
# The Immunisation Fraud: Flu Vaccines Don’t Stop You from Getting Flu

## Description

 **There are four main types of flu viruses, A, B, C, and D. They are completely different and only A, B, and C affect humans.**

**Remember, the only way they can affect you is to get inside of you and into your bloodstream through that epithelial layer of your respiratory tract. Unless, of course, you decide to willingly inject them.**

By Dr. Kevin Stillwagon

The natural way for them to get in is by attaching to receptors on cells of that epithelial layer. Once attachment occurs, there must be a glycosylation or merging between the virus and the cell membrane. How easily this merging happens determines how “contagious” the virus is. The proteins on types A and B that do this merging are very similar, making them highly contagious. The protein on influenza C is different, making it less contagious. The protein on type D is so different that it will not merge with human cells.

All four of these viruses are constantly transmitting between humans, even D from animals. Type D will not be able to attach to human cells unless it is “monkeyed with” in the laboratory, called Gain of Function research.

Whether or not a person will display symptoms after contracting a virus is determined by the condition of their immune system, not the presence of the virus because it is almost always present.

The curious thing about these flu viruses is that our bodies constantly mutate them. Remember the virus is not alive, has no intelligence, no desire to attack you, no ability to inject itself into a cell, and no ability to mutate itself. The mutations are under the intelligent control of APOBEC enzymes in the cytoplasm of cells communicating with the nervous system, endocrine system, other viruses, exosomes, and ultimately universal intelligence. In fact, the APOBEC enzymes may only take parts of the transmissible virus and make a new protein that will change the cellular function of that particular cell line. This is why some doctors like me will say that viruses that are not man-made are part of nature, part of us, will always be with us, and are necessary for our survival.

Whenever man tries to block this necessary transmission of the genetic information inside of viruses, our bodies will continue to mutate them so they will continue to transmit. Here's another deep dive into the constant new discoveries of the actions of APOBEC: '*Modelling the Embrace of a Mutator: APOBEC Selection of Nucleic Acid Ligands*'.

Science has known for a long time that these mutations in flu viruses happen so fast that trying to make a shot containing something in it that would make an antibody that would block a mutation they cannot predict is almost impossible. Here's some interesting history:

In the late 1950s, many physicians reported to the National Institute of Health ("NIH") that influenza in patients who were vaccinated was in many instances MORE SEVERE than in persons who were not vaccinated. So, in 1960, Dr. J. Anthony Morris was brought to NIH specifically to determine the risks and benefits of influenza virus vaccines.

In 1962, a flu epidemic occurred, and 20 million doses of vaccine were used in this country (USA). Dr. Morris found that the number of cases in the vaccinated group was about the same as the non-vaccinated group in the civilian population. They believed the vaccine failed because the wrong virus was in the vaccine, so they changed the virus in 1963 to match the strain prevalent in the population. By 1964, Dr. Morris was not able to measure any detectable benefit derived from the use of influenza vaccines.

Soon after that, NIH discovered a population of people in the Caroline Islands of the Pacific, who had no incidence of influenza since the 1918 epidemic. These people were completely susceptible to influenza, they thought, so NIH got permission from the State Department to go there and vaccinate the people.

In October of 1965, they vaccinated some people with influenza type A vaccine, some with influenza type B, and some were not vaccinated at all. In January of 1966, there was an epidemic of influenza B – 60% of the people vaccinated against influenza B came down with influenza B symptoms and 80% of the people not vaccinated got influenza B symptoms.

That kind of protection against symptoms, 20%, is so low that if the opportunity came to repeat that experiment, the next time it might be 0%, or maybe 40%.

In other words, the protection afforded by the use of that vaccine was minimal. In fact, the mass vaccination campaign probably resulted in the epidemic. Why? Because they were injecting the whole virus replicated in embryonic hen's eggs, chemically deactivating them (supposedly), then injecting them. Dr. Morris found that:

> Regardless of the potency stated on a bottle's label, it was impossible to measure the actual strength of the vaccine.
>
> *Fighting Hogwash – Dr. J Anthony Morris, in Just a Little Prick by Peter and Hilary Butler, 2006 (pdf download HERE)*

That statement is still true today.

When Dr. Morris reported these findings to the responsible officials at NIH, he was told to discontinue all investigative work with flu vaccines, and turn over all data gathered and samples used to his supervisors. When that order was given to him, he immediately began duplicating his records and notebooks and separated part of the specimens he had gathered on the islands. He turned over the originals, kept the copies and also kept part of the samples.

He was then charged with insubordination in 1966. That was the first move to fire him from the investigation of influenza virus vaccines. But he was able to continue his work with colleagues on the campus of NIH. By 1971 there was no directive action taken on informing the public of the limited benefit, if any benefit, that they could derive from the use of influenza virus vaccines.

Since there was no evidence that NIH or any government official would ever inform the public of the limited benefit of flu vaccines, a senator, and the secretary of the Department of Health, Education and Welfare ("HEW") were notified. As a result, the regulation of biologics was transferred from NIH to the Food and Drug Administration ("FDA") in 1972. It was originally called the Bureau of Biologics. That part of the FDA was split in 1987, right after pharmaceutical companies were granted protection from vaccine injury liability, into two different agencies. The one for monitoring vaccines is now called CBER (Centre for Biologics Evaluation and Research). The one for monitoring drugs is now called CDER (Centre for Drug Evaluation and Research). Their philosophies and culture are entirely different.

Does getting a flu shot prevent one from getting the flu? No, and that's probably why most flu shots are given away for free.

> published by Rhoda Wilson

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2. Main

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