

# SCIENTIFIC EVIDENCE ABOUT THE EFFICACY AND SAFETY OF FLU VACCINES ARE UNIVERSAL MANDATES ON THE WAY?

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All vaccine programs carry risk and questionable benefit. Therefore, the goal should not only be the prevention of a specific disease by vaccination, but also the benefits must outweigh any potential long term negative side effects.

The reason why public health officials were worried about the 2009 H1N1 flu pandemic was the fear that there would be a recurrence of the great flu outbreak of 1918 which killed millions of people. It is this fear that prompted them to come out with a swine flu/H1N1 vaccine. As we found out this novel flu vaccine had not been properly tested for safety or efficacy, contained dangerous preservatives such as thimerosal.<sup>1</sup> So confident were they in this ineffective, toxic vaccine that they also recommended it to pregnant women and children.

How ironic, in March of 2001, the Food & Drug Administration (FDA) issued a statement warning pregnant women and young children not to eat fish containing high levels of mercury because it causes neurological problems in children. Yet, the Centers for Disease Control and Prevention (CDC) now recommends that these same women and young children should get seasonal and H1N1 influenza vaccines. Many seasonal influenza vaccines, as well as the H1N1 vaccine, contain mercury, from the preservative thimerosal, in amounts exceeding the Environmental Protection Agency (EPA) recommended safe levels.

Scientific studies have revealed the ineffective nature of the flu vaccine.

A 2005 study by researchers at the National Institutes of Health (NIH), Bethesda, MD, USA, concluded that influenza vaccinations in the USA have prevented fewer deaths than indicated by previous research.<sup>2</sup>

In 2007 Dr. Simonsen, et al, found that Influenza vaccinations don't reduce flu-related mortality rates in elderly adults.<sup>3</sup>

In 2008 Dr. Szilagyi, et al, found that Vaccinating young children against the flu appeared to have no impact on flu-related hospitalizations or doctor visits during two recent flu seasons.<sup>4</sup>

In a 2010 study Dr. Jefferson, et al, concluded that, "there is no credible evidence that vaccination of healthy people under the age of 60, who are health care workers caring for the elderly, affects influenza complications in those cared for."<sup>5</sup>

In 2011 Dr. Osterholm, et al, found that, Influenza vaccines can provide moderate protection against virologically confirmed influenza, but such protection is greatly reduced or absent in some seasons. Evidence for protection in adults aged 65 years or older is lacking...<sup>6</sup>

In a 2012 study conducted by CIDRAP (Center for Infectious Disease Research & Policy) at the University of Minnesota. The authors concluded that evidence for “consistent high-level protection is elusive.” Although vaccination was found to provide modest protection from infection in young healthy adults who rarely have complications of flu, the authors found that “evidence for protection in adults 65 years of age and older [who represent over 90% of deaths from flu] . . . is lacking.”<sup>7</sup>

In a BMJ (British Medical Journal) editorial about the CIDRAP study author Jeanne Lenzer interviewed the report’s lead author, Dr. Michael Osterholm, a former CDC consultant and an internationally recognized expert on flu, who told her that a Dutch study<sup>8</sup> cited by the CDC as evidence of vaccine efficacy was seriously flawed and constituted a “sales job.” She concluded that, “Belief not science is behind flu jab promotion”<sup>9</sup>

In spite of the evidence disputing the benefits of the flu vaccines hospitals and state legislators around the nation have been implementing flu vaccine mandates for employees, under threat of termination. This includes everyone working for the hospital, whether they have patient contact or not. This is only the tip of the iceberg. The CDC plans to revaccinate all children and adults; hospital workers just have the misfortune of being at the top of the list.<sup>10</sup>

In 2012, Rhode Island, the nation's smallest state, mandated that all health care workers who have direct contact with patients be vaccinated against seasonal influenza. That mandate will include Physicians and their office staff. The requirement, issued by the Rhode Island Dept. of Health, marks the nation's first statewide mandate of flu shots for health professionals. In other states, flu vaccine mandates have been set by individual employers, such as hospitals and health care centers.

Even though state legislative sessions in 2012 saw an aggressive, orchestrated attack on vaccine exemptions, an amazing and unprecedented citizen effort was organized by NVIC (National Vaccine Information Center) staff and supporters to help Americans protect and expand exemptions to mandatory vaccination laws in the states.

In 2012, NVIC (National Vaccine Information Center) actively tracked and shared information on 43 bills in 23 states that affected the human and civil right to make informed, voluntary vaccination decisions free from coercion or harassment.<sup>11</sup>

## **WHAT ARE OUR LEGAL RIGHTS? and WHAT ARE THE SOLUTIONS?**

In most instances, hospital vaccine requirements for employees concern company policy, and not state law. Workers in most states do not have a state exemption law that allows them to refuse vaccines, so you have to approach it from a different angle, religious objections under federal law.<sup>12</sup> Federal civil rights law requires employers to “reasonably accommodate” their

employees' religious beliefs. So, the first step is to find out what your employer's policy is on religious exemptions for employees.

The long term solution is to change the laws. Recently, however, laws have been changing in the wrong direction. Rhode Island, Washington State, Vermont, and New Mexico have recently passed laws limiting the right to claim a vaccine exemption to mandatory vaccines for school enrollment. The California legislature just passed a bill restricting access to exemptions, and it now needs only the governor's signature to become law. New Jersey is considering a bill that would make it more difficult to exercise a religious exemption there. This is a NATIONAL TREND, and we are ALL on the list! This is not one of those issues you can watch passively from the sidelines, because the pharmaceutical vaccine machine has everyone in its sites.

As physicians we have a Hippocratic Oath responsibility *Primum Non Nocere*, "Above All Do No Harm". The scientific evidence does not point to the efficacy or safety of the flu vaccine. Let's exercise our rights and obligations and protect our patients and ourselves from unscientific vaccine mandates.

## Endnotes

- <sup>1</sup> Swine Flu -- One of the Most Massive Cover-ups in American History  
<http://articles.mercola.com/sites/articles/archive/2009/11/03/What-We-Have-Learned-About-the-Great-Swine-Flu-Pandemic.aspx>
- <sup>2</sup> *Arch Intern Med* 2005; 165: 265–72
- <sup>3</sup> *Lancet Infect. Dis.* 2007 [Epub doi:10.1016/S0140-6736(07)61389-0].
- <sup>4</sup> Szilagyi PG, et al., *Arch Pediatr Adolesc Med.* 2008 Oct;162(10):943-51. doi: 10.1001/archpedi.162.10.943.  
Influenza vaccine effectiveness among children 6 to 59 months of age during 2 influenza seasons: a case-cohort study.
- <sup>5</sup> Jefferson T, et al, *Cochrane Database Syst Rev.* 2010;(2):CD005187. Influenza vaccination for healthcare workers who work with the elderly.  
University of Calgary, Department of Medicine, UCMC, #1707-1632 14th Avenue, Calgary, Alberta, Canada T2M 1N7. rthomas@ucalgary.ca
- <sup>6</sup> Osterholm MT, Kelley NS, Sommer A, & Belongia EA (2011). Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis. *The Lancet infectious diseases* PMID: 22032844  
Reviewed: <http://www.virology.ws/2011/11/03/ho...uenza-vaccine/>
- <sup>7</sup> Osterholm MT, et al, “The compelling need for game-changing influenza vaccines: an analysis of the influenza vaccine enterprise and recommendations for the future.” University of Minnesota Center for Infectious Disease Research and Policy, Oct 2012.  
[www.cidrap.umn.edu/cidrap/center/mission/articles/ccivi-landing.html](http://www.cidrap.umn.edu/cidrap/center/mission/articles/ccivi-landing.html).
- <sup>8</sup> “ The Efficacy of Influenza Vaccination in Elderly IndividualsA Randomized Double-blind Placebo-Controlled Trial” Govaert, et al., *JAMA.* 1994;272(21):1661-1665.  
doi:10.1001/jama.1994.03520210045030.
- <sup>9</sup> *BMJ* 2012; 345 doi: <http://dx.doi.org/10.1136/bmj.e7856>  
(Published 19 November 2012) Cite this as: *BMJ* 2012;345:e7856
- <sup>10</sup> Operational Guidance for Acute Care Hospitals to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC’s National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS’s Hospital Inpatient Quality Reporting (IQR) Program Requirements for the 2012-2013 Influenza Season  
<http://www.cdc.gov/nhsn/PDFs/HPS-manual/Operational-Guidance-HPS-Flu-Vaccination-Sum-Acute-Care.pdf>
- <sup>11</sup> <http://nvicadvocacy.org/members/Home.aspx>

<sup>12</sup> Eisenstein, Mayer, *Don't Vaccinate Before You Educate*, 2012, CMI Press, "Elements of a Religious Exemption Letter", pp 134-157.

Dr. Mayer Eisenstein, MD, JD, MPH, is a graduate of the University of Illinois Medical School, the Medical College of Wisconsin School of Public Health, and the John Marshall Law School. In his 39 years in medicine, he and his practice have cared for over more than 50,000 children who were minimally or not vaccinated at all. There is virtually no autism, asthma, allergies, respiratory illness, or diabetes in his unvaccinated children, a telltale revelation when compared to national rates.

His latest book, *Making An Informed Vaccine Decision* goes along with his other books: *Give Birth at Home With The Home Birth Advantage*; *Safer Medicine, Don't Vaccinate Before You Educate*, 3<sup>rd</sup> Edition; *Unavoidably Dangerous - Medical Hazards of HRT* and *Unlocking Nature's Pharmacy*, help consumers make more informed decisions with regard to their health. Some of his many guest appearances include: "The Oprah Winfrey Show" and "Hannity". Together with Vaccine Rights Attorney Alan Phillip they co-host, "The Know Your Vaccine Rights Hour", heard every week on NaturalNews.com and BlogTalkRadio.com

Using the 'Eisenstein Metabolic Syndrome and hCG Protocol' since September 2009 he has lost over 100 lbs. In March 2010 he started "The Metabolic Syndrome and HCG Eisenstein Weight Loss Program" based on the same protocol that he followed. To date, his Metabolic HCG Program has helped over 1,000 patients lose more than 20 tons.