

Swine Flu -- One of the Most Massive Cover-ups in American History

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By Dr. Russell Blaylock (www.russellblaylockmd.com)

What experience and history teach is this -- that people and governments never have learned anything from history or acted on principles deduced from it." G.W.F. Hegel

I have been following the evolving "pandemic" of H1N1 influenza beginning with the original discovery of the infection in Mexico in March of this year. In the course of this study I have tried to utilize as my sources high-quality, peer-reviewed journals, data from the CDC and accepted textbooks of virology.



As with all such studies one has to integrate and correlate previous experiences with epidemics and pandemics. As you will see, a great deal of my material comes from official sources, such as the Center for Disease Control and Prevention, the National Institutes of Health, the National Institutes of Allergy and Infectious Diseases and the *New England Journal of Medicine*. Thus my detractors cannot claim that I am using material that is not within the mainstream.

Pregnant Women NOT at Special Risk from Swine Flu

In the beginning, even before it was declared a level 6 pandemic by the World Health Organization (WHO), a group of "scientists" were sounding the alarm that this might indeed be the terrifying, deadly pandemic they had been expecting for over half a century.

Naturally, the vaccine manufacturers were doing all they could to fuel this fear and they were quietly making deals with WHO to be among the companies selected to manufacture the "pandemic" vaccine for the world. Being anointed by WHO would guarantee tens of billions in profits.

As the infection began to spread into the United States and then the rest of the world, its peculiar nature became obvious. Those born before 1950 seem to have a high degree of resistance to the infection and the disease seems slightly more pathogenic (disease causing) among those aged 25 to 49. Early on the official sources declared that pregnant women were at a special risk as compared to the seasonal flu.¹ As we shall see later, this was a grand lie.

Initial Studies Show H1N1 NOT Dangerous or Highly Contagious

Once the pandemic had been declared, virologists tested the potency of this virus using a conventional method, that is, infecting ferrets with the virus.² What they found was that the H1N1 virus was no more pathogenic than the ordinary seasonal flu, even though it did penetrate slightly deeper into the lungs. It in no way matched the pathogenicity of the 1917-1918 H1N1 virus. It also did not infect other tissues, and especially important, it did not infect the brain.

Next, they wanted to test the ability of the virus to spread among the population. The results of their tests were conflicting, but the best evidence indicated that the virus did not spread to others very well. In fact, an unpublished study by the CDC found that when one member of a family contracted the H1N1 virus, other members of the family were infected only 10% of the time -- a very low communicability.

This was later confirmed in a study of the experience of New York State, in which only 6.9% of the population contracted the virus, far below the 50% predicted by the President's Council of Advisors on Science and Technology.³ It is instructive to note that during the 1917-18 Swine flu epidemic the world infection rate was only 20%.⁴

They also predicted that 1.8 million people would need hospitalization and 300,000 would end up in the intensive care units (ICU). Further, they predicted that hospitals would be overwhelmed and that ICU units would not have enough beds to care for the sick and dying. Incredibly, they predicted that 90,000 people would die.

Much Fear Mongering

Not satisfied, they up the ante on fear mongering by peddling the idea that pregnant women were especially in danger as were small children. We were told daily that young, healthy people were dying, not just those with underlying medical conditions, such as heart disease, diabetes, cancer and other immune suppressive diseases. The Minister of Fear (the CDC) was working overtime peddling doom and gloom, knowing that frightened people do not make rational decisions -- nothing sells vaccines like panic.

These same dire predictions were extended to Australia and New Zealand, which began to show an increase in their reported cases of H1N1 and associated hospitalizations as they entered their fall and winter. Recently, two major articles were released in the *New England Journal of Medicine*, which analyzed the American hospitalization experience⁵ and the Australian/New Zealand ICU experience⁶. I will analyze these very interesting studies.

There is a dramatic disconnect between what the science is discovering about this flu virus and what is being broadcast over the media outlets. As you will see, this is a very mild flu virus infection for 99.9% of the population.

Australian and New Zealand Experience Prove U.S. is Wrong

As I stated, the countries in the southern hemisphere have already gone through their fall and winter, that is the seasons of peak flu infections. Epidemiologists and virologists have been surprised at how mild this flu pandemic has been in the Southern Hemisphere, with relatively few deaths and few hospitalizations in most areas.

The study reported in the *New England Journal of Medicine* on October 8, 2009, called the AZIC study, analyzed all ICU admissions in New Zealand and Australia, looking at a number of factors.⁶ Here is what they found.

ICU Hospitalizations

Out of a population of 25 million people, 722 were admitted to the intensive care unit (ICU) with a confirmed diagnosis of H1N1 influenza. Overall, 856 people were admitted with a flu virus, but 11.3% were a type A flu that was not subtyped and 4.3% were seasonal flu.

They also analyzed the number of people admitted with viral pneumonia and found the following:

Number of People Admitted to the Hospital each Year with Viral Pneumonia⁵

- 57 people in 2005
- 33 people in 2006
- 69 people in 2007
- 69 people in 2008
- 37 people in 2009

So we see that in 2009 they had 32 fewer people admitted with actual viral pneumonia. The CDC and other public health agents of fear like to imply that mass numbers of people are dying from "flu", that is, actual influenza viral pneumonia, when in fact, most are dying from other complications secondary to underlying health problems -- either diagnosed or undiagnosed.

They also found that the average person's risk of ending up in the ICU was **one in 35,714** or about three thousandths of one percent (0.00285%), an incredibly low risk. When they looked at actual admission to the ICU, they found that it was people aged 25 to 49 who made up the largest number admitted. Infants from birth to age 1 year had the higher admission per population, and had a high mortality rate.

Majority of Children Respond POORLY to Flu Vaccine

It is interesting to note that babies this age respond poorly to either the seasonal flu vaccine or the H1N1 vaccine. One of the largest studies ever done, found that children below the age of 2 years received no protection at all from the seasonal flu vaccine.⁷

The recently completed study on the effectiveness of the new H1N1 vaccine reported by the National Institute of Allergy and Infectious Disease found that **75%** of small children below age 35 months received no protection from the H1N1 vaccine and that **65%** of children between the ages of 3 years and 9 years received no protection from the vaccine.⁸

Flu Vaccine DOUBLES Risk of Getting H1N1

It is also important to view this in the face of the new unpublished Canadian study of 12 million people that found getting the seasonal flu vaccine, as recommended by the CDC and NIH, doubles one's risk of developing the H1N1 infection. It would also make the infection much more serious. So much for expert advice from the government.

Obese at Six Times Higher Risk from H1N1 Complications

As stated, most authorities agree that the H1N1 variant virus is quite mild as far as flu viruses go. The vast majority of people (99.99%) are having very brief and mild illnesses from this virus.

Keep in mind that when I am discussing numbers and risk, this does not intend to understate the devastation experienced by the people who are experiencing serious illness or even death.

Any death is a tragedy.

What we are discussing here is -- is the risk from this virus significant enough to justify draconian measures by the government and medical community? Should we implement mass vaccinations with a vaccine that is essentially an experimental vaccine, poorly tested and of questionable benefit?

The study also looked at the health risk of the people admitted to the ICU, but unfortunately did not look at the underlying health problems of those who died. We get a hint, since the American study did note that it was those over age 65 who were most likely to die, and that **100%** of these individual had underlying health problems before they were infected.

One of the real surprises from this study, and the American study, was that one of the more powerful risk factors for being admitted to the ICU and of dying was obesity. Obese people are admitted 6x more often than those of normal weight. As we shall see, obesity played a significant role in the risk to children and pregnant women as well, something that has never been discussed by the media, the CDC or the public health officials.

This study found that **32.7%** of those admitted to the ICU had asthma or other chronic pulmonary disease, far higher than the general population. The Australian and New Zealand study also had a large number of aboriginal patients and those from the Torres Strait. It is known that nutrient deficiencies are common in both populations, which means an impaired immune system.

Obesity is associated with a high incidence of insulin resistance and metabolic syndrome, both of which would increase one's risk of having a serious infection, even to viruses that are mildly pathogenic. (mild viruses).

H1N1 Vaccine is NOT Made the Same as Regular Flu Vaccine!!

I am really upset at the insistence by the CDC, medical doctors and the media that all pregnant women should be vaccinated by this experimental vaccine. The media repeats the manufacturers' mantra that this vaccine is produced exactly like the seasonal flu, when in fact it is not. Yes, they use chicken eggs, but the rest has been fast tracked and many shortcuts on safety procedures have been allowed.

There are 250,000 pregnant women in Australia and New Zealand combined. Only 66 pregnant women were admitted to the ICU, an incidence of 1 pregnant woman per 3,800 pregnant women or a risk of **.03%**.⁶ Put another way, a pregnant woman in these two countries can feel comfortable to know that there is a **99.97%** chance that she will not get sick enough to end up in the ICU.

Pregnant Women NOT at Increased Risk, Obese Women Are!!

So, why did even 66 pregnant women end up in the ICU? As we shall see in the American study⁵, a significant number of these pregnant women were either obese or morbidly obese and most had underlying medical problems. The Australian/New Zealand study⁶ found that one of the major risk factors for pregnant women was indeed being obese and that obesity was associated with a high risk of underlying medical disorders.

They also found that death from H1N1 infection correlated best with increasing age, contrary to what the media says. They concluded the study with the following statement:

“ The proportion of patients who died in the hospital in our study is no higher than that previously reported among patients with seasonal influenza A who were admitted to the ICU.”⁶

In fact, they report that of those infected with the H1N1 variant virus who were sick enough to be admitted to the ICU, **84.5%** went home and **14.3%** died and that of those admitted with seasonal flu **72.9%** were discharged and **16.2%** died. That is, **more died from the seasonal flu.**

Recent NEJM Study of the American Experience

In the same Oct, 8th issue of the *New England Journal of Medicine* they reported on the American experience with the H1N1 variant virus.⁵ The study looked at data from 24 states with widespread influenza infection from April through June 2009. Remember, unlike most flu epidemics in the United States, this epidemic began early and by the end of September it was beginning to peak, with late October being the date it may begin to decline.

The study examined 13,217 cases of infection involving 1082 people who were hospitalized. Here is what they found:

Underlying Medical Conditions

Of the total hospitalized patients:

- **60%** of children had underlying medical conditions
- **83%** of adults had underlying medical conditions

They also found that **32%** of patients had at least 2 medical conditions that would put them at risk. We are constantly told that it is the young adult aged 25 to 49 who is at the greatest risk. Note that **83%** of these people had underlying medical conditions. This means that in truth only **292** “healthy” people out of **1082** in 24 states were sick enough to enter the hospital -- that is 292 healthy people out of tens of millions of people, not much of a risk if you do not have an underlying chronic medical problem.

Underlying Medical Conditions Risk Factor for H1N1 Deaths

When they looked at people over age 65 years of age, that is, the folks who are most likely to die in the hospital, **100%** had underlying medical conditions -- all of them. So, there was not one healthy person over age 65 who has died out of 24 states combined.

What about the children, a special target of the fear mongering media and government agencies? This study found that **60%** had underlying medical conditions and that **30%** were either obese or morbidly obese.

A previous CDC study states that **2/3** of children who died had neurological disorders or respiratory diseases such as asthma.³ If we take the **60%** figure, that means out of the 84 children reported to have died by October 24th, 2009, only **34 children** considered healthy in a nation of 301 million people really died, not 84. It is also instructive to note that according to CDC figures, the seasonal flu last year killed **116** children.⁹

Remember, that is, 34 so-called healthy children out of a nation of **40 million children**. In 2003 it was reported by the CDC that **90 children** died from seasonal flu complications. Ironically, as shown by Neil Z. Miller in his excellent book -- *Vaccine Safety Manuel* -- once the flu vaccine was given to small children the death rate from flu increased **7-fold**.¹⁰ Not surprising, since the mercury in the vaccine suppresses immunity.

Pediatric Flu Deaths by Year Made WORSE by Flu Vaccine

- **1999 -- - 29 deaths**
- **2000 -- - 19 deaths**
- **2001 -- - 13 deaths**
- **2002 -- - 12 deaths**
- **2003 -- - 90 deaths (Year of mass vaccinations of children under age 5 years)**
- **2006 -- 78 deaths**
- **2007 -- - 88 deaths**
- **2008 -- 116 deaths (40.9% vaccinated at age 6 months to 23 months)¹¹**

Parents should also keep in mind that this study, as well as the Australian/New Zealand Study found that childhood obesity played a major role in a child's risk of being admitted to the ICU or dying. This is another dramatic demonstration as to the danger of obesity in children and that all parents should avoid MSG (all food-based excitotoxin additives), excess sugar and excess high glycemic carbohydrates in their children's diets. This goes for pregnant moms as well.

Every Parent Needs to Know Other Vaccines INCREASE Risk of H1N1

One major factor being left out of all discussion of these vaccines, especially those for small children and babies, is the effect of other vaccinations on presently circulating viral infections such as the H1N1 variant virus. It is known that several of the vaccines are powerfully immune suppressing. For example, the measles, mumps and rubella virus are all immune suppressing, as seen with the MMR vaccine, a live virus vaccine.^{12,13}

This means that when a child receives the MMR vaccine, for about two to five weeks afterwards their immune system is suppressed, making them highly susceptible to catching viruses and bacterial infections circulating through the population. Very few mothers are ever told this, even though it is well accepted in the medical literature.

In fact, it is known that the Hib vaccine for haemophilus influenzae is an immune suppressing vaccine and that vaccinated children are at a higher risk of developing haemophilus influenzae meningitis for at least one week after receiving the vaccine.^{10,14} These small children receive both of these vaccines.

According to the vaccine schedule recommended by the CDC and used by most states, a child will receive their MMR vaccine and Hib vaccine at one year of age and both are immune suppressing.

At age 2 to 4 months, they will receive a Hib vaccine. Therefore at age 2 to 4 months, and again at age one year, they are at an extreme risk of serious infectious complications caused by vaccine-induced immune suppression. The New Zealand/Australian study found that the highest death in the young was from birth to age 12 months, the very time they were getting these immune-suppressing vaccines.⁶

The so-called healthy children and babies that have ended up in the hospital and have died may in fact be the victims of immune suppression caused by their routine childhood vaccines. We may never know because the medical elite will never record such data or conduct the necessary studies. Recall also that the seasonal flu vaccine, which is recommended for all children over the age of 6 months, each year, is also immune suppressing because of the mercury-containing thimerosal in the vaccine.¹⁵

Infants under the age of 3 receive mercury-free seasonal flu vaccines, but any child over the age of 3 will receive the mercury-containing flu vaccine year after year. (Each dose of seasonal flu vaccine typically containing 25 mcg of mercury.)

If parents allow their children to be vaccinated according to the CDC recommendations, that is 2 seasonal flu vaccines and 2 swine flu vaccines as well as a pneumococcal vaccine, that will increase the number of vaccines a child will have by age 6 years to 41. This amounts to an enormous amount of aluminum and mercury as well as intense brain inflammation triggered by vaccine-induced microglial activation.¹⁶

Risk of Serious Illness from the H1N1 Mutant Virus

Their survey of 24 states found that a total of **67** patients out of tens of millions of people ended up in the ICU. That is, only **6%** of the people admitted to the hospital were so sick as to need intensive treatments. Of these 67 patients, 19 died (25%) and of these 67% had obvious underlying long-term medical illnesses. This means that only **6 patients** out of tens of millions of people in 24 states that were considered "healthy" before their infection, had died. Is this justification for a mass vaccination campaign?

Of the 1082 hospitalized patients, **93%** were eventually discharged recovered and only **7%** died, a very low death rate. Their analysis of these cases concluded that those who died fell in three categories:

- They were older patients
- Antiviral medications were started 48 hours after the onset of the illness
- There was no correlation to having had seasonal vaccines

The last item is especially interesting because they assume that having had seasonal flu vaccine would have offered some protection -- it offered none.

What they did find was that none who died had been given antiviral medications (Tamiflu or Relenza) within 48 hours of getting sick. Those given the antiviral medications within the golden 48-hour period rarely died. Relenza is far safer than Tamiflu. This was the only factor found to correlate with survival of severely ill ICU patients.

What about the Danger to Pregnant Women? The American Experience

Our media is inundating the public with scare stories of the danger this virus poses to pregnant women. Most of us visualize the pregnant woman as being healthy, young and without underlying medical diseases. The study is quite revealing, but omits some very important factors.

We are told that pregnant women are **6x** more likely to end up in the hospital than the general population. This figure is derived from the fact that it was estimated that pregnant women had a **7%** greater chance of requiring hospital admission than did the general public at **1%** (Even this is a far higher number than their own studies indicate -- actually it is a very small fraction of 1%).

Dr. Michael Bronze, a professor of internal medicine at the University of Oklahoma Health Sciences Center, writing for emedicine medscape.com (WebMD), states that the risk of a pregnant women being hospitalized with the H1N1 infection is 0.32 per 100,000 pregnant women (which is 1 in 300,000 pregnant women).¹⁷ One can safely say, based on the Australian/New Zealand experience (at the peak of their flu season) and the American data somewhere in the middle of their flu season, that pregnant women have about a **99.97%** chance they will not become so sick as to require hospital care at any level.

The death rate of pregnant women who were admitted to the ICU was **7.7%**, a fairly low figure for infectious ICU patients. Remember, most patients admitted to the hospital are admitted for hydration and are not that ill in terms of the infection itself.

Smoking and Obesity Increase Risk of H1N1!

Now, most of us assume that these pregnant women are perfectly healthy as mentioned above, but the data shows something quite different. They found that greater than **30%** of the pregnant women were either obese or morbidly obese, as did the Australian/New Zealand study. Of these, **60%** had underlying medical conditions that put them at greater risk of overwhelming infections -- both viral and bacterial.

It is unfortunate that they did not enter any information on smoking, either by the mother or by anyone living in the household. It is known that smoking greatly increases ones risk of severe complications from any flu virus.^{18,19} This is for several reasons. One, smokers eat a much poorer diet than non-smokers.

Second, smoking destroys the cilia in the bronchial passageways that are essential for clearing mucus and debris -- thus increasing the risk of developing pneumonia.²⁰ Finally, nicotine is a very powerful immune suppressant.²¹ The combined effect of all three is enough to land anyone in the ICU during even a mild flu season. Likewise, chronic smokers have low magnesium levels, which increase their risk of developing bronchospasm that is resistant to normal drug treatments.²²⁻²⁴

They also failed to record possible illegal drug use, how many were living at poverty levels and how many were on prescription drugs known to suppress immunity or deplete nutrients essential for immune function. And, one must keep in mind, at this age, (age range of 15 to 39 years) many would have had numerous childhood vaccines and booster vaccines.

This was also not considered for obvious reasons. So, some critical information we all need to evaluate this "pandemic" is being excluded or purposely kept from us.

Bacterial Pneumonia and Swine Flu

The American study found that of the people admitted to the hospital, **40%** were found to have X-ray evidence of pneumonia. Of these, **66%** had pre-existing medical conditions, such as asthma, chronic obstructive pulmonary disease (COPD), immunosuppression for transplants or cancer or neurologic disorder.

We are not told how many were smokers or lived with smokers, again, something that puts people at great risk of having severe reactions to any infection. Smokers have much higher bacterial pneumonia rates every year. The CDC estimates that smokers have a **200%** increased risk of flu virus complications as compared to nonsmokers.

The CDC released in the September 29 issue of the MMWR an analysis of the lung tissue from 77 fatal cases of H1N1 infection.²⁵ Of these, **29%** had a secondary bacterial infection -- pneumonia. This is an important study because the media and the CDC are telling adults they need to get a pneumococcal vaccine and that parents need to have their children vaccinated with the pneumococcal vaccine as well.

This adult study found that **only half** of the pneumonias were due to *Streptococcus pneumoniae*, the organism used in the vaccine. Half of the cases were due to other strains of streptococcus, staphylococcus or H. Influenza. Some **18%** of the people had multiple organism cultured from their lungs.

It is important to note that they found that **all of these autopsied patients** had previous, serious medical problems prior to becoming infected with H1N1 variant and that not all bacteria were examined, meaning that even those with Strep pneumoniae could have had multiple infections, for which the vaccines would have offered no protection.

Parents should also know that the vast majority of pneumonias found in these infected children were not due to Strep pneumoniae, but rather **Staph aureus**. Again, the pneumococcal vaccine would have offered these children no protection.

Pregnant Women Given Vaccine Have Babies with More Health Problems

It has always been a principle of medicine that one should not vaccinate pregnant women, except in extreme cases, because the risk to the baby is too high. Recently, we have seen two examples of violation of this policy. When the HPV vaccine **Gardasil** was first released the CDC and the manufacturer (Merck Pharmaceutical Company) recommended that it be given to pregnant women.

Shortly after beginning this dangerous practice it was ordered halted because a number of women were losing their babies and babies were **being born with major malformations**.²⁶

It is known that stimulating a woman's immune system during midterm and later term pregnancy significantly increases the risk that her baby will develop autism during childhood and schizophrenia sometime during the teenage years and afterward.²⁷

Compelling scientific evidence also shows an increased risk of seizures in the baby and later as an adult.²⁸ In fact, a number of neurodevelopmental and behavioral problems can occur in babies born to women immunologically stimulated during pregnancy.²⁹⁻³²

It is true that serious flu infections or E. coli infections during pregnancy are a major risk for all these complications, but a woman's risk of becoming infected, as we have seen, is a very small fraction of 1 %, yet they are calling for **all pregnant women** to be vaccinated with at least three vaccines, two of which contain mercury. There is also evidence to show that a large number of these women will gain no protection from the vaccine.

Dr. Bronze, quoted above, notes that animal studies have shown that vaccines harm unborn babies and that **no safety studies have been done in humans**. A recent study done by Dr. Laura Hewitson, a professor of obstetrics at the University of Pittsburgh Medical Center, found that a single vaccine used in human babies, when used in newborn monkeys, caused significant abnormalities in brainstem development.³³ This mass vaccination program for H1N1 variant virus will be the largest experiment on pregnant women in history and could end as a monumental disaster.

How Many Cases are Really Swine Flu?

CBS, to their credit, conducted a three-month long investigation that indicates that we have all been hoodwinked by the governmental "protection" agency called euphemistically, the Center for Disease Control and Prevention.³⁴

What they tried to learn from the CDC was just what percentage of the "flu cases" were in fact H1N1. The CDC did all they could to protect this information and only after filing a Freedom of Information request and waiting 2 months did they finally release the data. Now we know why they wanted it protected and why they stopped testing for the H1N1 virus in late July.

The data revealed that in fact very few cases reported as swine flu were in fact H1N1 variant virus. CBS examined the data in all 50 states. What they found, for example, was that in Georgia only **2%** of reported cases were H1N1 (97% negative for H1N1); in Alaska only **1%** of reported cases were H1N1 (93% negative for flu and 5% seasonal flu) and in California only **2%** of reported cases were H1N1 with 12% being other flu viruses and 86% negative for flu.

A recent release from the CDC found that their survey reported that of 12,943 specimens tested from around the country, only **26.3%** of cases tested positive for H1N1 variant virus, but that **99.8%** of the specimens tested positive for some type of other flu virus, most of which were regular seasonal flu.

The CDC has now changed all data reporting on the flu effects. They did this by stopping viral typing and subtyping and rolled back all previous numbers based on prior data. The new system for collecting data now started on **August 30th, 2009**.

The only reason I can imagine they did this is that the prior data was clearly demonstrating that the H1N1 variant virus was causing a very mild illness in most people (99.99%) with fewer hospitalizations, fewer cases of pneumonia and fewer deaths for all ages and groups than the prior seasonal flu in past years. This was true for the United States and the Southern Hemisphere, which has gone through the worst of its flu season.

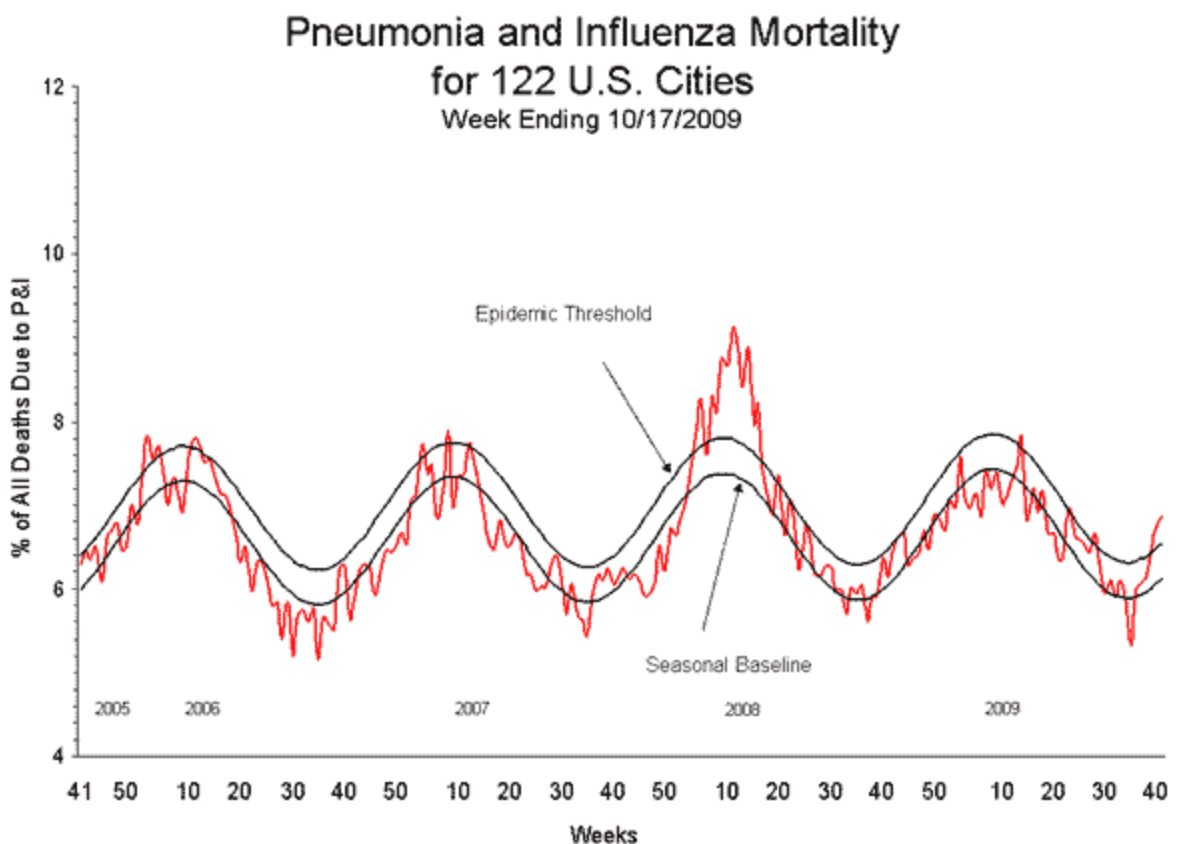
Now that they are no longer typing the virus, they can attribute all cases of pneumonia, hospitalizations and deaths to H1N1, even though the majority of cases appear to be from a long list of other causes. In fact, they can classify many cases of primary pneumonia as caused by H1N1.

Actually LESS Flu Deaths this Year

One must always keep in mind that the CDC has told us that **36,000** people die every year from influenza and influenza-related complications. Thus far, we have seen (accepting their data) about **900 deaths** and **21,829** cases of pneumonia.

This is far below the 36,000 figure. In fact, perhaps we should be breathing a sigh of relief that **35,000 fewer people** have died this year from flu-related disorders. This would go down on record as the fewest flu-related deaths in recorded history.

In fact, worldwide, according to CDC and WHO data, far fewer people have died from H1N1 than any seasonal flu in the past. This [graph from the CDC](#) showing the "Pneumonia and Influenza Mortality for 122 US Cities" also show that, so far, this year's flu mortality is far below that of 2008.



In fact, worldwide, according to CDC and WHO data, far fewer people have died from H1N1 than any seasonal flu in the past. So, one must ask, why is the government and their handmaidens, the media, fueling this panic mentality? Why are we once again talking about mandatory vaccination for every man woman and child in the nation?

And I can assure you that soon we will hear an announcement that the adjuvant MF-59 or ASO3 (squalene) will be needed to save lives.

Now, if the CBS data forced from the files of the CDC is correct, why are so many people dying from this flu? The answer is that no greater number are dying now, for any age group, sex or state of pregnancy than have died in any previous flu outbreak.

By statistical slight of hand they have created this pandemic and continue to do so. One cannot foretell the future, but based on the data now available from the United States, Canada, Europe and the Southern hemisphere, there is no justification for the fear mongering by the media and government agencies.

It is accepted that the cognitive portions of the human brain work less well under two conditions -- **fear and anger**. Those who have survived deadly situations or who make their living surviving such situations tell us that controlling our fear is the most important thing in survival. More people have died from making poor decisions while overwhelmed by fear than have died as a result of the situation itself.

I am reminded of the poor elderly person who died several years back waiting in a very long line for a flu vaccine in the sweltering heat. It seems she passed out and struck her head on the hard asphalt.

She was standing in that line for hours because the CDC announced that that year's flu was going to be especially deadly for the elderly and there was a shortage of vaccine. As it turned out, that year they picked the wrong virus to make the vaccine -- so it was not only a dangerous vaccine, it would have given her no protection. But then, the vaccine manufacturers got their blood money.

What Do They Not Know About This Vaccine?

Insurance companies in Australia would not insure doctors who gave the vaccine because it was a fast tracked vaccine and therefore experimental. They felt that the danger of complications was far too high to risk insuring the doctors. Unlike doctors in America, they did not have a special law that Congress would pass to insulate them from liability should severe complications arise from the vaccine.

It is also of special interest to note that tens of millions of babies were vaccinated with the Hepatitis B vaccine (providing no protection to the babies) only to learn later that it is linked to a **310% increased risk** of developing multiple sclerosis.³⁶ One has to ask -- **What else do they not know about this vaccine?**

Well, it turns out a lot.

Years after it was added to the recommended vaccine schedule, it was linked to a terrifying disorder called **macrophagic myofasciitis**, which in children is associated with a severe dementia-like illness.

Then we have the case of the **Gardasil** vaccine. Millions of young girls were vaccinated and within several months pregnant women were losing their babies, babies were being born deformed, several of these very young girls died and a growing number have had serious reactions to the vaccine. Once again we have to ask -- **What else do they not know about this vaccine?**

Vaccine Safety Testing Only Done for ONE Week

Now we are being told that this new fast tracked, poorly tested vaccine is very safe and effective. The results of the testing on this vaccine were reported in the *New England Journal of Medicine*.³⁹ It is instructive to learn that the tests for safety and to assess complications lasted only **7 days** after the vaccine, an incredibly short period of follow-up. **Gullian Barre paralysis** can occur even months after a vaccine as can seizures, behavioral problems and neurodevelopmental disorders in children.

It is interesting to note that the authors of the safety study for our swine flu vaccine were **all employees of the maker of the vaccine CSL Biotherapeutics** and eight held equity interest in the company.³⁹ This admission is part of the disclosure policy of the *New England Journal of Medicine*.

It is always important to keep in mind when you hear about this vaccine being safe and produced just like the seasonal flu vaccine -- **What else do they not know about this vaccine that they will discover months, years or even decades later**. Once injected with the vaccine and you develop a complication there will be little that can be done to treat the life-long degenerative disorder it produces. You will just be a sad story on 60 minutes.

About Dr. Russell Blaylock:

Dr. Blaylock is a board certified neurosurgeon, author and lecturer. For the past 25 years he has practiced neurosurgery in addition to having a nutritional practice. He recently retired from both practices to devote full time to nutritional studies and research.

*Dr. Blaylock has written and illustrated three books. The first book was on the subject of excitotoxins, **Excitotoxins: The Taste That Kills**, and how they are related to diseases of the nervous system.*

His second book, Health and Nutrition Secrets That Can Save Your Life, covers the common basis of all diseases, nutritional protection against diseases of aging, protection against heavy metal toxicity, the fluoride debate, pesticide and herbicide toxicity, excitotoxin update, the vaccine controversy, protection against heart attacks and strokes.

His third book, Natural Strategies for Cancer Patients, was released in April, 2003 and discusses the ways to defeat cancer, enhance the effectiveness of conventional treatments and prevent complications associated with these treatments.

In addition, he has written and illustrated three chapters in medical textbooks, written a booklet on nutritional protection against biological terrorism and written and illustrated a booklet on multiple sclerosis. He has written over 30 scientific papers in peer-reviewed journals on a number of subjects.

Since the publication of his first book he has been a guest on numerous national and international syndicated radio programs.

Dr. Mercola's Comments:



First, I want to thank Dr. Blaylock for his excellent review of the swine flu "pandemic." But I also want to extend my thanks to all the doctors and health care professionals out there who in increasing numbers are beginning to challenge the assumptions of our current vaccine programs, and question the sanity and safety of rushing to mass-vaccinate against such a mild virus as H1N1 with untested and unproven vaccines.

It takes courage to voice these concerns, and I applaud those in the health field who are courageous enough to do so in order to protect the health of their patients.

An article published in [Medscape](#) on October 28, 2009, illustrates the opposing viewpoints that clearly exist within the medical community. The vaccine issue is not as clear-cut as many would like you to believe, and those who question the safety of what's being done are not fringe lunatics, quacks, or fanatics of some sort.

Many are well-educated health professionals, willing to think for themselves and investigate beyond the dogma taught in medical school and what they're told by pharmaceutical reps.

In her article, *Physicians are Talking About: Is It Worth Getting the H1N1 Vaccine?*, Nancy Terry writes:

"... However, other physicians are equally adamant about not getting the H1N1 vaccine.

"I don't want to be a lab rat," says an internist. "No way I or my family will receive the vaccine. Not a chance!" comments another internist.

"Emphatically no to both vaccines," says a family medicine physician. "I agree with Dr. Joseph Mercola's take on the swine flu and this and the prior round of vaccinations for it. I believe, based on all I've read to date, that vaccinations cause a body more harm than good."

"I remember the last vaccine rushed to production. People died and some developed paralysis," says another family medicine physician. "I prefer to take my chances."

Several physicians wonder about the advisability of vaccinating segments of the population already exposed to influenza.

An emergency medicine physician, who saw H1N1 cases throughout September, comments, "If the epidemiology here mirrors the Southern Hemisphere flu season, by the time H1N1 vaccine is available the virus probably will be done circulating through my community..."

... "This ain't your grandma's seasonal flu virus," says a pediatrician. "It's a quadruple-reassortant swine/avian hybrid that's never been seen before, significantly different from its predecessors, even if relatively wimpy." For this reason, he

suggests that caution is warranted with regard to the infection and the vaccine. He adds, "It's not inconceivable that this vaccine could cause side effects not seen with seasonal vaccine, although it seems safe in trials, so far."

A family medicine physician agrees: "Any vaccine made at the last minute and made only by a few manufacturers with huge government contracts at stake cannot help but be higher risk for untoward side effects."



... A family medicine physician comments, "I'm not sure I can justify recommending this vaccine to all children until safety is better ascertained when, so far, cases on the whole seem to be mild."

As you can see, I'm not the only doctor on the block who has serious reservations. Hopefully, together we will be able to make a difference and save countless people from unnecessary harm.

You Can Make a Difference

Most polls show that we ARE making a difference because more people are becoming educated about influenza and flu vaccines, especially H1N1 swine flu. Recent national polls have revealed that 30 to 50% in many communities are not planning to get a swine flu shot. Those who haven't made up their minds yet have lots of questions. So we have created [some posters that you can print and post](#) ALL over your community, your local stores, office and schools.