

ISIS Report 27/07/09

Fast-tracked Swine Flu Vaccine under Fire

The vaccines far more deadly than the swine flu; mass vaccinations a recipe for disaster [Dr. Mae-Wan Ho](#) and [Prof. Joe Cummins](#)

This report has been submitted to Sir Liam Donaldson, Chief Medical Officer of the UK, and to the US Food and Drugs Administration

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A swine flu outbreak occurred in Mexico and the United States in April 2009 and spread rapidly around the world by human-to human transmission. The new type A H1N1 influenza virus is unlike any that had been previously isolated [1, 2], judging from the first data released in May. It is a messy combination of sequences from bird, human and swine flu virus lineages from North America and Eurasia. A senior virologist based in Canberra, Australia, told the press he thought that the virus could have been created in the laboratory and released by accident [3]. Some even suggest it was made intentionally as a bioweapon [4], while others blame the intensive livestock industry and extensive trafficking of live animals over long distances, which provide plenty of opportunity for generating exotic recombinants [5]. But what worries the public most is the mass vaccination programmes governments are putting in place to combat the emerging pandemic, which could well be worse than the pandemic itself.

Watchdog opposes fast-track vaccine for school children

The US government is intending to vaccinate all children in September when school re-opens, and the country's vaccine watchdog National Vaccine Information Center (NVIC) has called on the Obama Administration and all state Governors to provide evidence that the move is [6] "necessary and safe", demanding "strong mechanisms for vaccine safety screening, recording, monitoring, reporting and vaccine injury compensation."

The US Departments of Health and Homeland Security had declared a national public health emergency in April soon after the swine flu outbreak. As a result, some schools were closed, people quarantined, and drug companies were given contracts worth \$7billion to make vaccines that are being fast tracked by the Food and Drugs Administration [7]. That means they will only be tested for a few weeks on several hundred children and adult volunteers before being given to all school children this fall.

Furthermore, under federal legislation passed by Congress since 2001, an Emergency Use Authorization allows drug companies, health officials and anyone administering experimental vaccines to Americans during a declared public health emergency to be protected from liability if people get injured. US Secretary of Health and Human Services Kathleen Sebelius has granted vaccine makers total legal immunity from any lawsuits that may result from any new swine flu vaccine. *And some states may make the vaccination mandatory by law.*

The NVIC is asking whether the states are prepared to obey vaccine safety provisions in the 1986 National Childhood Vaccine Injury Act, which include: 1. Giving parents written information about vaccine benefits and risks before children are vaccinated; 2. Keeping a record of which vaccines the children get, including the manufacturer's name and lot number; 3. Recording which vaccines were given in the child's medical record; and 4. Recording serious health problems that develop after vaccination in the child's medical record and immediately making a report to the federal Vaccine Adverse Event Reporting System.

NVIC also wants to know if the states are prepared to provide financial compensation to children injured by the swine flu vaccines, whether parents will be given "complete, truthful information about swine flu vaccine risks", and have the right to say "no" to vaccination.

Co-founder and president of NVIC Barbara Loe Fisher said [6]: "Parents and legislators should be asking themselves right now: Why are children the first to get experimental swine flu vaccines? Are schools equipped to get signed informed consent from parents before vaccination, keep accurate vaccination records and screen out children biologically at high risk for suffering vaccine reactions? Will people giving these vaccines know how to monitor children afterwards and immediately record, report and treat serious health problems that develop? And will states have the financial resources to compensate children who are injured?"

WHO and mass vaccination fever

The mass vaccination order has come from the World Health Organization (WHO) [8]. In early July 2009, a group of vaccination experts concluded that the pandemic is unstoppable, and Marie-Paul Kieny, WHO director on vaccine research said all nations will need access to vaccines, and that a vaccine should be available as early as September.

Critics point out that the 'vaccination experts' are dominated by the vaccine makers standing to gain from the enormously lucrative vaccine and antiviral contracts awarded by governments. But the decisive argument against mass vaccinations is that flu shots simply don't work and are dangerous [9].

Flu shots ineffective and increase risks of asthma

There are widely acknowledged reasons why flu vaccines won't work, as already pointed out with regard to the much touted vaccines against the 'pandemic bird flu' that has yet to materialize [10] ([How to Stop Bird Flu Instead](#), *SiS* 35). The flu virus changes quickly - even without the help of genetic engineering in the laboratory, and especially with the help of the intensive livestock industry - whereas the vaccines target specific strains. Furthermore, flu vaccination does not give permanent protection, and must be repeated annually; the vaccines are difficult to mass-produce, and some strains won't grow at all under laboratory conditions.

Numerous studies have documented that flu shots give little or no protection against infection and illness, and there is no reason to believe that swine flu vaccines will be different.

A review of 51 separate studies involving more than 294 000 children found that in children aged from two years, nasal spray vaccines made from weakened influenza viruses and injected vaccines made from the killed virus prevented 82 and 59 percent of illnesses. The prevention of 'flu-like illness' caused by other types of viruses was only 33 and 36 percent respectively. In children under the age of two, the efficacy of inactivated vaccine was similar to placebo. It was not possible to analyse the safety of vaccines from the studies due to the lack of information, and lack of standardization on the little information available [11]. A report published in 2008 found flu vaccines in young children made no difference in the number of flu-related doctor and hospital visits [12].

On the other hand, a study of 800 children with asthma found that those receiving a flu vaccine had a significantly increased risk of asthma-related doctor and emergency room visits [13]; the odds ratios were 3.4 and 1.9 respectively. This was confirmed in a report published in 2009, which showed children with asthma who received FluMist had a 3-fold increased risk of hospitalization [14].

Flu vaccines are [equally useless for adults, including the elderly](#), giving little or no protection against infection or illnesses including pneumonia (see [9]).

Toxic adjuvants in flu vaccines

Vaccines themselves can be dangerous, especially live, attenuated viral vaccines or the new recombinant nucleic acid vaccines [10], they have the potential to generate virulent viruses by recombination and the recombinant nucleic acids could cause autoimmune diseases.

A further major source of toxicity in the case of the flu vaccines are the adjuvants, substances added in order to boost the immunogenicity of the vaccines. There is a large literature on the

toxicities of adjuvants. Most flu vaccines contain [dangerous levels of mercury](#) in the form of thimerosal, a deadly preservative [50 times more toxic](#) than mercury itself [9]. At high enough doses, it can cause long-term immune, sensory, neurological, motor, and behavioural dysfunctions. Also associated with mercury poisoning are autism, attention deficit disorder, multiple sclerosis, and speech and language deficiencies. The Institute of Medicine has warned that infants, children, and pregnant women should not be injected with thimerosal, yet the majority of flu shots contain 25 micrograms of it.

Another common adjuvant is alum or aluminium hydroxide, which can cause vaccine allergy, anaphylaxis, and macrophage myofascitis, a chronic inflammation syndrome. In cats, alum also gives rise to fibrosarcomas at the site of injection [15]. Numerous new adjuvants are no better, and could be worse. According to a recent review in a science and business pharmaceutical publication [15], most newer adjuvants including MF59, ISCOMS, QS21, AS02, and AS04 have "substantially higher local reactogenicity and systemic toxicity than alum."

Current status of swine flu vaccines

Five different companies have been contracted to produce vaccines worldwide: Baxter International, GlaxoSmithKline, Novartis and Sanofi-Aventis and AstroZeneca [16]. Already stretched beyond capacity, there is every intention to make smaller vaccine doses go further with a range of new adjuvants [17], with the blessing of the WHO (see later).

Flu vaccines are traditionally produced from non-virulent (attenuated or weakened) influenza viruses (see Box for a description of the viruses). To be effective, the genes of the non-virulent virus used must match those of the viral strain spreading in the population. Activation of the immune system by exposure to the non pathogenic form of the circulating pathogenic strain leads to the production of antibodies that will confer protection against the pathogenic strain. Producing the non-virulent virus involves first identifying and then recreating the subtypes of two of the virus's surface proteins, haemagglutinin (H) and neuraminidase (N), which determine the strain's virulence and ability to spread, and are also the target proteins for vaccine production.

Influenza viruses

There are 3 types of influenza viruses, A, B and C. The influenza A type virus is the main one that cause diseases in birds and mammals. Its genome consists of 8 segments of RNA coding for 11 proteins, and the viruses are further classified by subtype on the basis of the two main surface glycoproteins (proteins with complex carbohydrate side chains): haemagglutinin (H) and neuraminidase (N) [18]. The segmented genome enables the virus to 'reassort' (shuffle) segments as well as recombine within segments, thereby greatly increasing the rate of evolution and generation of new strains. Reassortment is also widely exploited in the laboratory in the process of creating vaccine strains. To-date, 16 H and 9 N subtypes have been detected in numerous combinations circulating in wild birds [19].

Seed viruses are first made to provide the starting material for large scale production of live non-virulent flu viruses. The seed viruses are approved by the WHO or the United States Food and Drug Administration (USFDA). The usual method of seed virus production is *reassortment* (see Box). Fertilized chicken eggs are injected with both a standard non-pathogenic influenza strain known to grow well in eggs and the strain that carries the genes expressing the desired vaccine H and N protein subtypes. The two viruses multiply, and their eight genome segments reassort with 256 possible combinations. The resulting recombinant viruses are then screened for the desired virus with the six genome segments that allow the standard strain to grow so well in eggs and the H and N genes from the circulating strain. The seed virus is then injected into millions of eggs for mass production of vaccine. This conventional method of seed stock production takes about one to two months to complete [20].

Cell culture systems may eventually replace chicken eggs. Baxter International applied for a patent on a process using cell culture to produce quantities of infecting virus, which are harvested, inactivated with formaldehyde and ultraviolet light, and then detergent [21]. Baxter has produced H5N1 whole virus vaccines in a Vero cell line derived from the kidney of an

African green monkey, and conducted phase 1 and 2 clinical trials with and without aluminium hydroxide as adjuvant [22, 23]. The main finding was that the toxic adjuvant did not increase neutralising antibodies against the vaccine strain. Baxter has agreed to ship H1N1 vaccine by the end of July or early August 2009 but details of the production of that vaccine have not yet been released to the public [16].

In December, a Baxter facility in Austria sent a human flu vaccine contaminated with the deadly H5N1 live avian flu virus to 18 countries, including the Czech Republic, where testing showed it killed the ferrets inoculated [24]. Czech newspapers questioned whether Baxter was involved in a deliberate attempt to start a pandemic.

Norvatis, another big pharma, announced on 13 June that it, too, has produced a swine flu vaccine using cell-based technology and the proprietary adjuvant MF59®. The MF59® adjuvant is oil based and contains Tween80, Span85, and squalene [25]. In [studies of oil-based adjuvants](#) in rats, the animals were rendered crippled and paralyzed. Squalene brought on severe arthritis symptoms in rats, and studies in humans given from 10 to 20 ppb (parts per billion) of squalene showed severe immune system impact and development of autoimmune disorders [26].

Novartis was in the news in 2008 for a clinical trial of a H5N1 vaccine in Poland. The trial was administered by local nurses and doctors who gave the vaccine to 350 homeless people, leaving 21 died; and were prosecuted by the Polish police [27, 28]. Novartis claimed the deaths were unrelated to the H5N1 vaccine [29], which had been "tested on 3500 other people without any deaths."

GlaxoSmithKline's vaccine will be made up of antigens of the recently isolated influenza strain, and also contains its own proprietary adjuvant system AS03 that has been approved in the EU along with its H5N1 bird flu vaccine in 2008. According to the European Public Assessment Report [30], AS03 adjuvant is composed of squalene (10.68 milligrams), DL- α -tocopherol (11.86 milligrams) and polysorbate 80 (4.85 milligrams). The H5N1 vaccine also contains 5 micrograms thiomersal, as well as Polysorbate 80, Octoxynol 10, and various inorganic salts. The company is aggressively promoting various adjuvant systems as its 'adjuvant advantage' that reduces the dose of vaccines [31].

A recent WHO survey of primary vaccine producers concluded that the potential output of 4.9 Billion doses of H1N1 vaccine per year is a best-case scenario, assuming among other factors that the most dose-sparing formulation (*that will include toxic adjuvants*) be selected by each manufacturer and that production will take place at full capacity. WHO Director-General, Dr .Margaret Chan, and the United Nations Secretary-General, Mr Ban Ki-moon, met with senior officials of vaccine manufacturers on 19 May and asked them to reserve part of their production capacity for poor countries that would otherwise have no or little access to vaccine in the case of a pandemic [32].

The last mass-vaccination in the US was a disaster. In 1976, cases of swine flu were found in soldiers at Fort Dix, New Jersey, and one of them died, most likely of physical overexertion rather than from the infection [7]. This led to the launch of a mass vaccination of 40 million against a pandemic that never materialized. Thousands filed claims for injury. At least 25 died and 500 developed paralyzing Guillain-Barre syndrome [33, 34].

Swine flu syndromes mostly mild

As of 22 July 2009, the CDC listed a total of 40 617 cases in the US, with 319 fatalities, giving a fatalities/case ratio of 0.8 percent [35]; though the real death rate – among all cases of infection including the mild ones that go unreported – is probably much lower. Experts estimate that only 1 out of 20 cases are reported [36].

The UK is the worst affected European country, and the pandemic is in the headlines everyday in July. A new telephone helpline was set up on 23 July to let people get advice and tamiflu without seeing a doctor. In that week, there has been a record rise in cases to 100 000 and a total of 30 deaths so far [37], giving a fatalities/case ratio of 0.03 percent, a more accurate reflection of the actual death rate.

UK's chief medical officer Sir Liam Donaldson has ordered the NHS to plan for as many as 65 000 deaths, with 350 a day at the peak [38]. There has been no plan as yet for mass vaccination; but the UK government has advance orders for 195 million doses of vaccine with GlaxoSmithKline (GSK).

The vaccine that GSK is developing will be tested on a limited number of people as the UK drug company reportedly [39] "weighs the pandemic danger against the risks of an unsafe shot." This was criticized as "risky" by Prof. Hugh Pennington, a retired microbiologist at the University of Aberdeen, Scotland. "By limiting clinical trials, Glaxo raises the danger that the vaccine dose isn't properly calibrated, and could lead to shots that don't protect people from the virus or at worse are unsafe," Pennington said.

Pennington added that the shot's ability to trigger the body's defences is crucial and requires tests to determine the best dose and whether an adjuvant is needed to bolster the immunity. (As we know, GSK is definitely promoting its new range of toxic adjuvants.) He also referred to the Fort Dix incident in 1976 (see earlier).

France has ordered vaccines from Sanofi, GSK and Novartis, but sees no reason to ask vaccine makers to shorten or skip clinical trials [16]. Sanofi-Aventis, the French drug maker developing its own swine flu vaccine will begin testing the product in early August, and estimates it will need as much as two and a half months of tests before having a shot that's "both safe and protective", according to Albert Garcia, speaking for the company's vaccine unit, "the vaccine will be ready in November or December, he said.

Baxter, however, will produce a vaccine by early August for clinical tests.

Glaxo also said it is developing a face mask coated with antivirals to prevent infection and boosting production of its Relenza drug for patients already suffering from swine flu.

There are obviously safer and more effective ways to combat the pandemic than mass vaccinations: washing hands often, sneezing into a tissue that can be safely disposed of, avoiding unnecessary gatherings, and delay opening schools – all advised by governments – and we would add, eating healthily, exercise, and getting enough vitamin D to boost your natural immunity [10].

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Daily Mail reports on UK government "swine flu" vaccination advisor who sits on board of company whose vaccines are classified as "bioweapons" under EU and US regulations July 27, 2009 by birdflu666 The mainstream UK newspaper, the Daily Mail, reports today that Professor Sir Roy Anderson, a government advisor who has recommended mass vaccination against the "swine flu", is a paid director of GlaxoSmithKline, one of the vaccine company expected to earn as much as billion pounds from its vaccines. The CDC influenza expert Nancy J. Cox sits on WHO's Scientific Advisory Group of Experts (SAGE) packed with GSK, Baxter and other vaccine company executives with "observer status" that recommended mass

vaccinations to WHO. "Government virus expert paid £116k by Tamiflu anti-viral makers By David Derbyshire A scientist who advises the Government on swine flu is a paid director of a drugs firm making hundreds of millions of pounds from the pandemic. Professor Sir Roy Anderson sits on the Scientific Advisory Group for Emergencies (Sage), a 20-strong task force drawing up the action plan for the virus. Yet he also holds a £116,000-a-year post on the board of GlaxoSmithKline, the company selling swine flu vaccines and anti-virals to the NHS. Sir Roy faced demands to step down yesterday amid claims that the jobs were incompatible. 'This is a clear conflict of interest and should be of great concern to taxpayers and government officials alike,' said Matthew Elliott of the TaxPayers' Alliance. 'You cannot have the man in charge of medical emergencies having any financial interest in the management of those emergencies. We need someone totally unbiased to tackle this crisis.' The Department of Health and GSK denied there was a conflict and said Sir Roy did not attend Sage meetings where vaccines and drugs were discussed. Sir Roy was appointed to Sage to 'provide cross-government scientific advice regarding the outbreak of swine flu'. He was one of the first UK experts to call the outbreak a pandemic. During an interview for Radio Four's Today programme on May 1, he praised the anti-flu drugs and called for their distribution. Listeners were not told he was paid by GSK. The West London-based drugs giant has had to defend itself from allegations of profiteering from swine flu after posting profits of £2.1billion in the last three months. Sales of the company's Relenza inhaler, an alternative to Tamiflu used by pregnant women among others, are expected to top £600million. This figure could be boosted by up to £2billion once deliveries of the firm's swine-flu vaccine begin in September. Sir Roy, 61, who was unavailable for comment yesterday, earned £116,000 at GSK last year, at least a quarter of which he received in shares." Read more: <http://www.dailymail.co.uk/news/article-1202389/Government-virus-expert-paid-116k-Tamiflu-vaccine-makers.html#ixzz0MTbQlpR6>

[Bob Catalano](#) Comment left 28th July 2009 07:07:49

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The Great White Hoax A new, hard-hitting book challenges the pharmaceutical industry
 ROSLINDALE, MA - In the United States, a trillion dollars a year is spent on a burgeoning medical industry which proudly proclaims, using the most sophisticated media techniques, its medical miracles. Yet, the real truth is conveniently left behind. Hundreds of thousands of drugs now pollute the bloodstream of the nation. Some people live to well over 100 years of age, but the average lifespan for those medically oriented is much less. In the mid 1950s, Robert Catalano was working as a pharmacist and drugstore manager for Robert's Drug in Oklahoma City, and began to see some truth in the late Dr. Henry Lindlahr's findings. After many years of his own private study and observations, Catalano has concluded that the use of drugs and vaccinations should be completely abolished as a giant fraud. The Great White Hoax, (published by iUniverse) is the result of many years of close observation, and amounts to an enlightening assault on the pharmaceutical industry. Catalano sees that the economy of the nation has been destroyed and part of that destruction is due to high medical costs. In an effort to purchase health and longevity Americans have bought sin, disease, crime, sickness, death and financial ruin. "If the medical industry had not been caught up in the profit frenzy of drugs and medicine, we would have virtually no disease today, and for what little we might have, we would have a cure," Catalano says. "What the medical authorities refer to as the immune system is actually the human body itself, housing one of the greatest forces known to man. This force has been known to cure every disease under the sun. But in spite of the giant strides made in some areas of health care, the medical industry is destroying us with drugs." About the Author Bob Catalano, present owner and operator of New England Singles Dances of Eastern Massachusetts, at age 16 was introduced to the research of Dr. Lindlahr, who had performed cancer studies at his own clinic in Chicago in the late 1800s. Lindlahr found that drugs and surgery did more harm than good in the treatment of cancer. His findings were rejected by his colleagues. The Great White Hoax Available from: www.iUniverse.com, www.bn.com, and www.amazon.com ###

[Lori Price](#) Comment left 28th July 2009 07:07:37

Scientists have shown that tiny changes to modern flu viruses could render them as deadly as the 1918 strain which killed millions. A US team added two genes from a sample of the 1918 virus to a modern strain known to have no effect on mice. 07 Oct 2004
http://www.legitgov.org/flu_oddties.html Baxter working on vaccine to stop swine flu, though admitted sending live pandemic flu viruses to subcontractor 26 Apr 2009
http://www.legitgov.org/baxter_flu_vaccine_260409.html CLG Pandemic Action Alerts 12 Jul 2009
http://www.legitgov.org/pandemic_action.html Lori R. Price Managing Editor Citizens For Legitimate Government <http://www.legitgov.org/>

[tony villar](#) Comment left 28th July 2009 07:07:43

The Pharma drugs companies are really after the mega profits they can steal from the vaccines. Damn the safety and Health issues.

[phil](#) Comment left 28th July 2009 21:09:52

The one Adjuvant that shows true promise based on Japanese studies is AMPLIGEN by the company Hemespherix...No mercury, enough said.

[sanyama](#) Comment left 28th July 2009 21:09:01

thanks for posting. however, the links to dr. mercola's website are all broken - they come up as "not found" please check them and fix. thanks.

[Dr Willem](#) Comment left 29th July 2009 14:02:36

In fact the only good adjuvant in the world is Advax, a sugar based adjuvant developed by the Australian company Vaxine that were first in the world last week to get a swine flu vaccine into clinical trials. No mercury, no aluminium and a simple sugar but highly effective and safe and proven in the clinic - enough said (www.vaxine.com.au). They are partnered with US company Protein Sciences Corporation but say in their press releases that their ability to advance their new vaccine and adjuvant is blocked by the GSK's and Novartis's of this world - no surprise there

[rd](#) Comment left 29th July 2009 07:07:14

Thank you so much for this. I will spread it far and wide. I just wanted to make sure everyone is aware of Jane Burgermeister, an Austrian journalist, (birdflu666.wordpress.com), who is suing Baxter, WHO and a host of others for acts of bioterrorism and intent to commit mass murder. She is also the journalist who first exposed the story of the homeless Polish who were killed by the H5N1 vaccine last year.

[Donna Voetee](#) Comment left 29th July 2009 17:05:17

This is spiritual warfare, as it is Hell's attempt to kill people en masse. Where are the cries from the pulpits? I say, let the Pastors, Priests, and Rabbis be the first to take the shots before the children and pregnant women. It is their duty to not only feed the sheep, but PROTECT them. This could all be stopped in ONE Sunday if the bully pulpit (literally) were engaged as it ought to be. "For the shepherds have become stupid and have not sought the Lord; Therefore they have not prospered and all their flock is scattered." Jer. 10:21

[eb](#) Comment left 30th July 2009 10:10:03

In the first paragraph: and extensive trafficking of love animals over long distances I am assuming (ok hoping) this is a typo as I've never heard of the 'love animal' industry and would be shocked to learn of its existence. eb

[David MH](#) Comment left 30th July 2009 19:07:08

eb: I believe "love animals" is a neologism for "pets". At least, I hope it is.

[Mae-wan Ho](#) Comment left 30th July 2009 21:09:53

Hi all, For "love animals" please substitute "live animals". This was a slip due to my love for animals; and also simply far too much to write about. Please look out for another error pointed out by Claus Nicolae Nielsen of Denmark, which will be circulated. Neither error changes the main thesis of the report

Stan Comment left 30th July 2009 21:09:33

Thank you, Dr Mae-Wan Ho, for your continued excellent contributions to 'science in society', and esp. for your reference in your paper 'How to Stop Bird Flu Instead...' to the role of vitamin D in treating with the flu virus. One wonders if it will work as well with what could quite possibly be a man-made virus; but at least the potential is there - and, in concert with other natural anti-virals (and -bacterials), communicates to the public the fact that there are other modalities to treat with these sorts of challenges to the immune system than the drugs that have been developed, all of which have their 'normal' Big Pharma load of side effects. Keep up the excellent work, of informing the public of matters of importance.

Dr. A. Milar Comment left 3rd August 2009 06:06:39

31 July Here, in the US, Martial Law is about to be declared. Any pretense that we have any Constitutional laws remaining is a fantasy (so Europeans will not know what is actually happening). Everything being done by government officials is illegal. Mainstream media is not reporting the truth and the gravity of what is unfolding quite rapidly. We are all in grave danger from weaponized vaccines that have the potential to kill 60% of those vaccinated. The several versions of these untested and deadly vaccines are to be tried on 12,000 innocent children in August. These will not be the same vaccines used on the rest of the US population in the Fall. These planned crimes, to be perpetrated on all members of WHO's 194 countries, are heinous in the extreme. This is being done in collusion with the international drug companies (that will reap billions in profits) while being totally indemnified by the US government. Americans are going to be forced to take these experimental drugs (quite possibly at gunpoint, as the military will be making "house visits" with FEMA, to make sure everyone is injected with these vaccines). Refusal means that these people will be taken illegally to FEMA concentration camps: 800 have been built around the US with taxpayer money. This "false-flag flu" is to cover up the economic collapse of our country by those in charge. Please share and pass this information on. We are all in grave danger from lethal vaccines to be forced on all of us, in direct contravention of all international laws (Nuremberg and Geneva Conventions). These vaccines contain: thimerisol (mercury), formaldehyde, Triton 100X, Gardasil, and the adjuvant squalene (linked to Gulf War Syndrome), among other ingredients. None of these ingredients will protect us, but do us all grave harm! No one is safe! I urge everyone to read the following and SHARE THEM WIDELY. Someone, please get this news to Pat Thomas (or Zac) at The Ecologist: <http://globalresearch.ca/index.php?context=newsHighlights&newsId=46> and <http://globalresearch.ca/index.php?context=va&aid=13925> and [www.globalresearch.ca/index.php?context=va&aid=14543](http://globalresearch.ca/index.php?context=va&aid=14543) and <http://globalresearch.ca/index.php?context=va&aid=13856> and <http://globalresearch.ca/index.php?context=va&aid=13392> and www.pandemicflueonline.com and [www.pandemicflueonline.com](http://www.prisonplanet.com) and www.pandemicflueonline.com and www.pandemicflueonline.com (see 29 July) Thank you. Dr. Milar

Ksatria Comment left 3rd August 2009 06:06:05

But no proof that a novel H1N1 virus actually exists has been produced. Dr. Stefan Lanka from Klein-Klein-Aktion is offering €10,000 to anyone who is able to produce a scientific paper proving the existence of the alleged novel H1N1 flu virus. To date, not one scientist or public health official has come forward with the proof of a novel H1N1 flu virus and the media is generally uninterested in the fact that proof of a "virus" associated with a novel swine flu strain is nonexistent. Global Research Articles by Sherri Tenpenny <http://www.globalresearch.ca/index.php?context=va&aid=14603> Here's a new take on the so called swine flu. The swine flu bug of 1976 was never confirmed to actually exist. Go on line and try to find any real evidence that it existed in reality. Now try to find the trail of this "new virus never seen before" and make your way back through the maze to the actual person who "discovered it". Then try to get actual bona fide proof for you the American citizen, tax payer, that will convince you that it really exists. You will never find proof of the existence of the 1976 flu bug or the 2009 flu bug. You'll get people in high places telling you that it is real and that is all. The question is then asked.."well what about all those real people who were really sick and really died". Those people were sick anyway and the ones who died were like the people who die regularly around the world. All that needs to be done

is to tell those with "flu like symptoms" (which is the catch phrase in the media) that they have the H1N1 virus. 30% of any population will take on the symptoms of any disease once the symptoms are "revealed" to them. Standard psychology. Those so called experts who are saying that it was made in a lab do not have access to real evidence and never did. Those same so called experts say that the new flu is part bird, part swine and part human so where is the evidence for me and you. I am an intelligent man explain the evidence to me while showing me the petri dish and the microscope. Which government around the world has gone on record with a "special report" to show and explain to us all that this H1N1 exists, how it works, it's history and present status? None have because of the legal ramifications for those "authorities" should it be eventually proven to not exist. Those behind this massive fraud let their controlled media do the hype. Congress in the US has passed legal motions that protects all pharmaceutical companies and their subsidiaries from any law suits should it be found that people have died or been harmed in any way from this new vaccine they are planning to jab you with. To believe in something that is outside your ability to confirm or experience with your gross senses you must accept an authority. Those who say that man went to the moon have no evidence but they accept the present authority. Believing that H1N1 exists is based on who your authorities are. You may trust those people completely but if you are then going to want to warn others of its existence then you must come forward with more credible evidence than the fact that you trust someone that others do not know. Show real evidence. So what is the real reason for this "false flu flag" or false flu flag? Your guess is as good as mine. But bare this in mind, the govt. wants you to trust them that taking this or other flu shots will save you from a disease that they have not proven, to me at least, exists. If you think that you have good reason to trust your govt. then go ahead but remember the old saying..."Trust no future however pleasant" PS. See below for Flu Like Symptoms. Also Google that and see the pages of confusion. Influenza Information Human influenza, or the flu, is a respiratory infection caused by the influenza virus. Strains circulate every year, making people sick. Most people will recover from influenza within a week or ten days, but some - including those over 65 and adults and children with chronic conditions, such as diabetes and cancer - are at greater risk of more severe complications, such as pneumonia. What are common flu symptoms? Flu symptoms include • high fever • body or muscle aches • headache • tiredness • dry cough • sore throat • runny nose How can you tell the difference between a cold or the flu? It can be difficult to tell the difference between a cold and the flu because they share many of the same symptoms. However, where your symptoms are located is often a good indicator. Cold symptoms are usually felt from the neck up, and will likely include a runny or stuffy nose. Colds generally don't lead to serious health problems. The flu tends to be more severe than a cold, and symptoms are usually felt all over the body in the form of fever, body aches, tiredness, and a dry cough. The flu can lead to more serious health problems such as pneumonia or infections. Tips for people with flu symptoms, who are not at high-risk for complications from the flu: • Stay home from school, and other activities. • Ensure that you get plenty of rest. • Drink plenty of clear fluids (including water, juice, popsicles, etc.) • Symptoms can be treated with over-the-counter medications, but never give medication with ASA (e.g., Aspirin) to children or teenagers who have flu-like symptoms. • Cover your nose and mouth with a tissue when you cough or sneeze, and wash your hands for at least 30 seconds (sing Happy Birthday once) often. • Look out for the emergency warning signs listed below. If you have the following emergency warning signs, you should receive medical attention immediately: • Fever lasting more than four days or a fever that doesn't improve with the correct dose of acetaminophen (e.g., Tylenol) or Ibuprofen (e.g., Motrin/Advil). A fever is a temperature over 38°C or 101°F. • Fast breathing or trouble breathing • Bluish skin color • Not drinking enough fluids • Flu-like symptoms improve but then return with fever and worse cough • Worsening of underlying chronic medical conditions (for example, heart or lung disease, diabetes) Some of the complications caused by flu include bacterial pneumonia, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. Children also may get sinus and ear infections. For more information follow this link: [Understanding Influenza - Public Health Agency of Canada](#) Information taken from the Health Canada website

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