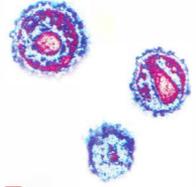
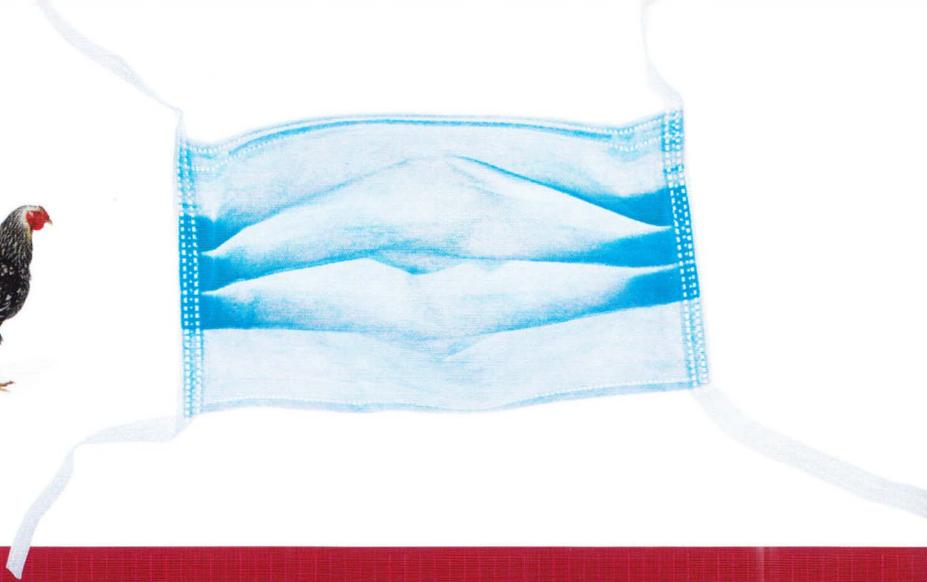


Torsten Engelbrecht
Claus Köhnlein



Virus Mania



**Avian Flu (H5N1), Cervical Cancer (HPV),
SARS, BSE, Hepatitis C, AIDS, Polio**

How the Medical Industry Continually Invents Epidemics,
Making **Billion-Dollar Profits**
At Our Expense

Forewords by

Etienne de Harven, MD, Pioneer in Virology

Joachim Mutter, MD, Expert on Environmental Medicine

With Robert F. Kennedy Jr
On the Vaccine Scandal Linking
Mercury and Autism

Chapter 7

H5N1: Avian Flu and Not a Glimmer of Proof

“There is no concrete proof that waterbirds at Qinghai that may have been infected with such a pathogenic strain and have survived, will migrate and be capable of transmitting the virus to other species of birds, animals or humans.”¹

Wetlands International
(Organization for the protection of nature and partner of the UN environmental program)

The Media: Big Pharma’s Megaphone

If one believes the media reports about avian flu, the world will be afflicted by a global epidemic—a so-called pandemic—in the near future, triggered by a mutation of an avian flu virus with the mysterious and ominous-sounding name H5N1. In the weekly newspaper *Die Zeit* in late summer 2005, we read with shudders this front-page headline: “Death on silent wings—the bird flu is approaching.” And, as if the point was to create the title for the sequel to the Hollywood shocker *Outbreak*, in which actor Dustin Hoffman is on the hunt for a deadly virus: “H5N1 plays Blitzkrieg [lightning war]”; “impending attack of the killer ducks.”²

Der Spiegel quoted David Nabarro, named the UN chief coordinator in the battle against avian flu in September 2005: “A new flu pandemic can break out any moment—and it can kill up to 150 million people.”³ Reinhard Kurth, director of Berlin’s Robert Koch Institute, didn’t want to be outdone by Nabarro and, in an interview with the *Frankfurter Allgemeine Zeitung* he warned that, “an epidemic potentially threatens all six billion people.”⁴

A more detailed inspection of media reporting on the subject shows one report or another that actually downplayed the virus panic. The Canadian news magazine *Maclean’s* (the country’s equivalent to *Time* in the USA) printed an article headlined: “Forget SARS, West Nile, Ebola, and Avian Flu [H5N1]—The Real Epidemic Is Fear.”⁵ Marc Siegel, professor of medicine at New York University and author of the 2005 book *False Alarm: The Truth About the Epidemic of Fear*, presented his critique of the fear mongering climate in several media simultaneously, including the *Ottawa*

Citizen,⁶ the Canadian capital's most significant daily newspaper, the *Los Angeles Times*,⁷ and *USA Today*.⁸

In German-speaking regions, *Freitag*,⁹ *Berliner Republik*,¹⁰ and *Journalist*¹¹ were among the publications, that ventured to be critical; and the Swiss *Weltwoche* wrote: "Only when the last chicken has laughed itself to death will you see that horror reports are more contagious than BSE, SARS and H5N1."¹²

Sadly, the few levelheaded voices got completely lost in the tidal wave of H5N1 virus-maniac reports. Under this apocalyptic cloud, there were few attempts to get to the facts, which should have happened from the beginning. Are the warnings churned out by newspapers, magazines and television stations and sold to a global public as the final conclusions of truth, backed up by scientific proof? Quite evidently not.

The scientists and their lobbyists seem more interested in acting as media celebrities. These mainstream virus experts do their rounds in newspapers and on television, creating a guise of legitimacy. The media repeats exactly what these so-called experts want to hear without asking for evidence. We discovered this after getting in touch with various publications asking the following questions:

1. Is an independent study available to you, which proves that the so-called H5N1 virus exists?
2. If there's proof of the virus' existence, is an independent study available to you, which proves that the H5N1 virus has pathogenic effects on animals?
3. Does sound evidence exist that rules out other factors (chemical toxins, foreign proteins, stress, etc.) as causes of the avian disease?
4. Is an independent study available to you, which proves that H5N1 can jump to the human species and can trigger a pandemic with many millions of deaths?

Even opinion leaders like the *Spiegel*, *Frankfurter Allgemeine Zeitung* or the *Frankfurter Allgemeine Sonntagszeitung*, however, could not name a single study.¹³ *Die Zeit* merely wrote: "All primary sources [studies] can easily be looked up using [the scientific databanks] DIMDI or Pubmed, and can then be ordered through [the document delivery service] Subito. Experts from the Robert Koch Institute, for example, or the National Research Center for Viral Diseases in Riems [the Friedrich-Loeffler-Institute (FLI)] are open to questions from any journalist. And the relevant CDC and WHO publications are freely accessible."

In response, we told *Die Zeit* that the research methods they had mentioned were very familiar to us and we were only asking them kindly to name what we had requested: concrete studies. But there was no answer.¹⁴

Many people will be bewildered by this information. Can the public really assume that the mainstream media (which pitches itself as a watchdog of political and

economic powers-that-be) critically filters the statements of the medical industry and other interest groups—and do not simply function as megaphones, strengthening the industry’s advertising messages?

The H5N1 hysteria made it clear that the media hangs on the words and opinions of the establishment, perhaps most especially regarding medical science. This was also shown by the paper “Bitter Pill,” which appeared in, arguably, America’s most significant media journal, the *Columbia Journalism Review (CJR)* in the summer of 2005. It describes in detail with numerous examples, how the medical industry uses the media to play out their modern marketing script: first by depicting scenarios of horror, creating the desire and demand for a remedy (typically in drug form)—and finally, the miracle substances come to the rescue, providing the pharmaceutical companies and their researchers high profits.

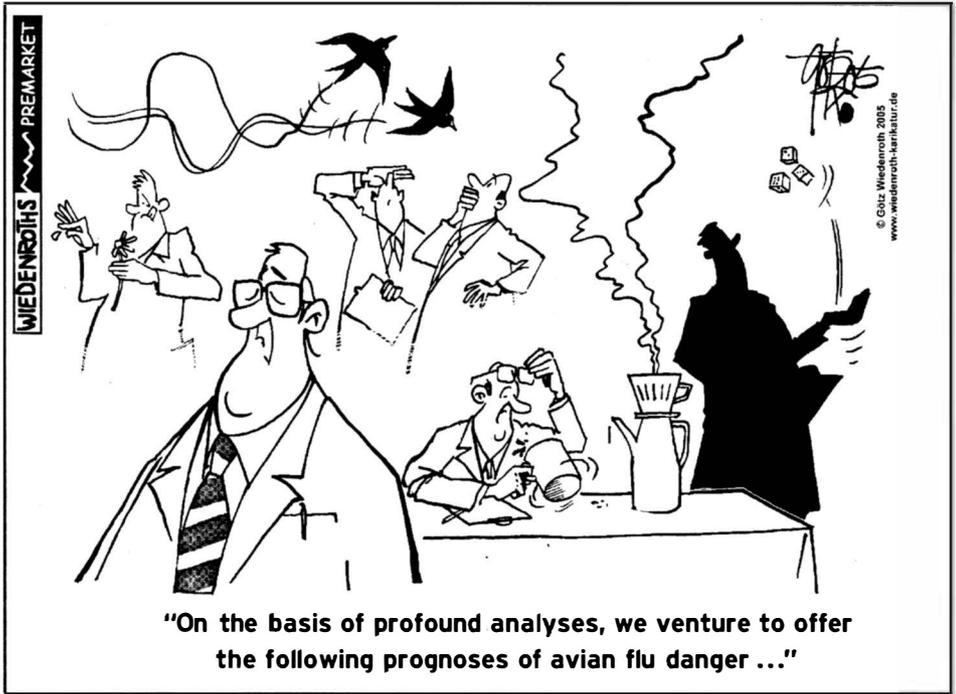
Not only do journalists naively trust the leading medical officials. “The news media too often seem more interested in hype and hope than in critically appraising new drugs on behalf of the public,” as *CJR* writer Trudy Lieberman outlines. “[And] the problem has grown dramatically in recent years as direct-to-consumer advertising has increased, delivering ever-higher ad revenues to the nation’s media.”

In 1980, Big Pharma spent just \$2 million in the USA on marketing and advertisements—but by 2004, this sum had swelled to several billions of dollars per year. And “instead of standing apart from the phenomenon and earning the public’s trust,” writes Lieberman, “the press too often is caught up in the same drug-industry marketing web that also ensnares doctors, academic researchers, even the FDA, leaving the public without a reliable watchdog.”¹⁵

H5N1: No Evidence of Virus Existence and Pathogenic Effect

Like the media, the German Federal Consumer Protection Ministry, government ministries of countries like the USA, Canada and France, and the World Health Organization firmly assume that H5N1 is a “highly contagious” virus. Or as Anthony Fauci (director of the powerful American National Institute of Allergy and Infectious Diseases and one of the eminent figures in American viral science who had already contributed decisively to the establishment of the HIV = AIDS dogma) put it: H5N1 is “a time bomb waiting to go off.”¹⁶ Later, in September 2006, the World Health Organization and the World Bank did a cost calculation, announcing that an avian flu pandemic could cost the world \$2 trillion.¹⁷

These are words with explosive force, which begs the question: Can these authorities, upon whom the media relies in its H5N1 reports, back up their statements



about an avian flu pandemic linked to such wide-reaching consequences with hard facts?

We sent the German National Consumer Protection Ministry (BMVEL) our four central questions, whereupon we received the following answer: “You are asking about very specific issues, which, at present, the Ministry—we ask for your understanding—cannot answer as quickly as would be necessary for your research.” We wrote back that we had plenty of time, and would only like to know when we could expect an answer.

At the same time, we pointed out that the Ministry should actually have been compelled to have evidence at hand. Otherwise, it could hardly be justified for the Ministry to appear before the public with statements expressing no doubt that H5N1 exists, is highly contagious, pathogenic (disease causing) and so on.^{18 19} Nor, without evidence at hand, should they have been spending millions of tax dollars on the battle against H5N1. But the Ministry could not name any studies and simply insisted: “Your requests for evidence of the pathogenicity and pandemic potential of the H5N1 virus and the studies that prove this can only be answered by the experts at the Robert Koch Institute and the Friedrich-Loeffler-Institute.”²⁰

We then turned to the Friedrich-Loeffler-Institute (FLI), which, according to the Consumer Protection Ministry, was in possession of “pure H5N1 viral cultures.”²¹ As a response, the FLI sent four studies, published in the well-known American scientific journals *Proceedings of the National Academy of Sciences*,²² *Science*,²³ *Journal of Virology*,²⁴ and *Emerging Infectious Diseases*.²⁵ But neither these papers, nor the paper by Subbarao et al (which appeared in *Science* in 1998)²⁶ cited in the *Emerging Infectious Diseases* paper claiming that H5N1 had been found in a human for the first time in 1997, yield actual proof of H5N1 (and these papers did not contain evidence for our other three questions either).

For avian flu, like the other alleged superviruses, biomedical research simply pulled its magic wand—the biochemical replication technique PCR (polymerase chain reaction)—out of its bag of tricks. Through PCR they claimed that the H5N1 virus’ genetic material is replicated, and through this the virus had been detected. But in fact, PCR, as Terence Brown maintains in his standard work *Genomes*, cannot be used to detect viruses that have not been decoded (“sequenced”) beforehand. And a complete decoding of H5N1’s genetic material, which is necessary in order to know what exactly is being replicated using PCR, has never taken place. In any case, nobody could send us such a study (details on this topic can be read in: Engelbrecht, Torsten; Crowe, David, Avian Flu Virus H5N1: No Proof for Existence, Pathogenicity, or Pandemic Potential; Non-“H5N1” Causation Omitted, *Medical Hypotheses*, 4/2006; pp. 855 - 857).²⁷

So, once again, there is evidently no electron micrograph of a pure and fully characterized H5N1 virus, either. There were pictures of alleged H5N1 viruses printed in media sources, but these were computer animations or completely normal cellular components that had been artificially produced in a test-tube (which is easily recognizable to any molecular biologist). The layperson can verify this by requesting a specialist peer reviewed publication in which H5N1 is illustrated and described in all the glory of its genetic information from the authorities in question, like the American CDC or the FLI. If anyone receives such a paper, please forward it on to us.²⁸

Since H5N1 has never been seen, avian flu antibody tests—like SARS, hepatitis C, HIV and modern viral science in general—attempt to prove the existence of the deadly enemy in an indirect way. The claim is that an infected individual has very special antibodies directed against this particular H5N1 virus. But such highly specialized antibody tests could only be constructed if it were clear exactly what the tests reacted to when they came out positive or negative. But here we’ve come full circle, for this would only be possible if tests were calibrated for an H5N1 virus, but there is no proof that such a thing exists.

Because of this, it is impossible to say that H5N1 can cause disease. Orthodox researchers say that the pathogenicity of viruses like H5N1 can be proven in the

laboratory by “inoculating” it into fertilized eggs or animals that have already seen the light of day (the neon light of the test laboratory).²⁹ But, a look at the publications in which the experiments are described shows no proof of pathogenicity.

In the laboratory experiment which the FLI presented as evidence of H5N1’s pathogenicity, large amounts of the test extract (which may have contained all sorts of cellular components and other potentially damaging material) was injected into ducks’ windpipes, nasal cavities, eyes and throats for days. All the damage and destruction this extract caused was then passed off as the result of an H5N1 virus.^{30 31}

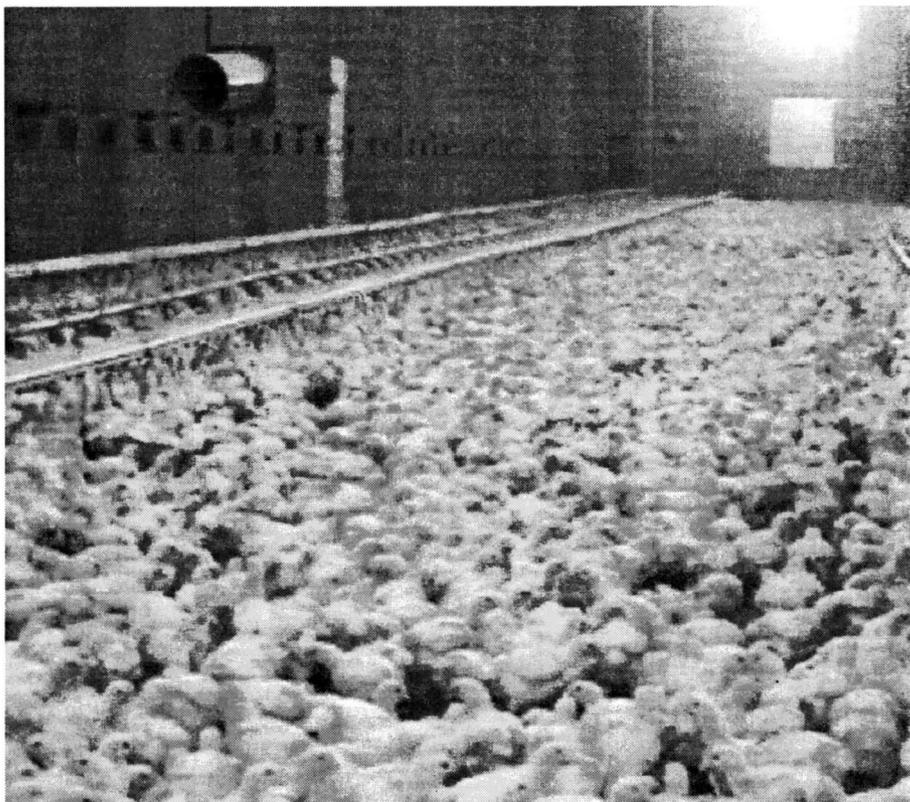
Such details do not interest the mainstream media. They keep playing their game of blown up horror stories and simultaneously credit scientists for their reports. In mid-January 2006, *Spiegel Online* jumped on the mega-story that H5N1 was said to have swooped in and killed three Turkish children; the headline read: “H5N1 virus adapts to humans.” In the story, writers referred to WHO scientists who claimed to have discovered a genetic alteration into a virus that could also become dangerous for humans during their analysis of the young victims.

But that this mutation had already adapted to humans, as the headline suggests, is not provable, as the *Spiegel* admits in the body of the article: “It is still too early to estimate decisively whether the mutations are dangerous [for humans] as the WHO declared.”³² The WHO experiments were not published in any peer reviewed medical journals, so we inquired repeatedly at the WHO, requesting they send us papers on these experiments or simply tell us their titles so we could examine them for ourselves. But the World Health Organization did not respond.³³

(Not Only) Factory Farming Makes Birds Sick

As with SARS, BSE, hepatitis C and HIV, it is necessary with H5N1 to move away from the fixation on viruses. For decades, we have been able to observe how animals in industrial poultry farming become sick: their combs turn blue, their egg production is reduced, or their feathers become dull.

The FLI, Germany’s national institute of animal health and national avian flu reference laboratory, describes the symptoms that appear in birds in its information pamphlet “Classical avian influenza—a highly pathogenic form of avian influenza [highly contagious form of bird flu]”: “Animals are apathetic, have dull, ruffled feather coats, and high fevers and reject feed and water. Many exhibit breathing difficulties, sneezing, and have discharge from eyes and beak. They develop watery-slimy, greenish diarrhea and sometimes exhibit disruptions to the central nervous system (abnormal posture of the head). Water deposits (edemas) can appear on the



© PETA.de

Meat in mass production: 38,000 baby chickens are crowded together in a hall flooded with artificial light. Cannibalism and self-mutilation are considered “normal.”

head, wattle, comb and feet can turn purple through congestion or internal bleeding. Egg production is interrupted, and eggs that are produced have thin and deformed shells, or no hard shells at all (wind eggs). In chickens and turkeys, mortality rates are very high. Ducks and geese don't get sick as easily, and the disease does not always lead to death. Sometimes they suffer from an intestinal infection, which is outwardly almost unnoticeable, or else display central nervous disruptions.”³⁴

For years, a virus has been claimed as the sole cause of these disease phenomena, something which the FLI also takes for granted, writing in its information flyer on “Classical Avian Influenza”: “How is avian influenza transmitted and spread? Diseased animals eliminate masses of the infectious agent with feces and mucous or fluid from the beak and eyes. Other animals become infected through direct contact—by breathing in or pecking at material containing the virus.”³⁵

By presenting as irrefutable fact something that has not been scientifically proven (no proof of virus existence, no proof of the transmittable or infectious mechanism),³⁶ viral research commits a most basic error. It neglects its highest duty, namely, to investigate if factors other than microbes cause or at least are contributing causes of the disease in birds. In fact, these factors are characteristic of factory farming:

- Heavy psychological stress resulting from extremely close crowding in the cages and mass stabling with no natural sunlight
- Denatured industrial feed, including already spoiled feed
- Distortion of animal bodies' as a result of overbreeding for certain desired physical characteristics
- Preventive administration of all sorts of side effects-inducing medications (antibiotics, vaccines, etc.), even to chicks

You don't have to be a scientist to suspect that animals exposed to these unnatural conditions for a lifetime can become ill. A major offender, as studies show, is high-performance breeding, which pumps the animals up, while simultaneously degenerating them in many physical areas, so that the livestock become ill almost independent of the husbandry system. This breeding is so extreme that many species would not be able to manage in natural husbandry conditions.

Imagine trying to keep a high-performance cow with a super-sized udder that produces 8,000 liters of milk per year in a meadow without giving her concentrated feed? It wouldn't work at all. No less degenerate is the situation with poultry. "Eight-week-old chickens today are equipped with seven times the chest musculature as nine-week-old chickens 25 years ago," as John Robbins describes the gruesome reality of factory farming in his book *The Food Revolution*.³⁷

Numerous animals also suffer from skin diseases, chemical burns ("hock burns"), skeletal problems and paralysis. In the European Union alone, many tens of millions of hens in the mass pens are affected by lameness, which can be associated with severe pain caused by abnormal skeletal development and bone diseases^{38 39} (in many large facilities, half of the animals are affected by skeletal growth problems).^{40 41} These lame animals spend up to 86% of their time lying down, so that they sometimes cannot reach the drinking water container for days at a time.

Countless hens are also tormented by heart problems; many animals die of sudden cardiac arrest ("sudden death syndrome"). Experts estimate that in the EU, around 90 million chickens per year die as a result of heart defects, which can primarily be linked back to overbreeding—the heart simply cannot keep up with the extremely stimulated body growth.⁴² Additionally, the air in the gigantic halls where the chickens are kept can be so full of dust and biting ammonia that the animals'

eyes, throats or lungs begin to burn, resulting in diseases, collapsed lungs and a weakened immune system.^{43 44 45}

Even assuming that a virus with pathogenic potential is somehow a culprit, it is science's duty to clarify the roles played by other possible disease-causing factors (like factory farming itself). And indeed, the FLI admits that the clinical pictures that the flu virus produces in the birds are similar to other clinical pictures.

Altogether, the FLI lists eight similar clinical pictures—so-called “differential diagnoses.” But unfortunately, they only take these into consideration when they can't nab an influenza virus as culprit.⁴⁶ Furthermore, the first seven spots on this eight-point list are diseases which mainstream medicine firmly assumes are caused by microbes (like so-called “pneumoviruses” or microbes believed to be the primary/single cause of “infectious bronchitis”)—and only at the very end, in eighth place, are “poisonings” mentioned, with no further detailed explanation.⁴⁷

Thus, before checking if the animals' disease symptoms have been caused by poisoning with medications, spoiled feed, chemicals like ammonia and so on, examiners first look to see if seven different infectious agents triggered disease. And if they think they have apprehended such a microorganism, they simply stop searching for other potential toxins. Poultry farm inspectors fall in step with this virus fixation. In 2003, when avian flu panic broke out in Holland, samples from diseased animals were sent in, but no samples of feed, water, litter or indoor air.⁴⁸ The study could hardly have been more single-mindedly directed at microbes.

The FLI did tell us that it had investigated if factors other than the alleged H5N1 virus could have led to the illnesses among Chinese wild birds (believed to trigger the 2005 avian flu and eventually exterminated). But none of the studies we received from the FLI look at any causes beyond H5N1—not even from the paper that is explicitly said to support the FLI's statements: “Role of domestic ducks in the propagation and biological evolution of highly pathogenic H5N1 influenza viruses in Asia,” published in *Proceedings of the National Academy of Sciences*, 26 July 2005.

Obviously no further research was done after they thought they had discovered a virus with the assistance of indirect detection procedures (PCR and antibody tests). But, as already mentioned, these indirect “proof” procedures do not confirm the existence of a certain virus. And they certainly don't deliver evidence that this is a disease-causing virus.

Many experts like veterinarians and also small poultry breeders, meanwhile, continue calling attention to the fact that the so-called avian flu is by no means solely a phenomenon of factory farming, or that keeping laying hens in cages actually makes them less susceptible to disease than if they were kept in free range husbandry. But under closer observation, these clues do not add up.



A fattened chicken for meat production: at 19 days old, it can hardly carry its own weight anymore!



Chicken shortly before cardiac arrest—"losses" of up to 10% are calculated in.



Severe burns from the heat lamp.

The caged animals must battle substantial health problems and death rates. Even in the so-called enhanced cages, walking, running, fluttering and flying are just as impossible as in conventional cages, which are the size of a standard sheet of paper. “And a consequence of lack of movement is a reduced bone stability, osteoporosis, from which skeletal anomalies and painful broken bones can result,” states Ute Knierim, professor of Applied Farm Animal Ethology and Animal-Fair Husbandry in the Department of Ecological Agricultural Science at the University of Kassel.⁴⁹

Here, disease is all too hastily equated with microbial or viral infection. But whether, for instance, free-range animals have also really become sick because of a virus or because of other factors must first be closely investigated in detail. In any case, when requests are made for concrete studies, no studies are named. The typical response is, “Oh, everybody knows that,” or that the conclusion was made through personal experience.

Personal experience is certainly useful and here there is evidence to show that modern production methods make animals sick. We learn from our elders, who grew up on chicken farms in the 1920s and 1930s, a time when the birds could run around and peck away in a much more natural environment and were generally fed very natural food (corn, fresh vegetables, etc.). These birds never had a bluish comb discoloration or dull feathers. So, it’s reasonable to conclude that the type of a husbandry is important, and perhaps even the deciding factor in the animals’ health.

At first glance, modern free-range husbandry might sound like a good thing, but it is all too many times anything but—rather it also constitutes a sort of factory farming. Often, many thousand of chickens share a limited grass surface; up to ten chickens per square meter. Typically, “larger problems occur in larger flocks,” according to Ute Knierim.⁵⁰ We must remember, though, that these conditions don’t necessarily cause viruses. For example, an investigation by the Research Institute for Organic Farming (FiBL) shows that with the increase in flock sizes, feather picking, which compromises health, also increased. “Feather-picking is a serious problem that still has to be solved in order to establish whether it’s fair to keep laying hens in larger flocks,” says Helen Hirt, animal breeding and husbandry expert at the FiBL.

It’s no coincidence that various livestock husbandry facilities have introduced an upper limit on flock sizes. Particularly as studies show that laying hens from large flocks use the important green space less than hens in small flocks. Why this is the case is not absolutely clear, but it has been observed that the green surface is unevenly used by the animals, which in turn leads to an overuse of the grass close to the coop, and in many cases to the turf’s destruction and consequent overfertilization of the soil in this area. For animals constantly pecking at the ground, this can present

a large problem. According to Hirt, “the question of how turf can be kept intact is one of the most important for laying hens with pasture.”

One possible way to make chickens spread out is to erect a shelter where the animals can take their dust baths. Our domestic chickens are descended from Bankiva chickens that lived in forests offering shade and places for retreat. “And the need to be in an environment offering covered areas continues with our domestic chickens,” says Hirt. Indeed, investigations show that chickens do spread out better over the green surface when sand-bath shelters are made available to them.⁵¹

These short explanations clearly show that poultry breeding appropriate to each species that encourages robust health is a difficult undertaking. But the primary goals of many livestock owners are not maximum profits but also the animals’ health. Unfortunately, all too often, they do not have sufficient professional knowledge to guarantee that their birds stay healthy. So, just like in human medicine, the animals are hastily and frivolously administered highly toxic medications, and are fed all sorts of things, from artificial industrial feed to human favorites like popcorn or chocolate—things to which the animals are certainly not genetically adapted. All of this is really worth bearing in mind, as is the practice of regularly giving young chicks numerous vaccines (see also the Epilogue: Side Effect-Free Alternatives to Medications and Vaccinations, at the end of this book).

“Besides general know-how, the smaller rural structures, in which owners take care of the animals themselves and thus may have better training and more interest in the animals’ well-being, probably also play a part in the realization of considerably better results,” summarizes Knierim. “But individual factors, like access to a cold scratching shed and the origin of the hens, evidently have strong influence upon the success of an alternative way of keeping laying hens.”⁵²

Moreover, studies have shown that an artificially triggered laying interruption has benefits. This usually occurs through substantial light reduction and feed restriction. At first, it can put considerable strain on the animals. But at the end of the laying pause it was shown that both the strength of the eggshells and the quality of the proteins had significantly improved. The weight of the eggs had also sharply increased and markedly less feather damage was observed in the animals at the end of the laying pause.⁵³

“Chickens—like all animals used in agriculture—are natural beings,” reminds Hans-Ulrich Huber from the Swiss animal protection organization STS. “For this reason, they should not spend their lives exclusively in coops, but should also experience sun, earth, plants, air and light. This corresponds to their inherent needs and boosts their health! For wherever the sun doesn’t reach, comes the vet.”⁵⁴

Guesswork on Rügen

The H5N1 scare, which affected Germany via the island of Rügen in the Baltic Sea, is also no more than an artificially produced test epidemic, in which dead birds are searched for, found, and collected by the German armed forces and tested by so-called epidemic experts. That the occasional bird reacts positively to the tests is no reason to panic, since nobody can precisely say what causes a positive or negative reaction to the tests. In any case, that it is an evil H5N1 virus is, as outlined, anything but proven.

Another striking fact these scientists chose to overlook is that only a fraction of dead birds discovered react positively to the H5N1 tests. At this point, health officials should have asked what had caused the death of all the H5N1 negative birds. And did more birds die that year than the previous year? Or did they search more for dead birds? These are self-evident questions that the scientists, the politicians and the media chose not to ask. A rare exception appeared is the *Tageszeitung*, which quoted ornithologist Wolfgang Fiedler of the Max-Planck-Institute: “Despite bird flu, avian mortality rates on Rügen have not to date been higher than in other years.”

An even more difficult question to answer is why the assembled experts chose not to carry out proper research. They certainly didn’t look for the source of the (purported) avian flu infection on Rügen. “How on earth could Rügen’s swans become infected with the dangerous H5N1 virus?” asks *The Spiegel*, referring to reports from the Associated Press and the German Press Agency (Deutsche Presse-Agentur, dpa). “Researchers have a mystery before them. For the birds had wintered in Germany—and as a result didn’t come from the [alleged!] epidemic areas.”⁵⁵ The bird population on Rügen, as ornithologists reported, is basically isolated in winter, something which clearly speaks against the possibility that the swans somewhere became infected with an H5N1 virus.

But scientific and political powers ignore every doubt, pass over every inconsistency and simply stick to this: H5N1 is the deadly enemy. They’re not interested in proof—speculation is enough. And so the allegations continue to pose as truths: that H5N1 came out of the Far East, where, since late 2003, it is said to have caused several outbreaks of avian influenza in various Southeast Asian countries, including Korea, Indonesia, Vietnam, Japan, Thailand, Cambodia, China (including Hong Kong), Laos and Malaysia—and by mid-2005, more than 100 million animals had died.⁵⁶ Mind you, even according to official statements, only a fraction of the deaths are accounted for by H5N1. By far the largest proportion of the birds died as a result of the mass-extirminations prompted by the virus-panicked authorities.

The prevailing practice is as follows: a chicken (or another bird) is singled out because it lays fewer eggs or gets a blue comb; it's then sent to virus hunters and tests positive for H5N1; and an epidemic of panic breaks out among humans! Consequently, all chickens in close proximity are gassed to death. And ultimately, statistics show that these 100 million chickens were killed by the avian flu virus H5N1, further fanning the flames of panic.

The Dutch Bird Flu Panic, 2003: Caught in Virus Tunnel Vision

It would be a mistake to assume that these gassings are the product of some cruel Third World practice. In early 2003, Dutch officials on the border to the German state of North Rhine-Westfalia (NRW) reported that “health problems” with a “very high” death rate had been observed on six poultry farms.

This immediately triggered epidemic hysteria. The next day (a Saturday), no-go zones within a radius of 10 kilometers of the affected farms were erected and poultry shows were prohibited. Additionally, the Netherlands banned exports of poultry and eggs. On the same day, the government of NRW issued an import and export ban on poultry products coming from their EU neighbor. Dozens of operations that had delivered chickens or feed from the Netherlands in the days before were put under official observation. Immediately, the search for a virus began using indirect test procedures—and look at that! The very next day, came the announcement that a highly pathogenic virus of the type H7N7 had been found.

“Over the following four months, 26 million chickens in the Netherlands, around 2.5 million in Belgium, and approximately 100,000 in NRW were gassed with carbon dioxide, poisoned by lethal injection, electrocuted or manually slaughtered,” according to Hans Tolzin, editor of the German vaccination publication *Impf-Report*, who did extensive analysis of the event.⁵⁷

Yet the media jumped on the virus bandwagon. German *Stern* magazine falsely reported, “approximately 30 million animals perished from the bird flu in the Netherlands.”⁵⁸ And the weekly newspaper *Die Zeit* said that, “The impending attack of the killer ducks could destroy the existence of German chicken breeders. A bird flu like in 2003 is imminent. Then, millions of chickens lost their lives in the Netherlands and in the town of Viersen on the lower Rhine”⁵⁹—which likewise suggests that a virus had wiped out the birds. But these media claims are ridiculous because the virus was only found in single animals (or more precisely, a H7N7 virus was said to be identified in individual animals). In the end, 30 million birds died from another all-too human strain of virus mania.

Zeit and *Stern* rode the waves of public virus panic—in this case, giant killer waves. The killings ultimately swelled to such a size that the capacity of extermination and cremation facilities was no longer sufficient. A state of emergency was imposed on Dutch communities, and they were barricaded off by the military. When a few diseased chickens were found on a farm, the farm's complete chicken stock was "preventively" exterminated, along with the stocks of surrounding farms. The economic damage in the Netherlands alone cost more than € 100 million.

But the existence—or even the dangerousness—of this so-called H7N7 virus was likewise never proven. And while there was, once again, reason enough to look for other causes (the effects of factory farming on the animals' health, for example), the authorities declared H7N7 the enemy—and eureka!—another epidemic was born. "The epidemic was announced on 23 February 2003, and since then, I have collected and evaluated all accessible press releases and official reports," says Tolzin. "But there was only a single report with researchable details, from which it emerged that other causes besides the avian influenza had been taken into consideration. But even this report, which was penned by the Dutch Agriculture Minister Veerman on 3 March, was never mentioned again."⁶⁰

Everyone was clucking about a virus in the Canadian province of British Columbia, when, in November 2005, a single duck was found and using modern indirect molecular biological "proof" procedures, the avian flu virus H7N3 was allegedly detected. The animal, as was officially reported, had only a "mild form" of this virus type, which produces no or only "mild disease" symptoms. That is to say, the duck was not sick.⁶¹

According to Canadian authorities, it was "not the virus circulating in Asia [H5N1]. There is no new threat to human health."⁶² However, preventively, the authorities not only killed the single duck, they immediately slaughtered a further 56,000 healthy duck and geese. Yet international statutes certainly do not necessitate taking such drastic measures of killing entire flocks of birds, if, as was presumed in this case, that only a "low pathogenic" virus is in the game.

"There's paranoia, there's politics and there are perceptions that come into play here that cause people to do things for other reasons than what you would call true science," says David Halvorson, an avian flu expert at the University of Minnesota. "I tend to look at it from the scientific perspective that [the killings are] a waste of animals' lives."⁶³

Rat Poisons Carry off Birds

The haste, with which authorities and media hit the virus panic button by exclusively suspecting a virus instead of considering a wide spectrum of possible causes from the beginning, is also shown by the incident of the geese deaths in the German province of Rhineland-Palatinate in October 2005. A boy had found the dead greylag geese and informed the police. “The dead geese were floating in the pond,” described a police spokesman in Koblenz. “And some animals perished from severe cramps before the eyes of the action force.”

In response, the dead birds were collected in cases by firemen wearing special protective suits, and brought into the state investigations office, which immediately prompted the media to stir up the H5N1 panic. “Avian flu suspicion: mysterious deaths of geese near Koblenz and Göttingen have strengthened fears of an avian flu outbreak in Germany,” reported the news channel N24.⁶⁴ In turn, this prompted Jürgen Trittin, then German Minister of the Environment, to announce that he would initiate resolute counter measures, in case the dangerous H5N1 virus was detected in these birds.

It turned out that the birds had been poisoned, as the regional inspection office reported. Its president, Stefan Bent, said that a rat poison had been detected in the stomachs of twelve of the 22 cadavers. The toxin phosphide had clearly caused the deaths of the wild geese. And even if the presence of the rodent poison phosphide had only been proven in twelve stomachs, Bent said it could be assumed that all the animals died from it. The toxic caused abnormal alterations in the inner organs of the animals, like round hemorrhages on gastric mucous membrane and increased fluid in the lungs.⁶⁵

Rodent poison, mind you, is not only used in Germany. In a comprehensive 2003 report, the Japanese Agriculture Ministry tried to trace the progressive routes of flu virus outbreaks in birds in factory farms: “Poison bait type rodent poison was used during the summer and was applied continually [against mice and other wild animals] replenished when required.”⁶⁶

On the Duty To Avoid Seeing What's Right Under Our Noses

These incidents show how important it is to look at the full picture when researching possible causes. Such a broad-spectrum viewpoint would also have been most advisable in the case of the many thousand wild birds found dead near China's largest salt-water lake, the Qinghai Hu, between May and July 2005. It reignited

global panic over avian flu, because epidemic hunters, politicians and the media immediately, and with rock-solid conviction, put their bets on an H5N1 outbreak.

Once again, many other causes come into question. Pollution, for instance, presents a huge problem in China, as in most developing countries, not least because of the chemical industry, one of the country's fastest-growing economic industries. In the first half of 2005, production value rose by 27% compared to the previous year. Recently, many new chemical factories have sprung from the ground. These facilities also produce products for developed countries, in which dangerous chemical factories are not welcome, as Greenpeace expert Kevin May explains. Factories are often built on rivers, since water is needed for the production process. "And of course, this is dangerous for inhabitants who drink the water," says May. Even without major accidents, factories in China present a danger to peoples' health and the health of the environment—including wild animals.

70% of all Chinese rivers are polluted, because the industry directs its waste into the waterways, according to official statements.⁶⁷

There is also "no concrete proof that waterbirds at Qinghai that may have been infected with such a pathogenic strain and have survived, will migrate and be capable of transmitting the virus to other species of birds, animals or humans," according to Wetlands International, a global nature protection organization linked with many institutions.⁶⁸ One of its partners is the UN Environmental Program (UNEP), a group that deployed an expert task force composed of representatives from nine different organizations in late 2005, as it was held to be urgently necessary to get to the bottom of the avian flu hype. The knowledge concerning central aspects of the birds' deaths, it was said—including the question of how the virus is transmitted from wild birds to domestic animals—could by no means be considered certain.

The UNEP warned of growing hysteria. Additionally, they criticized the "one-eyed approach in the media which grossly oversimplifies the causes and the methods needed to counter-act in the interests of human and animal health." The media, so it was said, should provide more balanced reports "focusing on the facts." Simultaneously, "the Task Force calls for much greater emphasis by governments and local authorities on combating the role of factory farming," writes William Karesh, member of the task force and director of the Wildlife Conservation Society's Field Veterinary Program.⁶⁹

Most striking is that even the medically very orthodox WHO⁷⁰ admits, "the role of migratory birds in the spread of highly pathogenic avian influenza is not fully understood. Wild waterfowl are considered the natural reservoir of all influenza A viruses. They have probably carried influenza viruses, with no apparent harm, for centuries."⁷¹ But, if even from mainstream science's perspective, wild birds rarely or never become ill or die from avian flu viruses, this must have prompted even more

curiosity to research other non-viral causes. Why would the wild animals get sick or even die from viruses at the beginning of the 21st century when they have lived in peaceful coexistence for millennia?

More than 150 Dead People— What Really Caused Their Deaths?

According to official statements, H5N1 caused the deaths of 153 people from the end of 2003 until November 2006 (most of them in Asia; see diagram).⁷² But if we study the reports on the deceased closely, there is no evidence for the theory that H5N1 was the killer. At the same time, the reports also allow completely different possibilities appear as plausible explanations. For example, that some of the victims were suffering from cold symptoms of an unknown source and then simply had the bad luck to fall into the hands of medical professionals who turned out to be H5N1 hunters.

Immediately, doctors prescribed prodigious amounts of medications in order to wipe out an imaginary virus—but in truth, it was never shown that these medications could combat the alleged virus. On the contrary, it is a fact that the medications are highly toxic, for which reason it is completely possible that the doctors only helped snuff out the weakened patients' lives.

The Friedrich-Loeffler-Institute sent us a paper that claims to show that H5N1 has pathogenic effects in humans (Uiprasertkul et al: “H5N1 Replication Sites in Humans” published in the journal *Emerging Infectious Diseases* in July 2005). The report features just one six-year-old boy. The child was suffering from a lung infection, and an aspergillus infection was also diagnosed. Whereupon the little patient was treated with antimicrobial medications that can seriously damage the immune system, as well as with the antiviral medication Tamiflu (oseltamivir), that has even been connected with fatalities (more on Tamiflu below). The boy's fate? “The patients died during the late phase of the disease after intensive treatment with antiviral drugs.”

Methylprednisolone had also been prescribed to the boy a few days before he died, 17 days after initial diagnosis. The steroid is known to weaken the immune system and should not be used in the presence of a severe bacterial, viral or fungal infection (as was the case with the boy).⁷³ Additionally, the report admits that, “The multiorgan dysfunction observed in human H5N1 disease, despite the apparent confinement of infection to the lungs, has remained an enigma.” That is to say, what is termed H5N1 could not be detected in various diseased organs at all, which researchers simply shrugged off as an “enigma” instead of calling it what

it clearly was and is: evidence that the established H5N1 theories make no sense.

In the 1998 *Science* paper by Subbarao et al,⁷⁴ (also cited in the article in *Emerging Infectious Diseases*), a three-year-old boy was described who was healthy until, on 9 May 1997, when airway problems appeared, indicating a cold. Doctors responded by giving him Aspirin and a “broad antibiotic coverage,” whereupon the child developed Reye’s syndrome. This is a severe disease associated with nausea, personality disorders and comas that can seriously damage organs like the brain and the liver—and in many cases ends in death.^{75 76} Just like the other boy, he died on 21 May. An H5N1 virus was cited as his cause of death, but here as well, evidence of H5N1 was not provided.

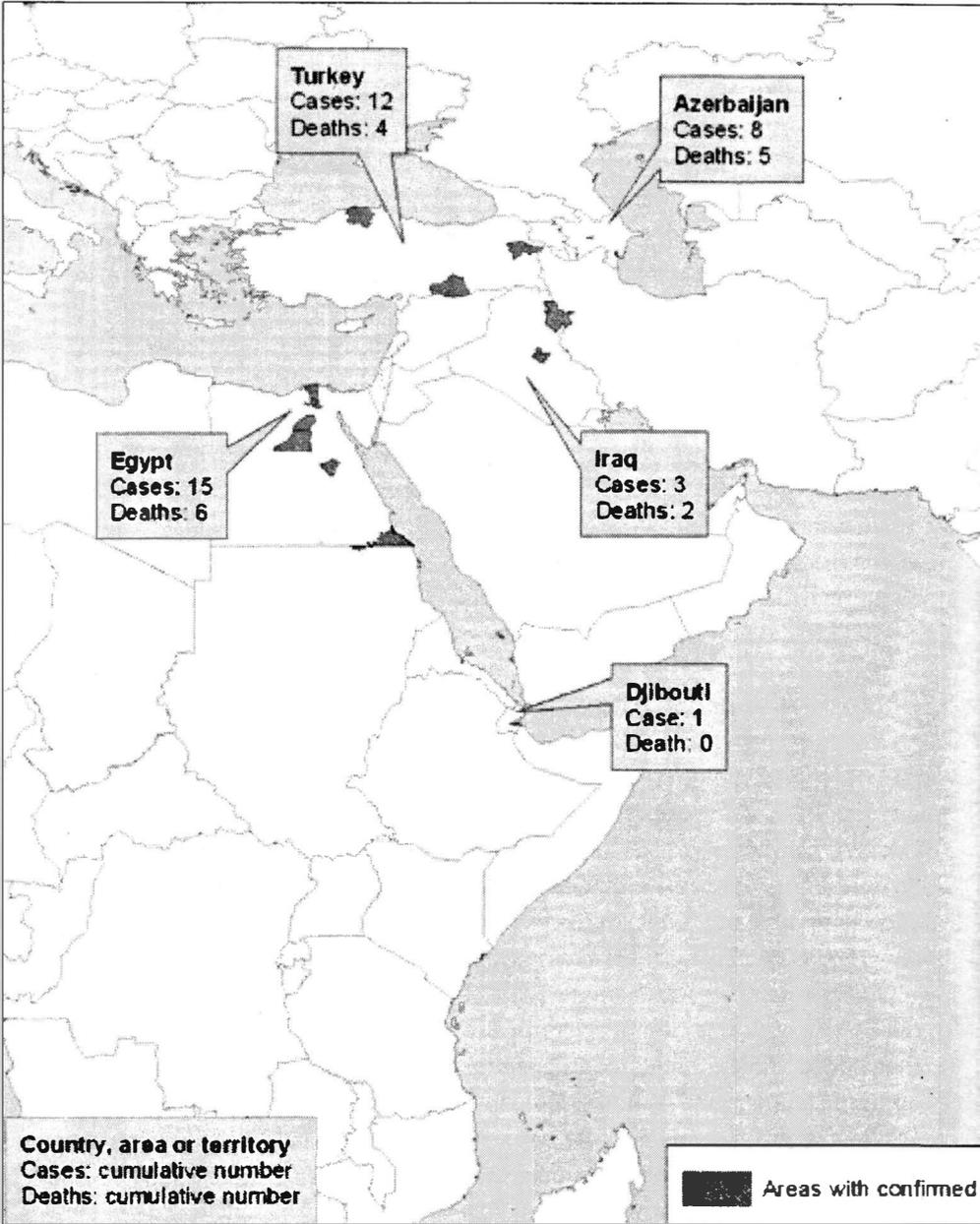
The medical authorities didn’t even confirm if the boy had ever been in contact with birds. Apart from this, studies suggest that Aspirin can trigger the Reye’s syndrome that was also diagnosed in the boy.⁷⁷ The National Reye’s Syndrome Foundation even explicitly says: “Do not give your child Aspirin.”⁷⁸ But even this information did not prompt the study’s authors to investigate the role Aspirin or other substances might have played in the three-year-old’s demise. They spared no trouble, on the other hand, back in 1997 to warn of a “rapid and explosive spread of a pandemic virus.”⁷⁹

No Reason for Pandemic Panic

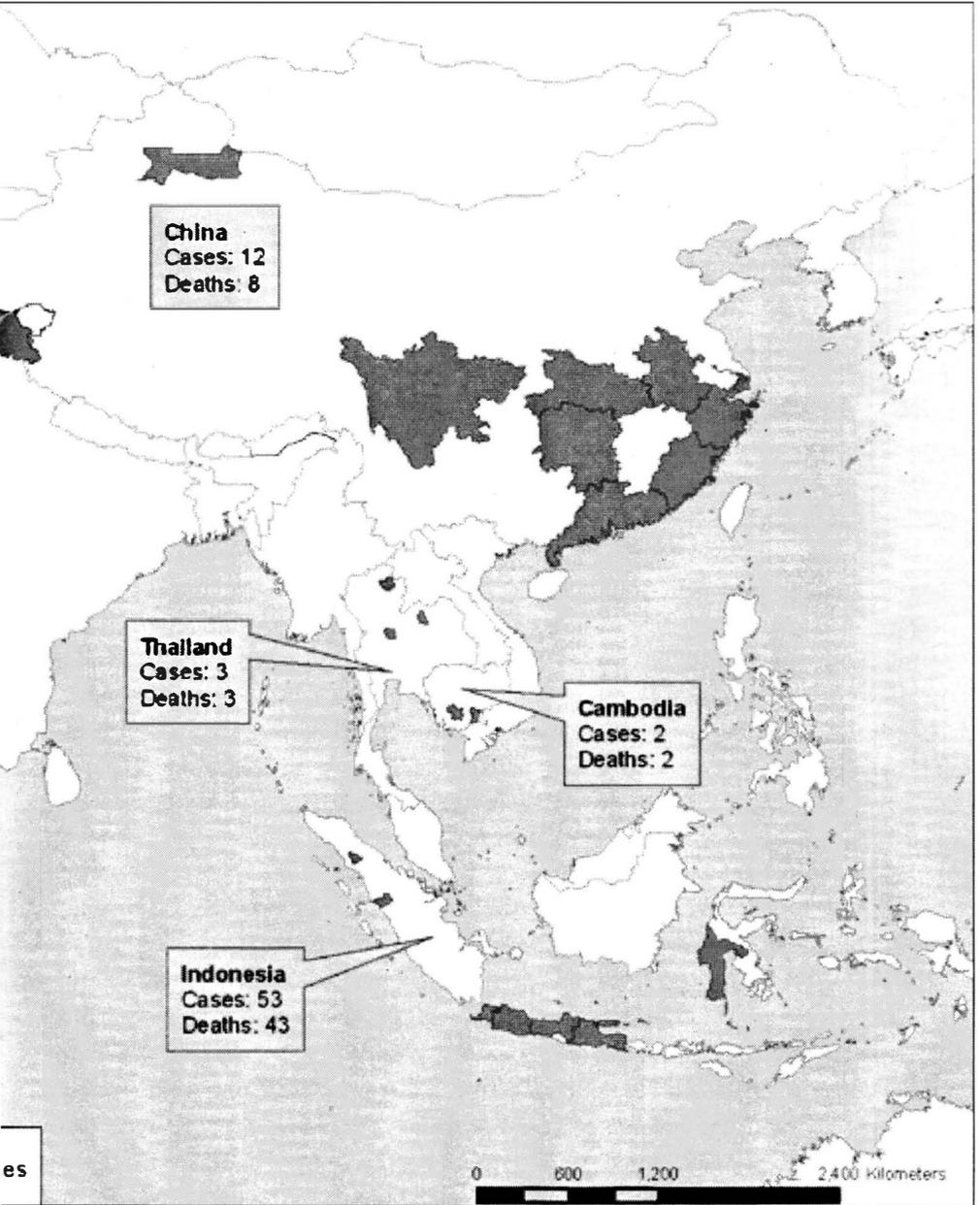
H5N1 fear mongers continue to predict impending horror for Germany. “A pandemic will come over us in several waves,” Bernhard Ruf, director of the Leipzig Competence Centre for Highly Contagious Diseases and top warrior against avian flu at the WHO, asserts confidently.⁸⁰ “And we would be lucky to survive the year 2015 without a pandemic. In Germany alone, up to 40 million will become infected and 150,000 will die. The economy will collapse. The world will be paralyzed.”⁸¹

But there are no justifications for such warnings if H5N1 cannot be isolated as a pure virus, and thus cannot scientifically be proven to exist. And if there’s no proof that H5N1 can be highly contagious in animals, by jumping from wild birds to domestic animals and mutating into an infectious mini-monster. And if it cannot be shown that this so-called H5N1 can also jump to humans and cause disease, as a deadly avian flu virus and a human influenza virus come into contact in a human organism, exchange genes, and as evil “parent viruses,” as they’re called, give birth to an even more horrible “daughter virus.” And furthermore, if other factors like factory farming, pesticides, rodent poisons, stress and natural death are overlooked as potential contributing factors.

Diagram 11 How many people, according to the WHO, have become infected with and died from H5N1, and where did they live? (from 16 October 2006)



WHO assumes that H5N1 has already infected or even killed more than 150 people (by October 2006). But there is no proof of this. Instead, much speaks for the possibility that other causes like the administration of highly toxic medications led to the patients' deaths.



The FLI even admits this to us: “Concerning your inquiry about the pandemic properties of H5N1, it can only be said that there are currently no scientific methods with forecasting effects which could evaluate the possibility of an influenza virus triggering a new pandemic.”⁸² And in late October 2005, the *British Medical Journal* stated that, “the lack of sustained human-to-human transmission suggests that this H5N1 avian virus does not currently have the capacity to cause a human pandemic.”⁸³

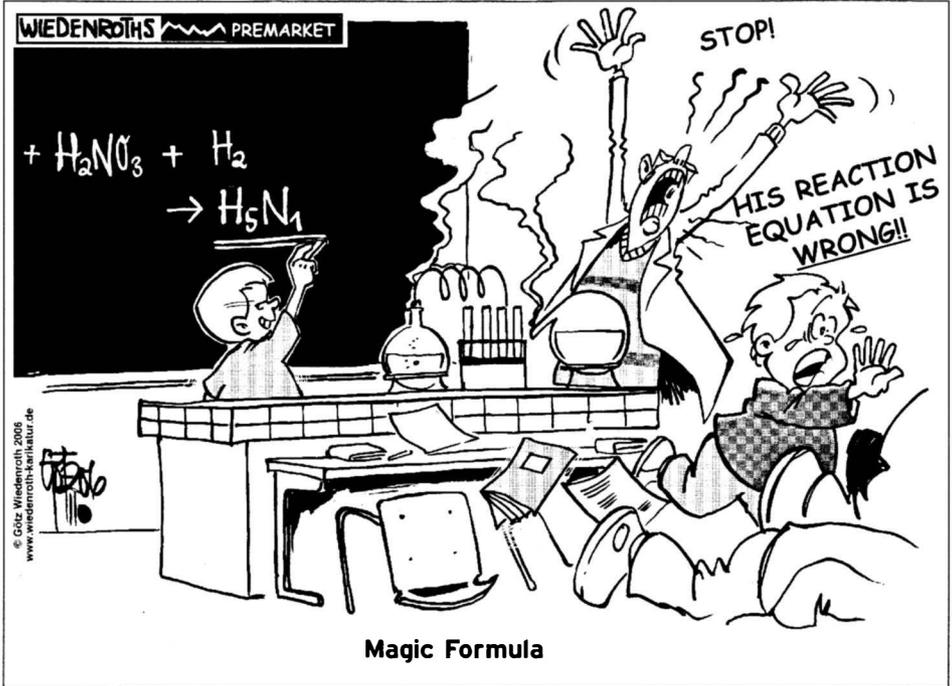
Here it’s worth noting the comments of Julie Gerbering, director of the Centers for Disease Control in Atlanta. In mid-April 2006, at a conference on avian flu pandemic in Tacoma, Washington, with 1200 experts from all over the country in the audience, she said, “There is no evidence [H5N1] will be the next pandemic.” Further, “[there is] no evidence it is evolving in a direction that is becoming more transmissible to people,” and there is “no reason to think it ever will” pass easily between people. These statements are in complete contrast to the continued panic reports by CDC officials. After the conference, *The News Tribune* reported that, “given those facts, bird flu, like SARS, swine flu and other once widely publicized health threats, might never become a significant human illness.”⁸⁴

It is scandalous then that, as a result of unfounded pandemic warnings, more than 200 million birds had been killed by April 2006. Additionally, as a UNO report continued, costs totaling \$20 billion had been incurred by the affected countries by this time and a million farmers had already slid into poverty.⁸⁵ In Germany, the government ordered that poultry be kept indoors even led to suicide among some breeders. As the Westfalian newspaper *Westfalen-Blatt* reported “the breeders did not see any way out.” Indeed, at the very least, ordering small poultry breeders to keep their birds inside is tantamount to banning them from their profession.⁸⁶

Tamiflu: From Shelf-Warmer to Big Seller—to Death Bringer?

There is no foundation for vehement demands for antiviral medications. Nevertheless, mainstream media like *Die Zeit* insist it is “high time that Germany buys vaccines and enough medicine.”⁸⁷ But just how dangerous are such hasty demands for a quick-fix becomes clear by tracking the rise of Tamiflu, a flu remedy that became a hot-seller only after the virus mania machine cranked up.

“Tamiflu, conceived as a remedy for common flu, did not sell well because it was too expensive and had too little effect,” according to a rare industry critique by the Swiss news magazine *Rundschau* on 19 October 2005. “The pharmaceutical groups



promised a lot, but in practice it was shown that doctors could hardly prescribe the medicine to anyone.”

So, the virus hunters and their media sidekicks released terrifying pictures of infection experts in white spacesuits and remote factory farms with piles of dead birds. These images were beamed around the globe, accompanied by sensationalized tales of people who had already allegedly become infected with or died from the horrible H5N1 virus. In 2004, the WHO office in Manila promptly recommended oseltamivir (Tamiflu) for “endangered individuals.” The substance was produced by the Swiss pharmaceutical giant Roche, under the brand name Tamiflu.

Roche took advantage of the moment and quickly issued a press release saying, “Tamiflu may be effective against avian flu.” But the media didn’t seem to take notice of the phrase “may be” and crafted their headlines to tout a miracle remedy for avian flu. For Roche, this was the best kind of advertising: free and with an incredible effect. Some pharmacies soon sold out of the medication. “In the media and television, they always say that Tamiflu works against the avian flu virus,” said a pharmacist from Istanbul in an interview with the *Rundschau*. “Now, they all come and want Tamiflu.”⁸⁸

Reuters news agency reported on 20 July 2005, that the “global flu precautions had granted [Tamiflu manufacturer] Roche a leap in profits.” Worldwide, “Tamiflu sales increased by 363% to 580 million franks [€380 million] in the first half of 2005, in comparison to the same period in the previous year.”⁸⁹ Ultimately, in 2005, Roche increased its Tamiflu profits by 370% to around €1 billion⁹⁰—primarily thanks to massive government purchases (financed by tax dollars). As the *Zeit* relates, the German province of North Rhine-Westfalia “announced that they would put €30 million worth of medications into storage.”⁹¹ In the first nine months of 2006, worldwide Tamiflu sales rose to \$1.3 billion, Roche reported, an increase of 88% over the year prior.⁹² To keep up with demand, Roche factories in Europe, North America and Japan worked full throttle. By the end of 2006, capacity has doubled once again, to an annual production of 300 million packages of Tamiflu.⁹³

But what scientific basis is there for this Tamiflu hype? Franz Humer, Chairman of Roche’s Board of Directors, assures that Tamiflu “is a very important product for our patients, above all in case of an influenza pandemic.” But this statement doesn’t hold up, since Tamiflu has never been tested as a remedy for avian flu in humans, as even stated by a press release from Roche. In this, it says that there is no clinical data on the effectiveness of Tamiflu against H5N1.

This is also why Robert Dietz at the World Health Organization in Manila, which jumpstarted Tamiflu’s sales-explosion with its promotion of the flu remedy, could not avoid admitting to the Swiss news program *Rundschau*: “We had no specific medical foundation for our decision to recommend Tamiflu as a remedy for avian flu.”⁹⁴

In fact, in early December 2005, the Vietnamese doctor Nguyen Tuong Van, director of the Intensive Care unit at Hanoi’s Institute for Clinical Research into Tropical Diseases (who had followed WHO guidelines for patient treatment), came to the conclusion that “Tamiflu is useless; [for this reason,] we place no importance on using this drug on our patients.”⁹⁵ And just prior to this statement, appeared the first reports on deaths connected to the intake of Tamiflu.

First came a report from Japan. The pharmaceutical company Chugai, a Roche subsidiary, had notified the Health Ministry that after Tamiflu intake, two boys aged 14 and 17 became disoriented, showed abnormal behavior and ultimately died (one was thought to have jumped from his apartment; the other had thrown himself in front of a truck).⁹⁶ Only a few days later, news made the rounds that the influenza medication was connected to the deaths of twelve children in Japan. And the American Food and Drug Administration (FDA) called it “unsettling” that “after Tamiflu intake, children in 32 cases had had hallucinations or shown abnormal behavior.”⁹⁷

Of course, these cases are not restricted to Japan. For example, near the end of 2006, Canadian officials at Health Canada warned of hallucinations among Tamiflu users. As of November 11, there had been seven cases of psychiatric side effects

linked to Tamiflu in Canada and 84 reports of side effects occurring in Canadians taking the medication, including 10 deaths.⁹⁸

But the media doesn't push reports of Tamiflu's side effects nearly as much as the earlier completely unfounded declarations that Tamiflu was the best protection from avian flu (H5N1). This is certainly due to the fact that, in connection with the reported fatalities, the medical establishment immediately warned people not to panic just because a few people had died after taking Tamiflu—and in the typical manner, the media followed the medical establishment's placations. The FDA stressed that they wanted to investigate why people had died, but they implied that it was extremely difficult to establish the exact causes.

As early as the 1990s, Tamiflu was found to cause inflammations in the brain (encephalitis). But the medical establishment twisted these findings by saying that neural symptoms were also often triggered by influenza infections, so they said that it was difficult to tell whether Tamiflu could be responsible for the neurological complications.⁹⁹ This was made even more difficult because many victims had been taking not just Tamiflu, but also other medications.¹⁰⁰ Basically, the issue could only be clarified if controlled studies (one group/patient receives the active substance, the other a placebo) were available. But, they weren't available.¹⁰¹

Why was this medication never tested through the necessary clinical trials before being released to the public? The information provokes disbelief, particularly since the medical establishment and the politicians actively participates in virus mania, celebrates medications like Tamiflu and only calls for caution and restraint when news of medication-related deaths start to circulate. At which point, they rush to the side of the pharmaceutical companies whose bottom lines might be negatively affected.

“Just follow the money,” as Mark Felt, the FBI's second in command, told *Washington Post* reporters Bob Woodward and Carl Bernstein during the Watergate scandal in the early 1970s.¹⁰²

If it were ever conclusively established that Tamiflu caused deaths, this would be a tragedy of unimaginable scope. It would also be a huge disaster for Roche. But, until clarity prevails, there is no reason to buy or take Tamiflu, neither prophylactically nor as a remedy for flu symptoms. Tamiflu is connected with numerous side effects, including vomiting, diarrhea, bronchitis, stomach and headaches, dizziness, hallucinations and hepatitis.^{103 104}

A patient who had taken Tamiflu for just two days reports: “I couldn't sleep for three days and I hallucinated. My family was very worried about me. I will never take this horrible medicine again and would not advise anyone to. I completely lost my personality, I felt as if I was a different person. It was four weeks before I started feeling myself again.”¹⁰⁵

Tamiflu Studies and the Problem of Independence

There must also be studies that show Tamiflu works against flu, right? Of course, such studies would be worthless without placebo controls, along with a guarantee that the scientists involved were free from conflicts of interest. Has the media ever taken the trouble to double check if the Tamiflu trials were sound? We do know one thing for certain: fraud is well established in biomedicine, and conflicts of interest are widespread. Making it urgently necessary to sort fact from fiction.

It doesn't take much research to find out if Roche has financed Tamiflu (oseltamivir) studies. You only need to google, for example, "Roche funded pubmed oseltamivir"—more than 100 hits come up.¹⁰⁶ Let's click on just *one* paper: for instance: Effectiveness of neuraminidase inhibitors in treatment and prevention of influenza A and B: systematic review and meta-analyses of randomized controlled trials, published in the *British Medical Journal* in 2003. It includes the following information:

"Competing interests: KGN [Karl G. Nicholson, one of the study's authors] has received travel sponsorship and honorariums from GlaxoSmithKline, the manufacturer of zanamivir, and Roche, which makes oseltamivir, for consultancy and speaking at international respiratory and infectious diseases symposiums. His research group has received research funding from GlaxoSmithKline and Roche to participate in multicenter trials of neuraminidase inhibitors."¹⁰⁷

Unfortunately, such conflicts of interest are common practice, something to which the public is rarely made aware. But as the British Parliament observed in a comprehensive investigation in 2005, three-quarters of clinical studies that appear in the leading scientific journals, *The Lancet*, *The New England Journal of Medicine (NEJM)* and *The Journal of the American Medical Association (JAMA)*, are funded by pharmaceutical companies.¹⁰⁸ And if the industry is paying, they will use all sorts of tricks to attain the desired results,¹⁰⁹ by omitting the critical questions or negative results and exclusively publishing positive results.¹¹⁰

Nonetheless, the *NEJM* explicitly modified its policy for writers in 2002, so that review articles and editorials could also be written by experts who receive fees of up to \$10,000 a year from pharmaceutical companies. The fees can also come from companies whose products are plugged by the author in his or her *NEJM* articles. This presents a classic conflict of interest. What was the key reason for the alterations to their writers' policy? The *NEJM* said that they were simply no longer in a position to find enough experts without any financial connections to the pharmaceutical industry.¹¹¹

For an allegedly independent scientific journal, this explanation seems ludicrous, but it depicts the stark reality of modern medical science. Arnold Relman, Harvard

professor and former Editor in Chief of the *NEJM* says that, “The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice, but also in terms of teaching and research.”¹¹²

Precisely these financial interconnections threaten to undercut the independence of medical research. The issue only recently reached top circles in the USA after it was revealed that hundreds of scientists employed by the National Institutes of Health had received millions of dollars in commissions and big stock packages from the pharmaceutical industry. The story was researched by the *Los Angeles Times* and triggered a broad discussion on the independence of NIH researchers.

US Congress members accused NIH leaders and their predecessors with supporting the “option of corruption” among its employees. In response, Elias Zerhouni, the health authority’s director, announced the introduction of new rules which banned higher NIH managers from signing paid consulting contracts, and prohibited all NIH employees from holding stocks and stock options. But it turned out that many thousand NIH employees were exempt from the obligation to disclose their acquisitions. Through this loophole they could continue to be paid in secret by pharmaceutical companies without fear of punishment.^{113 114}

Donald Rumsfeld Makes Giant Profits

With Tamiflu specifically, doctors and other experts have begun to ask critical questions regarding the US government’s vehement commitment to the purchase of stockpiles of the Roche medication. Death by avian flu, according to President George W. Bush, threatens two million Americans.¹¹⁵ This statement, based on nothing more than wild speculation, seemed to justify the massive purchase of 20 million bottles of Tamiflu at \$100 each. For a total cost of \$2 billion.¹¹⁶

Particularly alarming is the fact that, at taxpayers’ expense, enormous sums are spent on a medication whose efficacy against avian flu has never been proven and will never be proven either. For, even assuming that H5N1 does exist and causes disease in humans, nobody can predict what the mutated form of the H5N1 virus, which is supposed to first trigger the pandemic, will look like. This means that no medication, not even Tamiflu, can be conceived against such an alleged mutant virus.

And this is exactly why the UK government’s decision to order 14.6 million doses of oseltamivir for use in the event of a flu epidemic has been questioned even by orthodox experts. Among them Joe Collier, professor of medicines policy at St George’s Hospital Medical School, London, and former editor of the *Drug and Therapeutics Bulletin* who has been quoted in the *British Medical Journal* with the

words: “I would like to know what evidence there is that Tamiflu actually alters mortality. And if it doesn’t then what are we doing?”

On the other side of the Atlantic Canada’s federal health minister, Ujjal Dosanjh, told listeners to an interview on a Canadian Broadcasting Corporation radio program (*The Current*, 27 October 2005) that oseltamivir did not prevent infection with the flu virus.¹¹⁷

This is why it many were upset that Donald Rumsfeld, a leading member of the George W. Bush administration, was making money thanks to massive state Tamiflu purchases. As a once-leading member of the Bush administration, he makes a tidy sum of cash from massive state Tamiflu purchases. From 1997 until 2001, before taking office, Rumsfeld chaired the Board of Directors of the American biotechnology corporation Gilead. And after 2001, according to his own statements, Rumsfeld continued to hold huge share packages in Gilead valued at \$5 - 25 million.¹¹⁸ Gilead had originally developed Tamiflu, and in 1997, the Nasdaq-listed corporation sold an exclusive license to Roche for the production of Tamiflu, though Gilead kept the substance’s patent.

Gilead has since cashed in license fees from Roche (as is reported, between 10% and 19% of net price, or 10% of profits).¹¹⁹ ¹²⁰ In the three (hot) autumn months of 2005, Tamiflu licensing brought in \$12 million for Gilead; up from \$1.7 million in the third quarter of 2004.¹²¹ Simultaneously, Gilead market values climbed from \$37 to \$47 within just a few months, something that made Rumsfeld—one of the richest men in the Bush cabinet—at least \$1 million richer.

Rumsfeld isn’t the only political heavyweight in the USA, who is said to have very close connections to Gilead. George P. Shultz, US Secretary of State from 1982 to 1989, is on Gilead’s Board of Directors. In 2005, Shultz sold stocks of the Californian biotech company at a value of more than \$7 million. Another member of Gilead’s board is the wife of former California governor Pete Wilson. “I don’t know of any biotech company that’s so politically well-connected [as Gilead],” Andrew McDonald, of the analyst firm Think Equity Partners, told *Fortune*.¹²²

A *Saar-Echo* article, published under the title “Bush Makes Panic and Rumsfeld Profit,” hits the nail on the head:

“Bush and his vice-president, ‘Dick’ Cheney, the ‘human embodiment of the combination of oil and military interests’ had developed the pattern of this capitalistic escapade for the good of the American billionaire’s oligarchy in connection with the Iraq War, when they explained their invasion of the oil-rich Middle Eastern country with the shameless lie that Iraq was in possession of weapons of mass destruction. After the defeat of Saddam Hussein, one of the main profiteers from the Iraq invasion was the American company Halliburton, whose core business is trade and conveyance of crude oil. The CEO of Halliburton, until his leap to the seat of the American vice-

president, was Richard Cheney, who in turn is a close friend of Tamiflu profiteer Donald Rumsfeld. Together, they founded the neoconservative think tank 'Project for the New American Century' in 1997. Since they have held office, the billion-dollar side projects of these and other US politicians have run like clockwork."¹²³ ¹²⁴

Although massive accusations of fraud are levied against Halliburton, because, for example, the group charges exorbitant prices for many services (for the cleaning of just 7 kilograms of laundry, more than \$100 was charged), the US Army placed a new order in 2005 to support the troops in Iraq. The price tag: \$5 billion.¹²⁵ ¹²⁶ In 2004 and 2003, the oil and gas subcontractor based in Texas, George W. Bush's home state, had already pocketed \$10 billion.¹²⁷ ¹²⁸

In his farewell speech in 1961, outgoing president Dwight D. Eisenhower warned of the increasing entanglement of military and industry, and of the growing influence of this "military-industrial complex" on American politics. This enlightened warning was repeated in the award-winning documentary *Why We Fight*, a focus on today's billion-dollar war machine. 40 years later, history seems to be proving Eisenhower right.¹²⁹

One of the many parallels between the military-industrial complex and the medical-industrial complex is huge funding by tax dollars. In 2005, the Bush administration announced that they were introducing a \$7.1 billion program to protect the USA from a possible avian flu epidemic. Just a few weeks before, Bush had been heavily criticized around crisis management in New Orleans after Hurricane Katrina. Ironic as it may seem, the government saw an excellent opportunity to polish up Bush's battered public image in the announcement of an (incredibly expensive taxpayer funded) avian flu package.

According to Bush, they wanted to buy enough vaccine against the avian virus to protect 20 million Americans. For this, they would attempt to get the US Congress to approve \$1.2 billion. Additionally, they hoped to get approval of nearly \$3 billion for the development of new flu vaccines, as well as \$1 billion for the storage of antiviral medications. And a further \$600 million was allocated for local authorities, so that they could create emergency plans for containment of an epidemic.¹³⁰

Bush also demanded that Congress ease liability regulations for vaccine manufacturers. Only this way, it was said, could production capacity grow, since pharmaceutical firms refused to manufacture vaccines without protection from damage lawsuits. Of course, from a consumer perspective, if such a scheme were to become reality, Americans who suffered vaccine-related damages would be denied the basic right to claim damage or other compensation by way of the law.

This plan is part of a legal initiative—the "Biodefense and Pandemic Vaccine and Drug Development Act of 2005"—which would allow no more lawsuits, even if vaccinations or medications are administered by force.¹³¹ "A drug company

stockholder's dream and a consumer's worst nightmare," according to the National Vaccine Information Center.¹³²

Not to be swayed by scientific interest groups, Bush countered back with, "No country can afford to ignore the threat of avian flu." He did admit that nobody knew if the H5N1 flu virus could lead to a deadly human epidemic, but he warned that history dictates we must once again anticipate a terrible large epidemic.¹³³ Bush was referring to the so-called Spanish flu of 1918, to which many millions of people fell victim. This "Spanish flu" was so named because the Spanish media were the only ones to report about the virus while most other nations decreed an information ban on the pandemic, allegedly in order to avoid fear among World War I troops. But is it really a suitable virus model for any sort of pandemic predictions nowadays?

Pandemic 1918: Result of a Virus or the First World War?

"Within a few months, the Spanish flu achieved what all the epidemics in history have not managed," wrote *Spiegel Online*. "In 1918, the pandemic killed between 20 and 50 million people, more than any other disease before. In the USA alone, there were 550,000 deaths. Infected patients suffered from high fever and their lungs became inflamed. Within a few days, victims drowned in their own fluids."¹³⁴

It sounds dramatic—and it was dramatic. But it's much too hasty to assume that a virus triggered mass mortality. There are certainly no facts to support such a theory. These mass deaths occurred at the end of the First World War (July 1914 to November 1918), at a time when countless people were undernourished and under incredible stress after four years of war.

Additionally, the medications and vaccines applied in masses at that time contained highly toxic substances like heavy metals, arsenic, formaldehyde and chloroform, all of which could very likely trigger severe flu symptoms. Numerous chemicals intended for military use also moved unregulated into the public sector (agriculture, medicine).¹³⁵

In 1997, a paper by Jeffery Taubenberger's research team appeared in *Science*, claiming to have isolated an influenza virus (H1N1) from a victim of the 1918 pandemic.¹³⁶ "But before one can be certain that a pandemic virus had in fact been detected, some important questions must be asked," writes Canadian biologist David Crowe, who analyzed the paper.

The researchers had taken genetic material from the preserved lung tissue of a victim—a soldier, who died in 1918. Lung diseases were extremely typical of the Spanish flu, but it is a big leap to conclude that the many other million victims also died from the same cause. And particularly "the same virus" as Crowe points out.

“We simply do not know if the majority of victims died for exactly the same reason. We also do not know if a virus can be held responsible for all mortalities, because viruses, as they’re now be described, were unknown at this time. Even if one does accept that an influenza virus was present in the soldier’s lungs, this hardly means that this virus was the killer.”

Taubenberger’s group admits that the soldier was an atypical case, since most of the so-called influenza victims (“influenza” suggests a viral cause) actually died from bacterial lung inflammations (for example, tuberculosis). These bacteria, it is conjectured, ultimately gained the upper hand and supplanted the viruses. But this speculation doesn’t necessarily make any sense.

The genetic analysis of pulmonary tissue from the single soldier was based on the assumption that certain genetic sequences (RNA sequences) are characteristic of all flu viruses. That is, it is theorized that there are certain proteins in flu virus shells, the RNA sequences of which were ultimately claimed to have been discovered using PCR. These proteins are hemagglutinins (this is where the “H” in H1N1 or H5N1 comes from: “H1” and “H5” stand for certain hemagglutinin types) and neuraminidases (the “N”). But in biochemistry, many different substances are termed hemagglutinins, not just proteins that cause red blood cells to clot together.

Nevertheless, it is said that proof of a virus can be exhibited by mixing red blood cells in the laboratory with samples, in which the alleged virus is said to be found. This was done by taking tissue samples from organs in which the virus is presumed to lurk (in this case from a lung) in placing them (*in vitro*) into a petri dish filled with red blood cells. If clots then form, the theory goes that a hemagglutinins in a flu virus must have been the cause of the coagulation.

But a complete virus had never been isolated from this sample. This method is also weak since it cannot differentiate between the RNA of an external virus and human RNA. “This cannot be *normal* human RNA, otherwise everyone would react positively to the method,” says Crowe. “But it would certainly be possible that the RNA ‘collected’ by the PCR does not come from a virus protein, but is rather produced by the body itself, for instance in connection with a disease process.”

The enzyme neuraminidase, for instance, which is held to be specific to a flu virus, is actually produced naturally by the body and performs significant metabolic functions. If there is a deficiency of this enzyme—because of an innate metabolism disorder, for example—orthodox medicine has long called this Mucopolipidosis I¹³⁷ or Sialidosis which causes serious dysfunctions such as impaired vision, disorders of the nervous system and the skeleton, myasthenia (muscle weakness), seizures, disturbances of equilibrium, or cerebral development disorders. Anyone who takes flu remedies and neuraminidase inhibitors like Tamiflu should keep this in mind.

We can then conclude that Taubenberger et al, have not verifiably shown that a flu virus was present in the soldier. Their experiment cannot prove that this soldier died from a flu virus, let alone that the other umpteen million victims lost their lives because of a specific virus.

The same is true of the papers published in the scientific journals *Nature* and *Science*¹³⁸ in October 2005. The media reports spun the information into a global sensation with news that “US researchers revive old killer virus” and “American scientists have reconstructed the extremely dangerous Spanish flu pathogen in a military laboratory.”¹³⁹ But even if headlines suggest this, the fact is that here as well, a virus with complete genetic material (genome) had never been discovered. Lung tissue samples were simply taken from several corpses from that time, including an Inuit woman buried in Alaska’s permafrost layer in 1918. Then, the scientists conducted practically the same procedure as in 1997. Researchers had not proven that the genetic material they found really belongs to a pathogenic “old killer virus.” With many samples, the tests even came out negative. The whole thing, then, is pure speculation.

The Pandemic of 1918: Mysterious Spread

According to traditional conceptions, an infectious disease begins in one place and spreads out from there, depending on the environmental conditions, in certain directions. Such a development didn’t occur with the Spanish flu.

In 1918, there were two different disease waves: a lighter one in spring and a much more severe wave, which claimed many lives, in late summer and autumn. Here, experts can’t even agree whether the disease was introduced to the United States from Europe, or the other way around.

According to one source, the epidemic began in February 1918 in the Spanish town of San Sebastian, close to the French border on the Atlantic coast.¹⁴⁰ But another source names the same outbreak date, but a completely different place thousands of kilometers away from San Sebastian, on the other side of the Atlantic: New York City. That these outbreaks happened at the same time cannot be explained by either ship route or migrating bird patterns.

Then in March 1918, there were reports of cases in two army camps in Kansas, hundreds of kilometers away from New York. In April, the Spanish flu appeared in Paris for the first time, in May in Madrid, until it reached its peak in Spain at the end of May. In June, cases first began accumulating in war-torn Germany, but simultaneously in China, Japan, England and Norway as well. On 1 July, Leipzig had its first case. And over the course of that month, approximately half a million Germans were affected.



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December 1918: Police in Seattle with protective masks from the Red Cross, thought to protect against flu viruses.



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New York City, 16 October 1918: Even typists wore protective masks against the alleged flu viruses.



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16 October 1918: A New York postman with a mask to protect from influenza viruses.



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Seattle, 29 October 1918: A tram conductor turns away a citizen who is not wearing a protective mask.

The second serious wave began almost at the same time in Boston's Harbor, on the Indian subcontinent, in Southeast Asia, in the Caribbean and Central America. In September, various army camps in the western USA along with the states of Massachusetts, Pennsylvania and Philadelphia were affected. In October Brazil was hit, and in November Alaska.

But even if we factor in the fastest ships of the time, railway routes and migrating birds, there's no sound epidemiological basis to construct a virus-caused influenza. Unless one assumes that the virus mutated into a deadly infectious agent on all continents simultaneously—which is probably less likely than winning the lottery ten times in a row.¹⁴¹

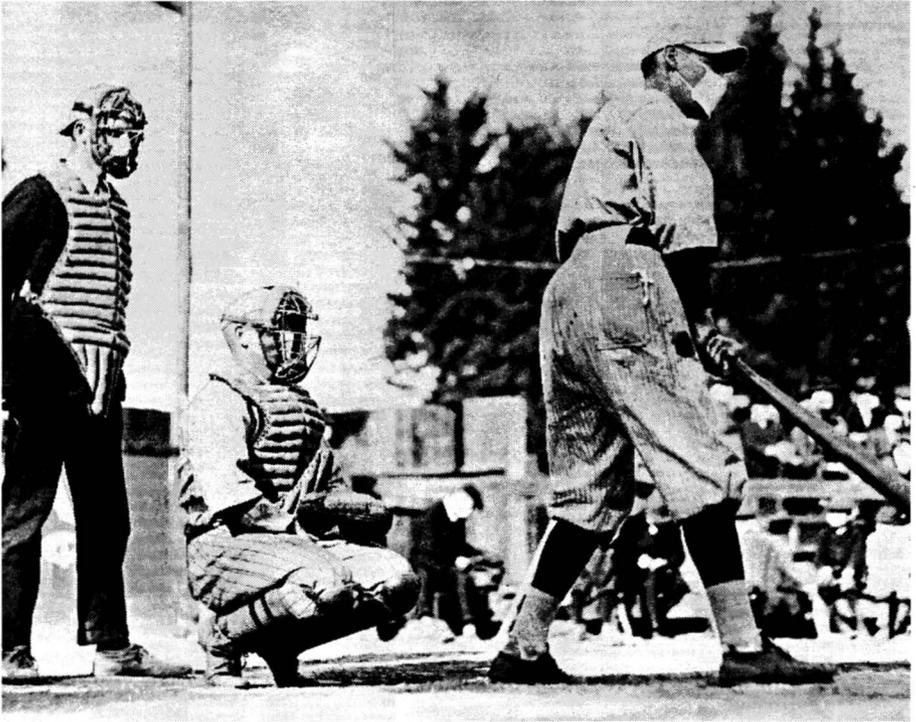
Failed Infection Attempts

In order to be able to better assess the puzzling mass disease, an attempt to simulate infection was undertaken with volunteers in Boston in November 1918. These were 62 healthy sailors charged with delinquency and sent to prison. They had been promised a pardon under the condition that they take part in an experiment. 39 of them had not had influenza, so the theory was that they would be particularly susceptible to infection and illness.¹⁴² But the results proved nothing of the sort, as American scientific journalist Gina Kolata describes in her book *Influenza*:

“Navy doctors collected the mucus from men who were desperately ill from the flu, gathering thick viscous secretions from their noses and throats. They sprayed mucus from flu patients into the noses and throats of some men and dropped it into other men's eyes. In one attempt, they swabbed mucus from the back of the nose of a man with the flu and then directly swabbed one patient's nasal septum and rubbed it directly onto the nasal septum of one of the volunteers.

“Trying to simulate what happens naturally when people are exposed to flu victims, the doctors took ten of the volunteers onto the hospital ward where men were dying of the disease. The sick men lay huddled on their narrow beds, burning with fever, drifting in and out of sleep in a delirium. The ten healthy men were given their instructions: each was to walk up to the bed of a sick man and draw near him, lean into his face, breathe in his fetid breath, and chat with him for five minutes. To be sure that the healthy man had had a full exposure to the sick man's disease, the sick man was to exhale deeply while the healthy man drew the sick man's breath directly into his own lungs. Finally, the flu victim coughed five times in the volunteer's face.

“Each healthy volunteer repeated these actions with ten different flu patients. Each flu patient had been seriously ill for no more than three days—a period when



Baseball players wearing masks during the 1918 Spanish flu epidemic.

the virus or whatever it was that was causing the flu should still be around in his mucus, in his nose, in his lungs.

“But not a single healthy man got sick.”¹⁴³

A comparable experiment, carried out under much stricter conditions, took place in San Francisco, with 50 imprisoned sailors. But, once again, the results did not correspond with what the doctors had expected:

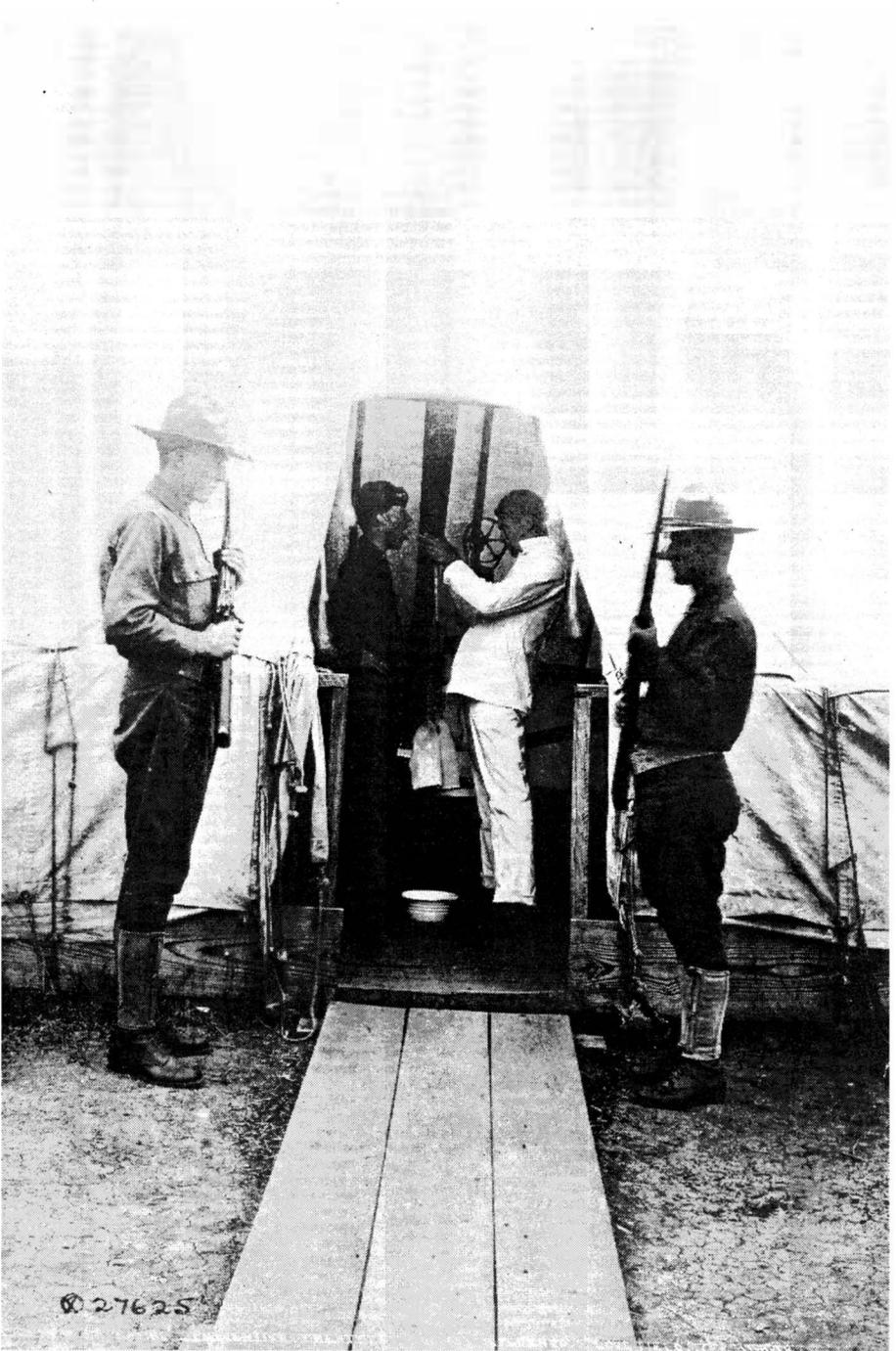
“Scientists were stunned. If these healthy volunteers did not get infected with influenza despite doctors’ best efforts to make them ill, then what was causing this disease? How, exactly, did people get the flu?”¹⁴⁴

Pandemic 1918: Overmedication and Massive Vaccination Campaigns

A look at history books and statistics shows that epidemics always developed where human immune systems had been weakened, primarily because of lack of food and clean water. This was also the case with the pandemic of 1918. A panoply of causes, which naturally could also have worked in combination, comes into consideration:^{145 146 147 148 149}

- Psychological stress, evoked by fears of war
- Over-treatment with chemical preparations, which can seriously compromise the immune system, including painkillers like Aspirin or chloroform. Chloroform, which was used as a preservative in medications, and transformed into phosgene in the body [liver],¹⁵⁰ which was used as poison gas in the First World War. In the late 19th century, manufacturers of medicinal products also increasingly began selling products that contained highly toxic substances like morphine, codeine, quinine and strychnine as medicines; at that time there were no regulations for such manufacturers. From 1898, the German inventor of Aspirin, Bayer, sold heroin, for example, as an allegedly non-addictive morphine substitute, and also as a cough remedy in many different forms, ranging from syrup—in noble-looking flacons—to plugs, powders, liquids, and tampons soaked in it for gynecological treatments¹⁵¹
- Damage to airway organs resulting from “preventive” measures, like rubbing the throat with antiseptic preparations or inhaling antibacterial substances. Many of the substances used at that time also contained silver and have long been prohibited (for example, Formalin/formaldehyde has strong corrosive and irritating effects on skin, eyes, and airway, and can cause kidney, liver and lung damage; a carcinogenic potential is also attributed to it)¹⁵²
- No effective antibiotics: many peoples were afflicted by bacterial and fungal infections, but the first really effective means of killing bacteria and fungi was penicillin, which was discovered much later, in 1928, and became a medication during the Second World War
- Vaccines often contained toxic heavy metals and were produced out of poorly filtered mucus or other fluids from infected patients

A frequently observed symptom of the Spanish flu was internal bleeding in the lungs (typical of tuberculosis patients, for example)—a phenomenon that was also described as a result of smallpox vaccinations.¹⁵³ In fact, numerous sources report that mass vaccinations (up to 24 vaccinations per person) decisively contributed to the pandemic. American author Eleanor McBean relates her own experiences:



November 1918: Preventive treatment against influenza with a throat spray; American Red Cross, Love Field, Texas.

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“All the doctors and people who were living at the time of the 1918 Spanish Influenza epidemic say it was the most terrible disease the world has ever had. Strong men, hale and hearty, one day would be dead the next. The disease had the characteristics of the Black Death added to typhus, diphtheria, pneumonia, smallpox, paralysis and all the diseases the people had been vaccinated with immediately following World War 1. Practically the entire population had been injected/‘seeded’ with a dozen or more diseases—or toxic serums. When all those doctor-made diseases started breaking out all at once it was tragic.

“That pandemic dragged on for two years, kept alive with the addition of more poison drugs administered by the doctors who tried to suppress the symptoms. As far as I could find out, the flu hit only the vaccinated. Those who had refused the shots escaped the flu. My family had refused all the vaccinations so we remained well all the time. We knew from the health teachings of Graham, Trail, Tilden and others, that people cannot contaminate the body with poisons without causing disease.

“When the flu was at its peak, all the stores were closed as well as the schools, businesses—even the hospital, as the doctors and nurses had been vaccinated too and were down with the flu. No one was on the streets. It was like a ghost town. We seemed to be the only family [that] didn’t get the flu; so my parents went from house to house doing what they could to look after the sick, as it was impossible to get a doctor then. If it were possible for germs, bacteria, virus, or bacilli to cause disease, they had plenty of opportunity to attack my parents when they were spending many hours a day in the sick rooms. But they didn’t get the flu and they didn’t bring any germs home to attack us children and cause anything. None of our family had the flu—not even a sniffle—and it was in the winter with deep snow on the ground.

“When I see people cringe when someone near them sneezes or coughs, I wonder how long it will take them to find out that they can’t catch it—whatever it is. The only way they can get a disease is to develop it themselves by wrong eating, drinking, smoking or doing some other things which cause internal poisoning and lowered vitality. All diseases are preventable and most of them are curable with the right methods, not known to medical doctors, and not all drugless doctors know them either.

“It has been said that the 1918 flu epidemic killed 20 million people throughout the world. But, actually, the doctors killed them with their crude and deadly treatments and drugs. This is a harsh accusation but it is nevertheless true, judging by the success of the drugless doctors in comparison with that of the medical doctors.

“While the medical men and medical hospitals were losing 33% of their flu cases, the non-medical hospitals such as Battle Creek, Kellogg and MacFadden’s Health-Restorium were getting almost 100% healings with their water cure, baths, enemas,



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The alleged Spanish Flu did not spare the American city of Seattle in 1918 - 1919 either. When the epidemic reached its peak, theatres, restaurants, dance halls and sports facilities were closed.

etc., fasting and certain other simple healing methods, followed by carefully worked out diets of natural foods. One health doctor didn't lose a patient in eight years.

"If the medical doctors had been as advanced as the drugless doctors, there would not have been those 20 million deaths from the medical flu treatment.

"There was seven times more disease among the vaccinated soldiers than among the unvaccinated civilians, and the diseases were those they had been vaccinated against. One soldier who had returned from overseas in 1912 told me that the army hospitals were filled with cases of *infantile paralysis* [polio] and he wondered why grown men should have an infant disease. Now, we know that paralysis is a common after-effect of vaccine poisoning. Those at home didn't get the paralysis until after the world-wide vaccination campaign in 1918."¹⁵⁴

Author Anne Riley Hale alludes to all of the above factors in her 1935 book *Medical Voodoo*: "As every one knows, the world has never witnessed such an orgy of vaccination and inoculation of every description as was inflicted by army-camp doctors upon the soldiers of the [First] World War." Hale also observed that the "amazing disease and death toll among them occurred among 'the picked men of the nation'—supposedly the most robust, resistant class of all, who presumably

Spanish flu 1918: entrainment camp, Genicart, France; Administration of vaccines against flu and lung infections.

brought to the service each a good pair of lungs, since they must have passed a rigid physical examination by competent medical men.”¹⁵⁵ And yet, precisely these supermen with super-lungs were the ones who were dropping like flies from pulmonary tuberculosis.

In this context, a report in the *Idaho Observer* (July 2003) is also worth noting. It mentions a contemporary vaccination trial by one Dr. Rosenow, published in the *Mayo Collected Papers* of the world-renowned Mayo Clinic. According to this paper, the vaccinated guinea pigs primarily suffered severe damage in their lungs—a typical symptom of tuberculosis and other diseases of the Spanish flu.¹⁵⁶

Doctors Respond to the Catastrophe With Overwhelming Silence

Meanwhile, medical historians are amazed that doctors and the media have remained silent about the catastrophes that resulted from Spanish flu. As Kolata writes in her book, Victor Vaughan, at that time, America's top military doctor, dealt with the mega-catastrophe in just one paragraph of his 464 page long memoirs. And yet, Vaughan must have recollected everything very well, as his book appeared in 1926, not long after the war's end (and he probably would never forget the horrific events). "If anyone might be expected to write about the epidemic it was Vaughan," writes Kolata. Like Vaughn, other army doctors remained steadfastly silent.¹⁵⁷



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"Spanish flu": interior view of influenza ward, US Army Field Hospital No. 29, Hollerich, Luxembourg, 1918. Look at the men's faces: they're covered to try and check the alleged airborne spread of the disease.

The pandemic, one of the worse to ever afflict the earth, was simply virtually erased from newspapers, magazines, books and society's collective memory, says Kolata.¹⁵⁸ This could be psychologically explained in two ways. The catastrophe presented a very personal catastrophe for physicians, because, although they were basically given all the money and material resources in their world to fight the alleged flu, they were unsuccessful in preventing the disaster. In a brutally clear way, doctors and pharmacologists were shown the limits of their power. It is clear that mainstream medicine prefers not to dwell on such a total defeat, let alone expand upon it in memoirs or newspapers.

Perhaps the occasional scientist, doctor or politician began to mull over the lost campaign against an imaginary virus and entertained the thought that the mass administration of highly toxic vaccines and medications could have been at least partially responsible for the pandemic. Clues for this were by all means visible. But who likes to take responsible for the deaths of millions of people—even unintentionally—and admit failure to fulfill the duty to investigate all factors that come into question?