

The Truth about the Flu Shot!

"By 1853, Parliament began passing laws to make the untested vaccine compulsory throughout the British Empire. Other countries of Europe followed suit. Once the economic implications of compulsory vaccinations were realized, few dared to disagree. Then, as now, the media were controlled by the vaccine manufacturers and the government, who stood to make huge money from the sale of these spurious vaccines."... Tim O'Shea, D.C.

1. What's in the regular flu shot?

- Egg proteins: including avian contaminant viruses
- Gelatin: known to cause allergic reactions and anaphylaxis are usually associated with sensitivity to egg or gelatin
- Polysorbate 80 (Tween80™): can cause severe allergic reactions, including anaphylaxis
- Formaldehyde: known carcinogen
- Triton X100: a strong detergent
- Sucrose: table sugar
- Resin: known to cause allergic reactions
- Gentamycin: an antibiotic
- Thimerosal: mercury is still in multidose vials

2. Do flu shots work?

Not in babies: In a review of more than 51 studies involving more than 294,000 children it was found there was "no evidence that injecting children 6-24 months of age with a flu shot was any more effective than placebo. In children over 2 yrs, it was only effective 33% of the time in preventing the flu. **Reference:** Vaccines for preventing influenza in healthy children." The Cochrane Database of Systematic Reviews. 2 (2008).

Not in children with asthma: A study 800 children with asthma, where one half were vaccinated and the other half did not receive the influenza vaccine. The two groups were compared with respect to clinic visits, emergency department (ED) visits, and hospitalizations for asthma. **CONCLUSION:** This study failed to provide evidence that the influenza vaccine prevents pediatric asthma exacerbations.

Reference: "Effectiveness of influenza vaccine for the prevention of asthma exacerbations." Christly, C. et al. Arch Dis Child. 2004 Aug;89(8):734-5.

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

Not in adults: In a review of 48 reports including more than 66,000 adults, "Vaccination of healthy adults only reduced risk of influenza by 6% and reduced the number of missed work days by less than one

day (0.16) days. It did not change the number of people needing to go to hospital or take time off work.” **Reference:** “Vaccines for preventing influenza in healthy adults.” The Cochrane Database of Systematic Reviews. 1(2006).

Not in the Elderly: In a review of 64 studies in 98 flu seasons, for elderly living in nursing homes, flu shots were non-significant for preventing the flu. For elderly living in the community, vaccines were not (significantly) effective against influenza, ILI or pneumonia.

Reference: “Vaccines for preventing influenza in the elderly.” The Cochrane Database of Systematic Reviews. 3(2006).

3. What about the new Swine Flu shot?

- A new report from a WHO advisory group predicts that global production of vaccine for the novel H1N1 influenza virus could be as much as 4.9 billion doses a year, far higher than previous estimates.

- The report says that vaccine makers are expected to produce about 780 million doses of seasonal flu vaccine for the northern hemisphere's 2008-09 flu season for the June 12 Announcement:

- The new H1N1 (swine flu) vaccine is going to be made by Novartis. It will probably be made in PER.C6 cells (human retina cells) and contain MF59, a potentially debilitating adjuvant.

MF-59 is an oil-based adjuvant primarily composed of squalene, Tween 80 and Span85.

- *All* oil adjuvants injected into rats were found toxic. *All* rats developed an MS-like disease that left them crippled, dragging their paralyzed hindquarters across their cages.
- Squalene caused severe arthritis (3 on scale of 4). Squalene in humans at 10-20 ppb (parts per billion) lead to severe immune responses, such as autoimmune arthritis and lupus.

Reference: Kenney, RT. Edleman, R. "Survey of human-use adjuvants." Expert Review of Vaccines. 2 (2003) p171.

Reference: Matsumoto, Gary. Vaccine A: The Covert Government Experiment That's Killing Our Soldiers and Why GI's Are Only the First Victims of this Vaccine. New York: Basic Books. p54.

Federal health officials will probably recommend that most Americans get three flu shots this fall: one regular flu shot and two doses of any vaccine made against the new swine flu strain.

Reference: Washington Post, Wednesday, May 6, 2009

HHS Secretary Kathleen Sebelius is talking to school superintendents around the country, urging them to spend the summer planning what to do if the government decides it needs their buildings for mass vaccinations and vaccinating kids first.

Reference: CBS News, June 12, 2009.

4. Is Mandatory Vaccination Possible?

- 1946: US Public Health Service was established and EO 9708 (Executive Order) was signed, listing the communicable diseases where quarantines could be used. 1946 and 2003, cholera, diphtheria, TB, typhoid, smallpox, yellow fever, & viral hemorrhagic fevers were added.

- April 4, 2003: EO 13295 added SARS to the list.

April 1, 2005: EO 13295 added “Influenza caused by novel or re-emergent influenza viruses that are causing, or have the potential to cause, a pandemic.” EO 13295 also:

- The president gave the Sec. of HHS the power to quarantine, his or her discretion.
- Sec of HHS has the power to arrange for the “apprehension and examination of persons reasonably thought to be infected.” A cough or a fever could put a person at risk for being quarantined for an extended period of time without recourse.
- January 28, 2003: Project BioShield was introduced during Bush’s State of the Union Address. This created permanent and indefinite funding authority to develop “medical countermeasures.”
- The NIH was given authority to speed approval of drugs and vaccines. Emergency approval of a “fast tracked” drug and vaccine can be given without the regular course of safety testing.
- December 17, 2006: Division E: The Public Readiness and Emergency Preparedness Act was added as an addendum to Defense Appropriations Bill HR 2863 at 11:20p on Saturday night, long after House Committee members had signed off on the bill and gone home for the holidays. Section (b)(1) states:
 - The Sec of HHS can make a determination that a “disease, health condition or threat” constitutes a public health emergency. He or she may then recommend “the manufacture, testing, development, *administration*, or use of one or more *covered counter measures*...” A covered countermeasure defined as a “pandemic product, *vaccine* or drug.”
 - Division E also provides complete liability protection for *all* drugs, vaccines or biological products deemed a “covered countermeasure” and used for an outbreak of *any kind*.
 - Complete liability protection has been given to drug companies for *any* product used for *any* public health emergency declared by Sec of HHS.
 - Pharma is now protected from all accountability, unless “criminal intent to do harm” can be proven by the injured party. They are protected from liability even if they know the drug will be harmful.

4. What can I do? These are just a few suggestions; please come up with more of your own! Add to this list and spread the word.

- Give this information to everyone you know and love.
- Contact local first responders (EMTs, Paramedics, Fireman, etc). Tell them what is will be in the flu shots and that “they” will be the first ones to get it.
 - Contact local police and discuss concerns about mandatory vaccination. You go to church and to the grocery store with these folks and their kids play with your kids. They are not "scary" people. Take them coffee and a treat to get in the door... !
 - Contact local city council members about your liberties. You need their support to maintain your right to refuse.
 - Write a small article for LOCAL, community newspapers. Watch for samples on www.DrTenpenny.com
 - Have at least 3 weeks of food and water at your house and be prepared to voluntarily self-quarantine of given no other options. Stock up on Vitamin D3 (3000IU per person), Mixed carotenoids, Vitamin C (buffered), etc and beta-1,3/1,6-glucan (an immune stimulant that targets cellular immunity, the most effective against flu virus)
 - See attached as to what to do if you are vaccinated
 - Check out www.oath-keepers.org . A pdf of their oath for easy printing will be on www.DrTenpenny.com I am sharing this with local military recruitment office, reservists and retired military people we know.
 - Connect with other activist organizations – those who support 2nd amendment issues, the environmental and animal rights. Help spread the word about their passion and get them involved with yours.

For more information go to
www.SayingNoToVaccines.com or www.DrTenpenny.com

The above information was prepared by Dr. Sherri Tenpenny and revised by Dr. Russell Blaylock

Analysis of material by the Centers for Disease Control and Prevention by Dr. Russell Blaylock. (September 5, 2009)

Critical Observations:

- Doctor visits for flu are down from the level in April
- Total flu hospitalizations are similar or lower than for seasonal flu (yearly flu)
- The number of death secondary to flu and pneumonia is unchanged from yearly rate
- Only two states are reporting widespread infections—Georgia and Alaska. Other states report only regional or sporadic activity, meaning it's not very contagious.
- There is no evidence that the virus has mutated at all anywhere in the world
- The virus remains susceptible to the drugs Tamiflu and Relenza.
- Only 43,771 cases have been reported in the United States. Because of poor reporting the CDC estimates that true numbers indicate that one million have been infected. Many people did not get sick enough to go to a doctor. Likewise, not all people are tested who go to a doctor.
- Of these 5,011 have been hospitalized and 302 have died.

Death Rates From the H1N1 Flu

- If we use the 43,771 figure and 302 deaths that means the death rate is 0.6%, an extremely low death rate for any flu.
- The percentage of hospitalized patients who died was 6%, again a very low incidence of death.
- Since the CDC estimates that one million have been infected, we must recalculate death rates. Using this more accurate figure, the death rate is in truth 0.03%, which means 99.97% will not die from this flu. Your chances of dying are incredibly low.

Age and Death Rates

We hear a lot about the unusual age distribution with this virus, especially as regards death rates, with the young being more affected than, as with seasonal flu, the elderly (90% of deaths are usually among those greater than 65 years old). The risks of becoming infected are as follows:

- Ages 5 to 24 y/o-----26.7 per 100,000 (0.027%)
- Ages 0 to 4 y/o -----22.9 per 100,000 (0.023%)
- Ages 25 to 49-----6.97 per 100,000 (0.0069%)
- Ages 50 to 64 y/o-----3.9 per 100,000 (0.0039)
- Over 65 y/o-----1.3 per 1000,000 (0.00013%)

And the risk of needing to be hospitalized are:

- Ages 0 to 4 y/o-----0.0045%
- Ages 5 to 24 y/o-----0.0021%
- Ages 25 to 45 y/o-----0.0011%
- Over 65 y/o-----0.0017%

This indicates that for all age groups, the risk of being hospitalized are far less than 1% and well over 99% of people will not need hospitalization. This explains why this infection is being downplayed by the virologists themselves, the ones who know most about the dangers of viruses.

The distributions of death also vary considerably by age. Below is the distribution of deaths according to age.

- Ages 25-49 y/o-----41%
- Ages 50 to 64 y/o-----24%
- Ages 5 to 24 y/o-----16%
- Over age 65 y/o----- 9%
- Ages 0 to 4 y/o----- 2%

So, we see that the greatest death rates in the extremely small fraction that die are between ages 25 to 49 and 65% are between ages 25 to 64. The least likely to die are babies up to age 4 years, yet they are targeted for vaccination and as we see from the above data, children below age 2 years get **absolutely no protection** from the flu vaccines.

Analysis of the New Government Projections to the Media

If we analyzed it according to the worst case scenario released by the government we see far lower figures than being projected:

They say 150 million Americans will be infected. That is 150 X as many now infected and represents a much larger figure than now estimated with a 6 to 6.5 % of a localized population. For the United States itself with a population slightly over 300 million, their figures indicate a 50% infection rate. There is nothing to indicate such a high infectivity rate from the past 7 months of analysis. It should also be appreciated that the infections will not occur all at once, but will slowly evolve, as we have seen thus far, meaning that at any one time a much smaller Americans will be infected—which also reduces the numbers who will require hospitalizations at any one time and who will need ICU care.

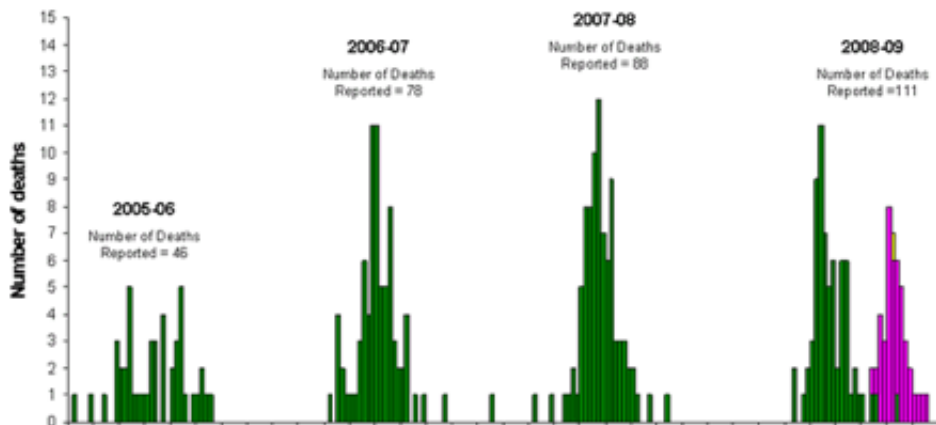
As far as the number that will need hospitalization, the Government now says there will be 1.8 million people hospitalized, of which 300,000 may need ICU treatment. If we use the existing data we see that the numbers are quite different. At the time the data was taken, 303 people out of one million infected died and 5,011 needed hospitalization. This means a projected hospitalization incidence of 750,000 and a death rate of 45,000 deaths. Remember, this is using their data applied to the outrageously high figure of 50% of the population being infected—that is, 150 million people.

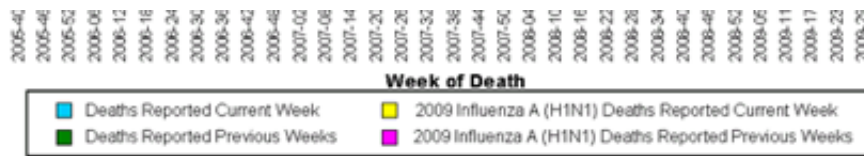
If the infection rate is 6%, as all the studies have shown thus far, we see much smaller numbers. Instead of 150 million infected we see 18 million infected. Using these more realistic figures we can estimate a hospitalization rate of 90,000 and a projected death incidence of 5436.

Again, it is important to keep in mind that the infections will be evolving and not all at once as both sets of figures seem to imply. If we spread this over several months and waves of the infection, we see that at any one time the hospitalizations will be a much smaller number, as will the deaths. Thus far, there have been nationwide 2000 hospitalizations a months and 99 deaths a month. Certainly the hospitals in the United States can handle the increase. In the United States we have 5,759 hospitals containing 955,000 beds and 70,000 ICU beds. Most hospitalized people will not require intensive care. Most are suffering from dehydration and only require IV fluid infusion.

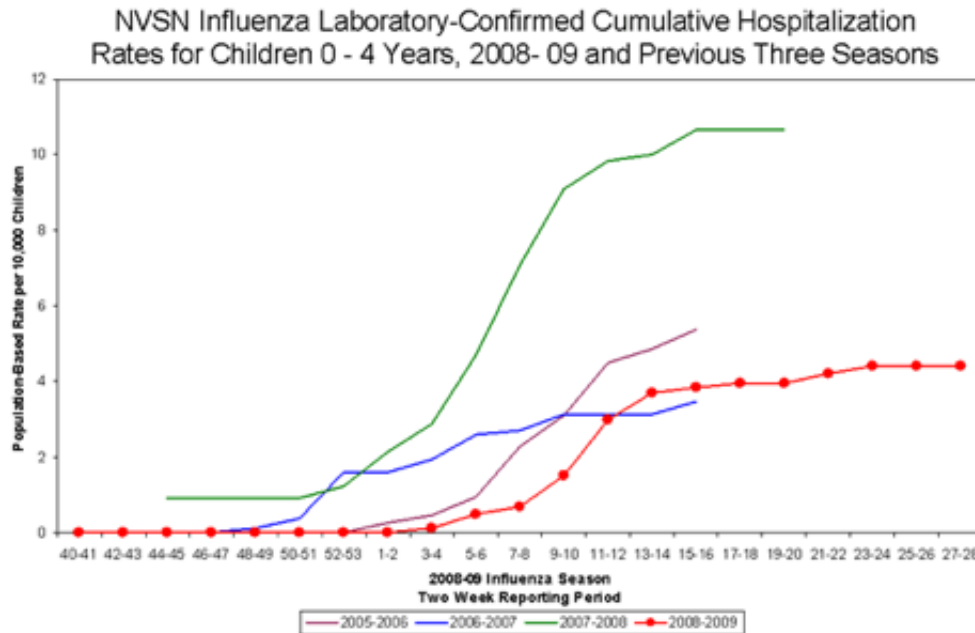
It should also be appreciated that most pediatric deaths and elderly deaths will occur early in the epidemic because the chronically ill and immune suppressed will become infected early. Therefore one would expect the deaths to rise initially and then fall as the infection spreads as we see from this graph:

**Number of Influenza-Associated Pediatric Deaths
by Week of Death:
2005-06 season to present**





In this chart we see that the hospitalization rates are actually lower for the swine flu than in previous seasons.



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We can see from the CDC’s own data that the hospitalization rates and death rates are no higher, in fact they are significantly lower, than the previous two to three flu seasons. It is obvious that the Government is using “scare tactics” to promote vaccine use in the United States and that the pharmaceutical makers of vaccines are in bed with these officials. The public should be outraged.

Why do some die from such a mild virus?

As stated by the virologists, this virus is no more a danger than the seasonal virus that visits each year and seems to be much weaker. One may also note from the CDC’s own data, the previous nonsense about 36,000 dying from the seasonal flu every year is pure fiction. We have had a little over 400 deaths nationwide over the past 5 months, nowhere near the 36,000 figure screamed from the airwaves and our TV sets, yet the public is in a state of panic.

So, why are some dying from this virus? What is little understood by the general public is that the only reason people die from the flu is that they have either an immune suppressing chronic illness, such as diabetes, direct immune dysfunction, dietary deficiencies of critical immune-supporting nutrients, chronic pulmonary disease, heart disease or a cancer.

Smoking powerfully suppresses immunity as well as damages the lungs and we know that smokers are much more likely to suffer complications and die than non-smokers. Excess dietary omega-6 fats (corn, safflower, sunflower, soybean, peanut and canola oils) also severely weaken immunity. The EPA component of omega-3 oils also powerfully suppresses immunity.

A study by the CDC found that **32%** of the children dying from H1N1 flu had asthma, when the incidence of asthma in the general population was 8 percent. Two thirds of the children who died had neurological disorders, such as seizures and cerebral palsy. So, the vast majority of children who are dying have one of a number of chronic health conditions, yet the media gives us the impression that perfectly healthy children are dying.

A recent study of why so many died during the 1918 flu pandemic found that most of the deaths were secondary to bacterial pneumonia and not the flu virus itself. In 1918 hospitals had little to offer a sick patient—there were no antibiotics, other than sulfur drugs, no IV fluids and no respirators—all they could offer was a warm bed and aspirin.

It was also disclosed that the number of flu-related deaths among children was lower this year than the previous two years.

What are the virologists saying?

Virologists are scientists who study viruses—their classification, their genetics, methods of spread and their ability to cause disease. No one knows more about this virus than the virologists. The British science magazine, **The New Scientist**, recently polled 60 virologists to get their opinion. These are the results of specific questions:

Will the virulent version of the virus appear?

- Extremely likely-----none
- Likely-----5
- A 50/50 chance----- 14
- Possible----- 38
- Not at all-----3

What the virologists are doing personally

- Stock Tamiflu or Relinza-----14
- Stock above plus antibiotics----- 6
- Stock food, water and power source----5
- Get pneumococcal vaccine-----3
- Nothing----- 30
- Hand washing, mask, etc----- 3

Notice there was no mention of taking the swine flu vaccine. Behind the push to vaccinate the entire population are the pharmaceutical makers of the vaccines, who are working in conjunction with the government to make the vaccine mandatory. Homeland security and FEMA are pushing for forced vaccinations and the medical experts, virologist and epidemiologist are calling for calm and resorting to voluntary vaccination only. The former have links with the vaccine manufacturers via political contacts. A great deal of money will be made by the manufacturers, should forced vaccinations be mandated.

Will this vaccine be tested?

According to Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases, 5 tests are planned. It is not clear as to the use of the squalene adjuvants, **ASO3** and **MF-59**. Because of concerns raised, the FDA is now hedging. Independent studies of squalene used as a vaccine adjuvant indicates that it is associated with a very high incidence of autoimmune diseases, such as an MS-like neurological syndrome, rheumatoid joint disease and especially Lupus.

The developer of **MF-59** is Chiron pharmaceuticals, which was purchased by Novartis pharmaceutical company, who will be the main supplier of the swine flu vaccine for the world. According to Dr. Fauci, testing in both children and adults will be without this adjuvant and he admits that we have no data on the safety in children.(See Nature Vol 460/30 July 2009, p 562 for the interview.)

There are 5 tests scheduled for safety before mass vaccinations will resume. I looked up on clinicaltrials.gov the actual studies being done. It is instructive to note that the only studies actually being done do not contain any adjuvant (the immune booster) either for babies or adults. Yet, when the mass vaccinations begin, the vaccines will have adjuvant added, possibly squalene.

The real irony here is that this is the same bait and switch game they played in the 1976 swine flu vaccine disaster. They tested one vaccine and gave a different one during the mass vaccinations. Here we go again. Over 500 people were paralyzed with Guillain Barre disorder. The incidence was much higher, because it was not a reportable disease. And over 300 people died, which is also a very low figure.

Dr. Fauci admits that they have no idea what will happen when they mix the three viruses from the vaccines together or when they are given sequentially. When he was asked if the results of the studies would be reviewed by the

health authorities, he answered, yes, except for those done by the Novartis company. He justified this secrecy by saying that Novartis had a very advanced testing system, which was done “in-house”—that is, in secrecy.

It is also important to appreciate that this vaccine has been fast-tracked, meaning that many of the usual safety precautions used to prevent contamination of the vaccines will be overlooked by the regulatory agencies. According to a number of studies, vaccine contamination is widespread, with vaccines containing pestivirus, mycoplasma, viral fragments, DNA fragments and bacterial components, all of which can produce chronic systemic disorders, cancer, neurologic diseases and even slow brain degeneration.

The Following was composed by Dr. Russell Blaylock as a method to reduce autoimmune reactions to the flu vaccines only. Do not use this if you have the flu itself. These are just general observations and not medical advice. You should work with your doctor for a specific program.

Treatment for Toxic Vaccine Exposure

1. Place a cold compress on the site of the injection immediately after the injection and continue this for at least two days. If symptoms of fever, irritability, fatigue or flu-like symptoms reoccur—continue the cold compresses until they abate. A cold shower or bath will also help.
2. Take fish oils—I recommend the Norwegian fish oil made by Carlson Labs—it has the correct balance of EPA and DHA to reduce the cytokine storm. The dose is one tablespoon a day—if severe symptoms develop—two tablespoons a day until well and then switch to one tablespoon a day. Children—one teaspoon a day.
3. Curcumin, quercetin, ferulic acid and ellagic acid as a mixture—the first two must be mixed with extravirgin olive in one teaspoon. Take the mix three times a day (500 mg of each)
4. Vitamin E (natural form) 400 IU a day (high in gamma-E)
5. Vitamin C 1000 mg four times a day
6. Astaxanthin 4 mg a day
7. Zinc 20 mg a day for one week then 5 mg a day
8. Avoid all immune stimulating supplements (mushroom extracts, whey protein) **except beta-glucan—it has been shown to reduce inflammation, microglial activation and has a reduced risk of aggravating autoimmunity, while increasing antiviral cellular immunity.**
9. Take a multivitamin/mineral daily (one without iron—Extend Core)
10. Magnesium citrate/malate 500 mg of elemental magnesium two capsules three times a day
11. Vitamin D3:
 1. All Children—5000 IU a day for two weeks after vaccine then 2000 IU a day thereafter
 2. Adults—20,000 IU a day after vaccine for two weeks then 10,000 IU a day thereafter
 3. Take 500 mg to 1000 mg of calcium citrate a day for adults and 250 mg a day for children under age 12 years.
12. Avoid all mercury-containing seafood
13. Avoid omega-6 oils (corn, safflower, sunflower, soybean, canola and peanut oils)
14. Blenderize parsley and celery and drink 8 ounces twice a day
15. Take Jatoba tea extract (add 20 drops in on cup of tea) one day before the vaccine and the twice a day thereafter. (you can get it at <http://www.iherb.com/Amazon-Therapeutics-Jatoba-1-oz-30-ml/14429?at=0>) It is inexpensive.

Protection from the Swine Flu

- This flu is transmitted mostly by physical contact rather than by being exposed to coughing by infected individuals. You can use a hand sanitizer and clean commonly used surfaces, such as computer keyboards, telephone speakers, countertops and door handles with sanitizer cloths.

- Avoid exhaustion and extreme exercise, both of which lower immunity and greatly increase one's risk of serious reactions to the infection and even death. Get at least 8 hours of good sleep each night.
- Avoid foods that suppress immunity, such as high sugar intake and consuming foods or cooking in oils that suppress immunity and increase inflammation—such as the omega-6 oils—corn, safflower, sunflower, canola, peanut and soybean oils.
- Avoid excessive intake of omega-3 containing EPA (anything over 100 mg per serving). EPA is a powerful immune suppressant, even though it reduces inflammation. This increases your risk of getting infected and having difficulty clearing the infection. The DHA component of the oil does not appreciably suppress immunity, but significantly reduces inflammation.
- If you are exposed to people in high-risk situations, such as in crowded offices, theaters, airplanes and other forms of public transportation, take beta-1,3/1,6 glucan 250 mg every other day. It is to be taken on an empty stomach with any liquid. If you began to feel ill, take the beta-glucan every day until your illness clears and then every other day for one week afterwards.
- Take a well-balanced vitamin/mineral. I like **Extend Core** (www.vrp.com). This will supply you with all the vitamins needed to support immunity, which is especially important for those over age 50—the age of nutrient-based, aged-associated immune suppression. Take the vitamin capsule with each meal.
- Vitamin D3. Children and pregnant women should take 2000 IU a day and adults should take 5000 IU once to twice a day. You should also take 500 mg of calcium citrate a day.
- Mixed Tocopherols (Vitamin E) that is high in gamma-tocopherol, the anti-inflammatory form of the vitamin. The dose is 400 IU a day.
- Buffered vitamin C 1000 mg three times a day taken on an empty stomach to prevent excess iron absorption. One should avoid taking iron supplements during infection, since it worsens the infection.
- Curcumin 250 mg and quercetin 250 mg dissolved in one tablespoon of extravirgin olive oil. This greatly reduces inflammation and autoimmune development and has direct antiviral effects by inhibiting protein kinase C. Take the mixture three times a day with meals. It can be mixed with foods as desired.
- Avoid all fluoride products, such as fluoridated mouthwashes, toothpaste and fluoride treatments. Fluoride has been shown to increase flu virus budding, making it easier to produce more virus within your body. It is also a cellular toxin.
- Avoid other sources of mercury, such as contaminated seafoods and other mercury-containing vaccinations. Dental amalgams, in my view, should be removed by a specially trained dentist (see www.IAOMT.com for a list of such dentists). Mercury greatly increases one's risk of developing an autoimmune disease and suffering from neurological damage.
- Avoid smoking. Smoking damages the protective cells lining the lungs and nicotine is a very powerful immune suppressant. This is also true for nicotine patches and gums.
- Keep well hydrated. Drinking several glasses or cups of strong white tea (either as iced tea or hot tea) a day also reduces viral growth and protects the lungs against viral and bacterial damage.

- Eat a diet containing at least 5 servings of high-density fruits and vegetables, both raw and cooked. Avoid a high intake of breads and other high-glycemic foods. Avoid excessive red meats and eat more chicken and turkey that is organically raised.

In this graph we see that the hospitalization rates were either lower or barely above the seasonal flu admissions in the previous two years

EIP Influenza Laboratory-Confirmed Cumulative Hospitalization Rates, Spring/Summer 2009

