

The Infection Deception

Unanswered Questions about the Swine Flu Controversy

By Len Saputo, MD and Byron Belitsos

On Friday October 23, President Barack Obama declared the swine flu outbreak a national emergency, plunging the H1N1 controversy ever more deeply into an Orwellian world of disinformation, fear, and confusion. The government's program of swine flu vaccination was already the most ambitious of its kind since the anti-polio campaign of the 1950s. And now, this surprise declaration from the president raised anxiety levels by giving federal health officials much greater powers in the face of a supposed pandemic. The ostensible reason for Obama's heavy-handed act—at least according to the official explanation—was merely to authorize hospitals to set up emergency health-care operations in nonstandard ways and locations. Yet this explanation was odd in the extreme, given that a national emergency declaration is just not necessary in order to simply waive something as simple as hospital-tent rules; Obama could have easily accomplished the same thing with an Executive Order. [1]

But a bigger cause of consternation was that, just two days previous to Obama's surprise announcement, CBS News had published the results of a major swine flu investigation which effectively refuted the need for such an emergency declaration. CBS seriously disputed the government's official figures concerning the number of infections, publishing raw state-by-state data obtained from state labs which showed that the incidence of swine flu was being overstated by *more than 90 percent*. CBS also revealed that the CDC had directly obstructed their investigation in a variety of ways. Something had to be done quickly to counter one of America's most respected news sources.

Upping the swine-flu ante was none other than Tom Freiden, the head of the CDC (Center for Disease Control and Prevention) in Atlanta, who came forward a few days after this embarrassment to state that "many millions" had been infected. Confirming "research" was then released a week later by the CDC that was based not on actual collected data, but on computer projections. [2]

Now we knew for sure: the CDC officials would stick with a program of obfuscation in the face of contrary facts, even if published by the mainstream press.

The problems facing the administration were mounting: By mid-October, too many Americans weren't buying the swine flu threat. Surveys showed that more than 50 percent of all health care workers nationwide, including nurses and physicians, did not plan to take the vaccine. An *LA Times* poll showed that 62 percent of the public were choosing to *not* vaccinate themselves or their family despite the president insisting it was an emergency. Another major national poll showed that more than a third of all parents would not get their kids vaccinated.

Dr. Mehmet Oz, America's own "celebrity TV physician," confounded the debate even more, when in an interview on CNN he declared that he will get the vaccine (which he did later, live, on his national show), but that his wife and kids would *not*. And then a few weeks later it was revealed that Oz has since 2005 owned 150,000 options on stocks in SIGA Technologies, a vaccine technology company whose success depends on the widespread adoption of vaccines. [3]

And many more zigzags were set to occur—that is, jerky movements of the epidemic plot line in which reality *zigged* one way, while compromised science and government disinformation *zagged* in the opposite direction.

Zig: California’s governor Arnold Schwarzenegger declares a state of emergency in the nation’s most populous state. Zag: CBS News finds a few weeks later that only two percent of test samples from over 13,000 suspected swine flu patients in the state were actually swine flu.

Zig: Governor David Paterson of New York declares his own state of emergency. Zag: Just a week or so before that, a New York Supreme Court judge had issued a restraining order against the state, ordering it not to enforce the controversial mandatory vaccination on health care personnel.

And then there’s the ultimate zig and zag: the government stops counting the numbers of swine flu cases via lab tests; its “assumed” numbers get zonked by the nation’s leading TV investigative team; this is next followed by a declaration of a national emergency; and then, the CDC suddenly *triples* the death count overnight from 1615 to 4000, which occurred on November 11.

Eventually, all such cases of cognitive dissonance must get resolved: Either there is outright deception underlying the governmental programs at the national and international levels—one designed to panic populations into believing the influenza is more serious than it actually is, so that they will take the “jab”—or, the federal government, the WHO (World Health Organization), and the CDC have lost their ability to think clearly about human biology or count past one hundred.

This article seeks to discover the reasons for these strange doings, and asks key unanswered questions that now bedevil this controversy.

In our survey of the data derived primarily from mainstream media sources, it appears that four pillars of evidence point to a massive disjunction between the facts and government rhetoric that trumpets a national emergency whose only solution is the largest vaccination drive in 60 years.

(1) First of all, the alleged epidemic is—thus far—a non-event; its prevalence and virulence are comparable to a typical seasonal flu.

(2) Immunization programs for flu have never been shown to be effective.

(3) The FDA is directly suppressing products that boost immunity in the population, making Americans even more vulnerable to other infections, and even to H1N1 itself. This issue is, by the way, just another species of the paradigm war waged by mainstream allopathic medicine against alternative medicine that we map out in our book, *A Return To Healing: Health Care Reform and the Future of Medicine* (Origin Press, 2009).

(4) Considerable evidence points to the possibility that the flu vaccines are more dangerous than the diseases they purport to protect us from.

Let’s consider each of the four areas.

Is the Current Strain of H1N1 Really a Threat?

From the outset, the WHO Director General Dr. Margaret Chan seemed almost eager for a pandemic to call her very own, when she declared on April 29—with very scanty evidence in hand—that a “global outbreak is imminent.” Chan’s initial declaration was

based on the alleged fact that, as she said, “So far, 176 people have been killed in Mexico.”

Unfortunately, this crucial number turned out to be highly misleading. Soon after her announcement, only seven deaths were shown by lab analysis to result from the H1N1 swine flu strain, according to the Mexican Ministry of Health. A week later the official toll was scaled down to 19. This was a sketchy way to launch a global pandemic.

A similar rush to judgment occurred in New York city in late April, when several hundred children were quickly categorized as having the H1N1 influenza; yet in none of these cases was the diagnosis corroborated on a laboratory test.

The mild, new strain was certainly communicable, and it did manage to travel around the world to numerous countries. By June 11 Chan had raise the level of influenza pandemic alert to Phase 6, the highest possible—making it the first flu pandemic declaration in 41 years.

How could this escalation to a global pandemic of the worst sort possible happen so quickly, in less than two months from the outbreak?

According to our investigation, the WHO was in part enabled to declare a “global flu pandemic” of the worst sort because—by virtue of sheer and utter coincidence—WHO officials had a month earlier *changed the very definition* of the word “pandemic” to something much more benign. We have ascertained that this occurred sometime during the month of May, or early June, in time for the Phase 6 designation.

Our archival search shows that by as late as May 1, 2009, a pandemic was defined at the WHO website in just the way that it has long been understood to mean—as a worldwide epidemic “with enormous numbers of deaths and illness.” Somehow during the period between May 1 and the June 11 announcement of a Phase 6 pandemic, the requirement of enormous virulence was quietly *struck* from the definition. The definition of pandemic now posted at the WHO site reads: “A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease.” [4]

Later in June the WHO claimed that “as many as 2 billion people could become infected over the next two years—nearly one-third of the world population.” It also asserted that at least 4.9 billion doses would be needed to inoculate the planet, representing an estimated \$400 billion in revenue to vaccine manufacturers.

Fast-forward to mid-November.

The current “official” totals in the global outbreak as of this writing are: 643,278 cases worldwide, and 8,083 deaths, or a death rate of 1.2 percent. And according to the questionable CDC data, the US is among the most infected countries, with 44,555 cases and 1615 deaths and a death rate of 1.9 percent. (See flucount.org.)

We’ve already broached that little hard evidence exists to back up any of this data, at least at the national level. Let’s look more closely at this crucial work of CBS News.

First, one must understand that the CDC strangely stopped testing for and counting swine flu cases on August 30, advising states to do the same, justifying this by asserting that “the government has already confirmed an epidemic.”

A new system of data-gathering by states now replaced the required weekly report of lab-confirmed H1N1-related hospitalizations and deaths that had begun in April. Now they were to send in consolidated reports that *combined* the numbers of either laboratory-

confirmed swine flu, pneumonia, and flu incidence from *all* types or subtypes of influenza.(5) In ordering this, the CDC was now following the lead of the WHO. Soon after they had declared the swine flu a pandemic in early June, the WHO stated on their website that they would re-categorize *all* cases of common influenza as H1N1 swine flu.

What? Was this an open admission of the intent to obfuscation of the data about the biggest pandemic in decades?

Certainly, this new reality was going to make it tough for critics to confirm the true numbers of swine flu cases. And it did.

That's why CBS News sent investigative journalists to the CDC to seek their help in clarifying the situation, requesting to see all state-by-state numbers. And the results are revealing, to say the least. CBS reported that CDC officials *refused* to assist them. Plus, in response to a Freedom of Information Act (FOIA) request filed after a few months of frustration, CDC *still* stonewalled the journalists.

To its credit, CBS circumvented the CDC. It obtained the latest figures directly from individual states, many of whom had continued to test patients for swine flu after August 30. And the findings based on the raw data were quite a surprise: In most states, they found, somewhere between 83 to 98 percent of reported cases *were not* H1N1 and not even influenza! In fact, most were either (1) colds or (2) upper respiratory infections caused by some other type of virus or bacteria.

Not exactly the stuff of a national emergency, it seemed. But likely the result of panicked Americans going to their doctors at the first sign of a sniffle or cold.

In California, CBS found, 13,704 test samples from suspected swine flu patients were analyzed, and two percent turned out to be swine flu. 86 percent were *negative* for any kind of flu.

In Georgia, state labs analyzed 3,117 test samples, showing only two percent to be positive for swine flu.

In Florida, 8,853 test samples were analyzed, and 17 percent were positive for swine flu.

And then, after CBS compiled this data from the states on its own, and after three months of encountering the stalling and non-cooperation of the CDC throughout all of its investigation, the CDC *refused to comment on the CBS's findings*.

Not exactly a good sport, that CDC.

CBS concluded: "If you've been diagnosed 'probable' or 'presumed' 2009 H1N1 or 'swine flu' in recent months, you may be surprised to know this: odds are you didn't have H1N1 flu. In fact, you probably didn't have the flu at all. The vast majority of cases were negative for H1N1 as well as seasonal flu, despite the fact that many states were specifically testing patients deemed to be most likely to have H1N1 flu, based on symptoms and risk factors, such as travel to Mexico." [6]

To be fair, not all the bad data and crazy estimates came out of the CDC. Recall for example the dire warning that emanated from the White House Office of Science and Technology Policy on August 7: the virus would infect 30 to 50 percent of the population, put nearly 2 million in the hospital, and kill anywhere between 30,000 and 90,000.

Well, so much for White House prognostication.

In reality, total deaths in the U.S. through early November were just a bit over 1600, or .05 percent of the lowest estimate so far by the Office of Science and

Technology Policy. And many epidemiologists believed that the H1N1 threat was now receding.

But an important *zag* was now in store: On November 11, the Federal health officials upped the death count in the US to 4,000, a nice round number, without explanation.

An easy and convenient move for the “exaggerati” at the CDC.

But unfortunately for them, not much help was to come from down-under countries like Australia and Argentina, which had just experienced their winter season. Their data strongly suggested that though the infection is contagious, it is relatively mild and somewhat less lethal than normal seasonal flu.

This is where most people begin to wonder whether the officials making scary and often unfounded statements might know something we don’t know.

Although it is true that influenza viruses mutate quickly, there is no evidence that a more virulent strain of H1N1 will evolve. This phenomenon—known as antigenic shift—can occur in theory, but is highly unlikely. Much more possible is what is commonly seen with seasonal flu viruses: antigenic drift toward a *less* virulent strain.

And remember, even if such a new strain does emerge—a more likely result if the virus is genetically engineered—the current vaccine now being distributed worldwide will most likely be useless against it. That scenario would require the creation of a new vaccine to fight this new strain. Manufacturing and distributing such an updated vaccine, even under emergency conditions, would take at the very best four months.

So, then, if the numbers are exaggerated, and the virulence is low, and if a worst strain is not readily treatable anyway, what is the point of this entire exercise?

Perhaps it would help first to get a sense of scale.

What would saner minds say constitutes a threat requiring that a national emergency be declared, including emergencies in our largest states?

As we report in our book, hospital-acquired infections alone kill some 90,000 people annually in the US. These so-called MRSA infections are reportedly getting progressively worse and actually exact a toll on the scale of “modern plagues” like AIDS. In fact, a 2007 issue of the *Journal of the American Medical Association (JAMA)* found there were close to 100,000 cases of invasive MRSA infections in the United States in 2005 (one of the most recent years for which data is available), which led to more than 18,600 deaths.

And what about these numbers:

- Diabetes now affects almost 25 percent of all Americans in its earliest form (known as *metabolic syndrome*), and new cases have increased by 90 percent in the last 10 years.

- US deaths per year from adverse effects of correctly prescribed FDA approved medicines are more than 100,000.

- Total number of deaths in the US from medically caused damage: for more than 200,000, and by some estimates nearly 1,000,000.

Why aren’t any of these maladies being declared a national emergency? And why have very few Americans even heard of these numbers, rather than hearing every night about an epidemic of a bad cold?

Is the Government Suppressing Proven Alternatives to Flu Vaccines?

Here's an entirely different dimension of the flu infection deception that is just as troubling. You may be surprised to learn that, right now—in the midst of a supposed flu pandemic—the federal government is actively suppressing purveyors of anti-viral herbs and other immune-boosting natural substances used to preventive or treat viral infections whenever open claims are being made about preventing, treating, or curing illness caused by the H1N1 virus. This campaign, led jointly by the FDA and the FTC (Federal Trade Commission), is behind the intimidating legal notices (known as *Warning Letters*) sent to at numerous companies, most of them small herb retailers on the internet.

Now, this news comes as no surprise to us. It's just one more species of the war against natural medicine that we describe in detail in our book, and it's waged everyday by agencies of government, particularly the FDA. But the timing of this particular assault does raise even our eyebrows. Eerily, this effort began just a few weeks after the swine flu showed up in Mexico, with the first letter going out on May 8 to a hapless company called extremeimmunity.com. [6]

And, after dozens of Warning Letters had been issued to an assortment of herb and natural products providers, the hammer even fell on high-profile, bestselling physician Dr. Andrew Weil—just eight days before the president's declaration of a great national emergency.

As with the other letters, Weil was ordered by the FDA to “cease and desist”—in his case—from selling an astragalus herbal formula, if connected to any claim of swine flu prevention or treatment. Weil's website had stated that “Astragalus . . . is . . . used traditionally to ward off colds and flu, and has demonstrated both antiviral and immune-boosting effects in scientific investigation.” If he did not comply, the letter stated that Dr. Weil's company could be required to refund customers, receive a Federal injunction, have his products seized, or face criminal prosecution.

The letter further claimed that Dr. Weil had been promoting his immune-boosting formula as a preventive measure against the H1N1 virus “. . . without rigorous scientific evidence sufficient to substantiate the claims.” Of course, innumerable scientific studies and vast amounts of clinical observation demonstrate that the herb astragalus does indeed boost human immunity to all infections.

Surely the vaccine makers themselves had rigorous scientific evidence sufficient to substantiate their claims, right? Well, not exactly, as we will see in the next section. Worldwide, there are *no* well-controlled human clinical studies backing the efficacy of flu vaccines. They simply don't exist.

The issue was not really science, then, but rather one of political power. Two millennia of clinical use in China and an impeccable safety record for the herb would also not count. Dr. Weil had to therefore quickly back down.

The punch-line in each letter was that “This product has not been approved, cleared, or otherwise authorized by FDA for use in the diagnosis, mitigation, prevention, treatment, or cure of the H1N1 Flu Virus.” Our own investigation discovered that the FDA sent Warning Letters with such language to a total of 70 companies who had the audacity to offer *natural* methods of prevention or treatment for the swine flu. [5] The

banned methods include the use well-known herbs such as Echinacea and Elderberry, pinecone extract, oil-leaf extract, devices such as air filters, and even vitamin D.

It has long been known that a principal cause of seasonal flu is the lack of exposure to sunlight in the winter, which triggers the production of vitamin D in the skin. Because vitamin D deficiency is common in the winter, a proven method to keep oneself from catching an infectious disease is vitamin D supplementation. In fact, *The Journal Epidemiology and Infection* recently published a paper that presents the hypothesis that influenza is merely a *symptom* of vitamin D deficiency. In addition, a large new study that involved about 19,000 Americans found that people with the lowest blood vitamin D levels reported having significantly more recent colds or cases of the flu. [7]

The systematic suppression of such well-understood substances as astagalus and vitamin D is not only a sign of lunacy. It is also tragic. Millions of Americans who believe they need the H1N1 vaccine—but can't get it because of short supply, or won't give it because of confusion—are *not* being told to boost their immunity as a preventive measure. Our health officials are not even telling them to engage in exercise, another well-know prophylaxis against infections. With rare exceptions, ordinary Americans only hear reference to the politically approved products of the pharmaceutical-industrial complex.

And, what if the flu somehow morphs into a strain not addressed in currently available H1N1 vaccines? Most Americans will be defenseless. The vast majority will, again, be unaware of commonsense approaches to boosting their immunity to infection.

And this is just one more irony that comes with the flu-infection deception.

Now let's take a look at those outlaws who drew the ire of the FDA and FTC.

The high-powered lawyers at the FDA cited as a potential crime the “Daily Nutrition Package” from Meridian Lifestance Inc.(extraexcellence.com) for this claim: “Worried About Swine Flu? . . . Prevent and Reverse Serious Illnesses . . . Just By Optimizing The Immune System! Nutritional Immunology Is The Key! If your immune system is functioning properly you do not have to worry about getting the swine flu.”

Another dark player needing correction was Herbal Remedies, which was warned about its product “Sambucus Immune System Formula with Elderberry and Echinacea.” Flying in the face of cold, hard, FDA-sanctioned realities, Herbal Remedies had claimed to “support your natural defenses against the Flu, and Colds, and is especially popular during the winter season.”

Health Food Emporium (healthfoodemporium.com) went far out on a limb with *Life Extension Vitamin D3* and other immunity products. The FDA cited its claims related to ingredients that included vitamin D, mushrooms, and elderberry extract, which appear under the heading “Swine Flu ... [sic] and Influenza in 2009” and made bold to claim—in the face of official opprobrium—that “[F]indings have consistently shown that elderberry extracts can . . . protect you from viruses like the swine flu . . .”

Gallaway Safety (gallawaysafety.com) brought grave danger to Americans with its *FlexAir Kit* and related products that Gallaway said “provides a high air flow system that can be used for biological and particulate . . . protection against the Swine Flu.”

And finally, there's the diabolical entity named Circular Enterprises, LLC (flupreventionkits.com), which now no longer exists on the internet except for a poignant link to the Warning Letter. These monsters were receiving “sales commissions on purchases of Acai Burn by customers who are referred to the ‘Acai Burn’ sales website

(acaiburn.com) through a link on their website” and claiming that “”Dr. Oz of the Oprah Winfrey Show recommends Acai Berry Dietary Supplement to improve your immune system . . . Luckily, Swine Flu can be prevented in much the same way as the normal flu. [T]he purple Acai berry is being utilized to improve the body's immunities to flu.”

Other life-endangering products cited were “Echinacea Full Spectrum,” “Immunextra pinecone extract,” and “Olive Leaf-Mushroom Capsule.”

Meanwhile, someone over in Italy is thinking a bit more lucidly. In 2005 researchers in Rome wondered what backup treatment could be used in the event vaccines were unavailable or were ineffective against a fast-mutating flu virus that had developed resistance to vaccines or anti-viral drugs like Tamiflu or Relenza. Flu viruses require a host cell to replicate. The Italian researchers reported that *resveratrol*, known as a red-wine molecule, completely blocks entry of flu viruses into the cell nucleus in animals in normal doses. Raise another glass of wine to natural medicine! [8]

Luckily, we’ve not yet received a Warning Letter, and can report excellent results in preventing and managing flu symptoms with a range of vitamins, supplements, herbs, and homeopathic preparations.

Recommendations for children include: 400 IUs of vitamin D each day for infants and toddlers, and 800 IU daily for older children, and Elderberry once daily and one dose of homeopathic Oscillococinum each month.

Recommendations for adults include the following:

- Adopt a healthy lifestyle: adequate sleep, good diet, regular exercise, avoid stress
- Get plenty of sunshine, or supplement to keep vitamin D levels adequate
- Wash your hands frequently with water
- Consider boosting immunity with vitamin C, beta glucans, echinacea, vitamin A, maitake and shitake mushroom extracts, minerals such as selenium and zinc, certain herbs such as olive leaf extract and garlic, and homeopathic remedies.

Does Science Prove That Flu Vaccines Work?

We’ve argued that the swine-flu phenomenon is surrounded by worrying signs of corporate-dominated politics, government arrogance, and medical dogmatism—even on a global scale.

But what about the science underlying flu vaccination?

To get at this issue, you might start by discretely asking your doctor to look up the published science behind flu vaccines.

As indicated earlier, he or she may be stunned to discover that no randomized, double-blind, placebo-controlled, long-term studies have ever been done to prove the efficacy of flu vaccine, or any vaccine for that matter. Zip. Nada. Not even a chance here for a zig-zag.

Most recently, a courageous article published in this month’s *Atlantic*, “Does the Vaccine Matter?” throws even more serious doubt on the efficacy of flu vaccine. The upshot, it seems, is that flu vaccines have no measurable effect on death rates.

First off, we learn that death rates from flu in the U.S. have not decreased for any age group since the early 1980s, when the flu vaccine use was stepped up dramatically.

Even if one corrects for the “healthy user effect” (the concept that people who get vaccines are on the average healthier in the first place), flu vaccines still do not reduce mortality at all.

More damning to the flu-vaccine establishment is the following pieces of evidence, also cited in *The Atlantic*:

In 2004, the manufacturers of that year’s flu vaccine happened to fall far behind their production schedules for technical reasons, causing a 40 percent drop in immunization rates; nevertheless, mortality did not rise that year.

In addition, complete vaccine “mismatches” have occurred twice. (This can happen because, each spring—from among the many strains that are emergent worldwide—experts choose three flu strains that they believe will become most prevalent by the coming winter; only these three are covered in that year’s vaccine.) In two years, 1968 and 1997, there was a complete miss. Yet, “death rates from all causes, including flu and the various illnesses it can exacerbate, did not budge,” reported *The Atlantic*.

The article also cites Sumit Majumdar, a physician and researcher at the University of Alberta, in Canada, who explains that rising rates of vaccination of the elderly over the past two decades have not coincided with a lower overall mortality rate. “In 1989, only 15 percent of people over age 65 in the U.S. and Canada were vaccinated against flu. Today, more than 65 percent are immunized. Yet,” said Majumdar, “death rates among the elderly during flu season have increased rather than decreased.”

Seems to be a bit of a pattern here.

Perhaps most damaging to the case for swine flu vaccination is the research of Dr. Tom Jefferson, head of the flu-vaccine section of the Cochrane Collaboration, a prestigious international not-for-profit, independent research organization. Jefferson is widely recognized as the world’s leading authority on flu-vaccine literature, and is the convener of an international team of researchers who have combed through hundreds of flu-vaccine studies. “The vast majority of the studies were deeply flawed,” says Jefferson. He even calls them “rubbish.”

The general problem with flu vaccinations, according to Jefferson, is as follows: Young, healthy people don’t need the flu vaccine for the same reason that they respond well to any vaccine—they can quickly produce antibodies; meanwhile, older people and people with immune disorders, who are most likely to die from flu, don’t respond well to flu vaccine because they don’t efficiently develop protective antibodies in the first place—vaccine or no vaccine. This has led to a crucial question, “Is it necessary for those whom it helps, and will it help those for whom it’s necessary?” The upshot of Jefferson’s findings is this: There is enough doubt in the statistics about the efficacy of mass flu immunization that something never yet done, placebo-controlled studies, are clearly needed. Yes, despite his extensive research, respected role, and strong logic, Jefferson’s conclusion is rejected out of hand by the world’s vaccine establishment. They declare that doing placebo-controlled trials is unethical, given that they “know” flu vaccines save lives.

Flu researchers have been fooled into thinking vaccine is more effective than the data suggest, in part, says Jefferson, by the imprecision of the statistics. He believes: “We have built huge, population-based policies on the flimsiest of scientific evidence. The most unethical thing to do is to carry on business as usual.” [9]

And what about children? In this case, some placebo-controlled study has been carried out. A review of 51 studies covering 260,000 kids cited in the Cochrane Database showed, once again, no better response to flu shots than from placebo. In addition, according to *The Atlantic*, a 2008 study published in the *Archives of Pediatric & Adolescent Medicine* showed no impact on hospitalizations or MD visits for children, across two flu seasons.

But who cares whether or not flu shots work? We've got an economy to run, and global corporations to feed, and we now want to know if the new H1N1 vaccine is safe.

Are Flu Vaccines Dangerous?

On October 5, as the production of new H1N1 vaccines by four approved suppliers neared completion, Health and Human Services Secretary Kathleen Sebelius issued fervent appeals for compliance with the HHS inoculation program, both in a written statement and in several appearances on TV talk shows. She unconditionally praised the safety of the H1N1 vaccine, asserting that it “has been made exactly the same way seasonal vaccine has been made, year in and year out.” Repeating her assurances again, Sebelius added that “the adverse effects are minimal . . . We know it's safe and secure . . . This definitely is a safe vaccine for people to get.”

Interesting. Just eleven days later—addressing that very question of safety—a state Supreme Court judge in New York issued a restraining order that barred New York state from requiring swine flu vaccinations for its health care workers. The suit, led by legendary health-freedom attorney Jim Turner, pointed to the absence of any paper trail of scientific scrutiny and peer-reviewed evidence. “To our knowledge,” said Turner, “no such documents exist for the swine flu vaccines. The FDA's approval of these vaccines appears to be based entirely on a whim.”

A second suit by a group of medical practitioners led by nutritionist Gary Null was filed in federal court in Washington, D.C. It also requested an emergency restraining order against the FDA, alleging that the FDA used its Emergency Use Authorization powers to illegally approve vaccines that have not been tested for either safety or effectiveness.

“We know,” Sebelius had insisted, “it's safe and secure.”

Not to worry. Even if the untested vaccines aren't quite that safe and secure, Sebelius had a Plan B: Congress had voted on July 17 to give H1N1 vaccine makers *complete legal immunity from medical-liability lawsuits*. They would be immune from prosecution just as long as they do not *deliberately* harm consumers—that is, display clear evidence of willful misconduct.

This extraordinary grant of protection was possible under the Public Readiness and Emergency Preparedness Act (PREPA). Three years ago when PREPA was passed, health officials feared that an avian flu pandemic could occur if the virus mutated further and became easily communicable. (But this supposed threat was, again, a non-event.) You may remember that avian flu has a 70 percent death rate, so PREPA truly did make sense. But the H1N1 flu had by midsummer *a death rate of 1 percent or less*. Why then the rush to give H1N1 vaccine manufacturers total immunity, by invoking PREPA?

Big pharma, already noted for a long list stupendous scandals involving toxic side-effects to approved drugs, now had a wonderful reprieve. We know these people are

pretty much run by a desire to make obscene profits; this we document at length in our book. And now these same folks had *zero financial incentive* in making the safest vaccine product.

Furthermore, given this sweet immunity deal—along with a cool \$7 billion from Congress toward advanced purchase of the vaccine now in the bag—they now had reason to also avoid *having prior knowledge of possible harm* to users of the product. In other words, it was now in the manufacturers’ best interest to know as little as possible about adverse reactions caused by their product, such that no one could argue willful misconduct to a jury.

It wasn’t the first time, of course. You may already know that vaccine makers have long been protected against medical-liability lawsuits stemming from the use of childhood vaccines, through the National Childhood Vaccine Injury Act of 1986.

Did all this mean that makers of H1N1 vaccines could avoid responsibility for side effects stemming from both the flu vaccine and any associated “adjuvants,” such as thimerisol, long believed to be associated with the autism epidemic?

You betcha!

Somebody had learned a few lessons—starting with the famed 1976 outbreak of H1N1. The virus had gone extinct for twenty years, between 1957 and 1976, but it suddenly re-emerged immediately following an unexplained 1976 military outbreak at Fort Dix, New Jersey. Some claim this event was most likely the result of a covert military experiment; indeed, the appearance of the strain was attributed to a “laboratory source” according to an article in the *New England Journal of Medicine*. [10]

A single death at Fort Dix was used as a pretext by the CDC’s head to convince President Ford to launch one of the most infamous public health fiascos in US history. Federal officials vaccinated 40 million Americans during a national campaign. (The aforementioned attorney, Jim Turner, was part of the legal team that successfully sued to prevent the vaccination of the rest of the population.) A pandemic never materialized, but thousands who got the shots experienced serious side effects. At least 25 people died after receiving the vaccine, and 500 developed Guillain-Barre syndrome, an inflammation of the nervous system often compared to polio which can cause paralysis and be fatal. The government was forced to pay damages after vaccination victims made it a national scandal. In the end the 1976 swine flu vaccine proved far worse than the disease.

In this light, let’s return to the issue of the safety of thimerosal, a mercury-containing compound sometimes used to keep multiple-dose vials of swine flu vaccines sterile. Research on thimerosal worldwide, and even by a major Congressional committee, has shown that the preservative is directly associated with brain and immune system dysfunction, including the great epidemic of autism. For example, a Subcommittee of the House’s Committee on Government Reform, spearheaded by Rep. Dan Burton (R-Indiana), concluded that the CDC’s research on thimerisol was “fatally flawed” and charged that the FDA and CDC “failed in their duty to be vigilant.” The three-year investigation clearly showed that Federal health officials were complicit in covering up scientifically validated associations between vaccines and neurological damage. Published in May 2003, the Committee’s final report summarized its findings thus:

Thimerosal used as a preservative in vaccines is likely related to the

autism epidemic. This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to his known neurotoxin. Our public health agencies' failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry. [11]

But even leaving aside this compelling research, the very idea of using a dangerous neurotoxin (which is also a known immunosuppressant) as a disinfectant in H1N1 vaccines for children and pregnant women and is fairly crazy.

That's why we suggest that our friend Kathleen Sebelius see a therapist. When interviewed by Katie Couric on CBS, on July 30 about the coming swine flu vaccination program, she dropped this fascinating comment to the nation: "Study after study, scientist after scientist, has determined that there really is no safety risk with thimerosal."

That meant we should all just forget a new study showing that male infants who got vaccinated had a three-fold increase in autism, and another study just out that showed a single does of thimerasol-containing vaccine caused developmental delay in all the primates that it was given to. [12]

No problem, therefore: Vaccine makers have gone ahead and added thimerosal as a preservative in multi-dose vials of most injected H1N1 swine flu vaccines being received right now. (This is alongside a limited supply of single-dose vials of swine flu vaccine, and of nasal spray, neither of which contain thimerosal.)

Meanwhile, watch out: California law and most states prohibit the use of mercury-containing vaccines in pregnant women and children, but on October 15th, California joined many other states in granting an exemption to this law, which reads like this: "Because of the dangers posed . . . and because there are currently insufficient supplies . . . an exemption has been granted [allowing] the vaccine [to be] administered to children younger than 3 years old and pregnant women for the period of October 12, 2009 – November 30, 2009. Non-mercury vaccines will be available beginning Nov. 30."

Disturbing Questions Remain

We have shown that the WHO and the CDC are tracking and issuing dire warnings against an illness that is really not much more severe than an ordinary cold, and certainly no more lethal than seasonal flu. We've discussed the bizarre fact that President Obama has declared a national health emergency and that the WHO has designated this non-event a Level 6 pandemic, using this classification for the first time since 1968, and likewise easing up on the definition of the word pandemic. We've also revealed that the CDC clearly obfuscates the numbers on both prevalence and mortality. And yet, having shelled out serious money for new vaccines while putting its public health credibility on the line, it seems obvious that the US government has the full intention of administering as many doses of swine flu vaccine as possible this season, despite the relatively benign epidemiology of H1N1, despite the absence of full assurance of safety and effectiveness.

It is even doing this while persecuting alternative medicine purveyors who offer safe and proven methods for boosting the immunity of the population during a declared pandemic.

Once again we ask: Do these agencies and people know something about the swine flu that you and I don't yet know?

Is it just about money? Many have charged that the H1N1 vaccine hysteria is a thinly veiled attempt to exaggerate and capitalize on a relatively innocuous pandemic in order to enrich the coffers of US pharmaceutical corporations. While not necessarily supporting such allegations, we invite Americans to stand back and deeply question the prevailing government line and look closely at the profit windfall for industry. [13]

Nor would we entirely dismiss internet rumors that point to the possibility that the swine flu is a genetically engineered virus. This virus is an unprecedented enigma for virologists. In the April 30, 2009 issue of *Nature*, a virologist was quoted as saying, "Where the hell it got all these genes from we don't know." Extensive analysis of the virus has reveals that it contains the original 1918 H1N1 Spanish flu virus; the avian flu virus (bird flu); and two new H3N2 virus genes from Eurasia—a rather unlikely blend of elements, especially the 1918 virus.

Part II of *The Infection Deception* will address the deeper mysteries of the swine flu issue. Far too many questions remain unanswered, and therefore this inquiry will necessarily lead us directly into a critical analysis of alternate theories as to what is really going on. This will include a close look at the unique features of the Ukraine crisis, which may either constitute a new strain of H1N1 or some sort of foul play; a hard critical look at the legal case against the major vaccine maker Baxter AG, against whom leading Austrian journalist Jane Burgermeister has filed criminal charges; and a review of the work of such notorious anti-vaccine conspiracists as Dr. Len Horowitz, Dr. William Deagle, and Dr. True Ott; and, much more.

So stay tuned for this next installment.

Len Saputo, MD, a graduate of Duke University Medical School, is founder and director of the Health Medicine Center, Walnut Creek, CA, and author with Byron Belitsos of *A Return to Healing: Radical Health Care Reform and the Future of Medicine* (Origin Press, 2009). See www.AReturnToHealing.com. Belitsos is a widely published journalist and author.

NOTES

[1] To read the declaration in its entirety, please see this *Los Angeles Times* article: <http://latimesblogs.latimes.com/washington/2009/10/obama-h1n1-swine-flu-national-emergency.html> .

[2] The CDC trotted out estimates exactly a week later based on computer projections estimating that “1.8 million to 5.7 million cases of swine flu occurred between April and July 23, sending between 9,000 and 20,000 people to the hospital” with a six percent death rate, suggesting that as many as 1,300 people died from their infections between April and July. <http://www.reuters.com/article/newsOne/idUSTRE59J58H20091029>

[3] See: http://www.naturalnews.com/027451_Dr_Mehmet_Oz_vaccines.html

[4] The May 1 archival version of this original definition from the WHO is posted at: http://medconsumers.files.wordpress.com/2009/09/who_pandemic_may_1_2009.pdf
Contract this with the entire text of the current definition of “pandemic,” as posted at: <http://www.who.int/csr/disease/influenza/pandemic/en/>

“A disease epidemic occurs when there are more cases of that disease than normal. A pandemic is a worldwide epidemic of a disease. An influenza pandemic may occur when a new influenza virus appears against which the human population has no immunity. With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, epidemics due to a new influenza virus are likely to take hold around the world, and become a pandemic faster than before. WHO has defined the phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.”

[5] The CDC’s web site readily admits that since August 30, 2009 they longer recommend testing for H1N1. Instead they substituted a new clinical definition of the phenomemon, coining what appears to be a whole new term: “ILI,” which stands for “influenza-like illness.” The CDC H1N1 flu site states:

“... tracking of 2009 H1N1 hospitalizations and deaths will not be the same after August 30, 2009.

In an effort to add additional structure to the national 2009 H1N1 reporting, new case definitions for influenza-associated hospitalizations and deaths were implemented on August 30, 2009. The new definitions allow states to report to CDC hospitalizations and deaths (either confirmed OR probable) resulting from all types of influenza, not just those from 2009 H1N1 flu.

1. Influenza and pneumonia-syndrome hospitalizations and deaths may be an overestimate of actual number of flu-related hospitalizations and deaths, but CDC believes influenza and pneumonia syndromic reports are likely to be a more sensitive measure of flu-associated hospitalizations and deaths than laboratory confirmed reports during this pandemic.

2. However, the syndromic reports of all hospitalizations and deaths recorded as either influenza or pneumonia will mean that the case counts are less specific than before and will include cases that are not related to influenza infection.”

<http://www.cdc.gov/h1n1flu/reportingqa.htm>

[6] See the entire list at the FDA website: <http://tinyurl.com/yh5rbpe>

[7] Details at Dr. Joseph Mercola, “Why is Canada Changing Its Flu Vaccine Policy?” (November 10 2009).

<http://articles.mercola.com/sites/articles/archive/2009/11/10/Canadian-Provinces-Suspend-Seasonal-Flu-Shots-and-Recommend-Vitamin-D.aspx>

[8] *Journal of Infectious Disease*, 2005, May 15; 191(10):1719–29.

[9] Shannon Brownlee and Jeanne Lenzer, “Does the Vaccine Matter?” *The Atlantic* (November, 2009) www.theatlantic.com/doc/200911/brownlee-h1n1

[10] July 16, 2009; Vol.361:279-285.

[11] See: garynull.com.

[12] See: C. Gallagher, M. Goodman, “Hepatitis B Vaccination of Male Neonates and Autism,” *Annals of Epidemiology*, Volume 19, Issue 9 (September 16, 2009), pages 659-659, and Hewitson L, Houser LA, Stott C, Sackett G, Tomko JL, Atwood D, Blue L, Railey White E, Wakefield AJ., “Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing Hepatitis B vaccine: Influence of gestational age and birth weight,” *Neurotoxicology* (2009 Oct 2). [Epub ahead of print]

[13] A recent article in ABC News website, “Drugmakers, Doctors Rake in Billions Battling H1N1 Flu,” makes clear that fighting the flu is good for business.