

swine flu vaccine:
Know the Facts before Getting Your Shot

FACTS

- Multi-dose vials of both seasonal and injectable H1N1 swine flu vaccines contain **MERCURY**, which is a known neurotoxin.
- Some swine flu vaccines contain **FORMALDEHYDE** and exposure to formaldehyde has been shown to increase the risk of developing certain **CANCERS**.
- It is unknown whether H1N1 swine flu vaccine is safe to give to all pregnant women, children and adults, especially if they are chronically ill or sick at the time of vaccination.
- There was an increased risk of developing Guillain-Barre Syndrome (GBS), a sometimes fatal inflammation of the nerves, after swine flu vaccination in 1976.
- GBS and brain inflammation has been reported after seasonal influenza vaccination.
- H1N1 swine flu vaccines have not been evaluated for the ability to cause cancer, damage genes or impair fertility.
- It is not known whether H1N1 swine flu vaccines can harm the fetus if given to a pregnant woman.
- One H1N1 swine flu vaccine manufacturer product insert states that immune response and safety was only evaluated "in 31 children between the ages of 6-26 months."
- The live virus nasal spray H1N1 swine flu vaccine is not recommended for pregnant women, children under age two or anyone with a history of asthma.
- The H1N1 swine flu influenza has not been associated with more serious disease or more deaths than seasonal influenza strains that have circulated in the past few decades.

Vaccines are not the sole solution to preventing disease - consider safer, more natural ways like eating nutritious foods and leading a healthy lifestyle.

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To vaccinate or not to vaccinate?

Dr Damien Downing explores the agendas behind the current swine flu pandemic vaccination programme and suggests an alternative, nutritional, preventive option

This year may be the year of the vaccine show-down.

The 'trial' of Andrew Wakefield at the General Medical Council over his reporting of findings related to the MMR vaccine is staggering slowly to a close. The HPV vaccine promotion campaign has rather gone sour, with many questioning both its efficacy and its safety, neither of which has been properly demonstrated. And now the swine flu fiasco!

This may actually be the moment when enough of us start questioning all we're being told about vaccines. A survey published in the *BMJ* in August¹ reported that less than half of healthcare workers in Hong Kong were willing to accept 'pre-pandemic' flu vaccination. And that was before the infamous letter from the Health Protection Agency to 600 UK neurologists on 29 July warning them to be on the alert for an increase in cases of Guillain-Barré syndrome following the vaccination campaign.

Healthcare workers are in the front line against infectious diseases – we're already required to be vaccinated against hepatitis, for example. But now the worm may be turning; if nurses and doctors start questioning vaccination for themselves, sooner or later we'll have to advise patients to make up their own minds.

In fact they seem to be doing so anyway, without any help; a poll by the Fox News station², a notoriously right-wing channel in the USA, found that 51% thought taking the H1N1 vaccine carried a greater risk than not being vaccinated (32% 'not being vaccinated', 18% undecided).

Pros and cons

When thinking about vaccination, we have to remember tetanus, remember polio. I've treated cases of tetanus out in the tropics and we were proud of our survival rate of around 50%, which was good. I grew up with children with polio, who had the withered limbs and the calipers. In Africa I've even met survivors of smallpox, which we eradicated with vaccination. We need vaccination; many of us would not be here without it. I wouldn't advise anybody to go abroad unvaccinated for tetanus and polio, for instance.

But it's getting out of hand now; children could be refused school unless they get vaccinated – and that's in the UK, a proposal put forward by Sandy Macara of the BMA. In the USA, the State of Massachusetts is in the process of passing (perhaps passed when you read this) a Pandemic Response Bill³

that allows the public health authorities to enforce vaccinations or treatment.

If you refuse they will be able to fine you, decontaminate you, enter and search your home, confiscate and destroy your property and remove you to quarantine (that's imprisonment without charge) in a camp (sorry, treatment centre). And they will have complete immunity from prosecution – as will the manufacturers of H1N1 vaccines who have complete immunity from any legal action arising⁴, since a decree to that effect was signed by the US Secretary of Health in June, under powers granted by the Public Readiness and Emergency Powers Act. PREPA was pushed through by Bush in 2006 during the last flu scare, over avian flu.

Yet, both in the USA and the UK this year's swine flu vaccine is being rolled out without adequate safety testing. So you could be taken to a 'treatment centre', forced to accept a barely tested vaccine, have your home sprayed with toxic chemicals or even taken away, develop adverse effects as a result and have no come-back whatsoever against anybody. This is not reality yet, but it looks like becoming so in Massachusetts very soon. What's going on?

Two things: profits and bio-power.

Profits

Pharmaceutical companies love pandemics – they are a great way to sell practically useless drugs such as Tamiflu; a thorough review⁵ by the Centre for Reviews and Dissemination, at York University, found that these drugs reduced the duration of flu symptoms by less than a day and recommended that giving them to healthy adults 'is unlikely to be the most appropriate course of action'. But this hasn't stopped NHS Direct from giving out thousands of doses on the authority of barely trained, non-medical, call-centre operatives.

Pandemics are also a good way to sell vaccines; manufacturers now stand to earn around \$50bn per year from influenza vaccines alone⁶, from a vaccine that will be rolled out without proper safety testing and with efficacy totally unproven; a 2005 study was unable to 'correlate increasing vaccination coverage after 1980 with declining mortality rates in any age group.'⁷ Instead, they attributed the reduction in deaths to acquired 'herd' immunity – nothing to do with vaccines.

But at a time when most of the big-

earning drug categories are running out of steam, Big Pharma needs vaccines. Global sales of vaccines were worth \$24bn in 2008, up 30 percent on the previous year and greatly exceeding predictions from only two years before⁸ – which is lucky for the manufacturers, as sales of 'old-fashioned' pharmaceuticals are generally approaching saturation. Vaccines are the main hope for continued profits, along with monoclonal antibodies, such as the new cancer drugs. 'In 2007, total global monoclonal antibody sales reached \$26 billion and are forecast to almost double by 2013.'⁹

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Biopower – use and abuse

Governments love pandemics; like wars, they are such an opportunity to be seen to be doing something.

You may still think that it's still all right because we live in a democracy, but the Lisbon Treaty is an instrument designed to usher in – and is itself a good example of – post-democracy; a system in which most policies and laws are made not by elected representatives voting according to the wishes of the electorate, but by passing regulations, establishing quangos and presidential-style decrees that largely bypass any democratic process. This is a system in which countries go to war despite the will of the people; where we don't get to vote on who will be our prime minister (UK) or president (European Council); where compulsory vaccination is imposed against our will and where nutrients, which can provide cheap, safe and effective treatments for many problems, are being outlawed on the basis of

manipulated and flawed evidence.¹⁰

The term biopower was first coined by French philosopher Michel Foucault to describe the use by governments of technologies to control populations – to control our bodies.¹¹ Vaccination is a good example of this; a technology that governments seek to impose on us, ostensibly to prevent a harm, such as death and damage from measles.

So, taking measles as an example, what is the real risk from it? Nobody really knows. All the recent evidence comes from developing countries with serious nutritional problems (of which more below): 1 death in a million cases of measles perhaps.

Threat of autism

What is the risk of developing autism if you get all or most of the long list of vaccinations for children? It's one in 64 in the five-to-nine-year-olds now, according to Professor Baron-Cohen, Director of the Autism Research Centre in Cambridge.¹²

That means there are over 55,000 autists in that age group now and 55,000 families stressed, heartbroken, even destroyed by it. Add the older children still hobbled by Autism Spectrum Disorder and the younger ones yet to be diagnosed, and the total is at least 100,000 children in the UK (on a generous calculation which assumes half the 5-to-9 rate in both the 0-to-5s and the 10-to-14s groups).

What would the risk of autism be if you didn't get the vaccines, or had single ones instead of MMR, or manufacturers took all the mercury preservative out of vaccines? We don't know because the studies can't be done – there aren't the unvaccinated children out there to look at. Anyway, that's not governments' response; that would be the American, Massachusetts approach. The vaccine police are coming.

Did I mention that most, at least, of the swine flu vaccine contains thiomer-

FDA threatens US doctor over supplements claim

In an aggressive stance against anyone claiming that anything other than vaccination – especially nutritional products – can be effective against swine flu, the US FDA (Federal Drug Administration) is threatening Dr Andrew Weil, one of America's leading complementary medicine practitioners, with action to close his practice and possible gaol, for claiming that certain supplements, including vitamin D, can boost the immune system's response to swine flu. See the excellent Vitamin D Council website for evidence of the vitamin's ability to prevent H1N1 and other illnesses (www.vitamindcouncil.org).

Facing page: Powerful poster by the American doctor and activist, Joseph Mercola (which can be downloaded from his website), listing 10 facts that he believes people should consider before deciding on whether to be vaccinated against swine flu. From the founder of the world's most visited, natural health website, www.mercola.com, you can learn about the hazardous side-effects of OTC remedies by getting a free copy of his latest, special report *The Dangers of Over the Counter Remedies* by going to his Report Page.

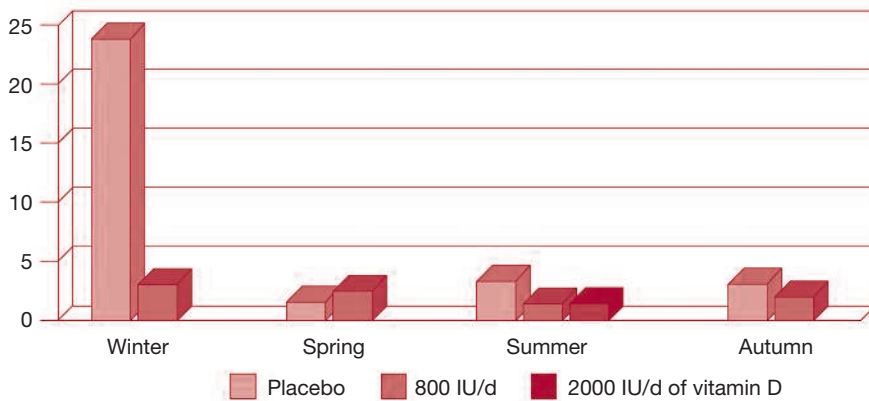


Fig 2. Incidence of reported cold/flu symptoms according to season.¹⁵ The 104 subjects in the placebo group (light shade) reported cold and flu symptoms year around with the most symptoms in the winter. While on 800 IU per day (intermediate shade) of vitamin D the 104 test subjects were as likely to get sick in the summer as the winter. Only one of the 104 test subjects had cold/flu symptoms during the final year of the trial, when they took 2,000 IU of vitamin D per day (dark shading). Adapted from: Aloia JF, Li-Ng M: Epidemic influenza and vitamin D. *Epidemiol Infect* 2007;135:1095–6.

sal? That's the preservative, nearly 50% of it mercury, that is probably a major cause of autism.

A proper risk analysis would identify the latter risk, autism, as the greater likely cost, both human cost to the individual and financial to the population and state, but it is prevented by management of the information flow. Even the BBC does not allow the other side of the vaccines-autism story to be aired. Since it capitulated so abjectly to the Blair government over the 'sexing-up' of the infamous 'dodgy dossier', there are fewer and fewer mainstream news mediums left on which to rely for accuracy and balance.

In Henry Porter's new novel, *The Dying Light*,¹³ a government seeking re-election uses the spread of red algae in reservoirs to invoke anti-terrorist powers. The algae turn out to have been released accidentally from a government research station, but this doesn't stop the government rounding up anybody who might be a threat to them (not to us).

Just a story? Well, maybe not. A paper in the *New England Journal of Medicine* recently¹⁴ reported that the swine flu virus that caused the outbreak in 1977 'was probably an accidental release from a laboratory source'. During that outbreak, the USA launched a mass vaccination campaign, but this led to at least 25 deaths and 500 cases of Guillain-Barré syndrome, triggering thousands of injury claims. This time around, to protect their profits, the manufacturers clearly needed immunity from prosecution, which has now been granted to them by the US and UK governments.

The real solution

There are dozens of official websites out there offering advice on how to protect yourself from swine flu – stay away from

other people, wear a mask, get vaccinated, take Tamiflu, and so on.

But the real solution, the one they aren't telling you about, is nutritional. There is plenty of evidence for nutritional intake making a difference – to your risk of developing flu symptoms, your risk of complications, your time to recovery and so on. For example, taking 2000iu of vitamin D per day for 12 months reduces your risk of developing colds or influenza by 97% (Fig 2).¹⁵ There's more on my website¹⁶ and on many others. The simple message is to take the following (all doses are approximate for adults and no danger from any of them):

- Vitamin D 4,000 international units (iu) daily
- Vitamin A 25,000 iu daily (unless you're pregnant or likely to become so)
- Vitamin C 1000mg twice daily (at least)
- Zinc 25mg daily

Read the small print, of course, and take other supplements if your body tells you it needs them; whether to get vaccinated

is your decision, but this is what I'm doing and what I advise everybody. ✪

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Low vitamin D linked to heart disease and death

Researchers at the Heart Institute at Intermountain Medical Center in Salt Lake City, USA, have found that vitamin D contributes to a strong and healthy heart – and that low levels may significantly increase a person's risk of stroke, heart disease and death, even among those without heart disease.

Some 27,686 patients, 50 years or older with no prior history of heart disease, had their blood vitamin D levels tested for a year. Divided into three groups according to vitamin D level – normal (> 30 nanograms/ml), low (15-30 ng/ml), or very low (<15 ng/ml), those with very low levels were 77% more likely to die, 45% more likely to develop coronary artery disease and 78% were more likely to have a stroke than patients with normal levels. Patients with very low levels were also twice as likely to develop heart failure than those with normal levels. The results were presented at the American Heart Association's conference in mid-November.