

How CDC Uses False Fears to Promote Vaccine Uptake

Analysis by [Dr. Joseph Mercola](#)

January 25, 2024

STORY AT-A-GLANCE

- › According to the CDC, about 36,000 Americans die from influenza each year. But this includes deaths from both influenza and secondary pneumonia. When separated out, flu deaths do not number in the tens of thousands
- › A 2004 slide presentation reveals CDC “recipe” for maximizing vaccine uptake is to use media to promote alarm by predicting dire outcomes and concern about lethality of influenza
- › Several studies found links between vaccination and emotional disturbances and psychiatric disorders such as anorexia, OCD and anxiety. Research also shows that stimulating a woman’s immune system during pregnancy – which both natural infection and vaccination does – raises the risk of autism

Editor's Note: This article is a reprint. It was originally published March 7, 2017.

Five years ago, political lobbyist Jack Abramoff shocked the nation when, in a 60-Minute Report, he revealed just how corrupt the U.S. political system really is. As it turns out, it's actually worse than most critical outsiders could have imagined.

Now, the downfall of yet another high-powered corporate lobbyist is shedding light on tactics used to promote drug industry interests.

Other news revealed how the CDC uses scare tactics to incentivize people into getting an annual flu shot – despite studies repeatedly showing that flu shots have been from

zero to less than 50% effective in preventing type A or B influenza over the past several years.¹

For this flu season, the CDC estimates the vaccine has failed about 60% of the time to prevent infection with the most prevalent A strain circulating this year.²

The Rise and Fall of a Roche VP

In "The Rise and Fall of a K Street Renegade," published in The Wall Street Journal,³ Brody Mullins details the suspected wrongdoings of Evan Morris, who at age 27 became a top Washington lobbyist for Roche Holdings AG, one of the largest drug companies in the world.

In July, 2015, he came under federal investigation, suspected of embezzling millions of company dollars through various schemes. Part of Morris' genius was his ability to capitalize on and shape public sentiment through the use of media, advertising, opinion polls, focus groups and the creation of front groups.

According to Mullins, "He sponsored nonprofits that engaged in letter-writing campaigns and organized patient groups that demanded Medicare reimbursement for his firm's drugs."

When the U.S. Food and Drug Administration considered banning the cancer drug Avastin, Morris created the nonprofit group, Patient Care Action Network. Morris recruited doctors and patients who then did Morris' work for him, urging their congressional representatives to oppose the FDA.

How Morris Turned Tamiflu Into a Blockbuster Drug

In the article, Mullins also reveals how Morris made Roche's influenza drug Tamiflu into a massive blockbuster by seeding and feeding public fear during the 2005 avian flu outbreak:

"Roche produced the leading treatment, a pill called Tamiflu. Sensing opportunity, Mr. Morris adopted an emerging lobbying tactic: build support among a lawmaker's constituents to supplement the traditional glad-handing of elected officials with dinners and campaign donations.

Mr. Morris contracted consultants who promoted news stories that stoked fears about an avian-flu outbreak. The goal was to sell more Tamiflu.

In October 2005, 32 Democratic senators wrote a letter to President George W. Bush expressing their 'grave concern that the nation is dangerously unprepared for the serious threat of avian influenza.'

Within weeks, Mr. Bush created an emergency stockpile of avian flu treatments that eventually included more than \$1 billion worth of Tamiflu pills. His administration offered subsidies that led to millions of dollars of additional Tamiflu sales to state governments."

Reported Flu Deaths – Another Giant PR Sham

While we're on the topic of fearmongering to boost corporate profits, a paper⁴ published in the BMJ in 2005 by Peter Doshi deserves a second look. In it, Doshi argues U.S. flu death figures are based more on PR mandates than actual science.

"U.S. data on influenza deaths are a mess," he writes. "The Centers for Disease Control and Prevention (CDC) acknowledges a difference between flu death and flu associated death yet uses the terms interchangeably.

Additionally, there are significant statistical incompatibilities between official estimates and national vital statistics data. Compounding these problems is a marketing of fear ..."

According to the CDC, about 36,000 Americans die from influenza each year. This statistic is reiterated by most mainstream media sources and government health officials, thereby impressing you with the suggestion that if you or someone you care

about gets influenza, you are likely to die from it. The answer, they say, is to make sure you get vaccinated at the onset of flu season each and every year.

Rarely does anyone question this 36,000-annual flu death number. But everyone really should. As noted by Doshi, the "CDC states that the historic 1968-9 'Hong Kong flu' pandemic killed 34,000 Americans. At the same time, CDC claims 36,000 Americans annually die from flu. What is going on?"

Indeed, is the annual death toll from influenza really GREATER than the well documented 1968-69 influenza pandemic? The answer is no, and Doshi goes on to reveal a number of statistical tricks used to artificially inflate influenza death numbers.

How Influenza Death Numbers Are Inflated

For starters, the CDC bundles influenza and pneumonia deaths together, even though influenza is by far not the sole cause of pneumonia. To quote Doshi:

"David Rosenthal, director of Harvard University Health Services, said, 'People don't necessarily die, per se, of the [flu] virus ... What they die of is a secondary pneumonia. So many of these pneumonias are not viral pneumonias but secondary [pneumonias].'

But ... Rosenthal agreed that the flu/pneumonia relationship was not unique. For instance, a recent study⁵ ... found that stomach acid suppressing drugs are associated with a higher risk of community acquired pneumonia, but such drugs and pneumonia are not compiled as a single statistic."

In other words, anyone dying from pneumonia – whether contracted as a result of influenza infection, post-surgical complication, the side effect of acid blocker use or any other reason – end up being reported as a "flu death." When you separate out pneumonia deaths, you end up with a very different picture of influenza mortality:

"[A]ccording to the CDC's National Center for Health Statistics (NCHS), 'influenza and pneumonia' took 62,034 lives in 2001 – 61,777 of which were

attributed to pneumonia and 257 to flu, and in only 18 cases was flu virus positively identified.

Between 1979 and 2002, NCHS data show an average 1,348 flu deaths per year (range 257 to 3006)," Doshi writes, adding:

"The NCHS data would be compatible with CDC mortality estimates if about half of the deaths classed by the NCHS as pneumonia were actually flu initiated secondary pneumonias.

But the NCHS criteria indicate otherwise: 'Cause-of-death statistics are based solely on the underlying cause of death ... defined by WHO as 'the disease or injury which initiated the train of events leading directly to death.'"

In 2016-17, Only 10% of Flu-Like Illnesses Were Caused by Influenza A or B

It's also worth noting that only 10% to 30% of flu-like respiratory illnesses at any point in a given flu season are actually caused by influenza type A or B,⁶ which is what the flu shot is supposed to prevent.

As Barbara Loe Fisher at the National Vaccine Information Center points out, "According to the CDC, in the 2016-2017 flu season the odds were only about 1 in 10 that flu-like illness symptoms were, in fact, caused by type A or B influenza.

Between October and February 2017, out of nearly 393,000 respiratory illness lab specimens tested in the U.S., only about 38,000 cases – or 10% – were positive for type A or B influenza."⁷

High Vaccine Failure Rate Plus Low Influenza Incidence Does Not Support Annual Flu Shot Policy

There are more than 200 types of viruses that cause respiratory flu-like symptoms,⁸ in addition to illness caused by bacteria,⁹ but they are not included in the influenza vaccine.

If the flu shot only works from zero to less than 50% of the time and most of the flu-like illness in any given flu season is not caused by type A or B influenza, the scientific evidence is simply not there for the government to order every child and adult in America to get the flu shot.

It is hardly a public health calamity warranting the vaccination of hundreds of millions of people on an annual basis. Which is precisely the point. As noted by Doshi, the CDC is "working in manufacturers' interest by conducting campaigns to increase flu vaccination."

CDC's 'Recipe' for Generating Vaccine Demand

Doshi's 2005 paper further reveals some of the content of a slide presentation given by Glen Nowak, then-acting director of media relations at the CDC. Nowak gave the presentation at the National Influenza Vaccine Summit in 2004, co-sponsored by the CDC and the American Medical Association (AMA). In a nutshell, Nowak's presentation focused on how to use the media to create fear and anxiety to promote vaccination and increase vaccine uptake in the U.S.

A section of his presentation, beginning on page 24, titled "Getting Ready for 2004-2005: Lessons (Re-)Learned [Including the Seven-Step Recipe for Generating Interest in, and Demand for, Flu (or any other) Vaccination]" has long since been removed from the AMA's website, where it was originally posted, but parts of it – and at least one full version¹⁰ – can still be found on internet sites discussing that "recipe." One article by UPI in 2004 features Nowak breaking down the recipe into parts that include:¹¹

- Getting medical experts and public health authorities to "publicly ... state concern and alarm (and predict dire outcomes) – and urge influenza vaccination"
- Publishing media articles and reports saying "that influenza is causing severe illness and/or affecting lots of people, helping foster the perception that many

people are susceptible to a bad case of influenza" and "framing of the flu season in terms that motivate behavior (e.g., as 'very severe,' 'more severe than last or past years,' 'deadly')"

Overall, Nowak's "Recipe" point was that "heightened concern, anxiety and worry" drives demand for the influenza vaccine and other vaccines. And, even though the CDC and AMA no longer promote The Recipe on their own websites, the CDC sure does seem to be doing its part in promulgating this fearmongering for both flu and COVID. Some doctors are also playing their part and appear to follow Nowak's "recipe" to the T.¹²

Hyperbole Over 'Dangerous Anti-Vaxxers' Grows

An offshoot of this fearmongering aimed at generating vaccine demand is the public shaming and demonization of so-called "anti-vaxxers" — most of whom are parents who have actually vaccinated their children and are simply trying to get to the bottom of why their child's health or behavior suddenly changed following one or more of those vaccinations.

Doshi was a graduate student when he wrote the 2005 BMJ paper questioning U.S. annual influenza mortality figures. He's now an associate editor of The British Medical Journal (BMJ). In an article published in the BMJ on February 7, 2017, Doshi addresses medical journalists who write about vaccines. Well worth reading in its entirety, it reads, in part:¹³

"Good journalism on this topic will require abandoning current practices of avoiding interviewing, understanding, and presenting critical voices out of fear that expressing any criticism amounts to presenting a 'false balance' that will result in health scares.

It does matter if the vast majority of doctors or scientists agree on something. But medical journalists should be among the first to realize that while evidence matters, so too do the legitimate concerns of patients. And if patients have

concerns, doubts, or suspicions – for example, about the safety of vaccines, this does not mean they are 'anti-vaccine.'

... Approaches that label anybody and everybody who raises questions about the right headedness of current vaccine policies ... as 'anti-vaccine' fail on several accounts ... Contrary to the suggestion ... that vaccines are risk free ... the reality is that officially sanctioned written medical information on vaccines is ... filled with information about common, uncommon, and unconfirmed but possible harms.

Medical journalists have an obligation to the truth. But journalists must also ensure that patients come first, which means a fresh approach to covering vaccines. It's time to listen – seriously and respectfully – to patients' concerns, not demonize them."

Conflicts of Interest at the CDC Threaten Your Health

The fact that the CDC is in charge of not only recommending and promoting mandatory use of vaccines but also monitoring vaccine safety is a significant conflict of interest. In 2006, two members of Congress – Representatives Dave Weldon and Carolyn Maloney¹⁴ – tried to address the problem by introducing a bill that would give the responsibility of vaccine safety to an independent agency within the Department of Health and Human Services.¹⁵

"There's an enormous inherent conflict of interest within the CDC and if we fail to move vaccine safety to a separate independent office, safety issues will remain a low priority and public confidence in vaccines will continue to erode," Weldon said.

The bill went nowhere, and public confidence in the CDC has indeed continued to erode with each passing year.

In 2011, the National Vaccine Information Center (NVIC) issued a public comment to the National Vaccine Program Office (NVPO) recommending overhaul of the U.S. vaccine

safety system, including the creation of an independent vaccine safety monitoring agency modeled after the National Transportation Safety Board (NTSB) and Consumer Products Safety Commission (CPSC).¹⁶

In 2014, NVIC issued a press release renewing its two decade long call for removal of vaccine safety oversight from DHHS. NVIC co-founder and president Barbara Loe Fisher said:

"It is a conflict of interest for DHHS to be in charge of vaccine safety and also license vaccines, and take money from drug companies to fast track vaccines, and partner with drug companies to develop and share profits from vaccine sales, and make national vaccine policies that get turned into state vaccine laws, while also deciding which children will and will not get a vaccine injury compensation award. That is too much power for one federal agency."¹⁷

The CDC has also racked up an embarrassing number of scandals in the last couple of years, with whistleblowers saying the agency is "shaped by outside parties and rogue interests" and that data destruction and fraudulent reporting has been used to hide autism links and rises in prevalence.

One of the researchers whose work was used to exonerate thimerosal's role in autism also turned fugitive, accused of embezzling vaccine research funds. A January 19 article by JB Handley gives the details on these and several other CDC scandals.¹⁸

Studies Link Vaccines to Mental/Emotional Disorders

In related news, research published on January 19, 2017, found "a significant relationship" between mercury exposure from thimerosal-containing vaccines and the subsequent risk of emotional disturbance, based on data obtained from the Vaccine Safety Datalink (VSD) database.¹⁹

Another study^{20,21} published that same day in the journal *Frontiers in Psychiatry* found some vaccines increased the risk of certain psychiatric disorders. Using information from health insurance claims, the researchers found that patients diagnosed with

anorexia nervosa were more likely than controls to have received a vaccination in the previous three months.

Anorexia, obsessive-compulsive disorder and anxiety disorder were also associated with influenza vaccination in the past 3, 6 and 12 months. According to the authors:

"This pilot epidemiologic analysis implies that the onset of some neuropsychiatric disorders may be temporally related to prior vaccinations in a subset of individuals. These findings warrant further investigation, but do not prove a causal role of antecedent infections or vaccinations in the pathoetiology of these conditions."

This doesn't entirely surprise me. A long list of studies looking at aluminum adjuvants in vaccines suggest it can induce neurodegenerative changes and is associated with an array of neurotoxic and neurological adverse effects.^{22,23,24,25,26,27}

Here, the naysayers don't have a leg to stand on, as the FDA actually set the limit on the amount of aluminum allowed in vaccines based on the amount required to boost vaccine effectiveness. No safety studies were performed at all. The FDA simply assumed it was safe. Today, ample evidence suggests otherwise.

Vaccine Contaminants – Another Safety Hazard

Other research points out another potential vaccine hazard – metal debris and biological contaminants. Remarkably, the study conducted by researchers in Italy found these kinds of contaminants in every single human vaccine tested.²⁸ According to environmental protection activist Robert F. Kennedy, Jr.,²⁹ these findings "should have profound and immediate impact on public health policies and vaccine industry procedures around the globe."

In all, 43 samples of 30 different vaccines were tested using an environmental scanning electron microscope, and were found to contain contaminants such as:

- Aluminum salts

- Red blood cells of unknown origin
- Inorganic foreign particle debris consistent with "burnt waste." Additional analysis revealed the presence of lead, stainless steel, chromium, tungsten, nickel, iron, zirconium, hafnium, strontium, antimony and various other metals
- Endotoxins
- Bacterial residues

According to the study authors:

"The particles, be they isolated, aggregated or clustered, are not supposed to be there ... Our tissues perceive these foreign bodies as potential enemies. The biological reactions are expected to be fairly complicated, with macrophages that try to engulf them the way they do normally with bacteria and parasites to form a protein corona.

Unfortunately, though, the particles we found in vaccines, are not biodegradable. So, all the macrophages' efforts will be useless, and depending on the exact chemicals involved, the particles may be especially toxic.

Cytokines and pro-inflammatory substances in general are released and granulated tissue forms, enveloping the particles. This provokes inflammation which, in the long run, if locally persistent, is known to be a precursor to cancer."

Infections During Pregnancy May Raise Autism Risk

Another study³⁰ highlights the danger of stimulating the immune system of a pregnant woman. Women with active genital herpes infections during the early stage of pregnancy were twice as likely to give birth to a child with autism, compared to those without infection. As noted by NBC News, "The findings ... add to evidence that inflammation during pregnancy may affect the brain of a developing fetus."

According to Dr. Ian Lipkin, an epidemiologist and infectious disease expert and lead author, the damage is likely caused by inflammatory chemicals crossing the placenta,

thereby impacting the baby's brain development. Previous research has also shown that women who came down with the flu during pregnancy were twice as likely to have an autistic child. Those who had a fever lasting for one week or longer had three times the risk.

What's not mentioned is the fact that vaccines do the very same thing – they stimulate the immune system and produce an inflammatory response, including in women who are given a flu shot and/or a Tdap shot while they are pregnant. A 2008 article by Dr. Russell Blaylock explains the danger of excessive vaccination during brain development.

So why are pregnant women told to get vaccinated during pregnancy when there's no sound scientific evidence showing it's safe to do so?³¹

There's No Escaping the Vaccine Safety Discussion

There are staunch mandatory vaccination proponents who would like you to believe that the vaccine safety science is in and the vaccine safety debate has long since been settled. They're wrong. Very wrong.

In fact, the "debate" about vaccine safety science has not even strictly begun. There are huge gaps in the knowledge base in part due to the fact that well designed comparative studies of health outcomes in vaccinated and unvaccinated persons have not yet been conducted to draw credible scientific conclusions about long-term safety.

However, there have been compelling indications of harm for a long time. For example, studies have shown the flu vaccine weakens the immune system, making children more susceptible to more severe illness by hampering the development of certain types of immunity.³² An article by journalist Jeremy Hammond does an excellent job of distilling the problem facing unquestioning vaccine proponents:³³

"In a recent The Washington Post op-ed, pediatrician Daniel Summers argues that when it comes to the safety and efficacy of vaccines, there's nothing to debate ... Yet his own arguments illustrate why he's wrong and why there is indeed a debate to be had. So why is he so afraid of having it?"

Dr. Summers actually answers this question for us with some comments that explain his own demonstrable confirmation bias (the tendency to accept facts that support his own position while ignoring facts that contradict it). He writes:

'If vaccines genuinely cause autism like their opponents claim, one of two things must be true of pediatricians like me who administer them. Either we are too incompetent to discern the relationship between the two, or we are too monstrous to care. One cannot believe that autism is related to vaccination without simultaneously indicting the overwhelming majority of physicians, nurses and other medical providers in this country.'

So there you have it. If his view was shown to be wrong, it would demonstrate that either he's incompetent or he's evil. It's only natural that we can expect Summers, then, to be accepting of science that supports his view while dismissive of science that contradicts it."

As a doctor, I can empathize with this psychological conundrum. It's a terrible feeling to realize that, at some point in your life, you didn't have the knowledge you should have had and you led your patients the wrong way.

But I can also attest to the fact that, if you are a physician, you can admit your mistake and correct course and it will not destroy you or your medical practice. On the contrary, it inspires trust in your patients. And when it comes to vaccines, a course correction by adopting a new approach is not only necessary but inevitable.

Sources and References

- ¹ [National Vaccine Information Center. April 26, 2016](#)
- ² [CDC. Feb. 17, 2017](#)
- ³ [Wall Street Journal February 13, 2017](#)
- ⁴ [BMJ 2005 Dec 10; 331\(7529\): 1412](#)
- ⁵ [JAMA 2004; 292\(16\): 1955-1960](#)
- ⁶ [NVIC.org Spring 2004, The Vaccine Reaction \(PDF\) \(Archived\)](#)
- ⁷ [National Vaccine Information Center. Feb. 21, 2017](#)
- ⁸ [Johns Hopkins Health Library](#)
- ⁹ [VeryWell Health. Is the Flu a Virus or Bacteria? February 24, 2022](#)

- ¹⁰ CDC. Planning for the 2004-05 Influenza Vaccination Season
- ¹¹ UPI.com October 15, 2004
- ¹² The Washington Times October 15, 2004
- ¹³ BMJ 2017;356:j661
- ¹⁴ Congresswoman Carolyn B. Maloney. Vaccine Safety
- ¹⁵ VoteSmart. The Facts. April 19, 2007
- ¹⁶ National Vaccine Information Center. June 6, 2011
- ¹⁷ National Vaccine Information Center. Sept. 2, 2014
- ¹⁸ A Medium Corporation January 19, 2017 (Archived)
- ¹⁹ Brain Injury 2017;31(2):272-278
- ²⁰ Frontiers in Psychiatry January 19, 2017
- ²¹ Yale Daily News February 21, 2017
- ²² Jameslyonweiler.com November 16, 2015
- ²³ Current Medicinal Chemistry June 2011: 18(17); 2630-2637(8)
- ²⁴ Annals of Medicine 2013 Mar;45(2):182-93
- ²⁵ Journal of Inorganic Biochemistry November 2011: 105(11); 1489-1499
- ²⁶ Lupus February 2012; 21(2): 223-230 (Archived)
- ²⁷ Immunologic Research July 2013: 56(2-3);304-316
- ²⁸ The Vaccine Reaction. Feb. 6, 2017
- ²⁹ Eco Watch February 22, 2017 (Archived)
- ³⁰ mSphere DOI: 10.1128/mSphere.00016-17 (Archived)
- ³¹ National Vaccine Information Center. Nov. 9, 2013
- ³² Journal of Virology 2011 Nov;85(22):11995-12000
- ³³ Personal Liberty February 20, 2017