

The Flu Shot

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The idea that the flu shot prevents the flu is based on three assumptions:

1. The flu strains in the vaccine are identical to the constantly mutating viruses in the environment;
2. Raised levels of antibodies confers immunity;
3. Forcing the immune system to produce antibodies to the vaccine does not compromise its ability to respond to all other types of infections, such as the common cold and pneumonia. Only 16% of cases diagnosed as the flu are actually caused by a flu virus, on average.¹



Has anyone actually studied the effectiveness of the flu shot? There have been, in fact, two very well conducted studies.

In 2004, Dr. Lisa Jackson, a physician and research scientist at the Group Health Research Center in Seattle, decided to check out the claim that “the flu vaccine saves lives.” She hypothesized that, on average, people who get the flu shot may be healthier than those who don’t, and thus less liable to die over the short term. People who don’t get vaccinated, on the other hand, may also be more likely to succumb to flu or any other illness, because they are generally older and sicker. To test this thesis, Jackson and her colleagues combed through eight years of medical data on more than 72,000 people 65 and older. They looked at who got flu shots and who didn’t. Then they examined which group’s members were more likely to die of any cause when it was not flu season.

Jackson’s findings showed that, outside of flu season, the baseline risk of death among people who did not get vaccinated was approximately 60 percent higher than among those who did, lending support to the hypothesis that on average, healthy people chose to get the vaccine, while the “frail elderly” didn’t or couldn’t. In fact, the “healthy-user effect” explained the entire benefit that other researchers were attributing to the flu vaccine, suggesting that the vaccine itself does not reduce mortality at all.

Is Jackson’s research reliable? According to Lone Simonsen, professor of global health at George Washington University and an internationally recognized expert in influenza and vaccine epidemiology, Jackson’s papers are “classic studies in epidemiology, they are so carefully done.”

The results were so unexpected that many experts simply refused to believe them. Jackson’s papers were turned down for publication in the top-ranked medical journals. One flu expert who reviewed her studies for the Journal of the American Medical Association wrote, “To accept these results would be to say that the earth is flat!” When the papers were finally published in 2006, in the less prominent International Journal of Epidemiology, they were largely ignored by doctors and public-health officials.

¹ Source: Dr. Peter Doshi, British Medical Journal (BMJ), May 16, 2013

In the same year as the Jackson study and independently of it the National Institutes of Health (NIH) launched an effort to do “the” definitive study on the benefits of flu shots for the elderly. The government would gather some of the brightest scientific minds for the research and adjust for all kinds of factors that could be masking the presumed benefit.

But when they finished, no matter how they crunched the numbers, the data kept telling the same story: flu shots are of no benefit to the elderly. Quite the opposite, in fact--the death rate has increased markedly since widespread flu vaccination began. The scientists finally had to acknowledge that decades of public health dogma was mistaken. (“Impact of Influenza Vaccination on Seasonal Mortality in the US Elderly Population”; published in Feb. 2005 in JAMA Internal Medicine.)

But this study, like the Jackson study, was ignored by doctors, public health officials and the media, which takes in more than three billion dollars a year in pharmaceutical advertising.

Has anything changed in 2017? Based on data from Australia, which already has had its flu season, scientists say that this season’s flu shot may be only 10% effective ([source](#)).

Imagine a mosquito repellent that is only 10% effective. Would you buy it?

How did this hoax ever develop? To gain some insight, let’s look at the story of John Anthony Morris, MD, a highly distinguished virologist involved in the early history of the flu shot. In 1959 Morris was recruited to FDA’s Division of Biologics (DBS) for long-term influenza research. At the time, a heated controversy was brewing within the public health community about the efficacy of the first flu vaccine. High level officials argued for mass vaccination against the flu and common cold, and Dr. Morris was charged with validating their view. Dr. Morris was alarmed at what he found, however. First, he found that it was impossible to measure the actual strength of the vaccine—regardless of the stated potency on the label. Second, studies on elderly people showed that no benefit could be reliably measured. Third, the vaccine did not produce antibodies in the lungs and mucus membranes, where infection starts. His studies also raised concerns about the vaccine’s side effects. The vaccine:



Dr. John Morris

1. often induced fever in children;
2. could harm the foetus in pregnant women;
3. was “literally loaded with extraneous bacteria.”

After seven years of studying the flu vaccine Dr. Morris reported his concerns to his superiors, who were less than pleased. DBS officials confiscated his research materials, changed locks on his laboratory, reassigned his laboratory staff elsewhere, and blocked his efforts to publish his findings. He was assigned to a small room with no telephone. Anyone who wished to see him had to get permission from the chief of the laboratory. Dr. Morris later observed, “There is a close tie between government scientists and manufacturing scientists. And my results were hurting the market for flu vaccines.”

By sweeping the scientific evidence under the rug the FDA was able to make the flu vaccine one of the largest selling vaccines—over 20 million doses sold in the US by 1970. The same year, DBS fired Dr. Morris, who then instituted a wrongful dismissal suit. All charges against him were overturned, and the grievance committee unanimously found that Dr. Morris had been harassed by his superiors. His professional reputation was badly tarnished, however.

Dr. Morris was determined to clear his name publicly. With his lawyer, James Turner, he drew up a detailed memorandum showing “dubious techniques” used to test the flu vaccine and charging that NIH and DBS officials had “tampered” with the test results. They also identified other scientists who had been forced to leave DBS when their research findings reflected poorly on the vaccine. Dr. Morris gave a copy of the memorandum to Senator Ribicoff (Connecticut), who initiated a GAO investigation. The investigation concurred with some of Dr. Morris’s statements about the significant misrepresentation of the flu vaccine’s effectiveness.

In 1972 The New York Times quoted another former DBS scientist, B.G. Young, as saying: “I finally came to realize that you either had to compromise yourself or leave. Morris and Eddy are the real heroes in that place because they stayed and fought. The others voted with their feet and left.”

In 1976 Dr. Morris publicly challenged CDC’s nationwide Swine flu vaccination campaign. A swine flu strain had been found in a single soldier who died at Fort Dix. CDC officials saw this case as an opportunity to set in motion a health scare by claiming that the swine flu virus was the same as the one that killed millions in the 1918 epidemic. But it turned out that the soldier had an ordinary pig virus that posed no risk for humans.

The CDC proceeded with a hard sell campaign anyway, warning that a million people could die in the US from the swine flu. Dr. Morris informed his boss that he would speak out. He was warned, “I would advise you not to talk about this.” When vaccine recipients began reporting adverse reactions, including a neurological illness resembling polio, Dr. Morris disobeyed and went public, stating that he could find no evidence that this swine virus was dangerous, or that it would spread from human to human. He then warned that the vaccine was dangerous and might induce hypersensitivity and neurological side effects. What’s more, the vaccine’s efficacy appeared to be low.

Dr. Morris was fired for insubordination. By Oct. 1976, 33 people had died after receiving the Swine Flu vaccine, and by December there were 500 cases of paralysis caused by the vaccine. Public health officials publicly denied any relationship between the adverse effects and the vaccine.

By 1982 there were 1,571 lawsuits filed by people who had suffered serious adverse reactions to the swine flu vaccine. In that year Dr. Morris testified before the Senate Committee on Ways and Means:

These figures give some idea of the consequences resulting from a program in which the Federal government assumes liability of a product known to produce in an indeterminate number of recipients, serious damage to health . . . when I left the Food and Drug Administration in 1976, there was no available technique to measure reliably and consistently neurotoxicity or potency of most of the vaccines then in use, including DPT vaccines. Today, 11 years later, the situation remains essentially the same.

There is a great deal of evidence to prove that immunization of children does more harm than good.

In the late summer of 2009 the CDC was at it again, hyping a Swine Flu epidemic and calling for all Americans to take a Swine Flu shot. Star CBS investigative reporter, Sharyl Attkisson, was working on a Swine Flu story. She discovered that the CDC had secretly stopped counting cases of the illness---while, of course, continuing to warn Americans about its unchecked spread. In an interview Attkinson said:

“We discovered through our FOI [Freedom of Information Act] efforts that before the CDC mysteriously stopped counting Swine Flu cases, they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all! The interest in the story from one [CBS] executive was very enthusiastic. He said it was "the most original story" he'd seen on the whole Swine Flu epidemic. But others pushed to stop it [after it was published on the CBS News website] and, in the end, no broadcast wanted to touch it. We aired numerous stories pumping up the idea of an epidemic, but not the one that would shed original, new light on all the hype. It was fair, accurate, legally approved and a heck of a story. With the CDC keeping the true Swine Flu stats secret, it meant that many in the public took and gave their children an experimental vaccine that may not have been necessary.”

Is there an alternative to the flu shot?

Ten years ago I got a call from a friend of mine named Jim, 53, who complained of a terrible cough and fever. I knew Jim to be an exceptionally robust and healthy man who lived on a farm and worked outside almost every day. Nevertheless, every winter he always seemed to come down with a cold that progressed to bronchitis and ultimately pneumonia, necessitating a course of antibiotics.

Jim had already made an appointment with his GP for the next morning. His call was prompted more by curiosity as to what homeopathy could do for him, as he had never tried it before. All he knew was that homeopathic medicines are 100% nontoxic and come from natural sources.

I sat down and analyzed his symptoms for a few minutes. Why would an otherwise healthy man be susceptible to recurrent respiratory infections? There had to be a cause. I came to the conclusion that Jim had a weak link in his immune system that probably stemmed from tuberculosis in his family history. I recommended a medicine called *Kali phosphoricum*.

Jim bought the remedy at a local health food store and took it. By the next morning he felt so much better he cancelled his doctor appointment. He went on to make a full recovery.

The next winter Jim did not get his usual bronchitis. In fact, it was only ten years later, in 2016, that Jim came down with another bad cold. I recommended *Kali phosphoricum* again, but this time it had no effect. Rather than “bother” me, Jim decided to take a Z-Pak (Azithromycin) that his wife happened to have lying around.

The Z-Pak took care of Jim’s fever but left him with a stubborn, deep, congested, unproductive cough.

I recommended another homeopathic medicine, *Antimonium tartaricum*.

Jim’s cough steadily improved, and when he called a few weeks later he had just completed a 26 mile hike.

Homeopathic medicines work by stimulating the body’s own self-healing mechanism. The result is that the immune system actually becomes stronger and more resistant to future infection.

The only drawback of homeopathic therapy is that it has to be individualized. Hence, it is not as convenient as a jab.

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