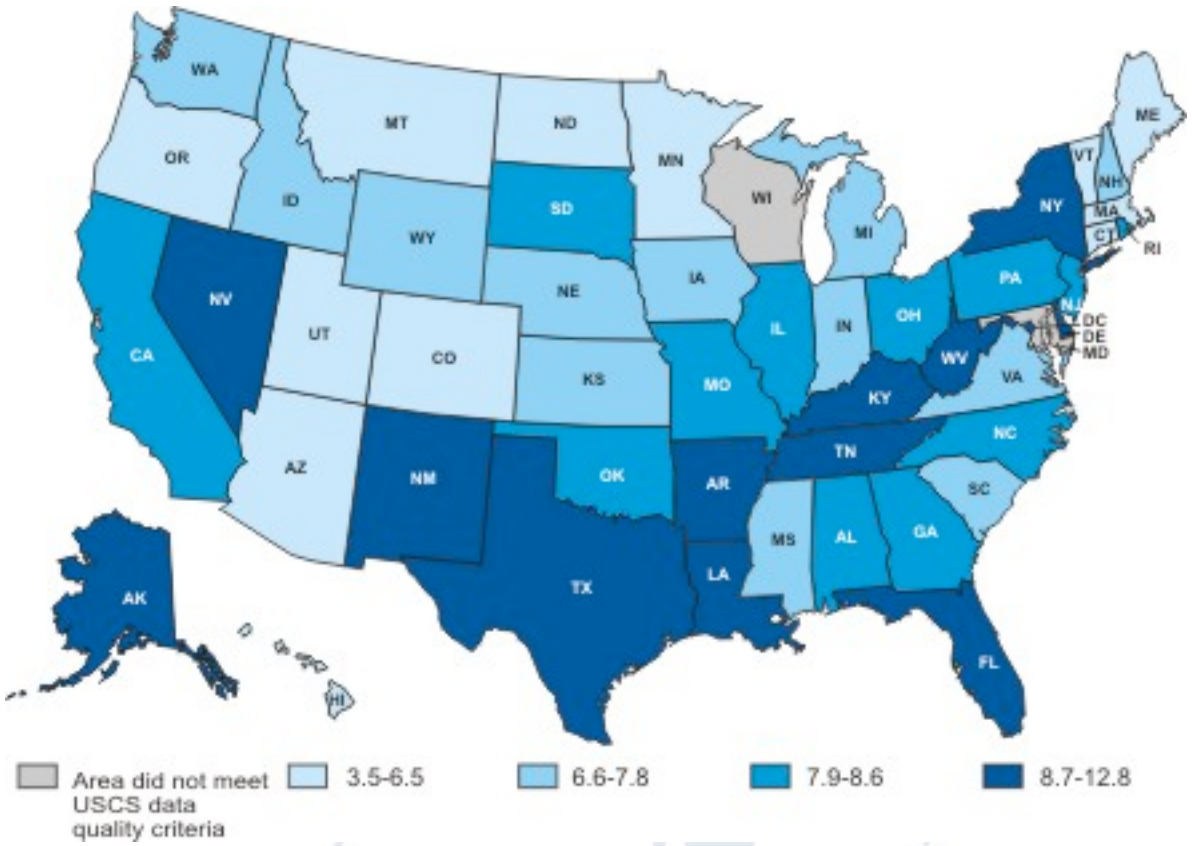


Whooping Cough: death rates of children under 15 in England and Wales
(From McKeown, T.: *The Role of Medicine: Dream, Mirage or Nemesis?*)

HPV and CERVICAL CANCER

The HPV vaccine, Gardasil, is an example of the monetary stimulus to create and mandate vaccines that have not been tested for their long-term effects.

> *Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline largely is the result of many women getting regular Pap tests, which can find cervical pre-cancer before it turns into cancer.*
>
> *In 2005, 11,999 women in the U.S. were told that they had cervical cancer, and 3,924 women died from the disease. From CDC website*



Texas Governor Rick Perry shocked many people – including many members of the Texas Legislature – when he signed Executive Order RP65 on February 2, 2007. The Order, mandating vaccination of sixth-grade girls with the Human Papillomavirus (HPV) vaccine, Gardasil, led to a contentious debate involving the Governor, the Legislature, and an informal opinion from Attorney General Greg Abbott. Perry signed this order while the Texas Legislature was out of session. It was questionable whether he had the legal right to do so since cervical cancer is not a state or national emergency with less than a dozen women in Texas dying per year from the disease. In March 2007, the Texas House of Representatives voted 119 to 21 in favor of rescinding Gov. Rick Perry's mandate to vaccinate sixth-grade girls with Gardasil.

“Merck & Co promoted Gardasil primarily to "guard" against cervical cancer, rather than promoting it as a vaccine against HPV viruses or sexually transmitted diseases, the authors note. (The vaccine is active against 4 virus subtypes: HPV-6, HPV-11, HPV-16, and HPV-18; HPV-16 and HPV-18 are responsible for about 70% of cervical cancers worldwide and can also cause other anogenital cancers, whereas HPV-6 and HPV-11 are the most common causes of genital warts).”

“The marketing was so successful that in its first year, Gardasil was named in the industry journal Pharmaceutical Executive as the "brand of the year" for building a "market out of thin air," the authors point out.”

"By making this vaccine's target disease cervical cancer, the sexual transmission of HPV was minimized, the threat of cervical cancer to all adolescents maximized, and the sub-populations most at risk practically ignored," is quoted from this article recently published in the Journal of the American Medical Association:

> *JAMA. 2009 Aug 19;302(7):781-6.*
> *Marketing HPV Vaccine: Implications For Adolescent Health And Medical Professionalism.*
> *Rothman SM, Rothman DJ*
>
> *The new vaccine against 4 types of human papillomavirus (HPV), Gardasil, like other immunizations appears to be a cost-effective intervention with the potential to enhance both adolescent health and the quality of their adult lives. However, the messages and the methods by which the vaccine was marketed present important challenges to physician practice and medical professionalism. By making the vaccine's target disease cervical cancer, the sexual transmission of HPV was minimized, the threat of cervical cancer to adolescents was maximized, and the sub-populations most at risk practically ignored. The vaccine manufacturer also provided educational grants to professional medical associations (PMAs) concerned with adolescent and women's health and oncology. The funding encouraged many PMAs to create educational programs and product-specific speakers' bureaus to promote vaccine use. However, much of the material did not address the full complexity of the issues surrounding the vaccine and did not provide balanced recommendations on risks and benefits. As important and appropriate as it is for PMAs to advocate for vaccination as a public good, their recommendations must be consistent with appropriate and cost- effective use.*

Now we can see that it is likely that more girls are suffering from the vaccine than suffered from the illness. We have about 2,000 cases of "did not recover" reported to the Vaccine Adverse Events Registry for a disease with 4000 deaths. Since it is estimated that only about 20% of adverse events are reported, we could easily be dealing with 10,000 "did not recover" events in an illness that affects 12,000 women per year. Now assume that every girl in the country is required to get this vaccine as is required in some states! The results would/will be disastrous!

The following is quoted from http://www.businesswire.com/portal/site/home/permalink/?ndmViewId=news_view&newsId=20090209005358&newsLang=en

"WASHINGTON--(BUSINESS WIRE)--Comparing serious adverse event reports to the federal Vaccine Adverse Events Reporting System (VAERS) following Gardasil (HPV) and another vaccine for meningococcal (Menactra), the National Vaccine Information Center (www.NVIC.org) found that there are three to 30 times more serious health problems and deaths reported to VAERS after Gardasil vaccination. As reported by CBS News, the longtime vaccine safety watchdog group is calling for action, including an investigation by the Department of Health & Human Services (DHHS) and the U.S.

Congress into the fast-tracked licensure and government recommendation that all young girls and women get Gardasil vaccine.

"Merck only studied the vaccine in fewer than 1200 girls under age 16 and most of the serious health problems and deaths in the pre-licensure clinical trials were written off as a 'coincidence,'" said NVIC co-founder and president, Barbara Loe Fisher. "If the new Administration and Congress want to make government recommended health care safer, more effective and less expensive, a good place to start is by looking into the human and economic costs of Gardasil vaccine."

Gardasil and Menactra vaccines are recommended by the Centers for Disease Control (CDC) for grade school, high school and college age children, although Gardasil is only given to girls while Menactra is given to both girls and boys. If reports of Gardasil vaccine-related adverse events are only coincidental as maintained by CDC officials in October 2008, there would be little or no difference in the number and severity of adverse event reports for both vaccines.

Using the MedAlerts database, compiling data for VAERS through November 30, 2008, NVIC found that compared to Menactra, Gardasil is associated with at least twice as many Emergency Room visit reports (5,021), four times as many Death reports (29); five times as many "Did Not Recover" reports (2,017) and seven times as many "Disabled" reports (261). There have been 34 reports of thrombosis, 27 reports of lupus, 23 reports of blood clots, 16 reports of stroke, and 11 reports of vasculitis following Gardasil vaccine given alone without any other vaccines. There are three to six times more fainting or syncope reports after Gardasil vaccination than after Menactra and there have been 544 reports of seizures following Gardasil and 158 after Menactra (73 Menactra-associated seizures involved co-administration with Gardasil)."

SMALLPOX

In the 1790's about 60% of Europeans got smallpox and 20% died from it. Those that lived were often disfigured. It was noted by Edward Jenner that milkmaids rarely got smallpox. It was believed that they would get cowpox, a milder form of the disease. In 1796, Jenner inoculated an eight year old boy with pus from cowpox. Soon many were being vaccinated with cowpox. By 1811, Jenner found that many he had vaccinated were still getting smallpox. http://en.wikipedia.org/wiki/Edward_Jenner

Despite smallpox vaccinations, an epidemic swept England in 1839 and killed over 22,000 people. In 1853, the British government made smallpox vaccination mandatory. This did not slow the disease and in 1872 another 45,000 died from the disease. Almost all of them had been vaccinated against smallpox!

In 1918, the US government forced three million residents of the Philippines to be vaccinated. Of these, 48,000 developed smallpox and over 16,000 died.. The following year, seven million were vaccinated. In that group, 65,000 developed smallpox and 44,000 died!

It is now clear that there are two major causes of smallpox: poor sanitation and the smallpox vaccine. Walter S. Hadwen M.D. personally investigated the smallpox epidemics in England in the late 1800's and early 1900's. He always found that the victims were living in filth with poor sewage management. His observations are to be found at http://articles.mercola.com/sites/articles/archive/2001/05/05/vaccination-smallpox.aspx. Smallpox has been mostly eradicated by improved sanitation. Note that those living in unsanitary conditions, even if vaccinated, still get smallpox in epidemic proportions.

INFLUENZA

It is difficult to know how many people are dying from the flu. A few weeks ago, it was reported that less than 100 people in the US had swine flu. Then it was noted that the swine flu was milder than expected and people could relax. Then all of a sudden we had reported 34,000 cases. How did that happen? The magic of mathematics. This is explained in the excellent article by Jordan Ellenberg.

> *Influenza Body Count*
> *The math behind estimating seasonal flu deaths.*
> *By Jordan Ellenberg*
> *Posted Thursday, May 14, 2009, at 12:20 PM ET*
> *http://www.slate.com/id/2218367/*
>
> *By now, the swine flu panic has started to recede. Kids in Mexico are back at school; President Obama worked a flu joke into his White House Correspondents' Dinner routine; drugstore face mask displays have been demoted from the impulse-purchase bin to the medical aisle. And in the media, the swine flu backlash has begun. According to the CDC, 36,000 Americans die of ordinary strains of flu every year—so why, the new narrative goes, did we get so agitated over a bug whose victims worldwide, as of this writing, number just 65?*
>
> *The problem is, we can't compare those numbers. The official swine flu deaths are from patients who were confirmed by lab tests to have been infected with the H1N1 strain. The 36,000 figure, by contrast, isn't a count of people whose death certificate lists "flu" as cause of death; in 2005, the total number of those was just 1,812. But people who die of flu are often no longer infected when they die. Instead, they succumb to pneumonia or heart disease or emphysema—ailments they would have survived if they hadn't been weakened by the flu. That's why the 2,000 or so certified flu deaths represent an underestimate of the flu's real cost.*
>
> *How does the CDC come up with 34,000 more flu victims? The number comes from a 2003 study led by William W. Thompson. All winter, about 80 labs across the United States continually test patients for flu virus, so we have a pretty good*

estimate for the number of Americans infected with flu in any given week of the last 20 years. We also know how many Americans total died each week.

Suppose 52,000 people died in the first week of February 2004; 55,000 in the same week in 2005; 51,000 in 2006; and 54,000 in 2007. Suppose furthermore that the number of influenza specimens confirmed by labs was 1,000, 2,500, 500, and 2,000 in the four weeks in question. Then it certainly looks like the flu is killing people (whether directly or by opening the door to another lethal illness) at a rate of about two deaths per confirmed specimen; in a world without influenza, the death rate would be constant at 50,000 per week.

In real life, though, the numbers aren't that clean—they never are. Lots of non-flu factors push the death rate around from week to week and year to year. But a statistical technique called regression allows us to find the value of X such that the formula

[Total deaths] = [Deaths if there were no such thing as flu] + X[number of confirmed flu cases]*

matches the data as closely as possible. The rightmost term, X[number of confirmed flu cases], is then our estimate for the number of deaths you can attribute to flu. In the example above, you'd choose [Deaths without flu] to be 50,000 and X to be 2. And if 18,000 specimens test positive for flu over the course of a year, you'd blame 36,000 deaths on the flu.*

Not everybody's comfortable with a body count that consists of statistically inferred victims instead of, well, bodies. And there are potential glitches—for example, if a snowy winter causes both more flu (people spend more time indoors) and more car accidents (slippery roads), the model is going to blame the flu for a lot of traffic deaths. For this reason, some versions of the model, including Thompson's, exclude causes of death, like car crashes, that don't seem plausibly related to flu.

But what's the alternative to the estimate? Counting only the 1,812 people who died with the flu still in their lungs? That would be like recording the cause of death as "car accident" only for victims who died in the car and filing everyone who bled out in the ambulance under "anemia." Or like restricting your account of the lives lost to the Iraq war to documented violent deaths, like those in the Iraq Body Count, instead of making a statistical best estimate as the Lancet study did. (While the specific methodology used in the Lancet study has drawn some criticism, the use of statistical techniques to estimate excess deaths is standard.) That 36,000 estimate is far from an exact figure—tweaking the technique can easily knock it up or down by 10,000 or so—but it's a "least bad" estimate; the 1,812 number is very precise but also very incorrect.

The true death toll from the swine flu, as the virus continues to spread and as estimates for flu-induced respiratory deaths start to roll in, is going to end up greater than 65—a lot greater. How much greater we don't know, and won't for a while—estimates of the total deaths from this season's flu might not be available for a few years, according to David Shay of the CDC. Still, the last pandemic influenza virus, the "Hong Kong" H3N2 strain of 1968-69, killed only 34,000 Americans—fewer than the 36,000 who die from flu in a non-pandemic year.

Given that, can we calm down about swine flu now that the initial fear of an ultra lethal "1918 event" has died down? Not quite. "How many people died?" is only the first question a statistician might ask of the flu data. The second question is "Which people?" In Mexico, the swine flu has struck down young, healthy people, not the elderly and immuno-compromised who typically succumb. That effect hasn't shown itself yet in the United States. But it might, if the new flu goes pandemic. A 1998 paper by Lone Simonson, et al., shows that each of the three pandemic influenzas of the 20th century has killed far more than its share of the young. According to that paper, the Hong Kong flu killed between 6,000 and 8,000 Americans under the age of 65; in the years following, the H3N2 strain grew less and less deadly to younger people, and by 1982 it was killing fewer than 500 under-65s a year, even as it kept its overall death count high by victimizing the ever-growing elderly population.

If you're over 65 and have chronic respiratory problems, your risk of getting knocked off by the flu isn't that much greater than it was last year. Otherwise? If you want to keep that face mask close at hand a few months longer, you've got my mathematical blessing."

The U.S. Centers for Disease Control and Prevention (CDC) estimates that 35 to 50 million Americans come down with the flu during each flu season, which typically lasts from November to March.

36,655 female deaths for Influenza and Pneumonia in the USA 2000 (American Heart Association, 2002)

257 people died from influenza each year in the US 2001 (Deaths: Final data for 2001, NCHS, CDC)

On June 11, the World Health Organization raised the pandemic alert level from Phase 5 to Phase 6 indicating that an influenza pandemic is underway. The novel influenza A (H1N1) virus now will be referred to as "2009 influenza A (H1N1) virus."

Synopsis:

During week 32 (August 9-15, 2009), influenza activity remained stable in the United States; however, there were still higher levels of influenza-like illness than is normal for this time of year.

- A total of 7,983 hospitalizations and 522 deaths associated with 2009 influenza A (H1N1) viruses have been reported to CDC.
- During week 32:
  - 525 (15.6%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza.
  - 98% of all subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses.
  - The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
  - Four influenza-associated pediatric deaths were reported and all were associated with a 2009 influenza A (H1N1) virus infection.
  - The proportion of outpatient visits for influenza-like illness (ILI) was below national and region-specific baseline levels.
  - Two states reported geographically widespread influenza activity, eight states and Puerto Rico reported regional influenza activity, 14 states and the District of Columbia reported local influenza activity, and 26 states reported sporadic influenza activity.

How about treatment with Tamiflu or Relenza? There is widespread recognition that these drugs don't work. They do, however, have side effects. Note in the following article that 50% of the kids taking them had side effects, 40% had GI side effects and 18% had neurological/psychiatric side effects!

Eurosurveillance, Volume 14, Issue 30, 30 July 2009
Rapid communications
OSELTAMIVIR (Tamiflu) ADHERENCE AND SIDE EFFECTS AMONG CHILDREN IN THREE LONDON SCHOOLS AFFECTED BY INFLUENZA A(H1N1)V, MAY 2009 – AN INTERNET-BASED CROSS-SECTIONAL SURVEY
A Kitching ()[1,2], A Roche[3], S Balasegaram[4], R Heathcock[5], H Maguire[3]
European Programme for Intervention Epidemiology Training (EPIET), European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden
Health Protection Agency (HPA), London Region Epidemiology Unit, London, United Kingdom
Health Protection Agency, South West London Health Protection Unit (HPU), London, United Kingdom
Health Protection Agency, North East and North Central London HPU, London, United Kingdom
Health Protection Agency, South East London HPU, London, United Kingdom

Citation style for this article: Kitching A, Roche A, Balasegaram S, Heathcock R, Maguire H. Oseltamivir adherence and side effects among children in three London schools affected by influenza A(H1N1)v, May 2009 – an internet-based cross-sectional survey . Euro Surveill. 2009;14(30):pii=19287. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19287

Date of submission: 20 July 2009

This report describes the results of a cross-sectional anonymised online survey on adherence to, and side effects from oseltamivir when offered for prophylaxis, among pupils from one primary and two secondary schools with confirmed cases of influenza A(H1N1)v in London in April-May 2009. Of 103 respondents (response rate 40%), 95 were estimated to have been offered oseltamivir (Tamiflu) for prophylaxis, of whom 85 (89%) actually took any. Less than half (48%) of primary schoolchildren completed a full course, compared to three-quarters (76%) of secondary schoolchildren. More than half (53%) of all schoolchildren taking prophylactic oseltamivir (Tamiflu) reported one or more side effects. Gastrointestinal symptoms were reported by 40% of children and 18% reported a mild neuropsychiatric side effect. The results confirmed anecdotal evidence of poor adherence, provided timely information with which to assist decision-making, and formed part of the body of growing evidence that contributed to policy changes to restrict widespread use of prophylaxis for school contacts of confirmed cases of influenza A(H1N1)v.

The Swine Flu Vaccine

The government is rushing to prepare a swine flu vaccine. The CDC and FDA are recommending that it be given to our children and pregnant women as well as health care workers.

All vaccines contain poisons like formaldehyde, aluminum, tin, mercury, body parts from monkeys, eggs, other viruses, etc, etc. in addition to the virus that is the focus of the vaccine. However, the swine flu vaccine contains squalene! Squalene is the cause of the Gulf War Syndrome. As you will read in this publication, the substantial majority (95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients immunized for service in Desert Shield/Desert Storm who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene. In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene.

Antibodies To Squalene In Gulf War Syndrome.
Asa PB, Cao Y, Garry RF
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Abstract
Gulf War Syndrome (GWS) is a multi-systemic illness afflicting many Gulf War-era veterans. The molecular pathological basis for GWS has not been

established. We sought to determine whether the presence of antibodies to squalene correlates with the presence of signs and symptoms of GWS. Participants in this blinded cohort study were individuals immunized for service in Desert Shield/Desert Storm during 1990-1991. They included 144 Gulf War-era veterans or military employees (58 in the blinded study), 48 blood donors, 40 systemic lupus erythematosus patients, 34 silicone breast implant recipients, and 30 chronic fatigue syndrome patients. Serum antibodies to squalene were measured. In our small cohort, the substantial majority (95%) of overtly ill deployed GWS patients had antibodies to squalene. All (100%) GWS patients immunized for service in Desert Shield/Desert Storm who did not deploy, but had the same signs and symptoms as those who did deploy, had antibodies to squalene. In contrast, none (0%) of the deployed Persian Gulf veterans not showing signs and symptoms of GWS have antibodies to squalene. Neither patients with idiopathic autoimmune disease nor healthy controls had detectable serum antibodies to squalene. The majority of symptomatic GWS patients had serum antibodies to squalene.

Symptoms attributed to this syndrome have been wide-ranging, including chronic fatigue, loss of muscle control, headaches, dizziness and loss of balance, memory problems, muscle and joint pain, indigestion, skin problems, shortness of breath, and even insulin resistance. Brain cancer deaths, amyotrophic lateral sclerosis (also known as Lou Gehrig's disease) and fibromyalgia are now recognized by the Defense and Veterans Affairs departments as potentially connected to service during the Persian Gulf War. Wikipedia

In the United States in 2008, the federally mandated Research Advisory Committee on Gulf War Veterans' Illnesses released a 452-page report, indicating that roughly 1 in 4 of the 697,000 veterans who served in the first Persian Gulf War are afflicted with the disorder. Wikipedia

So now we intend to vaccinate all of our children, pregnant women, and health care workers with a squalene-containing vaccine like we did in the Gulf War?? From the Gulf War vaccination experience, we should expect that 1 in 4 of those vaccinated with squalene-containing vaccines (Swine Flu Vaccines) will be permanently disabled! If we add the damage from this proposed event to the 1/150 boys that already get autism, we will have effectively wiped out an entire generation of Americans. And all for the profits from something that doesn't work---vaccines. In addition, the Congress has passed laws that prevents you from suing the government or the makers of vaccines for any damages you incur---they learned their lesson when President Ford started a mass vaccination program and the injuries cost the government millions of dollars.

Opting Out of Vaccination Madness

Most states have a system for parents to opt out of vaccination for their children. When you do so, be sure you do not sign anything that says that you know that you are putting your child or others at risk by taking this option. If you sign such a document, you will

be setting yourself up for being found guilty of child endangerment, and you could lose your children and go to jail!

The following is from the Texas Department of Health website:

> Vaccine Exemption for Reasons of Conscience
>
> Q. How do I obtain a vaccine exemption for reasons of conscience for my child?
>
> A. Parents or guardians need to request a vaccine exemption affidavit form in writing or via a secure online request form. Each child's name and date of birth must be included in the request. Written requests must be submitted through the U.S. Postal Service, commercial carrier or fax to:
> Mailing Address: Hand Deliver:
> Department of State Health Services Department of State Health Services
> Immunization Branch (MC 1946) Immunization Branch
> P.O. Box 149347 1100 West 49th Street
> Austin, TX 78714-9347 Austin, TX 78756
> Fax (512) 458-7544
> Secure online request form for exemption affidavit:
> https://webds.dshs.state.tx.us/immco/affidavit.shtm

One possible disaster facing us is the proposed "Model State Emergency Health Powers Act". As states enact this legislation, it means that a governor or the secretary of the Department of Health & Human Services could force you to be vaccinated or go to jail! They could also take your children from you if you refuse to allow your children to be vaccinated. This law overrides any state exemption.

The following is a quote from Wikipedia.

"Model State Emergency Health Powers Act" is used when a town or state is faced with a "Pandemic" situation.

Examples would be; "Swine Flu", this law enables the Government to seize/quarantine a town and all the people within.

Once Quarantined the government would be allowed to seize all property and seize the rights of the people to resist government (i.e confiscating all civilian owned firearms.).

This will be done to control the population and is only for the protection of government forces.

The Model State Emergency Health Powers Act (MSEHPA) is a proposal by the Center for Law and the Public's Health, a joint venture of Georgetown University and Johns Hopkins University, to aid America's state legislatures in revising their public health laws to, as proponents put it, more effectively control epidemics and respond to bioterrorism.

The proposal has been criticized for what has been called a "sweeping reach" that could be abused by governments.

The initial proposal was drafted at the behest of the Centers for Disease Control and Prevention by Lawrence O. Gostin, an attorney at the Washington, D.C., center, during the anthrax letter scare in fall 2001. It took him "three to four weeks' to do so, he said.

The draft, dated October 23, 2001, was produced by Gostin without consultation from any of the various groups he listed on the title page as being "in collaboration with", namely, the National Governors Association, the National Conference of State Legislatures, the National Association of Attorneys General, the Association of State and Territorial Health Officials, and the National Association of City and County Health Officials. The claim of collaboration was an error, and a later version, dated December 21, 2001, made the revised statement on its title page that the law was a "draft for discussion … to assist" those organizations. [1]

The model act subsequently came under the aegis of the Turning Point National Collaborative on Public Health Statute Modernization to revise state health laws. On September 16, 2003, a third draft of the law was issued. On June 15, 2004. it won the 2004 Distinguished Achievement in Public Health Law Award from the Public Health Law Association.

The model act would revise some subjects covered by existing public health laws, such as reporting of contagious diseases, disposal of the dead, and quarantines.

Critics said, however, that it did so in such sweeping language that it "could turn governors into dictators" as the Association of American Physicians and Surgeons claimed, and Phyllis Schlafly called it "an unprecedented assault on the constitutional rights of the American people."

The very definition of a "public health emergency," which triggered the law's provisions, critics said, was so broad that an influenza outbreak could qualify as an "emergency". The LAMBDA Legal Defense and Education Fund feared it could lead to imprisonment of those with AIDS.

But attorneys Jason W. Sapsin, Stephen P. Teret; Scott Burris, Julie Samia Mair, James G. Hodge Jr, Jon S. Vernick and Gostin wrote in an article in the August 2002 issue of the Journal of the American Medical Assn., that "Provided those powers are bounded by legal safeguards, individuals should be required to yield some of their autonomy, liberty, or property to protect the health and security of the community." [2] This is one of the classic uses of the police power of a sovereign state.

George J. Annas, a lawyer at the Boston University School of Public Health and the MSEHPA's leading critic, said: "The Model Act seems to have been drafted for a

different age; it is more appropriate for the United States of the 19th century than for the United States of the 21st century." Annas said the law was unconstitutional.

As of April 15, 2006, 32 states have introduced 92 legislative bills or resolutions that are based upon or feature provisions related to the articles or sections of the act. Of these bills, 37 had passed. [3]

Suggested Videos

http://www.youtube.com/watch?v=48gpKhBHCyc&feature=related

http://www.youtube.com/watch?v=gF24kPbTNdQ

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* "Outside Experts: Lawrence O. Gostin." Government Executive. February 2004. 110.

Wikipedia

I encourage you to write your congressman and governor to protest this law. Our government should not have the authority to force you and your children to be vaccinated for a disease that normally kills about 100 kids per year when the vaccine could permanently damage at least 25% of those that receive it! Act now!

GOVERNMENTAL CONSPIRACY?

To become informed about the facts that the CDC, FDA and other governmental leaders know that vaccines are harmful, read http://www.nomercury.org/science/documents/Simpsonwood_Transcript.pdf and http://www.rollingstone.com/politics/story/7395411/deadly_immunity/

SUMMARY

- Don't forget that the best prevention for viral illnesses is to maintain normal levels of vitamin D. It blocks the area on the cell membrane where viruses enter.
- The elimination of polio and smallpox occurred by better sanitation. Most of the people that died in epidemics had been vaccinated against polio or smallpox. Vaccination did not overcome poor sanitation.
- Taking the measles vaccine increases your risk of getting measles 14 x.
- Diphtheria was nearly wiped out in Europe before 1940. Once mandatory vaccination was begun, diphtheria once again killed many people.
- Those that are vaccinated often excrete viruses in their stools for weeks after the vaccination. They are effectively spreading the disease around to all they come in contact with.
- In general, more people die from the side effects of vaccines than from the illness they are being vaccinated for!
- Vaccination has been a disaster for everyone except those that profit from making and supplying them (and the governmental authorities that mandate them).
- We can reasonably expect that one in four of those that get the swine flu vaccine will eventually develop symptoms of the Gulf War Syndrome.

Additional References

I suggest you get the following videos and watch them.

•VACCINES:The Risks, The Benefits, The Choices, Sherri Tenpenny, DO http://www.newswithviews.com/HNV/Hot_New_Videos6.htm

•ARE VACCINES SAFE? , MARY TOCCO; http://www.marytocco.com/

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[2] See, for example, the verbatim transcripts of the Advisory Committee on Immunization Practices (ACIP) Conference convening at 8:45 a.m. on Wednesday, February 17, 1999, at the Atlanta Marriott North Central, Atlanta, GA.

[3] Background information on VICP [Vaccine Injury Compensation Program]. Health Resources and Services Administration, Department of Health and Human Services, Bureau of Health Professions. See <**www.hrsa.dhhs.gov/bhpr/vicp/abdvic.htm**>.

[4] Elsten A.W., "Mass immunization", *The Freeman* 1960;10(8):30-34, reprinted as AAPS pamphlet no. 1065, Feb. 1999.

[5] *Hepatitis B vaccine and hepatitis B immune globulin: what you need to know before you or your child gets the vaccine*. CDC, U.S. Department of Health and Human Services, Hep B-5/1/96.

[6] Information after immunizations. Arizona Department of Health Services.

[7] CDC. Hepatitis B vaccine - frequently asked questions. [This is located at the www address of cdc.gov, with side links to ncidod, diseases, and hepatitis. However, anyone linking to this site is likely to grab someone's attention, as the Center for Disease Control is understandably very, very interested in anyone linking to their site. One can become stuck there, while their computer asks your computer some very personal questions!]

[8] Dunbar B. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the House Government Reform Committee, May 18, 1999, transcript by Federal News Service.

[9] Margolis H. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the House Government Reform Committee, May 18, 1999, posted at <**http://www.house.gov/reform/cj/hearings/5.18.99/index.htm**>.

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[14] Dienstag JL, Isselbacher KJ. Acute viral hepatitis. *Harrison's Principles of Internal Medicine* ed. 13, New York: McGraw-Hill, 1994, pp. 1458-1478.

[15] CDC. Fastats A-Z, updated 5/14/99. [This link is located at the www address of cdc.gov, with side links to nchswww, fastats, and hepatitis. Again, anyone linking to this site is likely to grab someone's attention, as the Center for Disease Control is understandably very, very interested in anyone linking to their site. One can become stuck there, while their computer asks your computer some very personal questions!]
[16] Table 10, National Vital Statistics Report 1998;47(9):51.
[17] Hepatitis Surveillance, Viral Hepatitis Surveillance Program 1993, report # 56, CDC, April, 1996.
[18] Belkin M. Hearing before the Subcommittee on Criminal Justice, Drug Policy and Human Resources of the House Government Reform Committee, May 18, 1999, transcript by Federal News Service.