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href="http://www.c-lab.gr/download-adobe-creative-suite-4-web-premium/">Download Adobe Creative Suite 4 Web Premium Many of the decision-making processes we engage in require some degree of trust. Trust characterizes nearly every relationship under the sun -- whether husband-wife, parent-child, teacher-student, doctor-patient -- including legislator-voter/taxpayer and media-consumer. With regard to this week's cover story subject -- the H1N1 flu virus and its vaccines -- the decisions made by Americans to accept the professed need for widespread immunization and the safety of government-procured vaccinations is based almost entirely on trust. People who take the time to evaluate and consider the risk-to-benefit ratio of immunization against any virus find themselves asking, "Whom should I trust?" Many of us depend upon the media for our information on this subject. Unfortunately, the dominant mainstream media is no longer worthy of our trust, most especially in matters of life and death. The media has proven its wholesale complicity in deliberate manipulation of information/news in favor of its own agenda(s) and, more importantly, in favor of its commercial interests. The H1N1-virus controversy is no different. The majority of information presented by network news -- ABC, NBC, CBS -- and cable news -- CNN, MSNBC, Fox -- is consistently skewed to the political affiliations of these broadcasters. This flagrant agenda-based delivery of critical information is in direct conflict with the traditional purpose of the media as the Fourth Estate and watchdog of the people. The media has betrayed Americans on so many levels that it is becoming increasing and irrevocably irrelevant as a source. Americans can no longer depend on the mainstream media for even the most basic data upon which to make everyday decisions, let alone decisions that affect our health.

We must look elsewhere for truthful information to guide us. The Internet is invaluable because we can verify for ourselves the sources of information, question it if necessary, and eventually arrive at informed conclusions. While it is a lot more time-consuming than plopping in front of the TV for 30 minutes each day, we no longer have any choice if reliability of information is our goal. This week's cover story documents the local perspectives on the controversy surrounding H1N1 and concludes that despite the media hype, there is very little reason to panic. Local health officials do advocate community-wide immunization, if for no reason than to ensure we do not have a widespread breakdown of basic services due to so many people "out with the flu." However, below are issues of concern that persist relative to the H1N1 flu and the vaccinations being offered, in some cases mandated, to protect against it. These issues are getting virtually no attention in the media, yet deserve to be addressed to Americans' satisfaction. You are urged to investigate for yourself these concerns to make an informed decision about your own health care. Look at both sides of the controversy, assessing all the pro and con data available, then judge for yourself the best course of action with regard to vaccination against the H1N1 flu. Health-care providers' consensus across the country is that the H1N1 virus is less severe than the seasonal flus experienced annually throughout the world. According to the Centers for Disease Control & Prevention (CDC), in the first 34 weeks of 2009 (ending August 29), there have only been 236 hospitalizations and 37 deaths attributed to H1N1 flu in the U.S. Compare that number with the estimated 35,000 deaths annually attributed to seasonal flus. However, criticism exists for claiming 35,000 annual deaths as the result of flu alone. Evidence supports other substantial health conditions as contributory to many of these deaths, such as compromised immune systems, bacterial pneumonia, etc. This is the first year that mock vaccines have been used to get FDA approval of the manufacturing process. The actual virus strain is added just days before the implementation of the vaccine. In other words, the test vaccines are not the same vaccines that we will actually receive. Furthermore, the amount of time from production to injection has been alarmingly short, leaving very little reliable test data upon which to judge the vaccines' efficacy and side effects, if any, both short-term and long-term. Vaccines have been controversial from the beginning. It is reported by the CDC that in some years, the current vaccine strains rarely match the current virus strains at the time of vaccination. This means that the vaccine was basically useless against the virus patients were being vaccinated against. Between 1998 and 2005, flu vaccine mismatch occurred in four of those years. In addition, Tamiflu no longer protects against seasonal flu. According to the CDC, 1,148 seasonal-flu samples were tested with 1,143 (99.6 percent) already resistant to Tamiflu. The H1N1 vaccine is being produced by four different manufacturers -- Medimmune , CSL (Australia), Novartis (UK-USA), and Sanofi Pasteur (France), all with different processes and testing demographics. Also, each will use its own additives, called adjuvants, that boost production of antibodies but may trigger autoimmune responses, instead. Some adjuvants are mercury (thimerosal), aluminum, and squalene. Mercury is considered more toxic than lead when ingested. There is concern in the health-care industry that over-vaccination may induce genetic pressure that will produce a more virulent flu strain, resulting in a far worse epidemic than before a vaccination program. The current goal for H1N1 inoculations in the 2009 flu season is 70 percent of the U.S. population. There is controversy about delivery of the vaccines. One vaccine is in the form of nasal-administered FluMist, intended for grade-school students. This vaccine causes individuals to shed viruses for five days after inoculation, potentially spreading the viruses to whomever these individuals come in contact with. What measures are taken to warn about this

particular risk? Especially if the vaccine itself has the potential to spread the disease? Claims of safety relevant to vaccines is dependent on assurance that the vaccines only utilize "killed viruses." Technically, there are no live viruses, so they cannot be killed, according to virologist Vincent Racaniello, Higgins professor in the Department of Microbiology at Columbia University's College of Physicians & Surgeons. Viruses require a host for replication. Deactivation of viruses occurs using heat, UV radiation, or chemical treatment. (See Racaniello's Virology blog.) Therefore it's possible for "hot lots" to occur in batches of vaccine, where the virus is active because the inactivator has not been thoroughly employed. These "hot lots" are not reported to the public. By definition, a "hot lot" is a vaccine that gets 10 or more reports of adverse reactions, and/or two or more reports of seizures, and/or one or more reports of death. Because of prior immunizations, vaccines should be age-designed according to immunology. Some generations have been exposed to certain viruses, while others have not. This is not applicable in current vaccine design, and could impact negatively in the future. According to the CDC, currently 99 percent of the flu strains present are 2009 H1N1, with seasonal flu strains nonexistent. Consider that the H1N1 flu is composed of three part Swine flu/Again flu/Human flu strains, all strains previously experienced in the world. So why aren't previous exposure and previous vaccinations contributing to some level of immunization against this new strain of H1N1? Proponents of vaccination claim there is no natural immunization because the strain is so new. Commercial interests and governmental complicity in the H1N1-vaccine distribution cannot be ignored. The possibility for corruption is all too real in this current economic climate. And the media is in lockstep with these same commercial interests, evidenced by its alarming absence of relevant and balanced information for public consumption. It is no secret that the revenue involved with the distribution of this vaccine is in the hundreds of billions. If the population refuses the vaccine in any significant numbers, the negative economic impact on the five manufacturers of the vaccine would be devastating. In the past, the CDC has ordered 100 million doses for seasonal flus. For the H1N1 flu, it has ordered 250 million doses, ensuring another taxpayer guarantee for a record portion of that revenue. This is not capitalism. It is corporate socialism. Resources for Your Own Research Government sites
 Health.NIH.gov
 CDC.gov Recent articles/letters
 Atlantic Monthly, "Does the Vaccine Matter?": TheAtlantic.com/doc/200911/brownlee-h1n1
 Guardian UK, "Swine Flu Fears Grow as NHS Staff Shun Vaccine": Guardian.co.uk/world/2009/oct/11/swine-flu-pandemic-vaccine-nhs
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