

## Why Do People Get Flu Shots?

by [Wilton D. Alston](#)

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*"Scientific medicine has taken credit it does not deserve for some advances in health. Most people believe that victory over the infectious diseases of the last century came with the invention of immunizations. In fact, cholera, typhoid, tetanus, diphtheria and whooping cough, etc, were in decline before vaccines for them became available – the result of better methods of sanitation, sewage disposal, and distribution of food and water." ~ Dr. Andrew Weil, [Health and Healing](#)*



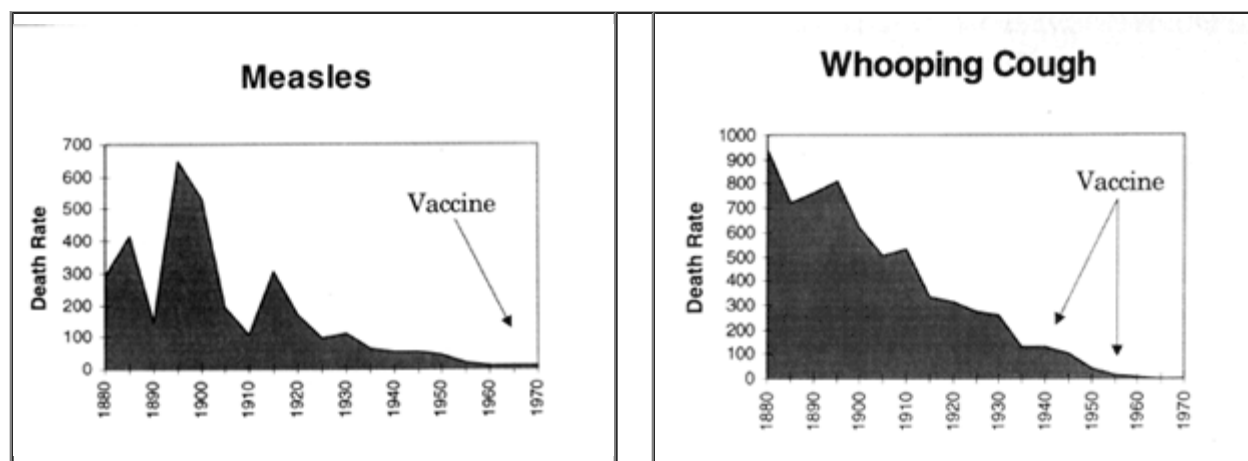
A Canadian comedy troop did a [very funny bit on flu shots](#) a while ago. They listed the ingredients in the typical flu shot, as they put them in a blender. During the bit they also polled people "on the street" and asked them some pretty basic questions about flu shots. Most people couldn't list the ingredients. The level of ignorance displayed made for great comedy. Funny stuff!

Which brings me to the question posed by this essay – why *do* people get those shots?

### The Upside of Vaccinations – Dubious?

A good bit of freely-available information paints a rather cautionary and contrary-to-mainstream-orthodoxy picture of vaccinations. According to [Vaccination Debate](#), a private website based in Australia, there is little, if any data-based support for the belief that vaccination is as important as it is often portrayed to be. This is evident when one examines the timing between the introduction of most vaccines and the decrease in death rates for the diseases they supposedly fight. While there are several examples of this phenomenon, I'll only include a couple below; note that year is plotted on the X-axis.

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I'm neither an epidemiologist nor an immunologist, but this data – even though taken from Australia – seems instructive on a number of levels. Notice when the vaccine was deployed. Contrast that with the slope of the curve. It seems pretty obvious that vaccination had little, if any, effect on death rate. Then again, that's *exactly* what Dr. Weil says in the quote that heads this essay above. He's far from alone; but wait, there's more.

Andrew Saul, over at [DoctorYourself.com](http://DoctorYourself.com) stated in a [recent newsletter](#):

"There is plentiful evidence that vaccinations are less than beneficial. The venerable British Anti-Vaccination League (and, incidentally, George Bernard Shaw) was vociferously against them. Homeopathic medical writers frequently include passages in their texts on how to treat *vaccinosis*, or the side-effects of vaccinations (Clarke, 1972). **Certainly the U.S. Government cannot say without qualification that shots are either safe or essential.** After all, this is what was said about the infamous Swine Flu vaccine in a 1976 FDA Consumer Memo in my possession: 'Some minor side effects – tenderness in the arm, low fever, tiredness – will occur in less than 4% of (vaccinated) adults. Serious reactions from flu vaccines are very rare.' So much for blanket claims of safety. Many persons well remember the very numerous and very serious side effects of Swine Flu vaccine that forced the federal immunization program to a halt." [Boldface added.]

Dr. Joseph Mercola, over at [Mercola.com](http://Mercola.com) asks in a [not-so-recent piece](#):

Do you want any of the following vaccine constituents in YOUR bloodstream?

- **Ethylene glycol** (antifreeze)
- **Phenol**, also known as carbolic acid (this is used as a disinfectant, dye)
- **Formaldehyde**, a known cancer-causing agent
- **Aluminum**, which is associated with Alzheimer's disease and seizures and also cancer producing in laboratory mice (it is used as an additive to promote antibody response)
- **Thimerosal** (a **mercury** disinfectant/preservative) can result in brain injury and autoimmune disease
- **Neomycin** and **Streptomycin** (used as antibiotics) have caused allergic reaction in some people.

Vaccines are also grown and strained through animal or human tissue like monkey kidney tissue, chicken embryo, embryonic guinea pig cells, calf serum, and human diploid cells (the dissected organs of aborted human fetuses as in the case of rubella, hepatitis A, and chickenpox vaccines).

That [thimerosal has been banned in several countries](#) while continuing to be used, and in fact,

[promoted by some doctors' groups](#) in the U.S. is also rather interesting.

From [NewsTarget](#), we have a piece that speaks to the "[modest benefit](#)" one can expect from getting a flu shot:

"In their review of 71 studies, Dr. Daniela Rivetti of the public health department of Asti, Italy, and colleagues found that flu shots prevented 45 percent of flu-like illnesses, hospital admissions and flu-related deaths among nursing home and long-term care patients. Flu vaccinations prevented only 25 percent of these outcomes in older adults still living in the community."

NewsTarget also recently reported on the results of a new British Medical Journal analysis, which showed why, "[Flu Shots are Virtually Worthless](#)." That article states:

"Dr. Tom Jefferson, coordinator of the Cochrane Vaccines Field in Rome, Italy, conducted an extensive review of previous studies on the effectiveness of inactivated [dead virus] flu vaccines on hospital admissions, death rates and time off work."

Dr. Jefferson reports that while vaccine recommendations have actually increased in recent years, the data shows that they are largely ineffective in the populations for which they are most highly recommended. Not surprisingly, [others have written about this report](#), as well.

Even the more mainstream media reported that flu shots were "much ado about nothing." Interestingly, the same Dr. Jefferson as quoted by NewsTarget was quoted in an article originally linked (but not freely-available) by Medline. I found the article on HealthCentral.com, entitled "[Study Questions Value of Flu Shots](#)" via another source. That article states:

"We've got an exaggerated expectation of what vaccines can actually do," said study author Dr. Tom Jefferson. ... "I'm hoping American and European taxpayers will be alerted and will start asking questions."

The article goes on to say:

"Overall, Jefferson concluded, influenza vaccines have **little or no effect** on many influenza campaign objectives, such as hospital stay, time off work, or death from influenza and its complications." [Emphasis added.]

After all this information, there can be little doubt that the usefulness of flu shots is, at very least, questionable. That is the objective data about the shot itself. Yet the establishment continues to push them. Since I do not readily subscribe to the paradigm of random evil in people, there must be *some* reason, other than ignorance, that drives those with power and influence to support widespread flu shots for the US population.

### **The Downside of Vaccinations – Obvious?**

The [FDA recommends](#) vaccinations. Given [my impression of that organization](#), their recommendation alone is almost tantamount to a suggestion to the contrary. The socialist paradigm by which the FDA operates virtually guarantees that its decisions won't be in the best interest of "the customer." As Manuel Lora and I said in that previous column:

"The difference, however, between the market and the state is that the latter lacks a negative feedback mechanism. In the market, if a company makes a mistake, it can be severely punished by the customers. With the government, no such thing

happens. When the FDA makes a mistake, it doesn't go away or downsize; it cannot be boycotted or legally bypassed; one cannot seek alternate quality control and certification systems. In fact, we are perpetually tied to the FDA and any state agency through taxation. The state has no incentive to be more effective by controlling cost or increasing quality because it can always rely on a constant influx of funds."

We are virtually assured that even demonstrably bad decisions will not be punished, because externalization of risk is one inevitable outcome of a coercive state.

The [CDC advises everyone](#) to [get a shot](#), including both the young and the old. Yet I cannot find much information that backs this need up with data. Medline showed some positive data about flu shots and their effectiveness. An article entitled, "[Studies Support Flu Vaccine's Effectiveness](#)" states:

"Using surveillance data, the researchers predicted what the peak week of influenza season would be. They also had parents answer questionnaires about what symptoms, if any, they and their children were experiencing, what medications they had purchased, and any doctor visits, missed school or work days they had logged."

The article goes on to say:

"The team found a significant reduction in influenza-like illnesses in both adults and children from households with a vaccinated child compared to the non-vaccinated households. The researchers also saw significantly fewer numbers of medical office visits, lowered use of prescription and over-the-counter medications and a reduction in missed school days by elementary and high-school children in the vaccinated households."

Certainly this is a positive recommendation, but a lukewarm one at best, given the contrary data presented by *The Lancet*, et al. Not even all mainstream news sources paint a rosy picture, as evidenced by "[Universal Flu Shots Urged](#)" published on-line a few years back in by the National Women's Health Resource Center. That article states:

"The rationale for universal vaccination comes from the concept of 'herd immunity,' which posits that with more people vaccinated, less overall virus circulates and people, especially frail people, have less chance of contracting the illness."

The article goes on to say:

"But this argument comes on the heels of a study in *The Lancet* that showed that **even with people for whom the vaccine is most recommended (the elderly), protection can be as low as 30 percent.**" [Boldface added.]

So while one *can* find some positive data from some of the mainstream, there exists a not insignificant amount of data from both the mainstream (e.g., *The Lancet*) and the not-so-mainstream (e.g., Dr. Mercola) that question the usefulness and efficacy of flu shots. At best it appears that one is opting to inject a foreign substance with likely only 25–45% effectiveness while hoping that no side-effects occur. (Anyone care to pay for the chance to play Russian roulette?)

Another researcher in the article linked from HealthCentral.com says, "My message is definitely go out there and get the flu vaccine if you're an older individual."

But the CDC also reports that only 36,000 people die from the infection each year. Contrast that number with this little tidbit, found at [Medical News Today](#):

"An average of 195,000 people in the USA died due to potentially preventable, in-hospital medical errors in each of the years 2000, 2001 and 2002, according to a new study of 37 million patient records that was released today by HealthGrades, the healthcare quality company."

It appears pretty clear that anything one can do to stay out of the hospital is a good first step. I still can't find any reason to think vaccinations are a critical component of a healthy lifestyle, unless we conclude that something is better than nothing. That doesn't sound like an effective immunization strategy.

Using the numbers above we see that over *five times as many people* will die because they happen to be in the hospital and are unlucky enough to experience a preventable error than will die from getting the flu, if the vaccine itself doesn't put them in the hospital. Seems to me your chances are better on your own anyway, particularly given the performance data.

According to Mercola the [myths about vaccination](#) have more efficacy than the vaccines themselves. For example:

**Myth:** Vaccines are safe.

**Truth:** "Vaccination causes significant death and disability at an astounding personal and financial cost to uninformed families."

**Myth:** Vaccines are effective.

**Truth:** "Evidence suggests that vaccination is an unreliable means of preventing disease."

**Myth:** Vaccines are responsible for the low incidence of disease in the US.

**Truth:** "It is unclear what impact, if any, that vaccines had on 19th and 20th century infectious disease declines." (The graphs above reflect this truth.)

Until these types of myths are exposed for what they are – over-statements at best, lies at worst – people will, I suspect, continue to line up for flu shots and other vaccinations. Worse yet, many will opt for voluntary vaccinations such as HPV, which is also unwise in my view. The bulk of this behavior is due to heavy propagandization from agents of the State. (Even as [reports of deaths from vaccine side-effects start to roll in](#), Merck continues to lobby.) Why does this occur? It occurs for the same old reasons. People continue to use the power of the State to enrich themselves.

### **The Promotion of Vaccinations – Profitable?**

According to [Barbara Fisher](#), who served for ten years on the US National Vaccine Advisory Committee:

"We have bad science and bad medicine translated into law to ensure that vaccine manufacturers make big profits, that career bureaucrats at the Public Health Service meet the mass vaccination goals promised to politicians funding their budgets, and pediatricians have a steady flow of patients...As the drug companies have often stated in meetings I have attended, if a vaccine they produce is not mandated to be used on a mass basis, they do not recoup their R&D costs and do not make the profit they want. In the medical literature official studies of vaccine risk are



published purportedly proving there is no cause and effect. What the reader does not know is that often the studies have been designed and conducted by physicians who sit on vaccine policy-making committees at the Centers for Disease Control... some of whom receive money from vaccine manufacturers for their universities and for testifying as expert witnesses in vaccine-injury cases. And others are federal employees with an eye on career advancement within HHS and a future job with a vaccine manufacturer after retirement from public service. Many of these same physicians sit on the peer review boards of the major medical journals such as *Pediatrics* and *JAMA*, where they refuse space for studies or letters from the few brave physicians who dare to challenge their assertions that there is no cause and effect."

From my own experience in regulated medical device research and development, I know that it is not uncommon for a manufacturer of diagnostic tests to decide which tests to develop with an understanding (or in fact, an *expectation*) that the State will mandate the use of the new tests, and thereby furnish the manufacturer with a steady stream of income. And let us be clear, this behavior is not unethical, it is good business planning! (Now if one lobbies on one end while developing items to sell as a result of that lobbying on the other, well...) Still, this behavior is the *inevitable* result of statist policies – regulation, mandates, etc. – distorting the market.

For another – if unrelated to vaccinations – example of the interplay that exists between state control and misplaced incentives, one need only gaze upon this tidbit: [the AMA is raking in about \\$70 million per year on licensing CPT codes](#). CPT codes – current procedural terminology – are explained in [a Wiki entry](#) which states:

"The CPT code set accurately describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures between physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes."

The AMA holds a copyright on the codes and licenses their use.

Basically, the scam works like this. The CPT system is *mandated* by the Centers for Medicare and Medicaid Services (CMS) and [HIPAA](#), and the data for it appears in the Federal Register. In order to associate the [Relative Value Unit](#) (RVU) – the common scale by which practically all physician services are measured – with CPT codes, a fee must be paid to the AMA. In other words, the State *requires* that the CPT system be used, and the AMA scoops up the profits as a direct result. (Nice work if you can get it.)

By controlling access to the market, agents of the State simultaneously drive the available offerings down and profits – for a select few – up. Now certainly this all has little to do with flu shots specifically, but misplaced statist incentives always lead to these types of outcomes. This is but one example.

Further down the text found at the CPT code citation above, under the heading, "**CDC Refuses to Deny Conflict of Interest on Vaccine Policy Committee**," we find that a doctor was giving "pro-vaccination" lectures in exchange for money, money supplied by Merck, a vaccine vendor. (What a surprise.) If Merck and the CDC can be asked *directly* if such an arrangement is a conflict of interest, which they were, and they refuse to answer that question, which they did, I suspect we have all the answer we need.

## Conclusion

We've uncovered yet another place where data, logic, and common sense go directly *against* the information spit out by the agents of the State. (Really, it wasn't that hard.) Of course this

discovery is not surprising, since basic logic virtually guarantees that the coercive powers of the State will always be used to enrich some at the expense of others. History is an unerring teacher in this regard. As Bastiat so aptly put it, "The State is that great fictitious entity by which everyone seeks to live at the expense of everyone else." Indeed.

I'm not qualified to advise *anyone* about their health choices. The reader is invited to decide for himself. It just strikes me as a little strange and a little hazardous for anyone to place too many of these decisions in the hands of the State or more accurately, its agents, particularly for so little obvious benefit.

This is particularly true when it appears that very little about your or my health and wellness drives many, if not most, of their actions.

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