

[Flu vaccine racket](#)

A Shot Never Worth Taking: The Flu Vaccine

by [Brogan, MD, Kelly](#) – NOVEMBER 27, 2013

<http://www.vaccinationcouncil.org>



"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."

Deep into my 6th year of researching and investigating the damning science that condemns vaccine efficacy and safety – yes, all of them – I am beginning to turn my attention more to the societal memes and the individual belief systems that protect and perpetuate tragically flawed and unacceptably dangerous collective behaviors.

The information is **OUT THERE**, brilliant scientists, physicians, and researchers without financial ties and agendas have weighed in and presented their concerns about vaccine safety and efficacy, however, the average citizen resists and clings to a hyper-simplified, seemingly “safe” stance.

“Well, I’m not against vaccines, I mean, they’ve done a lot. I’m sure there are some risks, but they’re extremely rare.”

I understand, now, that, my collection of PubMed articles substantiating concerns about inefficacy, neurological, autoimmune, and fatal risks of these poorly conceived and anachronistically relevant immune modulators is not meaningful to someone who is not interested. The questions raised by this information are not provocative to someone who needs, above all, to believe that the government, the CDC, and doctors mean well, are doing their due diligence, and that they are holding themselves to a basic standard of ethical delivery of healthcare. They are not meaningful to someone who needs to outsource their power.

Instead of debating the science, what it may take to change to bring awareness to this egregious misuse of medical authority is, one of two, non-scientific, anecdotal exposures:

1. They see it doesn’t work, and may even cause illness

I have several pediatricians as patients. Unprovoked, all of these women have confessed to me that they have observed increased virulence in their vaccinated populations. It is this clinical experience that has given them pause about the heavy-handed mandate coming down from the CDC.

“Oh!” I say, “Have you read the studies that suggest increased risk of infection in the vaccinated population? There’s **THAT ONE** where they actually used a saline placebo in 115 children and found that those vaccinated had a 4.4 times increased rate of non-flu infection? Or how about that **CANADIAN ONE** where they looked at 4 observational studies and found that 2008-2009 H1N1 vaccination was associated with a 1.4 to 2.5 increased risk of actually contracting said virus?”

Only after they have a personal template within which to fit the science affirming their observations, do they have room to hear it. But what of all of the children they have brought this ineffective and dangerous intervention to?

2. They know someone harmed

It is basic human psychology that what is out over there is irrelevant at best, and threatening at worst. What is near and familiar is what is true. Few of us seek to bridge gaps between what we are surrounded by and what may be out there to learn. The difficulty of appreciating the scale of harm brought to the population by vaccination practice is related to the insidious nature of immune and neurologic insult.

The CDC can report, as they do, that brain inflammation and death are known side effects of every vaccine, but most do not appreciate what brain inflammation looks like. That this can look like ADHD, autism, learning delay, and that autoimmune disorders can take years to manifest. Tracing the thread back to the vaccine exposure can only be done with studies that assess vaccinated versus unvaccinated populations. These have not been done.

Tragically, we all know, now, of someone who has died from the flu vaccine, just this past week. **CHANDLER WEBB**, a healthy 19 year old, was given a “routine” and “recommended” flu vaccine at his physical, one day before he became violently ill, and one month before he died. He died from vaccine-induced encephalitis, a known risk of this intervention. In addition to feeling remorse for the pain that this family is experiencing, I feel rage for what I believe to be manslaughter. This is a medical intervention, delivered without any regard for its objectively determined lack of efficacy, and its potential to maim and kill healthy adults.

The propaganda surrounding this CDC and government-endorsed practice is so thick that doctors treating this young man were blind to even the most obvious of causative insults. If doctors cannot appreciate a documented adverse event that occurs within 24 hours, you cannot expect the system to acknowledge more complex disturbances to the immune system and neurologic development that will land you and your loved ones on medications and in therapies for life.

And, remember, that this family cannot sue the physician who pushed the needle or the pharmaceutical company who created the lethal product.

I think about the Cliff’s Notes version, a distillation of why the flu vaccine is evidence that our government and regulatory bodies have forgotten us, and are following an objective that may leave you lying dead on the side of the road. I know that few of you will read the papers that I have read, attend lectures, seminars, and dialogue with concerned experts. If nothing else, digest these important points, and then wait until this issue gets close enough to you to change your mind on it...hopefully before it’s too late.

•**It’s not indicated:** I’m sure you don’t know a single person who has died of the flu, and if you think you do, I can almost guarantee you that the diagnosis was not confirmed in a way that ruled out the 150-200 infectious pathogens that cause flu-like syndromes, none of which would be “covered” by the vaccine. Despite the astronomical figures the CDC flashes before us of “flu deaths”, there were 18 (yes, 1-8) confirmed in 2001, for example. Access to these figures is suspiciously concealed, but in the end, forget the stats, and use some common sense to see the fear mongering and sales marketing for what it is.

•**It doesn’t work:** The Cochrane Database – an objective, gold-standard assessment of available evidence has plainly stated, in TWO STUDIES, that there is no data to support efficacy in children under two, and in adults. Even the former Chief Vaccine Officer at the FDA states: “there is no evidence that any influenza vaccine thus far developed is effective in preventing or mitigating any attack of influenza.” Liking the idea of being protected from the flu does not equate to being protected from the flu. That’s essentially what your vaccine-promoting doctor (or pharmacist) is engaging in – promoting an idea.

•**Should there ever be a medical intervention appropriate for everyone?**

It’s being pushed on demographics where it is known to be ineffective, or is unstudied and likely unsafe including children, adults, elderly, and pregnant women as reviewed on [THIS WEB SITE](#) and [GREENMEDINFO](#). I write about how this offends my sensibilities as a perinatal physician [HERE](#).

•**We just don’t know what we are doing:** The grave possibility of undetectable viral proteins in the chick embryos used to culture vaccines is just an example of how the immune roulette of vaccine development and

rampant implementation has resulted in death and lasting injury. C. jejeuni contamination, **for example, IS THEORIZED TO PLAY A ROLE in documented** risk of Guillain-Barre paralysis after flu vaccine. Producing antibody response to virus and associated toxic preservatives is not immunity. We know that now.

As those of us who shake our heads in pain and frustration watching the sheep get herded off the cliff, we refrain: these agents cannot be considered “safe and effective” and also “unavoidably unsafe” as the government agencies would have us accept. They are avoidably unsafe, in fact, when you don’t use them as part of your healthcare.

~Kelly Brogan, MD

As an undergraduate at M.I.T, Dr. Brogan studied Cognitive Neuroscience and worked with Harvard undergraduates to create a public forum for the discussion of alternative medicine, directing conferences for the Hippocratic Society. She attended Cornell Medical School where she was awarded the Rudin Scholarship for Psychiatric Oncology and began her work in Reproductive Psychiatry, which she went on to train in during her residency at NYU/Bellevue. A strong interest in the interface of medicine and psychiatry led her to pursue a fellowship in Consultation Liaison/Psychosomatic Medicine at NYU/Bellevue/VA Hospital. Since that time, she remains on faculty and has focused her efforts on her private practice where she cares for patients with medical illnesses, as well as women at all stages of their reproductive life cycle. A passion for holistic living, environmental medicine, and nutrition are the bedrock of her functional medicine practice. She has published in the field of Psycho-Oncology, Women’s Health, Perinatal Mental Health, Alternative Medicine, and Infectious Disease. She is Board Certified in Psychiatry, Psychosomatic Medicine, as well as Board Certified in Integrative and Holistic Medicine. Link to her website [HERE](#) and sign up for her newsletter [HERE](#)

