Chapter 4

Hepatitis C: Toxins Such as Alcohol, Heroin, and Prescription Drugs Suffice as Explanations

"Where is the hepatitis C virus? Has anybody seen it?"[1]
Michael Houghton
Alleged co-discoverer of the HC virus
At the 8th International HCV Congress in Paris, 2001

"Toxic shocks like smoking or alcohol consumption can traumatize the liver, causing genetic instabilities. The human cell itself, then, can produce the genetic particles which are fished out by orthodox researchers with their PCR tests and simply interpreted as exogenous viruses. But before jumping on the virus bandwagon, one must have closely analyzed if these really are viruses—which has not happened with hepatitis C."
Richard Strohman
Professor of Molecular and Cellular Biology

HIV Mania: Detonation for Antiviral Hepatitis C Therapy

Hepatitis C is commonly known as a liver infection caused by a virus (the so-called hepatitis C virus: HCV for short). According to theories, the disease is primarily transmitted through blood and blood products. In the 1970s, American researcher Jay Hoofnagle attempted to strike hepatitis C with medications. In 1978, he joined the US National Institutes of Health (NIH) to continue his research on treating liver diseases.

At this time, leading experts in this area, the hepatologists and even the pharmaceutical companies were still of the opinion that treatment of hepatitis C patients with antiviral medications was too difficult and too dangerous, since substances were so full of side effects, and, directly after ingestion, they landed in the organ that was stricken anyway: the liver. For that reason, advances in medication therapy could hardly be observed.

There were experiments with the antiviral interferon, which was tested on cancer patients. But these trials were anything but a success. Hoofnagle was of the opinion, however, that the antiviral preparations had the potential to fight hepatitis C, even though mainstream researchers didn't share Hoofnagle's optimism. "The idea of treating a liver disease [with medications] went against the grain," Hoofnagle told the medical journal *The Lancet* in 1997. "Liver disease was considered to be a good reason to avoid drug therapies."[2]

This is no surprise, since substances like interferon ultimately work like chemotherapy and for that reason can severely affect more than just the liver;[3] it was also observed that, after interferon administration, herpes developed, or the number of white blood cells (leukocytes) decreased, something that signals a weakening in the immune system. Interferons could also influence the nervous system, causing psychological alterations like depression and confusion.[4]

The side effects of HCV medications are frequently so strong that treatment has to be stopped. "We need medications that are more effective and tolerable than current treatment forms with the active substances interferon-alpha and ribavirin," says Raffaele DeFrancesco, scientific director of the biochemical department at the Instituto Ricerche Biologia Moleculare in Rome. But DeFrancesco only meant that new medications should be developed to defeat the alleged virus.[5]

The virus mania pattern of thought had also infected theories about hepatitis. And so, all at once, the opinion was *en vogue* that liver diseases could, even must, be treated by antiviral medications.[6]

The damage to the human body and particularly to the liver caused by medications is typically less drastic than in the case of—still too often life-long—antiviral AIDS treatments. But, mainly because most patients diagnosed with hepatitis C have just a temporary treatment, with medications such as interferon and ribavirin. And even this frequently leads to severe anemia (iron deficiency) and high fever. Also a risk of cancer cannot be ruled out with ribavirin either, because it has effects similar to chemotherapy.

How To Create a Hepatitis C Virus

Mainstream science says that, based on their studies, hepatitis C is a virus with contagious potential. But the experiments carried out to prove this theory are highly questionable going back to 1978 and a paper published in *The Lancet*. Researchers took blood from four patients; it was assumed that they had obtained their non-A, non-B hepatitis (this is what hepatitis C was called until the late 1980s) through a viral infection via blood transfusion. They also drew blood from a blood donor who

had been mixed up in two hepatitis cases. Then, this blood serum was injected into the bloodstreams of five chimpanzees that had originally been caught in the wilderness of Sierra Leone in Africa.

But none of the animals contracted hepatitis (that is to say, they did not get liver disease). Around the 14th week, liver values were slightly raised for a few days, which can be interpreted as an immune reaction to foreign blood (and not a viral infection). To rule out the possibility that this was an immune reaction, the researchers should have taken a control group of chimpanzees and injected the same amounts of blood from healthy people. But this did not happen. Instead, an animal was simply locked in a separate room and observed, without having been injected with anything at all. These experiments, then, cannot be interpreted as proof that there is a hepatitis virus with infectious potential.[7]

The hepatitis C virus was then created in 1987, by a team of scientists, including Michael Houghton, of the Californian biotechnological company Chiron, and Daniel Bradley of the CDC, whose task was to find a virus that makes hepatitis C.[8 9] This found virus was then supposed to serve as the basis (antigen) for an antibody test calibrated for hepatitis C virus. Since they couldn't find a complete virus, they decided to forage around for the tiniest traces of a virus, for fragments of genes (nucleic acid particles) presumed to represent a virus. With the help of a special laboratory process, the polymerase chain reaction (PCR), a tiny piece of a gene was taken from a particle that didn't appear to belong to the host's genetic code. From this, the virus hunters concluded that they were dealing with foreign genetic material from a not-yet-discovered virus.

But for the reasons repeatedly mentioned in this book, we must seriously doubt that a hepatitis C virus had actually been found.[10] PCR is much too sensitive. It detects gene-fragments (DNA or RNA particles) which in themselves do not constitute a virus—but which are claimed to be parts of a virus that has not been identified. In any case, certainly nobody has yet managed to detect a corresponding virus structure in the blood serum of so-called hepatitis C patients. As with HIV, the virus purification necessary for a clear identification has not taken place. And there is no paper showing that a so-called high viral load correlates with viruses visible through an electron microscope (viral load is the laboratory parameter measured with PCR—the surrogate marker—upon which basis doctors decide whether to prescribe medications or not).

This even led Michael Houghton, said to be a co-discoverer of the HC virus, to put forward the key question before a large audience at a major hepatitis C congress in Paris in 2001: "Where is the hepatitis C virus? Has anybody seen it?"[11]

Apart from this, the genetic snippets built up into the hepatitis C virus existed in the apes' liver tissue in such small quantities that they should not have been

considered a cause of a liver disease. But Chiron saw an entirely different picture: there was the evil hepatitis C virus (HCV). And so, on the basis of these gene parts, they began to build their HCV antibody test. The Procleix test alone, with which blood bottles are said to be tested for the presence of HCV antibodies, now brings in more than $60 million per quarter for Chiron.[12]

Even blatant contradictions are gladly overlooked in this context. This piece of a gene said to come from a HCV can only be found in about half of so-called hepatitis patients.[13] And a 1997 study printed in the *European Journal of Clinical Chemistry* (today *Clinical Chemistry and Laboratory Medicine*) shows that the gene particles officially classified as the hepatitis C virus had also been found in those who had negative HCV antibody tests. Generally, researchers contend that there is still no convincing evidence that the gene-snippets are indeed a pathogenic hepatitis C virus.[14] [15]

The virus theory does not fulfill any of Koch's three postulates, which must be fulfilled for virus identification. The first postulate requires that a truly pathogenic virus can be found in large quantities in every patient (this is not even close to the case). The second postulate is that the virus can be isolated and made to grow (but a hepatitis C virus has never been found in an intact form). And the third postulate says that this isolated pathogen must be able to trigger the same disease in animal models like chimpanzees. In this case, though, no isolated virus was transmitted, but rather blood; and there was no proper control group either (in which animals would be given blood—but without what was suspected to be the pathogen).[16]

Nonetheless, the virus hunters assert that the hepatitis C virus is passed on from junkies through contaminated injections (the CDC even blamed this for most HCV infections in the USA).[17] But a 1999 study published in the *American Journal of Epidemiology* gives us another picture. The paper's goal was namely to find out if needle exchange programs, through which drug addicts are provided with clean needles, help to prevent HCV transmission.

The experiment couldn't confirm this theory. Junkies who used these needle exchange programs tested positive more often than "injecting drug users" (IDU's) who had no access to the programs. The researchers concluded that these programs do not help to prevent a so-called HCV infection.[18] [19] In other words, even when junkies constantly use clean needles so-called HCV antibody tests nonetheless (or with this specific study, especially) still come out positive.

Nevertheless, the hepatitis C antibody tests have been widely used (the blood test was developed in 1994). So, the world now also had a hepatitis C epidemic to contend with. Patients who test positive are stamped as "HCV positive" and it's hammered into their heads that they are carriers of a liver-destroying virus, which allegedly, after a dormant phase of around 30 years, triggers liver cirrhosis (the end-

stage of liver damage). The patients are consequently bombarded over a long period with medications, which ultimately damages the very organ in which chemicals are metabolized: the liver.

Most HCV positive patients have no disease symptoms at all (not even in the liver!),[20] and yet they are treated with toxic medications that destroy liver cells and the livers of already sick patients are additionally damaged with medications. The tragic end result of such a treatment was made clear by a study, conducted by Jay Hoofnagle and published in the *NEJM* in 1995. The active substance fialuridine (brand name Fiau) was tried out on hepatitis B patients. Five patients died and two could only be saved by liver transplants.[21] It is well worth noting that none of the patients had any physical (clinical) complaints before the medicine treatment.

Those who still consider that medications are active in some way should know that in hepatitis C research there are no placebo-controlled randomized double-blind studies with clinical endpoints. This means that, as with AIDS or cancer research, no hepatitis C clinical trials look at two groups of subjects randomly assigned to receive either the active substance or an inactive preparation (placebo). Neither doctor nor test subject (double blind) should know who's taking the active substance and who the placebo. The trials should run for long periods (for hepatitis C around 30 years) and be oriented on clinical endpoints (e.g., survival time). Only then can it be shown whether patients treated with the medications actually do live longer. But without such placebo studies, statements on the effectiveness or a medication's life-prolonging effects are impossible.

Hepatitis C Can Also Be Explained Without a Virus

Just as with HIV/AIDS, there are numerous peculiarities in the theory that a virus triggers hepatitis C. There are patients whose elevated liver values can be observed using traditional blood tests, but they test negative on the antibody test. This prompts some virus-fixated researchers to speculate wildly that these could be "occult" hepatitis C viruses[22]—instead of suspecting that perhaps there's no evil virus at work here whatsoever.

There are further inconsistencies. As studies show, it's not uncommon for HCV positive individuals to later, incomprehensibly, test negative, as if by magic, without having gone through any treatment.[23]

Most HCV positive patients don't even suffer from any disease symptoms. And, as is the rule, they only have real liver damage if they have consumed alcohol and drugs. Here, there is a very conspicuous overlap: almost 80% of drug addicts are HCV positive.[24] To this Rainer Laufs, director of the Institute of Microbiology at the

University of Hamburg and one of the leading advocates of the view that hepatitis C is caused by a virus, says: "It is worth noting that intravenous drug abuse plays such a large role in the spread of HCV infection."[25]

Mainstream medicine should ask whether the monocausal virus model for hepatitis C really makes sense. Especially considering that if hepatitis C is indeed a contagious viral disease, the number of cases would show a bell shape: at the beginning a rise in the number of hepatitis infections and–once people have built up immunity against the allegedly evil agent–a following decline. But this is not the case. Rather, the number of those officially declared HCV patients in Germany, for example, has remained at 400,000 to 500,000 for a long time.[26]

Another worthy investigation would be to look as whether toxins like alcohol, heroin or medications are, at the very least, co-factors for what is called hepatitis C, if not the fundamental cause. It's fully justifiable to assume that substances like alcohol damage liver cells, cause the production of the genetic snippets on a cellular level, and are then picked up by PCR tests and falsely interpreted as HCV particles by orthodox researchers.

Last but certainly not least, no virus is necessary whatsoever to explain the 30 years that it takes on average until the affected patient's liver gives up the ghost (liver cirrhosis). Sooner or later, toxic chemical substances like alcohol, heroin or cocaine take care of this on their own (without viral help), by gradually unleashing their destructive effects.

Unfortunately, these simple truths are words in the wind, ignored by the virus hunters. Since the 1980s, hepatitis doctors have been so fixated on antiviral medications that the headlines in the newspapers sound like advertisements for pharmaceutical companies: "Hepatitis C–the underestimated danger"; "Hepatitis C–the unrecognized danger"; "Hepatitis C–the new major epidemic. It's coming silently but violently."

A few years ago, in a Northern German city called Itzehoe, the media luridly reported that a HCV positive surgeon had infected many of his patients with HCV. HCV screening took place with antibody tests and a few patients reacted HCV positive. So, the conclusion was drawn that they had been infected by the surgeon, even though there was no evidence that a viral infection had even really taken place–not least because many people are living with what is called the hepatitis C virus; the tests must come out positive in approximately 2% of cases. 2,000 tests could garner 40 positives. So, a doctor could spark a hepatitis C epidemic simply by carrying out the so-called HCV antibody tests on all his patients.

From time to time, media headlines have been a bit more critical, like: "Hepatitis C danger overestimated?" But these articles are the exception to the rule, which is puzzling since anyone who weighs up the various risks of an antiviral hepatitis C

therapy would come to the conclusion that no medications should be prescribed. Mainstream medical research has shown that there is "no lasting success" to be attained with the medications.[27] Nevertheless, the virus hunters are tireless and continue to claim that antiviral hepatitis medication produces significant improvements by referring to various studies, such as the one by Hadziyannis et al.[28] [29] But all these studies are irrelevant because they prove that the medications do not heal and, even worse, that they cause harm.[30]

A few years ago, a large American study was published in the *Annals of Internal Medicine*.[31] The blood serums of the subjects had been frozen between 1948 and 1954, and were now being tested for hepatitis C. The researchers found that there was practically no difference in liver disease between HCV positive and HCV negative patients. Simultaneously, among HCV positive subjects, little liver damage was found and few mortalities could be traced back to liver disease.

The researchers concluded that mainstream research had highly overestimated the risk that a healthy individual who is tested positive for HCV later comes down with liver cirrhosis. At the same time, it is plausible to assume that substances like alcohol and drugs (including several hundred medications known to have damaging effects on the liver)[32] could be the main causes. There is no reason, then, to treat HCV positive patients with antiviral active substances.

"My experience as a physician is that a positive hepatitis C test could indicate liver damage, rather than a viral infection," says Seattle-based naturopath John Ruhland. "The patients I have seen with hepatitis C had liver damage that had primary causes such as alcohol and drug abuse. To truly understand what is causing this hepatitis C 'epidemic,' follow the money trail. Millions of dollars are being made by selling drugs and treating people for an often non-existing problem."[33]

Ruhland adds that the human body has a tremendous capacity to heal itself. This principle, known as the healing powers of nature, is the foundation of naturopathic philosophy. Ruhland's goal as a naturopathic physician is to help restore balance to the body, the mind, and the spirit. An intermediate-range goal may be to focus on preventing specific future illnesses. The long-term goal is to work with the patient to improve his or her health, not just by eliminating illness, but also by promoting wellness.[34]

Pamela Anderson: The Virus Industry's Grand Marshall

Unfortunately, an objective examination of the hepatitis C subjects is thwarted time and time again by publications in specialist journals and the mass media, which dwell upon the disease's alleged infectious and epidemic potential. The best-known

hepatitis C case is probably that of American actress and "Baywatch" nymph Pamela Anderson. Anderson announced in 2003 that she had been diagnosed with hepatitis C, which elicited global consternation. Her doctors had told her she had a maximum of ten years to live.[35] Anderson disclosed that she believed she had been infected by her ex-husband, drummer Tommy Lee, when they were tattooing each other.[36]

Proof of this does not exist. But, the global media had a sensational story to boost circulation and audience ratings—and virus hunters had a global platform to claim that HCV is caused by a life-threatening virus. All of a sudden, after leading a quiet existence for so long, hepatitis C was known all over the world. Just a short time later, Anderson even became "Grand Marshall" of the American Liver Foundation, which promotes antiviral therapy.[37] The blonde bombshell made for an effective in-your-face advertisement of medication that had never been proven and certainly its potential damage had never been ruled out.

Chapter 5

BSE: The Epidemic That Never Was

"The assumption that BSE is an epidemic caused by an infectious agent called a prion in meat and bone meal has not been proven. To prove this, at least one controlled feed experiment with cattle herds would be necessary. But this has not been done. A feasible alternative hypothesis is that the BSE epidemic in England was caused by a combination of factors: a genetic defect in the gene-pool of a few cattle herds, which was bred into frequency in pursuit of the best-possible efficiency in milk production, poisoning from insecticides and heavy metals, copper deficiency and/or autoimmune reactions."[1]

Roland Scholz, Professor of Biochemistry and Cellular Biology
Sievert Lorenzen, Professor of Zoology
(Author of the book *Phantom BSE Danger*, 2005)

BSE: Prophecies of Horror and Wastes of Money

The hysteria caused by the alleged bovine epidemic BSE (**B**ovine **S**pongiform **E**ncephalopathy which is a spongelike brain disease) reached its peak in 2001 and caused people to fear that they could contract the so-called deadly new variant Creutzfeldt-Jakob disease (nvCJD or vCJD) by simply tucking into a juicy steak. Scientists and politicians alike initiated the strangest safety procedures, like killing masses of cattle.

"An apocalyptical spirit ruled the country," cried the German *Frankfurter Allgemeine Sonntagszeitung* in 2002. "Hundreds of thousands of BSE cattle will be discovered in the coming years, predicted serious scientists and self-proclaimed experts. There was talk of thousands, even tens of thousands of expected deaths—human, not bovine—caused by a new form of Creutzfeldt-Jakob disease [induced, according to theories, by ingestion of BSE-infected beef]. Reports of the allegedly impending new plague of humanity were everywhere. Two ministers had to resign."[2]

The horror scenarios have not proved true. Not a single German has died from this variant of Creutzfeldt-Jakob disease (nvCJD or just vCJD), although at the end

of the 1990s, there was still talk of a "time bomb effect" and the death of up to ten million people was still held as a possibility.[3] But in 2001, the *British Medical Journal* called it "Creutzfeldt-Jakob disease: the epidemic that never was,"[4] and at the beginning of 2005, a British research team gave the all-clear and reported: "Creutzfeldt-Jakob Disease Is Cancelled."[5]

In reality, a giant BSE bureaucracy was erected, "which registers every twitch in the stable and tests every one of the butcher's slices," according to the *Frankfurter Allgemeine Sonntagszeitung*. The program came with a hefty economic price; "BSE hysteria has cost Germany at least €1.5 billion to date," said Sucharit Bhakdi, Director of the Institute of Microbiology and Hygiene at the University of Mainz (his comments appeared in 2002, it is worth noting). And yet, the obligatory BSE tests on cattle were "completely pointless" and "a pure waste of money."

Among the 5.1 million tested cattle, just 200 sick animals were found. And these 200 "BSE cattle" could have "infected three people at most, and that over the next 30 years," states Bhakdi. His advice: do nothing. It is completely sufficient to do just that when (so-called) infected animals are taken away.[6]

The Dogma of the Infectious Disease BSE

Since then, virus mania has continued to plague the beef industry. Companies like the Swiss firm Prionics, which controls 50% of the world market for BSE tests,[7] continue to make millions (ultimately at a cost to the consumer). The belief that an infectious particle, or more precisely a prion (proteinaceous infectious protein) makes cattle sick is still firmly anchored in the public conscience. And yet, since the beginning of the 1990s, data has been diligently collected and published—but despite all efforts, there is still no real proof of the hypothesis that a deformed protein (prion) has infectious properties and is capable of causing brain-softening (spongiform encephalopathy): BSE in cattle, and the new variant Creutzfeldt-Jakob disease (vCJD) in humans.

The atomic structure of these allegedly infectious prion proteins isn't even known.[8] "BSE is termed an epidemic, but this is wrong—just as the presumption that BSE is contagious is also wrong," writes Anton Mayr, Chair of Microbiology and Epidemiology at the University of Munich. "And even BSE's transmissibility to humans, neither with classical Creutzfeldt-Jakob disease (CJD for short) nor the new current form, new variant CJD or nvCJD, has not been proven."[9]

"Depending on the spirit of the times and which authorities are in power, one dogma or another dominates the scientific scene, often with an exclusivity that does not admit any other possibilities and hinders new ideas," writes Roland Scholz,

Professor of Biochemistry and Cellular Biology in Munich, and a critic of the dominant BSE theory. "And in the BSE drama, this dogma is infection."[10] Here, Nobel Prizes can play a controlling and unhealthy role. On the one hand, these awards usually follows the spirit of the times, i.e. along conventional lines of thought. On the other, they can cement paradigms.

Into the 1960s, scientists were of the opinion that encephalopathy in sheep (known as Scrapie, because the animals constantly scratch themselves) only occurred endemically, that is, only within certain flocks. In which case, up to 30% of a herd can be afflicted. Scrapie [sheep disease] is said to be a genetic disease that can be eliminated by establishing adequate breeding protocols, according to research done by Herbert Parry in 1962.[11]

But after the awarding of the Nobel Prize in 1976 to the previously mentioned researcher Carleton Gajdusek (see Chapter 2), Scrapie, like all spongiform encephalopathies (softening of the brain), was redefined as an infectious disease. It was reclassified after Gajdusek's 1970s research on dementia observed in the population of Papua New Guinea; he declared this spongelike brain disease (spongiform encephalopathy; BSE is also classified as one) to be a viral disease transmitted through food.

The sneaky virus culprit, however, could not be found. Nonetheless, microbe-obsessed research continued to hold tight to its pathogen theory. Virus hunters were desperate to impose the contagion theory onto dementia as well.

The work of Stanley Prusiner served as a basis for this theory. In 1982, he succeeded in identifying plaques (accumulations) in the brain, which are characteristic of a brain suffering from neural damage—and which are said to be the cause. In these plaques, certain proteins called prions are found, which primarily build up on neurons, in an abnormally altered structure (the β-pleated sheet structure). Whereas, the normal (healthy native) prion protein shows predominantly spiral-shaped α-helix structures and hardly any "abnormal" β-pleated sheet structures.

The speculative plaque development model implies, then, that prion proteins with an abnormally altered β-pleated sheet structure are the source of plaque formation. The idea is that, as particles foreign to the body, they succeed in getting into the host. Upon arrival, they impose their deformed β-pleated sheet structure upon the normal protein with its α-helix form. And this β-structure makes it easier for prion proteins to clump together, so plaques accumulate on the neurons and jam neural receptors. These plaques can then only be degraded with difficulty. This process gradually leads to a build-up of "molecular waste" in the brain, causing the death of increasing numbers of neurons. The holes that develop through this, as well as the deposits between cells (vacuoles), give the brain the spongelike

appearance so typical of the disease (the term "spongiform encephalopathy" comes from the Latin *spongia* = sponge).

In 1987, Prusiner succumbed to temptation and brought his till then largely ignored prions into the epidemic game, something that brought him an enormous degree of recognition. Ten years later, in 1997, he was even "ennobled" with the Nobel Prize, as the *Deutsche Ärtzteblatt* wrote.[12] With this, the infection topic had been cemented. The "Prusiner prion" was declared to be the trigger for spongiform brain diseases, and was said to be more dangerous than all previous infectious agents (see diagram 8).

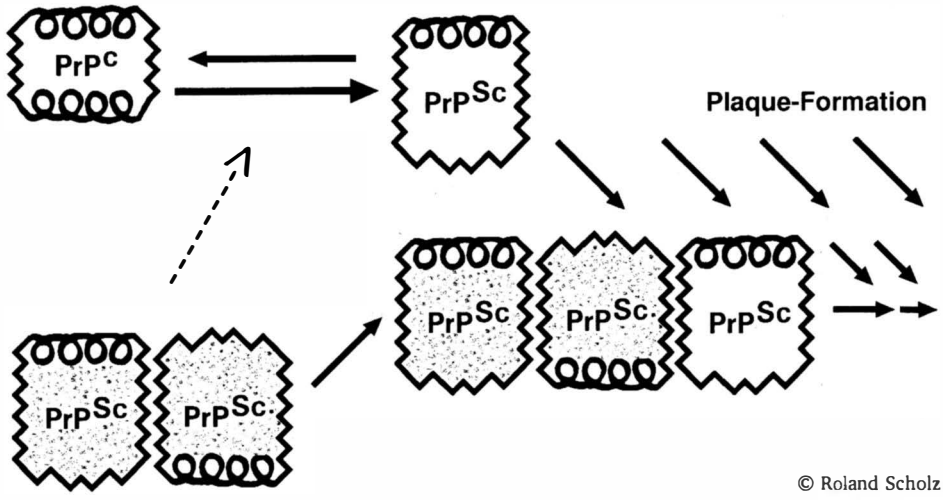
So dangerous that it is allegedly impossible to deactivate it by the usual means (heat, radiation, chemical substances). For with the prion, a protein was branded as infectious evil-doer for the first time; it is said to be especially dangerous because the immune system can't fight it off, since it occurs naturally in the body and is not a foreign substance. Note that, according to this theory, plaque formation is initiated by abnormally structured prion proteins from a foreign organism; these then clump together with healthy prion proteins in the new organism to form plaques; these plaques and the prions found in them are composed of proteins occurring naturally in the body.

Activism Feigned for Safety

In 1986, as the BSE epidemic hysteria began in Great Britain, health authorities believed in an infection involving a pathogen transmitted through feed. Without having any detailed evidence at hand they speculated that prions were present in the sheep suffering from brain-softening (Scrapie). These prions were said to have subsequently managed to reach cattle by way of the meat and bone meal (which contained waste from slaughtered sheep) used as cattle feed. Through this, it was said, the cattle became sick.[13] And so a mere conjecture quickly became a hypothesis that was blown up into a threatening scenario in the interplay between the media and certain scientific circles.

"The media plays a fatal role, because, in its tendency to come to short-term sensationalistic clear statements, it often feigns a clarity–or a threat, that really is not supported by scientific findings," says Jürgen Krönig, England correspondent for German weekly newspaper *Die Zeit,* in criticism of his own profession.[14] The media had decisively contributed to hysterical public reactions, which in turn brought the political and scientific establishment to hasty action. Pictures of stumbling cattle and of cow carcasses being shoved into incinerators further fueled the flames of hysteria. Prions became the "horsemen of the apocalypse" that threaten humanity.

Diagram 8 Prusiner's speculative and unproven plaque-formation model



The illustration describes the model of the alleged infectiousness of the prion protein. If the protein aggregates that have developed in a spongiform-altered brain are injected directly into a healthy brain, they trigger an accelerated aggregation process in similar proteins in this brain. Through protein-protein interaction, the aggregate causes membrane protein molecules to be rearranged from the "healthy" or "normal" helical into the β-pleated sheet form, and allows them to accumulate on the aggregate, which gradually grows to the size of a plaque. Prusiner first called this "amplification," but not long later he (falsely) renamed it "infection," because it sounded dangerous.

The scientific community just parrots his theory without analyzing how the "infection" arises, or whether a simple immune reaction against foreign proteins might not possibly have left its histological traces (as researcher Alan Ebringer claims, this phenomenon has been known as EAE for decades). Apart from that, the aggregate shown in this diagram, which is said to have entered the brain as an infectious agent, did not enter the body orally (not through food), but rather through an intracerebral injection (directly into the brain). And this is of course not the way that animals in the wild or humans become infected.

Incidentally, in the dim and distant past, Prusiner introduced "c" and "Sc" before he clouded up terminology with his prion or prion protein. "c" stands for cellular, and for the normal membrane protein, which occurs in α-helix form (more precisely: whose neutral position is the helical form), and which is now thought to be an extracellular superoxide dismutase, which protects cells from oxygen radicals produced extracellularly (outside the cells). Prusiner gave this membrane protein the name "PrP" (prion protein), and he called the resulting infectious agent "prion." "Sc" stands for Scrapie: the membrane protein which is found as an aggregate in Scrapie sheep, the primary structure (amino acid sequence) of which is identical to that of normal membrane proteins (to "c"), but which has a different secondary structure (pleated sheet instead of helix) and could accumulate for this reason.

According to Prusiner's conception, the aggregate of "Sc" first forces the normal helix-shaped c into the pleated sheet form. But anyone who knows a bit about proteins knows that a native protein does not have an absolutely stable structure, but rather fluctuates between various states: with the membrane protein in question, there's a constant fluctuation between c and Sc. Whether an aggregate actually forces the normal c-proteins to transform into Sc and then to clump together with the aggregate (in other words, whether it functions like a catalyst that initiates a process), is a hypothesis--or better, pure speculation.

But with a little critical analysis, we see the deep rift between truth and illusions. The food industry has conveyed to the public an incredibly distorted picture of food production since the 19th century, through advertisements and public relations. Truth matters little in this spin doctoring, and is massively impeded by the attempts of all sorts of cliques and interest groups to get maximum profit.

"I think that primarily to blame [in the BSE disaster] are the agricultural ministers, who have a sort of symbiotic relationship to agro-business: to the large corporations, not just the meat feed manufacturers, but the chemical groups as well," says Krönig. "Through this, research was contaminated from the onset: this means the experts were directed too much by their interests. The research was not carried out openly. This has to change, for only when there is absolute clarity over the reasons, can something sensible really be undertaken."[15]

How tightly research and big business are interwoven can also be seen in the example of Nobel Prize-winner Prusiner, who has developed his own BSE quick test and promoted it far and wide through an article published in the scientific journal *Spektrum der Wissenschaft* in early 2005. Prusiner did not hesitate to emphasize that the test could possibly also be suitable for testing human blood for BSE—something that, if it became reality, would mean that the test manufacturers had the equivalent of a money tree in their hands. One can only agree with Prusiner when he himself writes in his article: "One may suspect that I propagate the thorough CDI test [Prusiner's quick test] in my own interests."[16]

The Infection Hypothesis Is Founded on Dubious Experiments

So the theory goes that prions have spread across the borders of species (for example from sheep to cow). And researchers concluded that if prions can manage the jump from sheep to cow, then humans could also become infected from beef products.

But there are numerous flaws in the experiments upon which these hypotheses are based. Extracts from the brains of animals with neural diseases were directly injected into the brains of test animals. When, after a year, they detected the existence of the nerve-damaging accumulations (plaques) and holes in the brains, it was taken as proof that a prion had caused an infection, which in turn had caused the development of the plaque.

But the alterations in the brain could also have another cause. They could be consequences of an immune reaction, for instance, with which the body defends itself against foreign proteins (in this case the foreign prion proteins). However,

researchers didn't consider this at all, even though a 1998 study by immunologist Alan Ebringer of King's College, London pointed out the possibility that many experiments involving injecting brain material from animals suffering from encephalopathies into the brains of healthy animals didn't necessarily cause the transmission of Scrapie or BSE (as is held to be the case); even if these animals did later develop neurological symptoms and plaques were found in their brains.[17] [18]

We must also remember that laboratory experiments in which cerebral matter is directly transmitted from one brain to another proves nothing in terms of infection, since this is supposed to occur via the mouth (orally). When was the last time your brain came into contact with someone else's brain mass?

Ebringer: "The Prion-research workers do something that is not allowed. They inject brain tissue homogenates into experimental animals, and when neurological symptoms appear they say they have transmitted BSE. However, they have done nothing of the sort, because what they are doing is producing experimental allergic encephalomyelitis (EAE). I think all prion experiments involve production of EAE and not transmission of BSE."[19]

An additional mind-boggler is that the prion experiments involved no proper control experiments (involving a comparative group of animals that are injected with something that can be compared to what the original test subjects receive).

In 2004, a paper was published in *Science* claiming to have produced a sort of irrefutable proof for the prion infection = brain-softening theory. In the experiment, brain extracts from infected animals were not injected directly into the brains of the test mice. Instead, a deformed prion with a β-pleated structure was artificially produced, and it was assumed that this structure would give the prion an infectious property. Then this prion protein with the β-pleated structure was injected into mouse brains. After one to two years, the mice developed neurological disorders.[20]

But, once again, the experiments have no scientific value. Not only because neurophysiology and immunology differ between mice and humans, so results can be fundamentally misleading.[21] Also, as with many experiments conducted by the guild of prion researchers, there were no control experiments involving an extract that can be compared to the originally administered fluid. The salt solution alone, which was injected into the brains of the control animals, is not a true control. The researchers should have taken at least one other solution containing a protein and have introduced it into the brains of the test mice. Or, even better, a genetically engineered prion protein that did not have the β-pleated structure, but rather the "healthy/normal" α-helix form.[22]

Defendants of the "prions in meat and bone meal hypothesis" also refer to tests in which raw brain material is fed to laboratory animals. But raw brain that comes from brain-diseased animals cannot be equated with animal feed meal, since these

substances have completely different contents. Here as well, the test results cannot be carried over to reality. Furthermore, adequate control groups are missing from these experiments as well (groups of animals that are fed healthy cow brain).

For this reason, it cannot be asserted that a certain constituent in the brain material fed to the mice (a deformed prion, for example), had produced alterations in their brains after a year or more—or if the brain material itself had not been responsible.[23] For this reason, the observed symptoms can also be interpreted as portraying the results of an immune reaction.[24]

Of course, experimental games and speculation are perfectly suitable for impressing gullible research colleagues, politicians, journalists and the public. But, they are scientifically worthless. "For no controlled feeding experiments in the field exist studies that anyone with a healthy dose of common sense would require, and which everyone believes have long been carried out by inventors of the meat and bone meal hypothesis," criticizes Roland Scholz.

This means, a large herd should have been separated into two halves: one group receives meat and bone meal and the other doesn't receive this feed. Since this has been neglected, however, the conclusion is evident: it has not yet been shown that cattle become infected with BSE by being fed meat and bone meal. That an infectious protein in meat and bone meal triggers BSE is still an unproven conjecture.

Incidentally, it would have been even more informative, if a controlled experiment had been carried out with specifically manufactured meat and bone meals (consisting of material from Scrapie sheep or BSE cattle), something that, incidentally, could still be done. Then one could figure out whether the meat and bone meal is a trigger at all—and if so, what kind of infectious agent it was—or if a change in the animal meal's manufacturing process could possibly have been the cause.[25]

BSE: A Genetic Defect Due To Inbreeding

Due to the lack of proof for the thesis that prions in meat and bone meal can trigger the bovine disease BSE, it seems particularly advisable to keep an eye out for other attempts at explanation as well. It could very well be that a defect in the genetic make-up of cattle from a few British herds was multiplied to such an extent through overbreeding that the animals became ill.

BSE manifests primarily in young cattle aged two to five years (cattle can live up to 25 years), while most diseases comparable to BSE tend to appear at an advanced age. With the rare disease called "mad cow disease," the animals were considerably older. And with humans as well, these spongiform encephalopathies (brain-softening) that do not appear within families are typically age-related diseases. But

children and adolescents also come down with the spongiform encephalopathies, which can be frequently observed within families.

With modern high-performance cattle breeding, most cows are descended from only a few bulls that are often related to each other. Thanks to artificial insemination, the semen of a single bull is said to guarantee high-performance cows as daughters and can supply an entire region. Incest should be avoided, but with breeding geared only towards high performance—in England, a cow provides 60 - 70 liters of milk daily—this rule is usually not observed. "A single bull in a region's insemination institute could then be the father of many of a district's cattle herds, and simultaneously also their grandfather," writes Roland Scholz. "With this, what has been usual in flocks of sheep for centuries has arrived in cattle herds over the past few decades."

With spongiform encephalopathies, the paradigm shift from infection to genetics could have been executed with Prusiner. In his investigations into the cause of SE on a molecular level, he found that a certain membrane protein on neurons (prion) had a tendency to reshape from the functional/sound α-helix form into the functionless β-pleated sheet form.

These β-pleated sheet proteins shaped like corrugated metal tend to clump together with other proteins that likewise feature a β-pleated sheet structure. The aggregates grow, develop the plaques (clumps) on the nerve cells typical of brain-softening, and can then force other prion proteins to re-shape: first on the same cell, then on neighboring cells, so that the process spreads throughout a brain area (like a row of falling dominoes after the first one has been knocked over).[26] Prusiner called the plaques, which multiply autocatalytically (driving themselves on) prions. He originally termed the process the "amplification" (replication) of a protein that had an abnormally altered structure—something that was later confused with infection.[27]

This amplification process is considerably accelerated when an amino acid is substituted at a critical point through a mutation in the respective gene. For example, in carriers in a family, in which a certain type of encephalopathy frequently appeared, the base thymine was substituted for cytosine in the gene codon 102, which usually encodes the amino acid leucine. The consequence is that this codon 102 gene no longer encodes leucine, but rather the amino acid proline. Proline, however, is known as a "helix breaker." By 1995, 18 different mutations had been discovered in SE families (in which spongiform encephalopathies or brain-softening conspicuously frequently occurred). Time of occurrence, degree of severity and the course of disease were dependant upon mutation type and position.[28]

BSE as an Effect of Chemical Poisoning

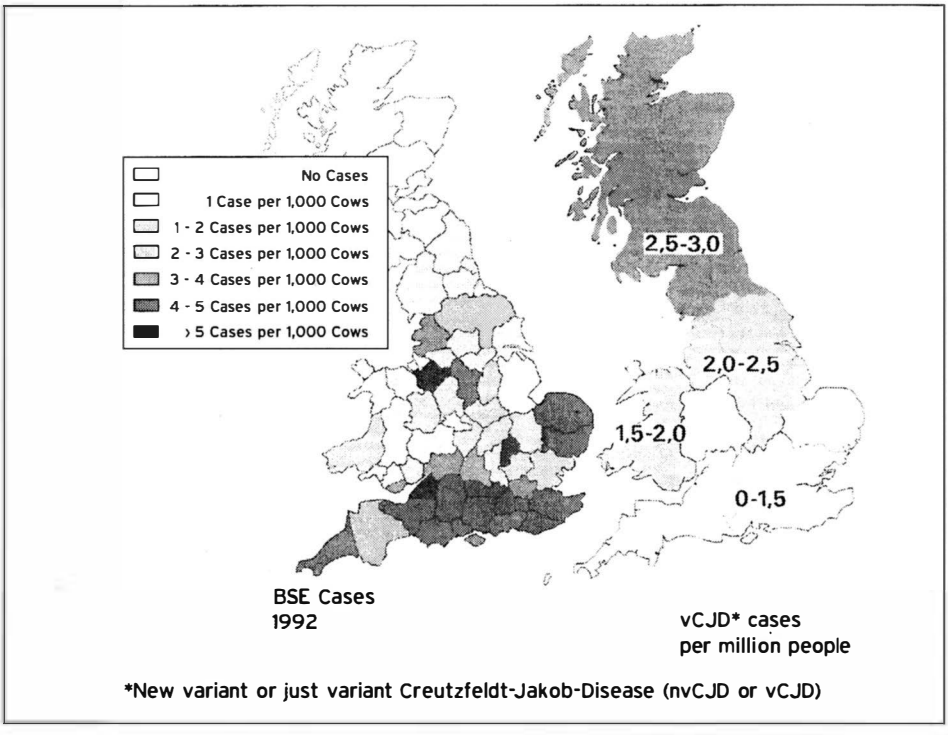
The general acceptance of the hypothesis that BSE is an epidemic (triggered by feeding animals meat and bone meal in which infectious prions can be found) means that no attention is paid to the fact that BSE's epidemiology does not correspond with the feeding of meat and bone meal at all. As an article in *The Lancet* shows, within Great Britain, most cases of Creutzfeldt-Jakob disease (CJD) were observed in people in northern Scotland,[29] while most cattle with BSE were to be found in southern England, as shown in a paper printed in *Nature* (see diagram).[30] But according to the mainstream BSE theory, consumption of BSE meat triggers Creutzfeldt-Jakob disease (a theory that, to stress one more time, is completely unproven), but, this could only be explained if the meat from the BSE-infected cattle from the south of England was only eaten in the north of Scotland. This, however, is practically impossible.[31]

In 1985, a law was passed in England forcing British farmers to apply phosmet to the necks of their cattle (see diagram).[32] Phosmet is what is known as an organophosphate, and the highly toxic insecticide, which causes severe neural damage, is used against warble flies. Only in Great Britain, Northern Ireland and Switzerland was phosmet used in such high concentrations—the countries where almost all BSE cases have occurred.[33] A British organic farmer by the name of Mark Purdey noticed that his cows did not come down with BSE, ecologically-kept cows did not come down with BSE, although they had been feed meat and bone meal—but had not been treated with organophosphates.[34]

The British government knew about these connections. And so, at the beginning of the 1990s, the law requiring phosmet application to cattle necks was repealed, since there was a likely connection between the organophosphate and the appearance of BSE. At the same time, from 1993 on, there was also a drastic reduction in BSE cases. The British BSE investigative board also admitted that organophosphate was evidently a co-factor in the onset of BSE. And it has been known for a long time that chronic organophosphate poisoning "leads to a polyneuropathy [severe neural damage]," according to toxicologist Heinz Lüllmann.[35]

This was confirmed by the research results of neuroscientist Stephen Whatley, from the London Institute of Psychiatry. According to this research, financed through private donations,[36] phosmet could be the trigger for BSE diseases.[37] Whatley wanted to pursue the subject more thoroughly and requested additional experiment funds from governmental institutions. But the authorities rejected Whatley's application—something which seems all the more baffling considering Whatley's emphasis that "there is no contradictory data, that is to say there is still no scientific paper that refutes his conclusions."[38]

Diagram 9 No Connection: BSE in the South vs. vCJD in the North of England



Apart from the fact that the few cases of the Creutzfeld-Jakob disease variant hardly provide sufficient material for serious epidemiological analyses, it is generally overlooked that there was a South-North divide in BSE cases in Great Britain, whereas with vCJD it was exactly the other way around; here, a North-South divide existed. This contradicts the assertion that ingesting BSE meat can trigger vCJD.
Printed with permission from *Nature*, 29 August 1996, pp. 779 - 788 (left depiction of GB), Anderson, Robert, Transmission dynamics and epidemiology of BSE in British cattle; *Lancet*, 31 March 2001, pp. 1002 - 1007 (right depiction of GC), Smith, Peter, Geographical distribution of variant Creutzfeldt-Jakob disease in Great Britain 1994 - 2000.

In this context, why don't all cows that are treated with organophosphates come down with BSE? One may think that the dose makes the poison (from the Latin: *dosis venenum facit*). However, even if all cattle received the same toxin dose, they would not react the same way, since the cattle have individual genetic makeups. Furthermore the amount of phosmet applied by each farmer could also vary significantly. If a toxin can accelerate the outbreak of a disease (as alcohol can liver disease), then it can also be the lone cause.

If, however, it was officially verified that phosmet was a cause of BSE, compensation claims worth billions would be filed, not only against the British

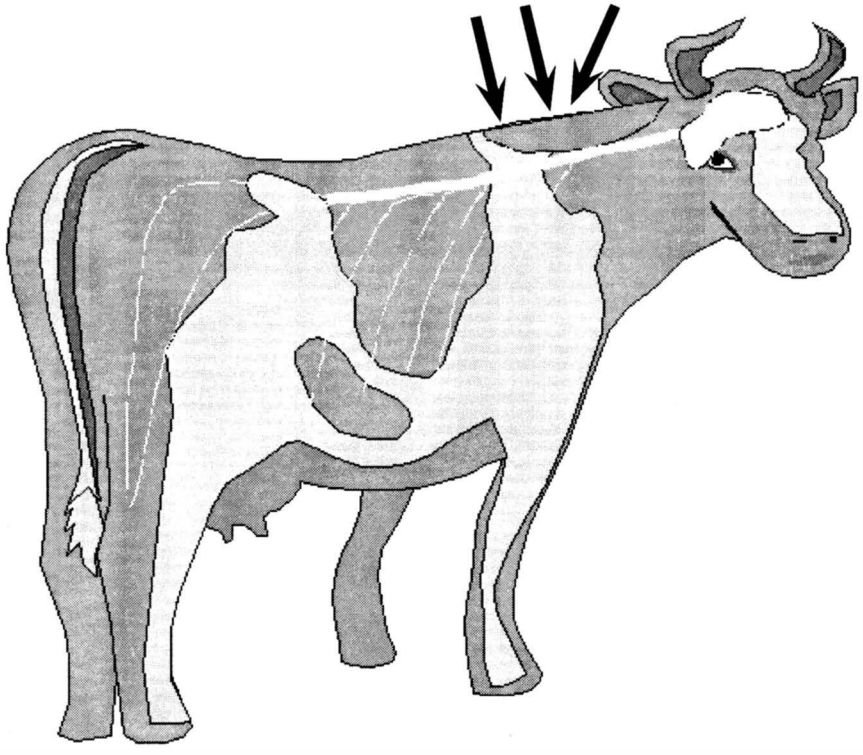


Diagram 10 In 1985, a law was passed which forced British farmers to apply phosmet to the necks of their cattle (see arrows). Phosmet is an organophosphate, and the highly toxic insecticide, which can cause severe neurological damage, is used against warble flies. The illustration shows the place (neck) where phosmet is applied. The toxin penetrates through the skin into the bloodstream and thus damages the central nervous system.

government, but also the insecticide manufacturers. This is certainly not a desirable outcome for the powers that be, and, so, clear connections are allowed to disappear into a fog of prions.

Incidentally, the poisoning or intoxication hypotheses are easy to test, and, in contrast to the virus or prion hypotheses, they are confutable, meaning proof that a theory is right or wrong through toxicologic and epidemiologic verification. But unfortunately, these tests have not been carried out.[39]

Regrettably, for about ten years, the trend has increasingly been towards the scaling down of toxicological institutes, while pharmaceutical institutes gain ever more significance. Through this, the critical aspects of toxicology (poisonous nature of medications and other chemical substances) increasingly disappear into the background, because the primary focus is researching medications.

Besides phosmet, other poisonous substances could impair the health of the cattle, such as poisoning by the heavy metal manganese. In factory farming, high amounts of manganese are fed to chickens, whereupon, by way of the processing of the chicken droppings, the heavy metal gets into the meat and bone meal and into the cattle.[40]

Experts also refer to a possible copper deficiency, which could have attacked the cattle's nerves. Such copper deficiencies can produce severe neurological defects and have been seen for a long time in grazing animal. Among experts, these are described as "endemic ataxia."[41] [42]

BSE Is Not an Infectious Disease

The assumption that BSE is an epidemic in Great Britain, caused by an infectious agent called a prion in meat and bone meal has not been proven. To prove this, at least a controlled feed experiment with cattle herds would have been necessary. But this wasn't done. "According to published data on the epidemic's appearance and spread, a plausible alternative hypothesis could be that a recessive genetic defect had accumulated in a few cattle herds," states Scholz. "The cause would be the excessive breeding in the pursuit of the best possible efficiency in milk production, in which, as a negative result of breeding, an increased predisposition to contract BSE was coincidentally bred-in without being noticed for a long time."

But, it's more likely that the BSE epidemic in England was precipitated by a genetically determined predisposition combined with other stresses (poisoning with insecticides or heavy metals, copper deficiency or autoimmune reaction), to which BSE-prone animals are particularly sensitive and, thus, get sick earlier. Or exposure to toxins like phosmet could be responsible. All of these theories bring us to this conclusion: BSE is *not* an infectious disease.

If there is no reason to assume that this disease is transmitted from animal to animal and from species to species, it makes no sense to fight it by exterminating healthy animals or entire herds.

The assertion that human health is endangered by BSE derives from the unproven "prions in meat and bone meal" hypothesis. This claim based on a conjecture is nothing but pure speculation.

vCJD (the new variant Creutzfeldt-Jakob disease) is not a new disease, but rather a once-rare diagnosis that has recently become more common (even if 1 in 5 million is still very rare). The risk of contracting vCJD through the ingestion of beef products (including the brain, declared to be the risk material) is minimal in comparison to the numerous risks of everyday life.[43]

Chapter 6

SARS: Hysteria on the Heels of AIDS and BSE

"A universal human problem is: if after a long search and painful uncertainty, we finally believe we can explain a certain issue. The emotional commitment that we have made can be so large that we prefer to declare undeniable facts that contradict our explanation to be untrue or insubstantial, instead of adapting our explanation to these facts. That such retouching of reality could have considerable consequences for our adaptation to reality goes without saying."[1]
Paul Watzlawick
(From his book *How Real Is Real?*)

"What I believe and what I can prove, those are two different pairs of boots."
Columbo
TV series, *Columbo*
(Episode "Murder Among Brothers," 1995)

First 9/11, Next the War in Iraq—and then SARS?

If one believes the media, the world has repeatedly been devastated by large new epidemics over the last two decades. At the beginning of the 1980s, AIDS appeared, a few years later came hepatitis C, followed by BSE in the 1990s and by 2003, SARS (Severe **A**cute **R**espiratory Syndrome). But these new epidemics differ from epidemics of the past on one decisive point: while the plague, cholera and typhoid fever ruined whole cities, the number of those actually affected by the new epidemics is comparatively small.

According to the Robert Koch Institute, just a few hundred people die from AIDS each year in Germany. As for hepatitis C, we are still waiting for the liver cirrhosis epidemic. And the BSE epidemic has not presented most countries with a single clinical case, but rather only positively tested animals.

Although death from so-called infectious diseases is increasingly becoming a rarity (here in Germany less than 1% of all mortalities), our modern world is plagued by epidemic fear. How else could a few cases of pneumonia—and that is what it was

all about with the SARS patients–invoke such fear in Chinese citizens that, *en masse,* in large cities like Hong Kong and Singapore,[2] they put surgical masks over their mouths? Such masks could be found on every desk in the Chinese province of Ningbo?[3] The Industrial and Commercial Bank of China and the City Commercial Bank of China decided to stash bank notes away for 24 hours before bringing them back into circulation (in the hope that the SARS virus would waste away on the notes during this time?) and even went as far as sterilizing money by exposing it to ultraviolet light for four hours and by treating it with disinfectants.[4]

The German sporting goods manufacturer Adidas, which produces more than half of its worldwide-sold sneakers in China, reacted with emergency response plans; even relocating production to Indonesia was considered. But first, activism on a smaller scale was practiced when a strike force distributed a leaflet of hygiene regulations to factory workers asking if all workers wore protective masks and regularly washed their hands.

German chemical giant BASF reported, meanwhile, that they had experienced an outbreak in their office, when a Chinese secretary became ill over a weekend. But luckily, all 250 employees already knew about this come Monday: after the first reports on SARS, BASF had ordered every employee to carry a card with the telephone numbers of three colleagues in their pockets, so that in case of emergency, everyone was required to call the colleagues immediately. So, over that weekend, the news had gone viral via phone lines and 20 people who worked closely with the ill secretary were ordered to stay at home. Simultaneously, the entire floor where the secretary worked was disinfected for two days, and from that time toilets were scrubbed many times daily. A BASF spokesman expressed his satisfaction: "The crisis management has worked."

Lufthansa, in contrast, was completely caught off-guard by the crisis. The German airline lost more than € 300 million in the first quarter of 2003 after many airplanes were grounded. And then the group announced that another 15 planes had to be quarantined bringing the total number of grounded planes to 70. "First the 11 September [with the terrorist attacks in New York], then the war in Iraq and now SARS–it's the worst crisis in decades," said German newspaper *Die Zeit* about the Lufthansa situation.[5]

In the hysteria, everyone completely overlooked the fact that people constantly contract pulmonary infections and die. Yet the World Health Organization alleges that there were just less than 800 "probable SARS fatalities," in the first nine months after the outbreak of the "epidemic" began at the end of 2002–in China, it is worth noting, with its 1.3 billion people,[6] as well as in Hong Kong and Taiwan.[7] These few hundred mortalities are so few that they only make up a fraction of the pneumonia cases constantly at hand.

SARS "counts among the very rare diseases," as the *Deutsches Ärzteblatt* emphasized in April 2003.[8] And three years later, in July 2006, they reported that the (presumably existing) SARS-Coronavirus "is clinically irrelevant."[9]

Why such mass panic? Even the rock band The Rolling Stones felt compelled to avoid Hong Kong and Singapore,[10] and the head of the University of California at Berkeley forbade hundreds of incoming Asian students from coming to the elite institute.[11] It was even surmised that Asia's economy and stock markets stood on the brink of collapse.[12] And how could the tsunami catastrophe over the New Year 2004 - 2005 damage the Asian economy less than SARS, even though, according to WHO estimates, the giant tidal wave claimed more than 200,000 victims within a short time (easily a hundred times as many people lost their lives than those who officially died from SARS)?[13]

The "scratched windshield" theory described by philosopher Paul Watzlawick in his book *How Real Is Real?* offers an explanation for such mass phenomena:

"Around the end of the 1950s, a strange epidemic broke out in the city of Seattle: increasing numbers of car owners observed that their windshields were littered with small crater-like scratches. This phenomenon gained the upper hand so quickly that President Eisenhower, at the request of Washington State Governor Rosollini, sent a group of experts from the American board of standards to clear up the mystery. According to Jackson, who later summarized the process, the committee very quickly found that, two theories about the windshields were circulating among the city's inhabitants.

"On the basis of one, the so-called 'Fallout' theory, recently held Russian nuclear tests had contaminated the atmosphere, and the radioactive deposit caused by this had been transformed into a glass-corrosive dew in Seattle's damp climate. The 'asphalt theoreticians,' on the other hand, were convinced that the long stretches of freshly paved freeways, which Governor Rosollini's ambitious roadwork program had generated, sprayed acid drops against the previously untouched windshields, also influenced by Seattle's damp atmosphere. Instead of investigating these theories, the men from the board of standards concentrated on a much more tangible fact and found that in all of Seattle, no increase in scratched windshields could be observed.

"In truth, rather, it had come to a mass phenomenon. When reports of crater-scarred windshields began accumulating, more drivers began investigating their cars. Most of them did this by leaning over the glass outside and checking them up close, instead of doing it from inside and *looking through* the windshield from the normal angle as usual. From this unusual perspective, pits were found which are usually there (but unnoticed) in a car that is being used. What had arisen in Seattle, then, was an epidemic not of damaged windscreens, but rather of *stared-at* ones.

This simple explanation, however, was so deflating that the whole episode went the way of many sensation-causing reports: which the mass media first dish up as sensations, but the mundane explanations of which are kept quiet, leading to the immortalization of a state of disinformation."[14]

With SARS, doctors all over the world, likewise, suddenly looked at pulmonary infections from another angle—namely from the perspective of a dangerous new virus and a new laboratory test (SARS antibody test).

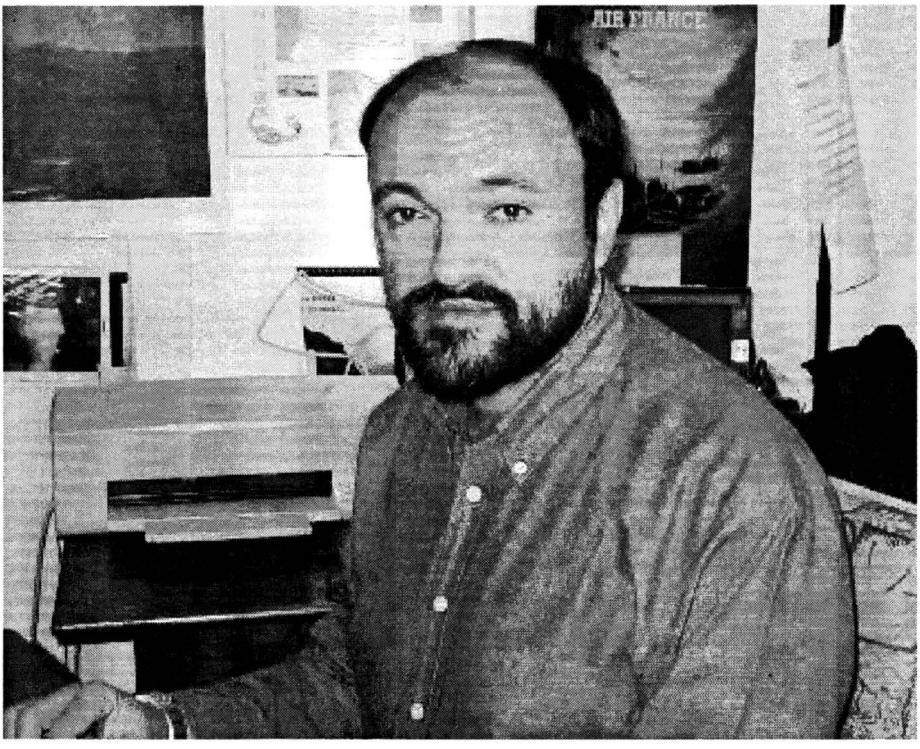
Critical Thoughts on SARS Epidemiology: How Did Carlo Urbani Really Die?

An article in the journal *MMW Fortschritte der Medizin* (*Advances in Medicine*) describes SARS' suspected "route of infection":

"On 21 February 2003, a doctor from [China's gigantic industrial province] Guangdong brought the virus by bus to Hong Kong, a city of seven million, where he was to attend a wedding. Already seriously ill, he booked into a hotel and allegedly infected a further seven people there, including the index patients for Canada and Vietnam [index patients are the first patients, through whom an epidemic is said to be triggered]. After his condition had rapidly deteriorated, he was taken to a hospital where he infected more patients and died ten days later. The Vietnamese index patient flew to Hanoi. There, he was treated by an Italian WHO infection specialist, Carlo Urbani, who gave the syndrome its name: Severe Acute Respiratory Syndrome (SARS). On 29 March, Urbani himself died from the infection."[15]

And yet, every attempt had been made to protect Urbani and the patients from the evil, pathogenic microbes. As the *New England Journal of Medicine* (*NEJM*) reports, "a four-hour discussion led the government to take the extraordinary steps of quarantining the Vietnam French Hospital, introducing new infection-control procedures in other hospitals, and issuing an international appeal for expert assistance. Additional specialists from the WHO and the Centers for Disease Control and Prevention (CDC) arrived on the scene, and Médecins sans Frontières (MSF, or Doctors without Borders) responded with staff members as well as infection-control suits and kits that were previously stocked for outbreaks of Ebola virus."

The fear went so deep that, to shield Urbani from viral attacks, an "isolation room" was spontaneously set up, in which the expert "fought SARS for 18 days in a Bangkok hospital."[16] At the same time, guidelines for dealings with patients were published: patients should be kept in isolation and, if possible, they should lie in "negative pressure rooms," rooms where the air allegedly "contaminated" by the virus cannot leak out.[17]



© Médecins Sans Frontières

Dr. Carlo Urbani

But none of this helped; the patients died, and so did Urbani on 29 March 2003. A new causative agent—the SARS virus—was allegedly to blame. The *New York Times*' leading medical journalist, Lawrence Altman, rushed to the scene immediately. Shortly after Urbani's passing, he wrote about the dangers of SARS infection: "It can affect anyone who has the bad luck to be in the way of a contaminated sneeze or cough. SARS can be so explosive that scores of family members and health workers can be infected from a cough from one patient."[18]

There is, however, no proof of this scenario. And if this were really true, then it should have come to an exponential increase in disease cases, and the number of infected patients should have reached dizzying heights. But this did not happen, and SARS should never have been feared at any point.

A virus should also have attacked all age groups. But "SARS has largely spared children"—for "unknown reasons," Altman remarked with surprise (without having given this important central fact any attention). Furthermore, the *NEJM* stated "no new [SARS] cases in health care workers have been reported."[19] In fact, no epidemic

took place whatsoever—and certainly not one among health care workers. This also clearly argues against the possibility that a highly contagious virus is at work, since nurses, caregivers and doctors carry a particularly high risk of virus infection.[20] Yet, contrary to the facts, Altman writes that, "it was the quick spread of SARS to health workers that was the first major clue that a new disease had emerged."[21]

Instead of triggering epidemic alarm, the WHO should actually have looked into the central question of why a 47-year-old doctor (Carlo Urbani) died as a result of a lung infection; something that is indeed unusual. But WHO officials suffer from virus tunnel vision, so neglected the fact that anyone who comes down with a lung infection typically has weakened immune and detoxification system. This leads to increased numbers of microbes—which consequently can end in an inflammation of the lower airways. And a whole range of substances can damage the immune system, particularly antiviral medications.

Articles on SARS in the *Lancet*[22] or the *NEJM*[23] show that it's common to administer all sorts of antiviral and antibiotic medications to SARS patients. So, Urbani was given the full arsenal of medications—the side effects of which can very likely be lethal.

We must also consider that lung infections have never registered as epidemics. If, for example, pneumonia cases accumulate, we should ask whether an unusually high number of immune-deficient people are involved—as was the case in Philadelphia in 1976, when veterans contracted pneumonia at a meeting of the American Legion, and some died.

The United States' highest virus officials, the Centers for Disease Control and Prevention (CDC), also got wind of this, and immediately sounded the alarm. A "monster killer" had caused the deaths of the ex-soldiers, the media cried out.[24] The legend of veteran's pneumonia caused by microbes was born.

The CDC as usual, was caught up in an infectious mania, and didn't even think it was necessary to set up laboratory experiments so that non-microbial causes could also be traced.[25] The discovery of a bacterium in a few victims shouldn't lead to the automatic assumption that the microbe is the primary or sole cause of the illness. Such a bacterium could very well be a secondary invader: a bacterium that multiplies on the foundation of a weakened body. We must also keep in mind that legionella bacteria are ubiquitous in the environment,[26] but large numbers of people (and animals) aren't getting sick because of them. There never was any danger of an epidemic.

Indeed, "epidemiologic analysis of epidemic and sporadic cases has identified a variety of risk factors for the development of Legionnaires' disease or for fatal infection," writes pathologist Washington Winn in the journal *Clinical Microbiology Reviews* after closely investigating the event. "Notable among these have been cigarette smoking, advanced age, chronic lung disease and immunosuppression

[weakened immune system]. It is likely that a combination of risk factors produces the highest probability of infection."[27] Many patients, labeled as Legionnaires' disease victims, are already seriously ill (with cancer, diabetes, chronic bronchitis, kidney transplants, etc.) and take immunosuppressive medications.[28] [29]

And so the pneumonia that struck down veterans (legionnaires) at their 1976 gathering was a bacterial infection and the veterans were easy targets because they were immunologically weakened after partying day and night (with drugs, alcohol, nicotine, or sleep deprivation, all known to weaken the immune system). Even today, there are still "veteran's disease outbreaks," which amount to nothing more than a few pneumonia cases.

The rest of the "epidemic" victims are "test epidemic" cases that crop up only because healthy people are being tested serologically (by blood test), and this test also comes out positive–which in turn can have various causes (alcohol, drugs, malnutrition, etc.).

Antiviral Therapy: More Pain than Gain

A *bacterial* pneumonia can be easily determined from the blood count. As a rule, a directed antibiotic treatment is successful (even though resistance to antibiotics can increasingly be observed). Now SARS is supposed to be a *viral* infection, so a strong immune system will typically allow the body to fight off the virus. Alternately, the weaker the immune system, the more pronounced the viral infection. But, what weapons does mainstream medicine primarily use to fight viral pneumonia or other diseases when a virus is alleged to be the cause? Ultimately, nothing but drugs that weaken the immune system.

A good example is shingles (herpes zoster), which affects one in three people in developed countries over their lifetimes. Mainstream medicine conjectures that dormant and then sometime "reactivated" herpes viruses in the body (or more precisely, chickenpox viruses) are to blame for shingles. And so, for a fairly long time, it has been believed and postulated that antivirals, like bacteria-eliminating antibiotics, are an effective weapon against viruses.

One of the first antivirals, aciclovir (Zovirax), is said to fight herpes viruses and shingles. But clinical proof of this is, once again, missing. Not only do many shingles cases go away without treatment, for which reason people like to claim they react to being "spoken to" by wonder healers. Basically, the body's self-healing powers (immune system responses) are at work. Additionally, placebo-controlled studies for the approval of Zovirax–as with flu remedies (Relenza, Tamiflu, etc.)–provided no proof that antivirals significantly shortened the course of disease.

It is claimed that these medications can alleviate the disease symptoms affecting the nerves, but this is a very subjective sort of diagnosis and, since it is so difficult to objectify, the pharmaceutical industry simply makes assumptions that are ultimately tailored to generating profits. Yet, antiviral substances can trigger precisely the same symptoms that they profess to fight: from anemia (iron deficiency), bone marrow damage, oversensitive skin, and breathing difficulties to defective kidney functions and liver damage (hepatitis). All of these adverse effects are noted on package inserts as well.[30]

Additionally, as a rule, these "antiviral" substances are nucleoside analogues or DNA terminators, meaning that they block the genetic material (DNA) and through this are supposed to impede virus replication. But this is not the only concept of antivirals that is tied to a hypothesis with many unproven and even contradictory factors.

The basic requirement, then, for developing active antivirals is to first know the enemy—the virus—exactly, and also knows that it is a pathogenic enemy, working alone (without accomplices like chemical toxin, stress, etc.). But with the SARS virus as well, there are justified doubts that all of these factors have been securely determined.

SARS: Virus Enemy Not Found

As we've said before, the most reliable proof would involve of taking blood from a patient and isolating a virus by completely purifying it (separating it from all other cell components) and then imaging it with an electron microscope. Only true virus isolation allows for the development of reliable virus tests, since biochemical determination and identification of the genes and proteins typical of a virus require it to be available in a pure culture.

The presence of foreign particles, as well as the false determination of the particle (which is possibly not even a virus at all) would be fatal, for it distorts the results upon which, ultimately, the development of virus tests are based. The consequences then include misdiagnoses, unnecessary fear of death for thousands of patients, as well as the administration of side effect-laden antiviral medications, anti-fever medicines, etc.[31] But unfortunately, not one of the publications that have appeared to date, shows any proof of a genuine virus.

Mainstream research has hardly managed to replicate what are termed coronaviruses (the so-called SARS virus is supposed to be one) "in conventional cell cultures," as can be gleaned from the German *Ärzte Zeitung*.[32] Also, according to orthodox virus theories, the suspected SARS virus should be present in every

patient—and it should not be found in healthy individuals. But no studies confirm that this is the case.

On the contrary, only "very few" SARS patients tested positive for the coronavirus introduced as prime suspect right after SARS panic broke out, as reported in April 2003, at the first large global SARS conference in Toronto.[33] [34] Unfortunately, this information did not prompt orthodox medicine to ponder, even for a second, if the virus concept was really true. They're just too busy playing with their favorite toys: the molecular biological methods—above all with PCR—and, so, think that coronaviruses could be detected with them.[35]

As always, the medical establishment is confident that SARS is a virus as well. And so, on 15 May in *Nature*[36] and a month later in the *Lancet*, researchers in Rotterdam claimed to have delivered conclusive proof of a pathogenic SARS virus.[37] 436 patients, who fulfilled the case definition of SARS, were tested for the presence of a coronavirus. Then, the supposed coronavirus was injected into some macaque monkeys that responded not by becoming seriously ill, but rather displayed only light symptoms. Regardless, this satisfied the German *Tagesspiegel* enough to write that the "tests on monkeys at the national influenza center at Rotterdam's Erasmus University showed that the new coronavirus triggers SARS."[38]

The informativeness of patient sample virus tests is, in fact, highly questionable. As the World Health Organization said via a press release on 22 October 2003 (months later), there was still no "gold standard" for detection of the SARS virus. In other words, the tests could not be calibrated for a specific virus.[39]

Moreover, the presence of a coronavirus was said to be confirmed in only 329 of the 436 patients who fulfilled the case definitions for SARS, according to the *Lancet* study.[40] This means that even if we assume proof of the existence of the virus that causes SARS symptoms, more than 100 patients were misdiagnosed, and for no reason, suffered fears of death, were exposed to restrictive quarantine measures and were given antiviral and antibiotic medications laden with side effects.[41]

A closer look at the monkey tests reveals another glaring weakness in these experiments. Researchers took a cellular culture which originally came from a SARS patient and further cultivated it with a complicated procedure, and administered it to four macaque monkeys through their throats, noses and under their eyelids.[42] The animals were examined daily for the appearance of disease. On the second, fourth and sixth days, the monkeys were anaesthetized with ketamine and ten milliliters of blood from veins in the groin, and smears from the nose, mouth, throat and anus were taken.

Three of the monkeys became lethargic after two or three days. On the fourth day, two developed temporary rashes. One monkey had breathing difficulties, while three were plagued by non-advancing alveolar damage to both pulmonary lobes.

The lymph nodes near the trachea and the spleen were larger than normal. The other organs in these three macaques, as well as the airway and other organs from monkey number one appeared normal under microscopic examination.[43]

Attributing these symptoms to a specific virus, however, is impossible, since a gold standard (real detection and characterization of the virus) was missing. Apart from that, many different virus-sized particles could be captured such as different viruses or other cellular debris. Then there are the laboratory chemicals, at least traces of which still remain, and which could likewise have an effect.

Additionally, as already mentioned, the monkeys were anaesthetized with ketamine. Possible side effects of this medication in humans include increased blood pressure and heart rate, increased vascular resistance in pulmonary circulation, pulmonary edema, heightened sensory perception and intercranial pressure, increased muscle tension, dehydration, redness of skin, dreams (of the unpleasant sort) and shock conditions. During sedation or after waking up, side effects also include hallucinations, nausea, vomiting, dizziness, motor agitation and even respiratory arrest with too large a dose or too fast an administration.[44]

These recognized human side effects can appear weaker, stronger, or altered in the monkeys, and are exactly the same symptoms observed in the monkeys (lethargy, rash, breathing difficulties, altered pulmonary tissue). But, incomprehensibly, the article doesn't broach whether these side effects could have been caused by ketamine. It is also amazing that researchers came to their final conclusions on the basis of only four test animals, considering that the monkeys did not even continuously display the same symptoms, far less typical SARS or flu symptoms like fever and coughing. Only one animal had breathing difficulties at all (SARS is, mind you, a pulmonary disease).

Furthermore, in these experiments, there was no control group of animals exposed to exactly the same (and possibly traumatic) conditions, including the physical containment and the treatments themselves, like being anaesthetized with ketamine. Moreover, the control animals should have received the same injections, only without the alleged virus. Only through such a control group could the researchers truly rule out that the symptoms that appeared in the monkeys could have been caused by something other than the alleged coronavirus.[45]

Apart from this, with antivirals, it is impossible to target specific viral genetic material (DNA). Rather, the use of antiviral substances is equivalent to a round of machine gun shots. Through this, the genetic material of healthy cells is always affected, meaning that their growth is constantly impeded. Finally, antivirals work like chemotherapy in the treatment of cancer patients, in that they are inescapably damaging to the immune system (immunosuppressive) or even carcinogenic (cancer-causing).

The reality is now that with virtually every little ache and pain, antivirals are too-often prescribed by the doctors and requested by patients. And the money rolls in for pharmaceutical groups and doctors. But for the patients, this means that, in the long term at least, they will have to anticipate severe damage to their health (even including cancer).

Cortisone and Other Steroids: Questionable Effects

Steroids are another group of often-used and potentially problematic medications. Steroids, a family of drugs to which cortisone belongs, are extremely effective anti-inflammatories. With this, unpleasant symptoms like respiratory distress diminish, and doctor and patient are hopeful that the problem has been solved. At the same time, the patient's immune system is further weakened due to the anti-inflammatory effects of the medication, and the course of the disease, described as a "viral infection," can in certain circumstances become worse and even have lethal consequences.

The Kiel University Hospital had this unfavorable experience while treating so-called "viral liver inflammations." At first, laboratory values improved, but then, under cortisone therapy, severe shingles developed.

In May 2003, the *Lancet* reported that many SARS patients had been treated with high doses of cortisone and the antiviral (DNA terminator) ribavirin. But the case description, which is probably exemplary of most SARS cases, reads like a bad horror movie in which the characters make a serious of unfortunate choices.

The first unfortunate move was the decision to prescribe antibiotics that had no effect, because there was no bacterial infection. Thus a worsening in health occurred. The second unfortunate choice was to carry out an open lung biopsy. This means that a tissue sample was taken from the lungs for test purposes. But after the operation, the patient had to be put on a respirator. This resulted in the third unfortunate decision: high doses of antivirals and cortisone were given intravenously. 20 days after arrival, the patient died. One can well imagine that the patient did not die despite, but rather as a result of the "therapy."

Admittedly, we could only scientifically draw such a conclusion if so-called placebo-controlled double-blind studies had been, or would be, carried out. These are tests where there are not one, but two groups of patients, from which one receives the preparation while the other gets an inactive pseudo-medication (placebo). At the same time, neither patient nor the doctors treating them knows which subject receives what (active substance or placebo), which is why they are termed "double blind." Only with such placebo studies can it be said that a medication

is more effective than doing nothing--or causes more damage than an inert placebo, something that is not improbable, since most medications have severe side effects.

Adverse therapeutic outcomes can only be prevented through long-term placebo controlled studies. Otherwise, the doctor in charge never knows if the patient recovers, becomes ill, or even dies despite or due to the initiated measures (giving of pills, etc.). And indeed, relevant studies, including ones carried out by the American drug approval authority FDA, argue that such placebo controls (contrary to usual practice) should always be carried out.

With SARS specifically, without these placebo controls, it can by no means be ruled out that SARS patients who are only slightly ill would recover without medications like ribavirin. At the same time, they could also become completely healthy again, *even though* they are administered ribavirin, because their immune systems are still so sound that they can fight the drugs with toxic and immunosuppressive effects. It is just as possible that SARS patients already severely weakened with compromised immune systems are not aided at all by ribavirin, but that the disease's course is only accelerated.

A clear indication of how little sense it makes to administer antivirals, is depicted by the second case description in the *Lancet* study mentioned above. This paper points out that the symptoms gradually improved without treatments of ribavirin and steroids.

The Therapeutic Dilemma of Our Time

We come now to the therapeutic dilemma of our time. It has become noticeably more difficult for doctors to engage in "therapeutic nihilism," that is, providing a severely ill patient with only life-support measures like oxygen and fluid replacement. Nowadays, in our completely overmedicated society, there is a knee-jerk reaction toward doling out drugs–from doctor and patient alike. Caution is rarely observed from either side.

Likewise, few doctors inform their patients about ways in which they can strengthen their immune systems themselves. For example, the influence of the intestinal flora [as the largest immune organ] upon health is very significant, as intestinal specialist Francisco Guarner says;[46] [47] it performs essential functions for the nutritional supply, the development of epithelial cells and the strength of immunity.[48] Numerous factors have an influence upon the intestinal flora's condition–primarily nutrition.[49]

Admittedly, doctors must also consider legal issues. They are seldom prosecuted if they have administered all sorts of medications but much more likely to be sued if

they *didn't* administer anything. It's generally assumed that a patient may die *even though* he has been treated with medical substances (even when deadly side effects are known), but it is practically never assumed that the death is *due to* the medical treatment. As well-known British pharmacologist Andrew Herxheimer puts it, in reference to the poisoning of AIDS patients through antiviral medications like AZT: "Damage [caused by medical drugs] is usually underrepresented in media coverage."

Of SARS it remains to say that it is a banal pneumonia from which, if unfavorably treated, large numbers of people will die. Or as Ludwig Weissbecker, former chief of the department of internal medicine at the Kiel University Clinic, expresses it: "Behind an unfortunate therapeutic outcome is often an unfortunate therapist."

Guangdong: The High-Tech Revolution's Dirty Secret

With SARS, like the other alleged epidemics, virus panic superimposed everything and even though other more reasonable explanations were right under our noses. It's interesting that the first patient to trigger SARS panic came from Guangdong province in China.[50] Here, it's important to emphasize that in nearby Hong Kong, with its 75 million inhabitants and thousands of farms, humans and animals live extremely close together.[51]

Yet *Die Zeit* spun a decidedly horrific tone when depicting living conditions in Guangdong province: "The environment from which the virus presumably [!] sprang is despicable: South China, a classic hotbed for deadly epidemics. Here, anything that has muscles and mucus membrane is eaten. Microbes easily jump from one species to another. This demands adaptation to new hosts. And this is how mutated viruses and new epidemics emerge."[52] But this—as *Die Zeit* itself concedes—is pure speculation. The description also begs the question that if this were the case, how can it be that SARS first broke out in 2003, when the Chinese have lived closely together with their animals for thousands of years?

Through a microbe-fixated view, another piece of the puzzle is completely suppressed which is at least as characteristic for Guangdong province as the omnipresent chickens and other animals: Guangdong is China's largest industrial area, acting as a sort of global workshop with its textile, toy and microchip factories. This region is the hub for China's exponential global economic growth. It's a paradise for politicians, corporate investors and multinational corporations, but this is exactly why the area is extremely polluted. Garbage lies everywhere; above all high-tech waste.

Computers, mobile phones and the Internet are supposed to help poor countries achieve the kind of prosperity Western nations enjoy. But the age of information has

Guiyu (Guangdong), China: A woman is about to smash a cathode ray tube from a computer monitor in order to remove the copper laden yoke at the end of the funnel. The glass is laden with lead, but the most hazardous aspect of such an activity comes from the inhalation of the highly toxic inner phosphor dust coating. Monitor glass is later dumped in irrigation canals and along the river where it leaches lead into the groundwater. The groundwater in Guiyu is completely contaminated to the point that fresh water is trucked in constantly for drinking purposes.

caused many problems for developing countries, including masses of electronic scrap and toxic waste. Up to 80% of electronic waste accumulated in the USA (10 million computers per year alone) is not disposed of in the land of boundless possibilities, but rather, through a series of dealers, the high-tech waste is sold to the best-paying customers on the international market. At the end of this chain, as the study "Exporting Harm: The High-Tech Trashing of Asia" shows, are the poor in India, Pakistan and China—and there, above all, the people in Guangdong.

For $1.50 a day, locals disassemble computers, monitors and printers with their bare hands, endangering both their own health and the environment. "The export of E-trash is the high-tech revolution's dirty secret," says Jim Puckett of Basel Action Network, one of the study's co-authors.[53] "A short time ago, the import of high-tech junk was officially banned. But the waste makes it to China, be it because the regulatory authorities are simply overwhelmed or because corruption makes import possible."[54]

One of the places where the authors did their research was Guiyu in Guangdong, which developed from a rural spot into a booming centre of e-waste processing since the mid-1990s. There, workers empty toner cartridges from laser printers the whole day long without protective masks, breathing in fine carbon dust. Others, mostly women and girls, dip circuit boards into baths of liquid lead to separate and collect the soldering materials with which the memory chips and processors are attached to the plates.

Unprotected, they are exposed to toxic fumes. While the plastic plates are simply burned up, the chips and processors are put in acid baths, to extract their gold. Here as well, poisonous fumes are generated, and the unusable leftover acids are just dumped into the river. A lot of garbage is simply burned up or dumped onto rice fields, irrigation facilities or into waterways. The bodies of water and groundwater around Guiys have become so contaminated that drinking water has to be brought in daily from other cities.

Many heavy metals and other highly toxic substances are suspected to cause serious health problems, including cancer and neural damage. According to studies, "the high level of contamination [in Guangdong] caused by unsafe electronics disposal is a potentially serious threat to workers and to public health," said Arnold Schecter, a professor of environmental sciences at the University of Texas School of Public Health. "I think we're fooling ourselves. We think we're doing the right thing by recycling, but we're harming people in less developed countries."[55]

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 *Macleans* (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-manic 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.

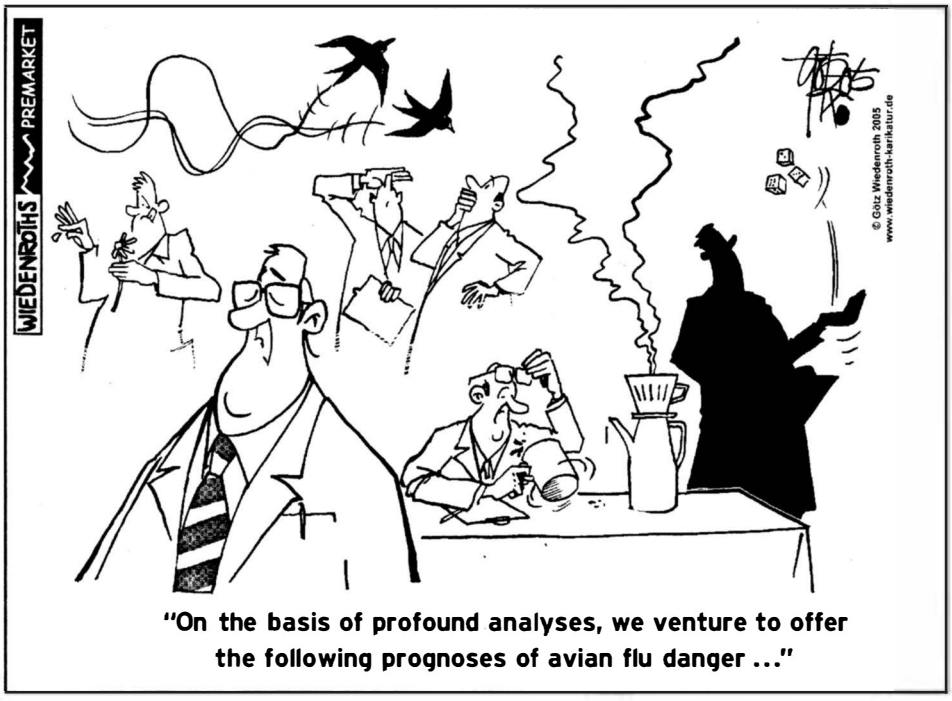
Not only do journalists naively trust the leading medical officials. "The news media too often seem more interested in hype and hope than in critically appraising new drugs on behalf of the public," as *CJR* writer Trudy Lieberman outlines. "[And] the problem has grown dramatically in recent years as 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



"On the basis of profound analyses, we venture to offer the following prognoses of avian flu danger ..."

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]

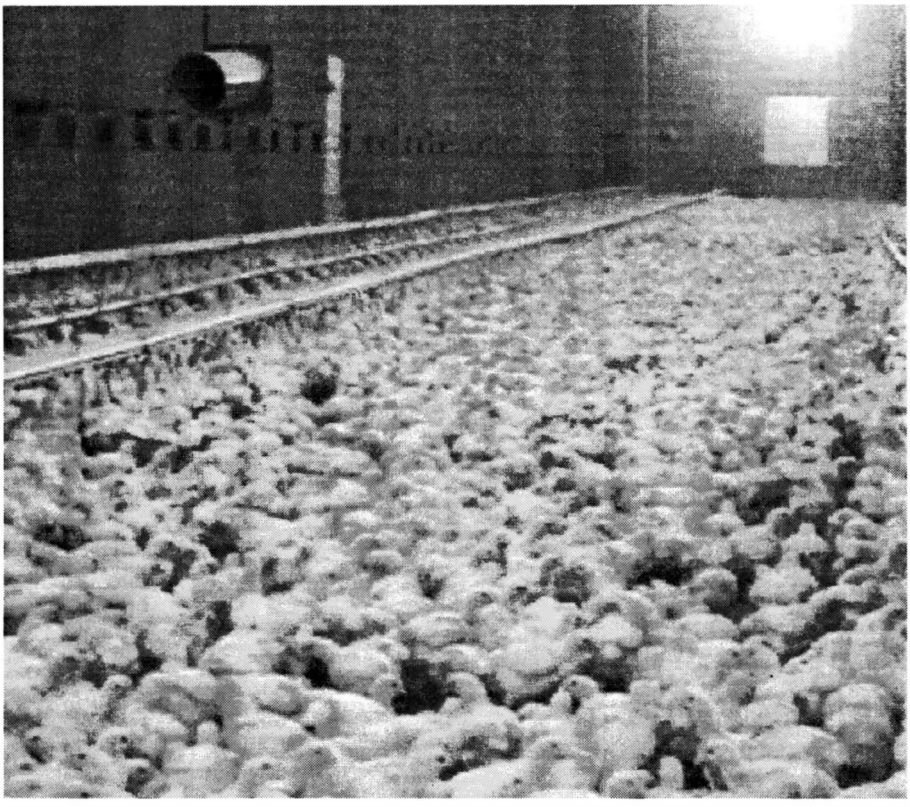
Such details do not interest the mainstream media. They keep playing their game of blown up horror stories and simultaneously credit scientists for their reports. In mid-January 2006, *Spiegel Online* jumped on the mega-story that H5N1 was said to have swooped in and killed three Turkish children; the 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



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]

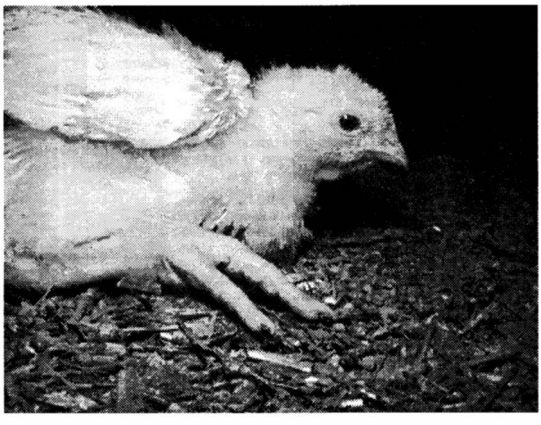
Thus, before checking if the animals' disease symptoms have been caused by poisoning with medications, spoiled feed, chemicals like ammonia and so on, examiners first look to see if seven different infectious agents triggered disease. And if they think they have apprehended such a microorganism, they 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.

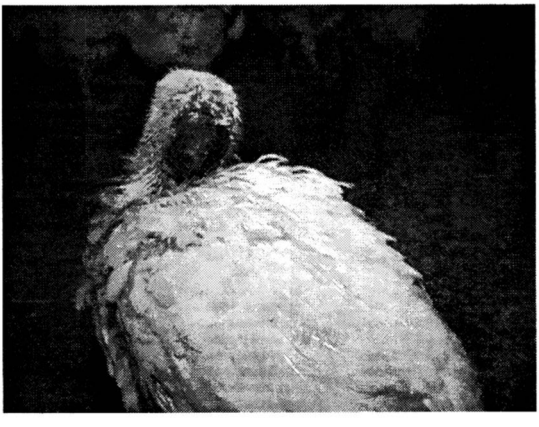
Obviously no further research was done after they thought they had discovered a virus with the assistance of indirect detection procedures (PCR and antibody tests). But, as already mentioned, these indirect "proof" procedures do not confirm the existence of a certain virus. And they certainly don't deliver 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-exterminations 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 WHO[70] 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.

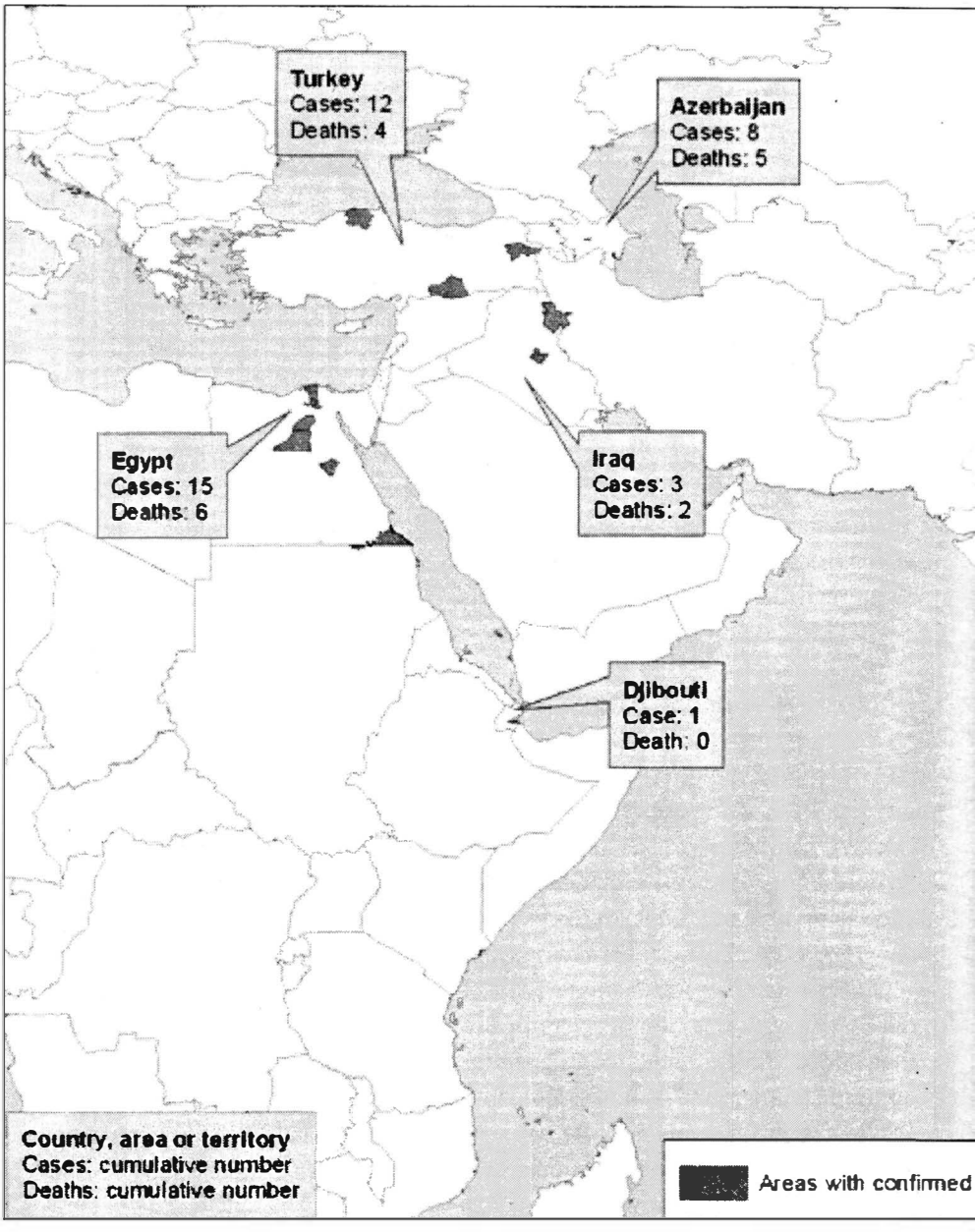
The medical authorities didn't even confirm if the boy had ever been in contact with birds. Apart from this, studies suggest that Aspirin can trigger the Reye's syndrome that was also diagnosed in the boy.[77] The National Reye's Syndrome Foundation even explicitly says: "Do not give your child Aspirin."[78] 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

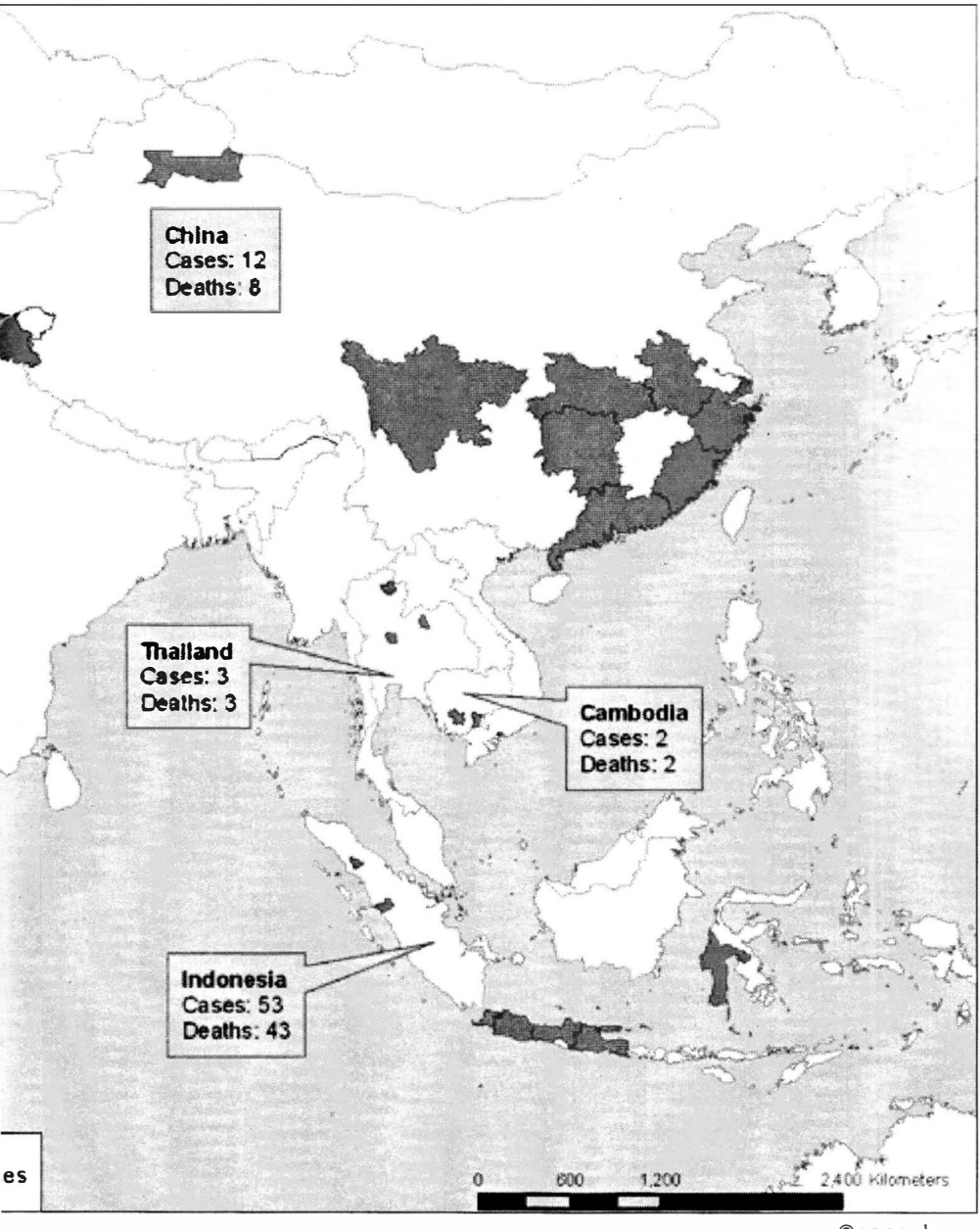
H5N1 fear mongers continue to predict impending horror for Germany. "A pandemic will come over us in several waves," Bernhard Ruf, director of the Leipzig Competence Centre for Highly Contagious Diseases and top warrior against avian flu at the WHO, asserts confidently.[80] "And we would be lucky to 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.


China
Cases: 12
Deaths: 8
Thailand
Cases: 3
Deaths: 3
Cambodia
Cases: 2
Deaths: 2
Indonesia
Cases: 53
Deaths: 43
0
600
1,200
2,400 Kilometers

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]

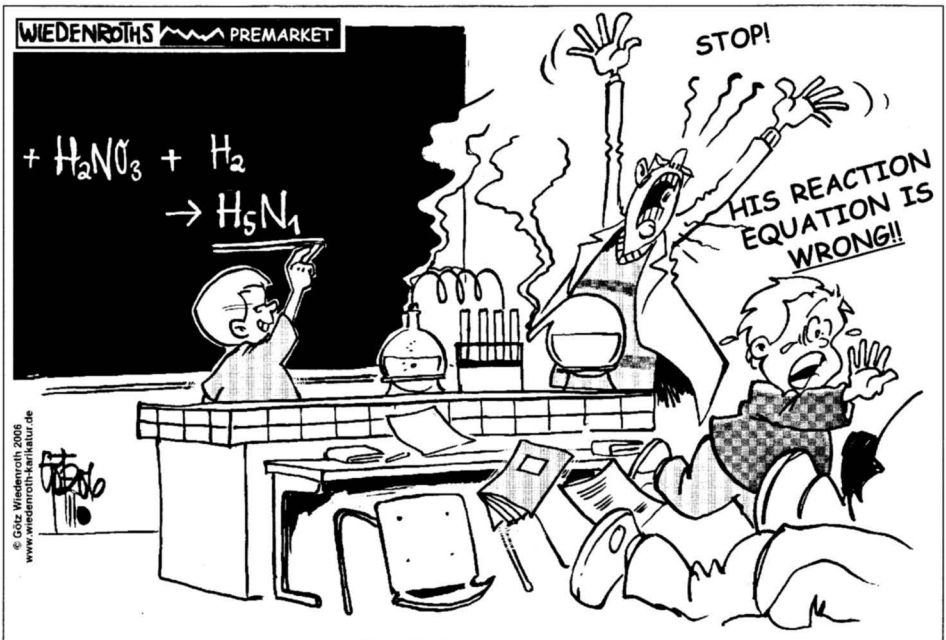
Here it's worth noting the comments of Julie Gerbering, director of the Centers for Disease Control in Atlanta. In mid-April 2006, at a conference on avian flu pandemic in Tacoma, Washington, with 1200 experts from all over the country in the audience, she said, "There is no evidence [H5N1] will be the 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



Magic Formula

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 billion"[90]—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 form 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 Mucolipidosis I[137] 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

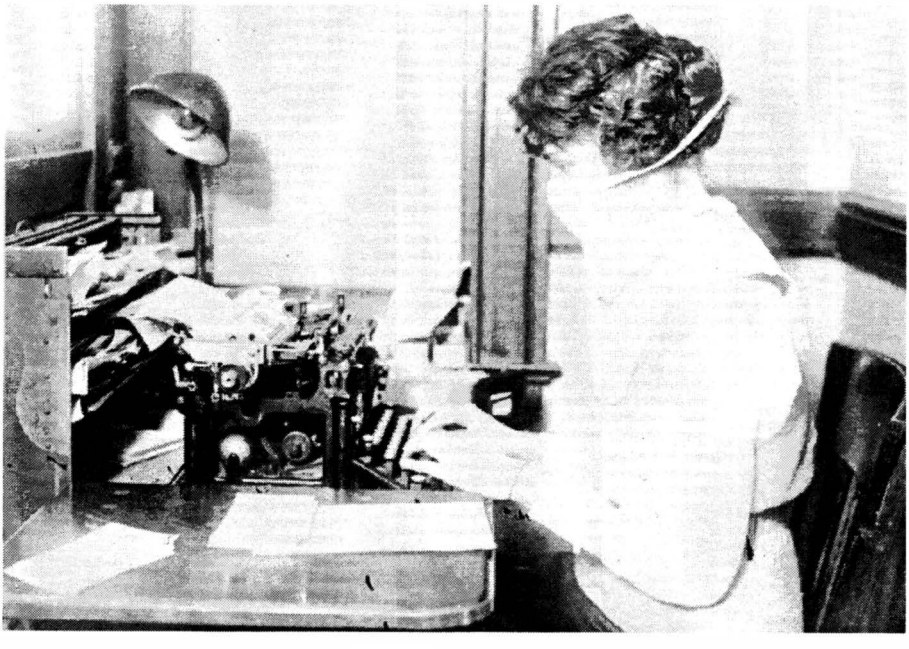
According to traditional conceptions, an infectious disease begins in one place and spreads out from there, depending on the environmental conditions, in certain directions. Such a development didn't occur with the Spanish flu.

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.

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



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

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

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]

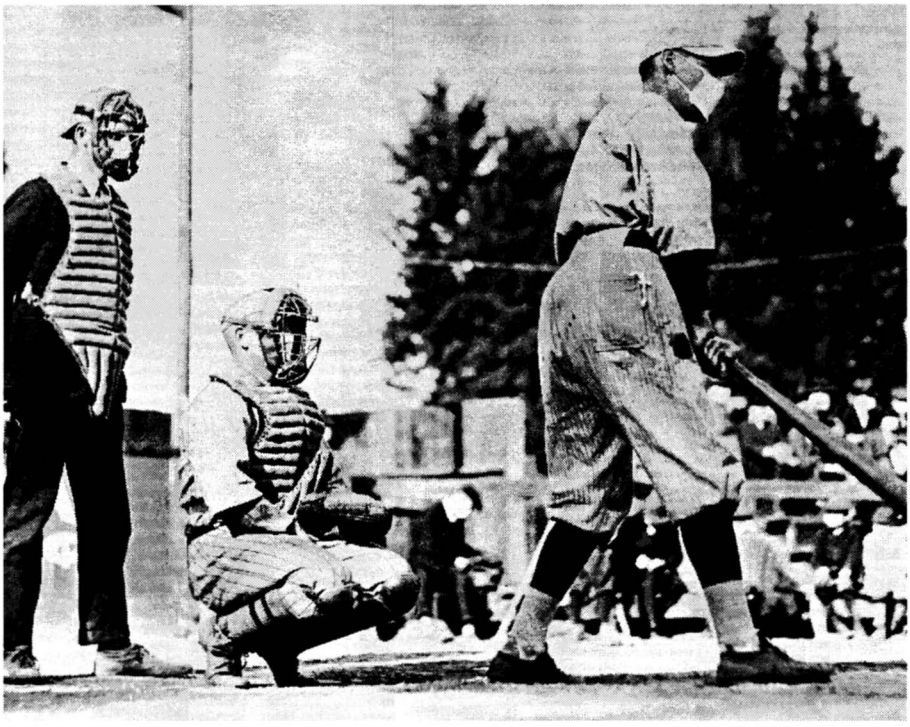
Failed Infection Attempts

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:

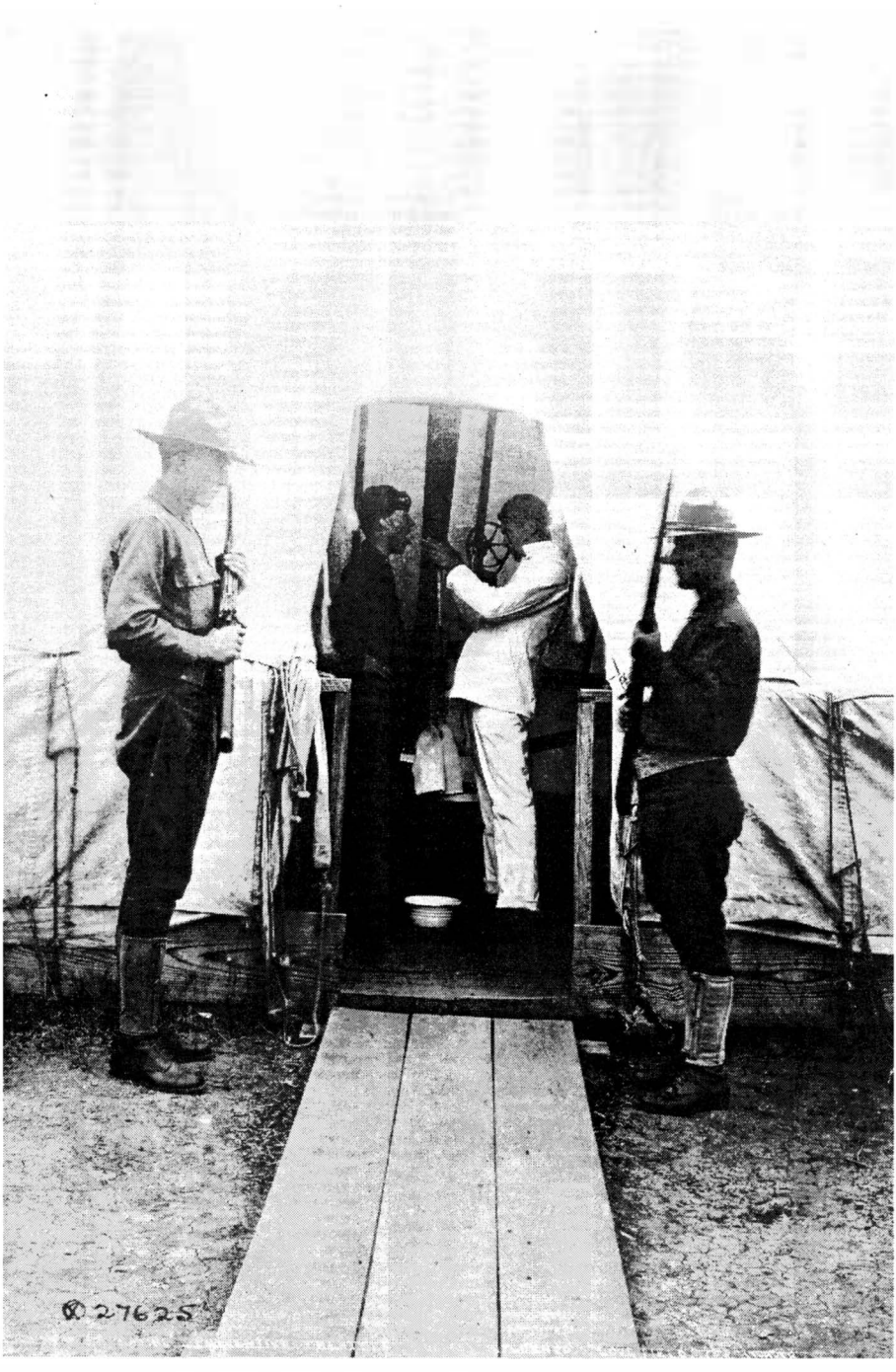
"Scientists were stunned. If these healthy volunteers did not get infected with influenza despite doctors' best efforts to make them ill, then what was causing this disease? How, exactly, did people get the flu?"[144]

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 treatments[151]
- 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 Eleanora McBean relates her own experiences:



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

"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.

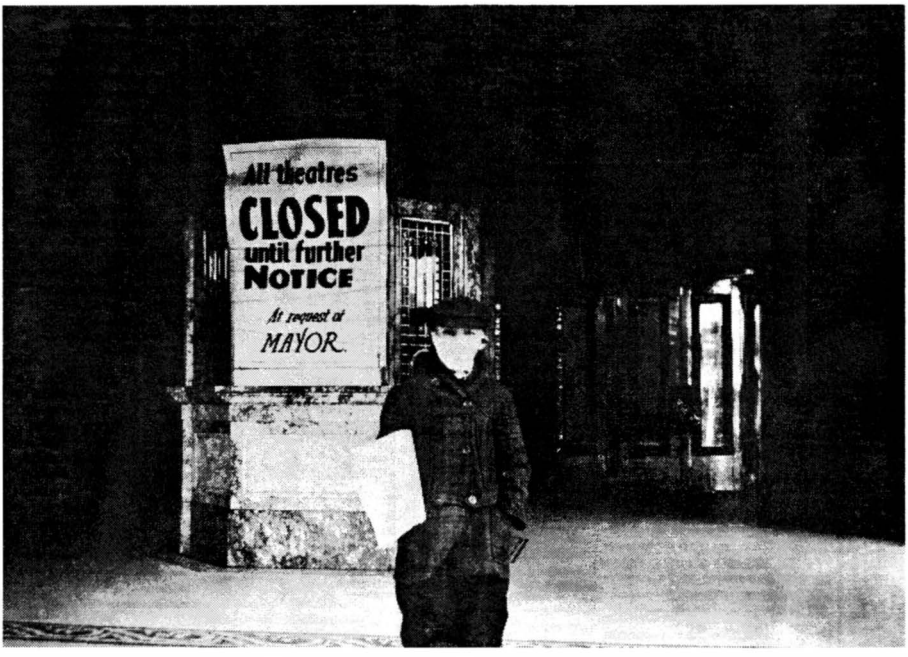
"That pandemic dragged on for two years, kept alive with the addition of more poison drugs administered by the doctors who tried to suppress the symptoms. As far as I could find out, the flu hit only the vaccinated. Those who had refused the shots escaped the flu. My family had refused all the vaccinations 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,



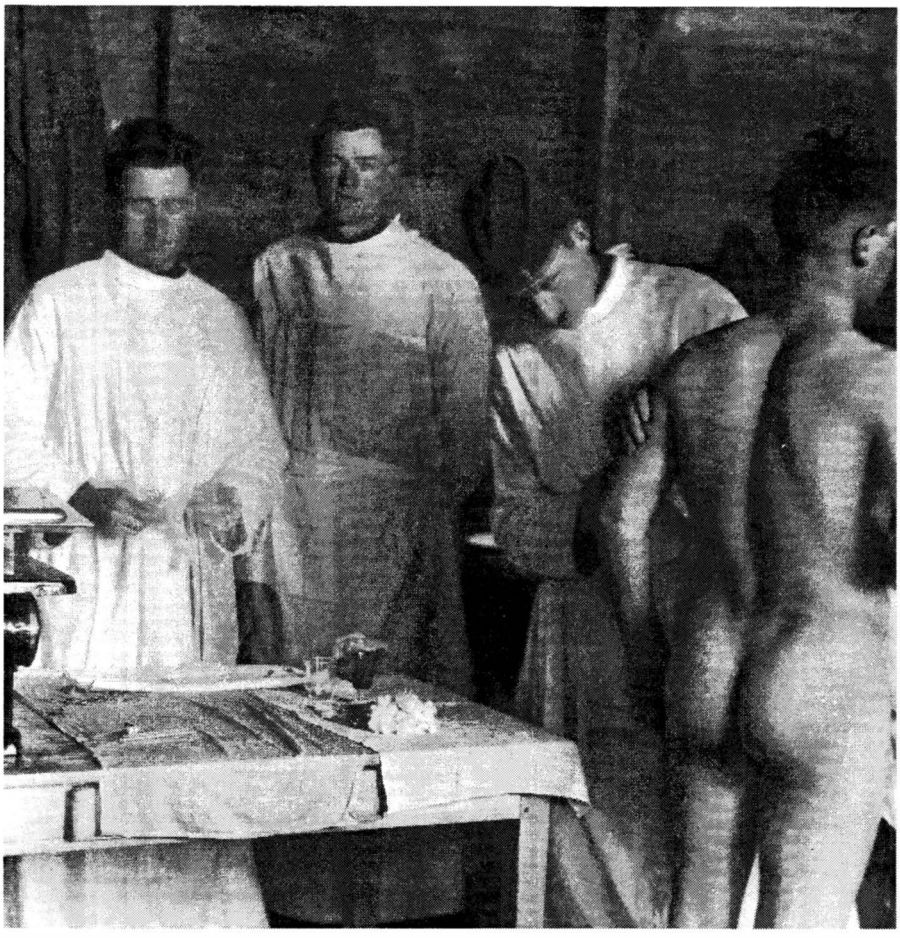
The alleged Spanish Flu did not spare the American city of Seattle in 1918 - 1919 either. When the epidemic reached its peak, theatres, restaurants, dance halls and sports facilities were closed.

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]

"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?

Chapter 8

Cervical Cancer and Other Vaccinations: Policy vs. Evidence

"There has been a great concentration of research on the viruses which can produce cancer, but there is no convincing evidence that any human tumour is virus-induced. Considering the extreme rarity of cancer in wild animals I can see no way by which an ability to induce cancer could favour the survival of a virus species. Neither can I see anything in human biology which could have power to evolve human cancer viruses; except by deliberate human effort directed to such an end. I believe we can forget about the possibility of any of the common forms of cancer being of virus origin."[1]

Sir Frank Macfarlane Burnet
Nobel laureate for Medicine

"[Looking not only at vaccine research one must conclude that] our public health policies are not even remotely evidence-based. Rather, our public health policies are faith-based decrees by government 'authorities'–no better than voodoo medicine."[2]

Vera Sharav
Alliance for Human Research Protection (AHRP)

Flu Vaccines: Do They Make Sense?

Louis Pasteur, Robert Koch and their heirs have inoculated us with a monocausal theory of disease. The picture is alluring and comforting because it completely shifts the blame away from ourselves to microbes, and suggests that if we simply throw enough money at pharmaceutical research–presto!–we're safe from all sorts of diseases, including flu. But we're still waiting for side effect-free miracle pills that will liberate us from flu symptoms.

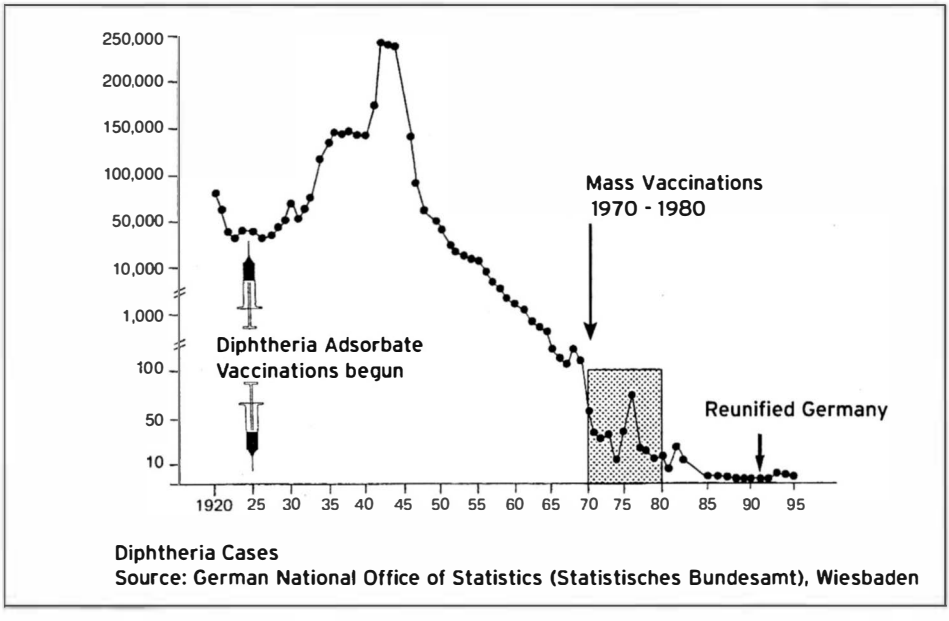
Mainstream medicine holds that flu medications and vaccines have worked wonders. But a glance in history books and statistics reveals, as mentioned, proves that these so-called epidemics only developed when people's immune systems had been weakened, starting with lack of food or clean water and compounded by

chemical toxins like medications, warfare agents and pesticides. The diseases, held to be caused primarily by viruses, had long begun their retreat when vaccine campaigns were finally introduced (as with diphtheria; see diagram 12). For example, population statistics in the USA show that the death rates in senior citizens were quite stable from 1980 onwards, although the vaccination rate had climbed steeply from 1980 to 2001 (from 15 to 65%)—and parallel to this, the number of flu victims had also climbed.[3] [4]

Most people probably think vaccinations are sensible. And typically most critics of vaccinations believe that today's vaccines contain fewer toxins than they did in the past. But ultimately, nobody knows what is really in the substances and it's difficult to gather information about them. "Even today, they are certainly not safe," says vaccine expert Angelika Kögel-Schauz.[5] Studies have shown that vaccines trigger serious cases of Guillain-Barré syndrome, a disease that is associated with polio-like neural damage.[6]

Many vaccine serums still contain thimerosal, a preservative which is made up of up to 50% mercury. Thimerosal is strongly suspected of triggering autism, according to a comprehensive 2003 report.[7] [8] In 2005, this subject was heatedly debated in the USA, even by major media, after journalist David Kirby had collected the data

Diagram 12 Diphtheria Cases in Germany (1920 - 1995)



Source: Buchwald, Gerhard, *Impfen—Das Geschäft mit der Angst (Vaccinations—Business with Fear)*, emu-Verlag, 1994, p. 81

relevant to this issue and published it in his book *Evidence of Harm. Mercury in Vaccines and the Autism Epidemic–A Medical Controversy*.[9] Grounded suspicion now exists that many factors, such as pesticides or organic toxins like PCB–and particularly the mercury contained in vaccines–are connected with autism cases, the rate of which has expanded to sixty times its size since 1980.

Deadly Immunity

Robert F. Kennedy Jr. investigates the government cover-up of a mercury/autism scandal

(Originally published June 2005 by *Rolling Stone* magazine and Salon.com, updated in 2006)[10] [11]

In June 2000, a group of top government scientists and health officials gathered for a meeting at the isolated Simpsonwood conference center in Norcross, Georgia. Convened by the Centers for Disease Control and Prevention, the meeting was held at this Methodist retreat center, nestled in wooded farmland next to the Chattahoochee River, to ensure complete secrecy. The agency had issued no public announcement of the session–only private invitations to 52 attendees.

There were high-level officials from the CDC and the Food and Drug Administration, the top vaccine specialist from the World Health Organization in Geneva and representatives of every major vaccine manufacturer, including GlaxoSmithKline, Merck, Wyeth and Aventis Pasteur. All of the scientific data under discussion, CDC officials repeatedly reminded the participants, was strictly "embargoed." There would be no making photocopies of documents, no taking papers with them when they left.

The federal officials and industry representatives had assembled to discuss a disturbing new study that raised alarming questions about the safety of a host of common childhood vaccines administered to infants and young children. According to a CDC epidemiologist named Tom Verstraeten, who had analyzed the agency's massive database containing the medical records of 100,000 children, a mercury-based preservative in the vaccines–thimerosal–appeared to be responsible for a dramatic increase in autism and a host of other neurological disorders among children.

"I was actually stunned by what I saw," Verstraeten told those assembled at Simpsonwood, citing the staggering number of earlier studies that indicate a link between thimerosal and speech delays, attention-deficit disorder, hyperactivity and autism. Since 1991, when the CDC and the FDA had recommended that three additional vaccines laced with the preservative be given to extremely young infants–

in one case, within hours of birth—the estimated number of cases of autism had increased fifteenfold, from one in every 2,500 children to one in 166 children.

Even for scientists and doctors accustomed to confronting issues of life and death, the findings were frightening. "You can play with this all you want," Dr. Bill Weil, a consultant for the American Academy of Pediatrics, told the group. The results "are statistically significant." Dr. Richard Johnston, an immunologist and pediatrician from the University of Colorado whose grandson had been born early on the morning of the meeting's first day, was even more alarmed. "My gut feeling?" he said. "Forgive this personal comment—I do not want my grandson to get a thimerosal-containing vaccine until we know better what is going on."

But instead of taking immediate steps to alert the public and rid the vaccine supply of thimerosal, the officials and executives at Simpsonwood spent most of the next two days discussing how to cover up the damaging data. According to transcripts obtained under the Freedom of Information Act, many at the meeting were concerned about how the damaging revelations about thimerosal would affect the vaccine industry's bottom line. "We are in a bad position from the standpoint of defending any lawsuits," said Dr. Robert Brent, a pediatrician at the Alfred I. duPont Hospital for Children in Delaware. "This will be a resource to our very busy plaintiff attorneys in this country."

Dr. Bob Chen, head of vaccine safety for the CDC, expressed relief that "given the sensitivity of the information, we have been able to keep it out of the hands of, let's say, less responsible hands." Dr. John Clements, vaccines advisor at the World Health Organization, declared that "perhaps this study should not have been done at all." He added that "the research results have to be handled," warning that the study "will be taken by others and will be used in other ways beyond the control of this group."

In fact, the government has proved to be far more adept at handling the damage than at protecting children's health. The CDC paid the Institute of Medicine to conduct a new study to whitewash the risks of thimerosal, ordering researchers to "rule out" the chemical's link to autism. It withheld Verstraeten's findings, even though they had been slated for immediate publication, and told other scientists that his original data had been "lost" and could not be replicated.

And to thwart the Freedom of Information Act, it handed its giant database of vaccine records over to a private company, declaring it off-limits to researchers. By the time Verstraeten finally published his study in 2003, he had gone to work for GlaxoSmithKline and reworked his data to bury the link between thimerosal and autism.

Vaccine manufacturers had already begun to phase thimerosal out of injections given to American infants—but they continued to sell off their mercury-based supplies of vaccines until last year. The CDC and FDA gave them a hand, buying up the

tainted vaccines for export to developing countries and allowing drug companies to continue using the preservative in some American vaccines—including several pediatric flu shots as well as tetanus boosters routinely given to eleven-year-olds.

The drug companies are also getting help from powerful lawmakers in Washington. Senate Majority Leader Bill Frist, who has received $873,000 in contributions from the pharmaceutical industry, has been working to immunize vaccine makers from liability in 4,200 lawsuits that have been filed by the parents of injured children. On five separate occasions, Frist has tried to seal all of the government's vaccine-related documents—including the Simpsonwood transcripts—and shield Eli Lilly, the developer of thimerosal, from subpoenas.

In 2002, the day after Frist quietly slipped a rider known as the "Eli Lilly Protection Act" into a homeland security bill, the company contributed $10,000 to his campaign and bought 5,000 copies of his book on bioterrorism. The measure was repealed by Congress in 2003—but earlier this year, Frist slipped another provision into an anti-terrorism bill that would deny compensation to children suffering from vaccine-related brain disorders. "The lawsuits are of such magnitude that they could put vaccine producers out of business and limit our capacity to deal with a biological attack by terrorists," says Dean Rosen, health policy adviser to Frist.

Even many conservatives are shocked by the government's effort to cover up the dangers of thimerosal. Rep. Dan Burton, a Republican from Indiana, oversaw a three-year investigation of thimerosal after his grandson was diagnosed with autism. "Thimerosal used as a preservative in vaccines is directly related to the autism epidemic," his House Government Reform Committee concluded in its final report. "This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding a lack of safety data regarding injected thimerosal, a known neurotoxin." The FDA and other public-health agencies failed to act, the committee added, out of "institutional malfeasance for self protection" and "misplaced protectionism of the pharmaceutical industry."

The story of how government health agencies colluded with Big Pharma to hide the risks of thimerosal from the public is a chilling case study of institutional arrogance, power and greed. I was drawn into the controversy only reluctantly. As an attorney and environmentalist who has spent years working on issues of mercury toxicity, I frequently met mothers of autistic children who were absolutely convinced that their kids had been injured by vaccines. Privately, I was skeptical.

I doubted that autism could be blamed on a single source. I tended to agree with skeptics like Rep. Henry Waxman, a Democrat from California, who criticized his colleagues on the House Government Reform Committee for leaping to conclusions about autism and vaccinations. "Why should we scare people about immunization," Waxman pointed out at one hearing, "until we know the facts?"

It was only after reading the Simpsonwood transcripts, studying the leading scientific research and talking with many of the nation's pre-eminent authorities on mercury that I became convinced that the link between thimerosal and the epidemic of childhood neurological disorders is real. Five of my own children are members of the Thimerosal Generation—those born between 1989 and 2003—who received heavy doses of mercury from vaccines.

"The elementary grades are overwhelmed with children who have symptoms of neurological or immune-system damage," Patti White, a school nurse, told the House Government Reform Committee in 1999. "Vaccines are supposed to be making us healthier; however, in twenty-five years of nursing I have never seen so many damaged, sick kids. Something very, very wrong is happening to our children."

More than 500,000 American kids currently suffer from autism, and pediatricians diagnose more than 40,000 new cases every year. The disease was unknown until 1943, when it was identified and diagnosed among eleven children born in the months after thimerosal was first added to baby vaccines in 1931.

Some skeptics dispute that the rise in autism is caused by thimerosal-tainted vaccinations. They argue that the increase is a result of better diagnosis—a theory that seems questionable at best, given that most of the new cases of autism are clustered within a single generation of children. "If the epidemic is truly an artifact of poor diagnosis," scoffs Dr. Boyd Haley, one of the world's authorities on mercury toxicity, "then where are all the twenty-year-old autistics?" Other researchers point out that Americans are exposed to a greater cumulative "load" of mercury than ever before, from contaminated fish to dental fillings, and suggest that thimerosal in vaccines may be only part of a much larger problem. It's a concern that certainly deserves far more attention than it has received—but it overlooks the fact that the mercury concentrations in vaccines dwarf other sources of exposure to our children.

What is most striking is the lengths to which many of the leading detectives have gone to ignore—and cover up—the evidence against thimerosal. From the very beginning, the scientific case against the mercury additive has been overwhelming. The preservative, which is used to stem fungi and bacterial growth in vaccines, contains ethylmercury, a potent neurotoxin. Truckloads of studies have shown that mercury tends to accumulate in the brains of primates and other animals after they are injected with vaccines—and that the developing brains of infants are particularly susceptible.

In 1977, a Russian study found that adults exposed to much lower concentrations of ethylmercury than those given to American children still suffered brain damage years later. Russia banned thimerosal from children's vaccines twenty years ago, and

Denmark, Austria, Japan, Great Britain and all the Scandinavian countries have since followed suit.

"You couldn't even construct a study that shows thimerosal is safe," says Haley, who heads the chemistry department at the University of Kentucky. "It's just too darn toxic. If you inject thimerosal into an animal, its brain will sicken. If you apply it to living tissue, the cells die. If you put it in a petri dish, the culture dies. Knowing these things, it would be shocking if one could inject it into an infant without causing damage."

Internal documents reveal that Eli Lilly, which first developed thimerosal, knew from the start that its product could cause damage—and even death—in both animals and humans. In 1930, the company tested thimerosal by administering it to twenty-two patients with terminal meningitis, all of whom died within weeks of being injected—a fact Lilly didn't bother to report in its study declaring thimerosal safe. In 1935, researchers at another vaccine manufacturer, Pittman-Moore, warned Lilly that its claims about thimerosal's safety "did not check with ours." Half the dogs Pittman injected with thimerosal-based vaccines became sick, leading researchers there to declare the preservative "unsatisfactory as a serum intended for use on dogs."

In the decades that followed, the evidence against thimerosal continued to mount. During the Second World War, when the Department of Defense used the preservative in vaccines on soldiers, it required Lilly to label it "poison." In 1967, a study in *Applied Microbiology* found that thimerosal killed mice when added to injected vaccines. Four years later, Lilly's own studies discerned that thimerosal was "toxic to tissue cells" in concentrations as low as one part per million—100 times weaker than the concentration in a typical vaccine. Even so, the company continued to promote thimerosal as "nontoxic" and also incorporated it into topical disinfectants. In 1977, ten babies at a Toronto hospital died when an antiseptic preserved with thimerosal was dabbed onto their umbilical cords.

In 1982, the FDA proposed a ban on over-the-counter products that contained thimerosal, and in 1991 the agency considered banning it from animal vaccines. But tragically, that same year, the CDC recommended that infants be injected with a series of mercury-laced vaccines. Newborns would be vaccinated for hepatitis B within twenty-four hours of birth, and two-month-old infants would be immunized for Haemophilus influenza B and diphtheria-tetanus-pertussis.

The drug industry knew the additional vaccines posed a danger. The same year that the CDC approved the new vaccines, Dr. Maurice Hilleman, one of the fathers of Merck's vaccine programs, warned the company that six-month-olds who were administered the shots would suffer dangerous exposure to mercury. He recommended that thimerosal be discontinued, "especially when used on infants

and children," noting that the industry knew of nontoxic alternatives. "The best way to go," he added, "is to switch to dispensing the actual vaccines without adding preservatives."

For Merck and other drug companies, however, the obstacle was money. Thimerosal enables the pharmaceutical industry to package vaccines in vials that contain multiple doses, which require additional protection because they are more easily contaminated by multiple needle entries. The larger vials cost half as much to produce as smaller, single-dose vials, making it cheaper for international agencies to distribute them to impoverished regions at risk of epidemics. Faced with this "cost consideration," Merck ignored Hilleman's warnings, and government officials continued to push more and more thimerosal-based vaccines for children.

Before 1989, American preschoolers received eleven vaccinations—for polio, diphtheria-tetanus-pertussis and measles-mumps-rubella. A decade later, thanks to federal recommendations, children were receiving a total of twenty-two immunizations by the time they reached first grade.

As the number of vaccines increased, the rate of autism among children exploded. During the 1990s, 40 million children were injected with thimerosal-based vaccines, receiving unprecedented levels of mercury during a period critical for brain development. Despite the well-documented dangers of thimerosal, it appears that no one bothered to add up the cumulative dose of mercury that children would receive from the mandated vaccines. "What took the FDA so long to do the calculations?" Peter Patriarca, director of viral products for the agency, asked in an e-mail to the CDC in 1999. "Why didn't CDC and the advisory bodies do these calculations when they rapidly expanded the childhood immunization schedule?"

But by that time, the damage was done. At two months, when the infant brain is still at a critical stage of development, infants routinely received three inoculations that contained a total of 62.5 micrograms (μg) of ethylmercury—a level 99 times greater than the EPA's (Environmental Protection Agency) limit for daily exposure to methylmercury, a related neurotoxin. Although the vaccine industry insists that ethylmercury poses little danger because it breaks down rapidly and is removed by the body, several studies—including one published in April by the National Institutes of Health—suggest that ethylmercury is actually more toxic to developing brains and stays in the brain longer than methylmercury.

Officials responsible for childhood immunizations insist that the additional vaccines were necessary to protect infants from disease and that thimerosal is still essential in developing nations, which, they often claim, cannot afford the single-dose vials that don't require a preservative. Dr. Paul Offit, one of CDC's top vaccine advisers, told me, "I think if we really have an influenza pandemic—and certainly we will in the next twenty years, because we always do—there's no way on God's earth

that we immunize 280 million people with single-dose vials. There has to be multidose vials."

But while public-health officials may have been well-intentioned, many of those on the CDC advisory committee who backed the additional vaccines had close ties to the industry. Dr. Sam Katz, the committee's chair, was a paid consultant for most of the major vaccine makers and was part of a team that developed the measles vaccine and brought it to licensure in 1963. Dr. Neal Halsey, another committee member, worked as a researcher for the vaccine companies and received honoraria from Abbott Laboratories for his research on the hepatitis B vaccine.

Indeed, in the tight circle of scientists who work on vaccines, such conflicts of interest are common. Rep. Burton says that the CDC "routinely allows scientists with blatant conflicts of interest to serve on intellectual advisory committees that make recommendations on new vaccines," even though they have "interests in the products and companies for which they are supposed to be providing unbiased oversight." The House Government Reform Committee discovered that four of the eight CDC advisers who approved guidelines for a rotavirus vaccine "had financial ties to the pharmaceutical companies that were developing different versions of the vaccine."

Offit, who shares a patent on one of the vaccines, acknowledged to me that he "would make money" if his vote eventually leads to a marketable product. But he dismissed my suggestion that a scientist's direct financial stake in CDC approval might bias his judgment. "It provides no conflict for me," he insists. "I have simply been informed by the process, not corrupted by it. When I sat around that table, my sole intent was trying to make recommendations that best benefited the children in this country. It's offensive to say that physicians and public-health people are in the pocket of industry and thus are making decisions that they know are unsafe for children. It's just not the way it works."

Other vaccine scientists and regulators gave me similar assurances. Like Offit, they view themselves as enlightened guardians of children's health, proud of their "partnerships" with pharmaceutical companies, immune to the seductions of personal profit, besieged by irrational activists whose anti-vaccine campaigns are endangering children's health. They are often resentful of questioning. "Science," says Offit, "is best left to scientists."

Still, some government officials were alarmed by the apparent conflicts of interest. In his e-mail to CDC administrators in 1999, Paul Patriarca of the FDA blasted federal regulators for failing to adequately scrutinize the danger posed by the added baby vaccines. "I'm not sure there will be an easy way out of the potential perception that the FDA, CDC and immunization-policy bodies may have been asleep at the switch re: thimerosal until now," Patriarca wrote. The close ties between

regulatory officials and the pharmaceutical industry, he added, "will also raise questions about various advisory bodies regarding aggressive recommendations for use" of thimerosal in child vaccines.

If federal regulators and government scientists failed to grasp the potential risks of thimerosal over the years, no one could claim ignorance after the secret meeting at Simpsonwood. But rather than conduct more studies to test the link to autism and other forms of brain damage, the CDC placed politics over science. The agency turned its database on childhood vaccines—which had been developed largely at taxpayer expense—over to a private agency, America's Health Insurance Plans, ensuring that it could not be used for additional research. It also instructed the Institute of Medicine, an advisory organization that is part of the National Academy of Sciences, to produce a study debunking the link between thimerosal and brain disorders.

The CDC "wants us to declare, well, that these things are pretty safe," Dr. Marie McCormick, who chaired the IOM's Immunization Safety Review Committee, told her fellow researchers when they first met in January 2001. "We are not ever going to come down that [autism] is a true side effect" of thimerosal exposure. According to transcripts of the meeting, the committee's chief staffer, Kathleen Stratton, predicted that the IOM would conclude that the evidence was "inadequate to accept or reject a causal relation" between thimerosal and autism. That, she added, was the result "Walt wants"—a reference to Dr. Walter Orenstein, director of the National Immunization Program for the CDC.

For those who had devoted their lives to promoting vaccination, the revelations about thimerosal threatened to undermine everything they had worked for. "We've got a dragon by the tail here," said Dr. Michael Kaback, another committee member. "The more negative that [our] presentation is, the less likely people are to use vaccination, immunization—and we know what the results of that will be. We are kind of caught in a trap. How we work our way out of the trap, I think is the charge."

Even in public, federal officials made it clear that their primary goal in studying thimerosal was to dispel doubts about vaccines. "Four current studies are taking place to rule out the proposed link between autism and thimerosal," Dr. Gordon Douglas, then-director of strategic planning for vaccine research at the National Institutes of Health, assured a Princeton University gathering in May 2001. "In order to undo the harmful effects of research claiming to link the [measles] vaccine to an elevated risk of autism, we need to conduct and publicize additional studies to assure parents of safety." Douglas formerly served as president of vaccinations for Merck, where he ignored warnings about thimerosal's risks.

In May of last year, the Institute of Medicine issued its final report. Its conclusion: There is no proven link between autism and thimerosal in vaccines. Rather than reviewing the large body of literature describing the toxicity of thimerosal, the report

relied on four disastrously flawed epidemiological studies examining European countries, where children received much smaller doses of thimerosal than American kids. It also cited a new version of the Verstraeten study, published in the journal Pediatrics, that had been reworked to reduce the link between thimerosal and autism. The new study included children too young to have been diagnosed with autism and overlooked others who showed signs of the disease. The IOM declared the case closed and—in a startling position for a scientific body—recommended that no further research be conducted.

The report may have satisfied the CDC, but it convinced no one. Rep. David Weldon, a Republican physician from Florida who serves on the House Government Reform Committee, attacked the Institute of Medicine, saying it relied on a handful of studies that were "fatally flawed" by "poor design" and failed to represent "all the available scientific and medical research." CDC officials are not interested in an honest search for the truth, Weldon told me, because "an association between vaccines and autism would force them to admit that their policies irreparably damaged thousands of children. Who would want to make that conclusion about themselves?"

Under pressure from Congress and parents, the Institute of Medicine convened another panel to address continuing concerns about the Vaccine Safety Datalink Data Sharing program. In February, the new panel, composed of different scientists, criticized the way the VSD had been used in the Verstraeten study, and urged the CDC to make its vaccine database available to the public.

So far, though, only two scientists have managed to gain access. Dr. Mark Geier, president of the Genetics Center of America, and his son, David, spent a year battling to obtain the medical records from the CDC. Since August 2002, when members of Congress pressured the agency to turn over the data, the Geiers have completed six studies that demonstrate a powerful correlation between thimerosal and neurological damage in children.

One study, which compares the cumulative dose of mercury received by children born between 1981 and 1985 with those born between 1990 and 1996, found a "very significant relationship" between autism and vaccines. Another study of educational performance found that kids who received higher doses of thimerosal in vaccines were nearly three times as likely to be diagnosed with autism and more than three times as likely to suffer from speech disorders and mental retardation. Another soon-to-be published study shows that autism rates are in decline following the recent elimination of thimerosal from most vaccines.

As the federal government worked to prevent scientists from studying vaccines, others have stepped in to study the link to autism. In April, reporter Dan Olmsted of UPI undertook one of the more interesting studies himself. Searching for children who had not been exposed to mercury in vaccines—the kind of population that

scientists typically use as a "control" in experiments—Olmsted scoured the Amish of Lancaster County, Pennsylvania, who refuse to immunize their infants. Given the national rate of autism, Olmsted calculated that there should be 130 autistics among the Amish. He found only four. One had been exposed to high levels of mercury from a power plant. The other three—including one child adopted from outside the Amish community—had received their vaccines.

At the state level, many officials have also conducted in-depth reviews of thimerosal. While the Institute of Medicine was busy whitewashing the risks, the Iowa legislature was carefully combing through all of the available scientific and biological data. "After three years of review, I became convinced there was sufficient credible research to show a link between mercury and the increased incidences in autism," says state Sen. Ken Veenstra, a Republican who oversaw the investigation.

"The fact that Iowa's 700 percent increase in autism began in the 1990s, right after more and more vaccines were added to the children's vaccine schedules, is solid evidence alone." Last year, Iowa became the first state to ban mercury in vaccines, followed by California. Similar bans are now (2006) under consideration in thirty-two other states.

But instead of following suit, the FDA continues to allow manufacturers to include thimerosal in scores of over-the-counter medications as well as steroids and injected collagen. Even more alarming, the government continues to ship vaccines preserved with thimerosal to developing countries—some of which are now experiencing a sudden explosion in autism rates. In China, where the disease was virtually unknown prior to the introduction of thimerosal by US drug manufacturers in 1999, news reports indicate that there are now more than 1.8 million autistics.

Although reliable numbers are hard to come by, autistic disorders also appear to be soaring in India, Argentina, Nicaragua and other developing countries that are now using thimerosal-laced vaccines. The World Health Organization continues to insist thimerosal is safe, but it promises to keep the possibility that it is linked to neurological disorders "under review."

I devoted time to study this issue because I believe that this is a moral crisis that must be addressed. If, as the evidence suggests, our public-health authorities knowingly allowed the pharmaceutical industry to poison an entire generation of American children, their actions arguably constitute one of the biggest scandals in the annals of American medicine. "The CDC is guilty of incompetence and gross negligence," says Mark Blaxill, vice president of Safe Minds, a nonprofit organization concerned about the role of mercury in medicines. "The damage caused by vaccine exposure is massive. It's bigger than asbestos, bigger than tobacco, bigger than anything you've ever seen."

It's hard to calculate the damage to our country—and to the international efforts to eradicate epidemic diseases—if Third World nations come to believe that America's most heralded foreign-aid initiative is poisoning their children. It's not difficult to predict how this scenario will be interpreted by America's enemies abroad. The scientists and researchers—many of them sincere, even idealistic—who are participating in efforts to hide the science on thimerosal claim that they are trying to advance the lofty goal of protecting children in developing nations from disease pandemics. They are badly misguided. Their failure to come clean on thimerosal will come back horribly to haunt our country and the world's poorest populations.

Fraud, Waste, Bribery—Corruption in the Health Service

Even if the perfect vaccine did exist, without any side effects, it would still be a far cry from a "magic bullet." People tend to overlook the fact that flu vaccines are manufactured before those viruses (virus stems) they are supposed to work against even exist.

Even mainstream studies have shown that during flu "peak season," only 10% of infections that form in the upper airway can be traced back to influenza viruses.[12] The statistic sounds reassuring and would make for great news if it weren't for the epidemic hunters from the CDC, RKI or WHO, who speak every year about another 10,000 flu deaths and urgently warn that only vaccinated people are protected from influenza.

Upon close examination of the data upon which their warnings are based, the question crops up: "Are US flu death figures more PR than science?" This is precisely the title of a study published in late 2005 in the *British Medical Journal*. Author Peter Doshi, of Harvard University (in 2006, Doshi switched to the Massachusetts Institute of Technology, MIT), provides a resoundingly decisive answer: "US data on influenza deaths are a mess."[13]

Doshi's main criticism is that the CDC works under the assumption that 36,000 Americans die from viral flu each year—but they still owe us proof that an influenza virus really kills these people. Doshi's conclusion: The CDC's communication strategy is equivalent to "marketing of fear."

Several astute observers of the flu and vaccines critiqued the government's promotional campaign urging the public to vaccinate against the flu by challenging the 36,000 annual death count the CDC attributes to the flu. Especially worth mentioning is the meta-analysis of the published flu vaccine reports by Tom Jefferson of the Cochrane Center, replicated in the *British Medical Journal*[14] as well as a column in *Red Flags* by Edward Yazbak, a pediatrician.[15] The findings of these

2006 articles are sobering: a major gap exists between evidence and public health policy.

The summary points of the *BMJ*'s meta-analysis are clearly alarming:

1. Because non-randomized studies predominate, systematic reviews of large data sets from several decades (meta-analyses) provide the best information on vaccine performance
2. Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured
3. Most studies are of poor methodological quality and the impact of confounders is high
4. Little comparative evidence exists on the safety of these vaccines

The lead author Tom Jefferson concludes: "The optimistic and confident tone of some predictions of viral circulation and of the impact of inactivated vaccines, which are at odds with the evidence, is striking. The reasons are probably complex and may involve a messy blend of truth conflicts and conflicts of interest making it difficult to separate factual disputes from value disputes or a manifestation of optimism bias, that is to say an unwarranted belief in the efficacy of interventions."

In fact, the bottom line is that the CDC has not provided data to back up its claim about the number of deaths it attributes to the flu. The CDC appears to be acting on behalf of flu vaccine manufacturers, even as the evidence shows the vaccine to be worthless at best—or to be fatal at worst. A Vaccine Adverse Events Reporting System (VAERS) search performed on 10 October 2005 yielded three reports in the past two years of children younger than 23 months of age who died shortly after receiving a dose of influenza vaccine. No other vaccines were administered at the same time and all three children had underlying diseases.

"We can only conclude that we are in the era of post-evidence-based medicine," states Vera Sharav from the Alliance for Human Research Protection in New York. "Our public health policies are not even remotely evidence-based. Rather, our public health policies are faith-based decrees by government 'authorities'—no better than voodoo medicine."[16] Underlying this collapse of Western medicine is the collusion between science and business. Our public health policies are currently shaped by corporate interests.

The CDC's German counterpart, the Robert Koch Institute plays similar games with the statistics. They allege that in the winter of 2004 - 2005, 15,000 to 20,000 people died from viral flu in the country.[17] But there is no proof to back up these statements. Rather, examining the data of Germany's national office of statistics (Statistisches Bundesamt), just nine people died of influenza viruses in 2004 (2003:

25; 2002: 10; 2001: 9). The picture painted by hospital statistics is just as undramatic: 12 deaths[18]—a mere speck in comparison to the RKI's claim of 20,000 mortalities.

Ask RKI to explain this extreme discrepancy and the institute answers that "official statistic on 'influenza deaths' underestimates the true influence [of flu viruses], because very many [influenza] deaths are 'hidden' in other diseases." For this reason, according to RKI, "even the Statistisches Bundesamt's data hardly reflects the true number of influenza deaths."[19] But where's the study showing concrete evidence that a virus was really at play, or was the single or primary cause in the cases where the RKI suspects a "hidden" flu virus? The RKI had no answer to this, even after repeated inquiries (see: Can We Trust Blindly The Figures of CDC, RKI, etc.?, Rapid Responses to Peter Doshi's article in the *British Medical Journal* "Are US flu death figures more PR than science?", *British Medical Journal* (Website), December 2005/January 2006).

Neither did we receive concrete studies from Berlin's virus hunters to prove that 1) the flu virus declared a killer has been completely detected (purification and electron micrographs); 2) the virus, insofar as it does exist, has lethal properties; and 3) all other factors (nutrition, toxins, etc.) can be ruled out as primary or major causes of the so-called "flu victim's" death.[20]

The RKI says it arrived at the 15,000 to 20,000 flu deaths by applying an "internationally recognized" and "peer reviewed" calculative method. But whether a calculation makes sense cannot be determined by the fact that it is "recognized" and has been verified by other researchers, but only by being verified by independent technical experts. We wanted to do this, but so far it has not been possible. In December 2005, the RKI did agree to send us their detailed calculations by the end of January 2006 at the latest; we have yet to receive them.[21] Yet the RKI should actually have the calculation at hand.

The RKI also claims "it is often the case," that influenza death figures are estimated values.[22] [23] And in this regard as well, they agreed to send us the documents that support this by the end of January 2006. But unfortunately, we have not yet received a single document from the RKI. One thing is certain: contrary to what the RKI told us, in its database of significant papers and statistics, the RKI does not explicitly say that only estimated values are available. This is true on their website, for instance, where influenza mortality figures are listed,[24] and in a press release from late 2004.[25]

The RKI identifies the influenza work-group (Arbeitsgemeinschaft Influenza, AGI) as the source of their influenza data. The AGI was founded by the pharmaceutical industry in 1991, and receives financial support from four vaccine manufacturers.[26] So, if the RKI relies on an organization funded by the pharmaceutical industry, how can the institute make sure that published data is absolutely sound?[27]

Table 3 Members of the Ständige Impfkommission (STIKO), which belongs to the Robert Koch Institute, and their connections to the pharmaceutical industry (excerpts)

Dr. Roland Dobbelaer Head, Biological Standardization Scientific Institute of Public Health (SIPH, Brussels)	According to the World Health Organization, he is himself a manufacturer of polio vaccines
Prof. Dr. Ulrich Heininger Department of Pediatric Infectious Disease and Vaccinology University Children's Hospital Basel (UKBB, Universität-Kinderspital bei der Basel)	Maintains the website http://www.rund-ums-baby.de/impfen, and is a member of the German Society for Pediatric Infectious Disease (DGPI) scientific advisory council. Sponsors of this society are: - Aventis Pasteur MSD Ltd., Leimen - Aventis Pharma Germany Ltd. - Bristol-Myers Squibb, Munich - GlaxoSmithKline Ltd. & Co, limited partnership - Infectopharm, Heppenheim - MSD Sharp & Dohme Ltd., Haar - Wyeth Pharma Ltd., Münster
Prof. Dr. Wolfgang Jilg Institute of Medical Microbiology and Hygiene at the University of Regensburg	Chair of the German Society of Virology's (GfV) immunization committee (the GfV is a non-profit organization, presently with around 900 members, which aims to promote virology in all fields through increasing and exchanging knowledge from virologic research, primarily in the German-speaking area). The GfV's treasurer is Dr. Michael Bröker of Chiron-Behring (Chiron Vaccines, Chiron Behring Ltd. & Co. limited partnership, Emil-von-Behring-Str. 76 35041 Marburg)
Prof. Dr. Rüdiger von Kries Department of Childhood and Adolescent Epidemiology Institute of Social Pediatrics and Youth Medicine Ludwig Maximilian's University, Munich	Kries is in the scientific advisory council of the German Society for Pediatric Infectiology (DGPI); Sponsors of the DGPI are: - Aventis Pasteur MSD Ltd., Leimen - Aventis Pharma Germany Ltd. - Bristol-Myers Squibb, Munich - GlaxoSmithKline Ltd. & Co, limited partnership - Infectopharm, Heppenheim - MSD Sharp & Dohme Ltd., Haar - Wyeth Pharma Ltd., Münster
Prof. Dr. Thomas Mertens Clinic, University of Ulm Virology Department Institute of Microbiology and Immunology, Ulm	Member of the German Society of Virology (on the GfV, see above, Prof. Dr. Wolfgang Jilg)
Prof. Dr. Heinz-J. Schmitt Pediatric Infectiology Children's Clinic of the Johannes Gutenberg University, Mainz Schmitt is Chair of STIKO	President of the Stiftung Präventative Pädiatrie, a German pediatric foundation which cooperates with the following partners/companies: - GlaxoSmithKline - Chiron-Behrung Consultant to the GlaxoSmithKline project "Gesundes Kind" (healthy child)
Prof. Dr. Fred Zepp University Children's Clinic, Mainz	Directs the department of Pediatric Immunology and Vaccine Development, which cooperates with the pharmaceutical industry; Zepp is also Chair of Stiftung Präventative Pädiatrie's advisory council, which cooperates with the following partners: - GlaxoSmithKiine - Chiron-Behring

It would be wise to ask the same question of the German vaccine committee STIKO (Ständige Impfkommission), a part of the RKI system. STIKO Chair, medical professor Heinz-J. Schmitt, is also on the Board of Directors of Stiftung Präventative Pädiatrie (Foundation for Preventive Pediatrics),[28] a children's health foundation which in turn works closely with and is funded by pharmaceutical companies like GlaxoSmithKline and Chiron-Behring.[29] Schmitt additionally functions as consultant to the GlaxoSmithKline project "Gesundes Kind" ("Healthy Child"), which plugs protective vaccinations.[30]

To be able to evaluate whether RKI can still act independently of the pharmaceutical industry, we requested that the institute disclose all the ways their scientists are remunerated (lecture fees, research grants, etc.). By their scientists, we mean the ones working for the RKI or for other institutions directly subordinate or integrated into the RKI.[31]

But to date, we have not received a response to any of these questions.

In any case, it is certain that several STIKO members cultivate close relationships with Big Pharma or are active for pharmaceutical companies, including the major ones like GlaxoSmithKline (See table 3). It is also telling that the RKI, as *Focus* magazine reported in a rare critical article on epidemic authorities, were confronted with the revelation of a corruption case in early 2006, which cast a very negative light on the highly esteemed institution.

Social researcher Friedrich T. [full surname not mentioned], who had worked as a top official at the RKI, was sentenced by the district court Berlin-Tiergarten to six months in prison and a fine of € 3,000. In late 1998, T. had internally proposed awarding the contract for a reputedly extremely important AIDS study ("RKI Sentinel") to a private polling institute by the name of Images. And indeed Images' bid for the study worth 396,000 German marks (approximately $200,000) was accepted. Two months later, an Images employee turned over 10,000 marks in cash to T. The presiding judge saw the elements of corruption here, as she explicitly declared this a "not unserious case." During the trial, the judge had declared that there were evidently a few alarming "interconnections" at the RKI. She was "convinced" that more was known at the institute "than came out in the trial." The final verdict also stated that "the court cannot resist the impression that here on a large scale, the RKI has been used as a good source of money."

The company Images functioned namely only as a dummy firm for the identically staffed and located Intersofia GmbH (Ltd.), whose founder and sole shareholder is none other than RKI official T. Two Intersofia employees had founded Images expressly for the purpose of landing the AIDS study contract, since T. couldn't directly hand the contract to his own company Intersofia. T. penned not only the "service description" for the RKI Sentinel but also Images' offer. On 3 November

1998, T. proposed the dummy company as contractual partner, but Images was not founded until 15 November, and five days later, ministry director Reinhard Kurth personally signed the contract.

Focus magazine is completely correct in writing that T.'s corruption case had turned into a worst-case scenario for Reinhard Kurth as well. Kurth had evidently also lied to the public. The RKI's press office and even the RKI president declared to know nothing of any possible conflicts of interests for T. at the time the contract was awarded. But this claim is impossible. In her verdict, the judge cited the testimony of a certain Wolfgang Kurtz, who was Director of Central Administration at the RKI during the time in question (first half of November). According to Kurtz, the epidemic authority's "Research Council," which was responsible for awarding the contract, were fully aware that T. was doing the AIDS study "with his old mates."

Additionally, the researcher's financial sleights of hand had been a constant gossip topic at the institute for years. By the end of 2000, top management had detailed information on the Intersofia/Images scam. An employee of T.'s private company had filed a disciplinary complaint against her boss with the RKI, revealing details about the scheme. A whole year later, Kurth declared that internal clarification of the accusations was proving to be "difficult and time-consuming." But in T.'s trial, the district attorneys simplified this allegedly complex issue. The accused had seen the RKI simply as a sort of "self-service shop." Perhaps he thought he was invulnerable. Not only did T. have good contacts at the top of the Federal Health Ministry, he also collaborated very closely with his superior, no less than Bärbel-Maria Kurth, RKI department head, and the president's wife.

T. also took care of a particularly awkward assignment for his boss. Mrs. Kurth had tried to safeguard GDR scientist Michael Radoschewski's career for many years, after it had gone into a tailspin post-reunification. Because of his former Stasi (East German secret police) activity, he could not get a steady job in unified Germany's health administration. Mrs. Kurth, herself a former GDR student, helped with labor contracts, and ultimately accommodated him in the firm Images, T.'s dummy company. Radoschewski even worked on the AIDS study. In this way, the RKI continued paying his salary indirectly.

The AIDS study, financed to the tune of approximately $200,000 worth of tax dollars, was incidentally not published. T. and his Images troupe had sunk the project.

Images' former Managing Director, Liane S. appeared as a witness in the trial. The judge dismissed her attempts at exoneration, calling them "lies." But why would Mrs. S. have said anything bad about T. and his insider dealings? S. now works at the RKI—in Mrs. Kurth's department.[32]

As has repeatedly been portrayed in this book, there is certainly no reason to

assume that such conflicts of interest and corrupt activities are the exception, and to suppose that, on the whole, everything is just fine. Transparency International's "Corruption Annual Report 2006" is worth another mention. The report was presented to the public in May of the same year, and unequivocally says that waste, fraud and corruption have eaten into the local public health service and annual damages are at least € 24 billion.

This rarely publicly addressed mismanagement can only be fixed with great difficulty because the industry in question is run by powerful corporations and its allies—including decrepit government organizations that lack transparency and federal oversight. Transparency International clearly awards chief responsibility for this mess to the pharmaceutical industry, which forges studies, influences authorities, suppresses risks and undermines alternative health and self-help groups. 40% of medical studies from 2005 were demonstrably faked or manipulated by sponsors.

Politics has yielded to health lobbyists for too long, says the watchdog organization. Health service bodies governed by public law at the Federal State level have been left to their own devices for too long. It is time to look for a means of compulsory accountability for everything. This includes, above all, the best possible transparency for contributors and taxpayers. Often though, nothing happens, because doctors, researchers or pharmaceutical lobbyists have strong connections to politics. Corruption fighters also demand a "radical professionalization" among the health care system players, especially the insurance companies, the panel doctor's associations and government institutions in order to make their decision-making processes more transparent. There must also be a stronger enforcement of the law, in order to ban bad doctors from the profession.

Transparency International also recommended requiring disclosure of financing and relationships to sponsors, as well as the registration of all clinical trials. To avoid deadly mistakes, the health care field should not be allowed to purchase medical experts for their pharmaceutical studies and consequent marketing. Additionally, there needs to be legal regulations for health insurance companies to maintain accountability and public safety. The establishment of specialized district attorneys would also be sensible.

But "structural corruption" cannot be tackled simply with new laws, reforms and better law enforcement, according to the anti-corruption organization. A culture has to be generated that outlaws fraud in medicine. "It is immoral and indecent to make money from a system that is putting an increasing strain on people with low incomes, and allow increasing gaps in a comprehensive complete medical care, through faulty calculations."[36]

It would be extremely helpful if the media—the State's (self-declared) "fourth power"—would turn itself again to its true task and consistently try to bring the

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Governments and pharmaceutical industry work hand in hand: On 24 March 2006, pharmaceutical manufacturer GlaxoSmithKline informed German Health Minister Ulla Schmidt about their latest development of a vaccine to protect against a flu epidemic. With GSK director Thomas Werner, she visited the GSK factory in Dresden.

The government does not doubt whether the idea of fighting avian flu or an allegedly impending H5N1 epidemic with vaccines is right. Civil servants completely trust the pharmaceutical industry's statements. In early 2006, the German government made no less than € 20 million available to fund the development of a "broadband vaccine" against avian flu infections. With this, they would be in the position to vaccinate the population before the virus mutates, as Schmidt announced.[33]

Meanwhile, the pharmaceutical industry keeps the pressure on. If it were up to GlaxoSmithKline, vaccination of the public would not wait until a pandemic breaks out.[34]

But such an action would in fact only be of any use to GSK (and other vaccine manufacturers), as they would have plenty of money rolling in. Otherwise, it would be ridiculous in every aspect—as the virus which is supposed to trigger the pandemic at some point in the future doesn't even exist yet. In other words, vaccinations now would by no means provide protection from a future pandemic. Additionally, if vaccinations were to make any sense in the first place, the genetic/chemical structure of whatever (virus) is being vaccinated against would have to first be known. But as mentioned, this is not the case (not only for H5N1).[35]

"structural corruption" in the health service to light, instead of playing henchman to Big Pharma.

HPV Vaccination Against Cervical Cancer: Not Proven Safe and Effective

Today, jubilation is expressed by both orthodox science and the mass media about the recently developed vaccine against the human papillomavirus (HPV) assumed to cause cervical cancer. The HPV vaccine is being marketed heavily, especially for use in girls 9 - 15 years of age. In the literature, we read that the vaccination has been proven to be the most efficient and logistically feasible preventive intervention against cervical cancer. And the vaccine makers "promise an almost 100% protection," according to a lead story in the *Frankfurter Allgemeine Zeitung* written by the head science editor himself, headlined: "Vaccinating Against Cancer—In the Drugstore a Dream Comes True."

According to one of Germany's most important daily newspapers, "we now see the start of a new epoch. Heading the march into a new golden age is pharmaceutical company Sanofi Pasteur MSD, with a new vaccine called Gardasil. The announcements by the manufacturer could be dismissed as typical pharmaceutical industry pursuit of giant markets, profits, power and prestige. Yet, *en masse,* physicians and scientists have joined the chorus, which speaks to a paradigm shift. All are gushing about the potential to abruptly stanch one of the worst villains for women with only three harmless injections. The results of the [vaccine's] approval studies are so convincing that by now there is no limit to euphoria."[37]

Again, the news sounds more than good. But, before we uncork the champagne, should we really believe the promises of this pharmaceutical giant, brush aside all the conflicts of interests today's biomedical science and forget all the previous empty promises made by even the most prestigious researchers?

In order to clarify this, we approached one of the relevant institutions from which all these predictions, assertions, and claims stem from: The German Cancer Research Centre (Deutsches Krebsforschungszentrum, DKFZ). What we asked for was:[38]

1. A solid study proving the existence of a human papillomavirus, in short HPV (including a description of the purification and isolation of the particle as well as the characterization of the full genome and the mantle, plus an image done by electron microscopy)
2. A solid study proving beyond doubt that HPV causes cervical cancer

3. A solid study showing that non-viral factors such as nutrition or chemical toxins alone or in combination can be excluded as possible (primary) causes for cervical cancer
4. A solid study demonstrating conclusively that the vaccinations entering the market are safe and effective

Indeed, as response we received a "wonderful literature list," as the DKFZ declared,[39] on which are several studies being mentioned addressing at least items 1, 2, and 4. Unfortunately, missing from the list was a study proving item 3, that non-viral factors such as nutrition, pesticides, stress, etc. alone or in combination can be excluded as possible (primary) causes for cervical cancer. Interestingly, even the medical establishment itself identified non-viral factors such as smoking or the use of oral contraceptives which are "viewed as relevant co-factors" in the development of cervical cancer.[40] And there is no proof that these factors could not act as primary factors.

In this context it is also worth mentioning that in the search for the causes of cervical cancer the fact is being disregarded that up to 80% of all woman at least temporarily shall contract this so-called papillomavirus during her life, but in 80% of these women the virus just disappears after a while. That is to say that only in 20% of the cases the doctors register (with their test methods) a continuing infection that according to orthodox researchers shall carry the risk of causing cervical cancer.

And according to Lutz Gissmann from the DKFZ in Heidelberg as a matter of fact much less than 1% of these "infected" women come down with cancer. "We just don't know why most women are able to cope with the virus," Gissmann concedes.[41] That means—assuming that we can believe the methods of virus detection—in most cases of cervical cancer there is a positive HPV test, but in only a tiny minority of cases is cervical cancer found.

There must be other factors responsible for the development of cervical cancer. And there is obviously no proof that these non-viral factors cannot play the major or primary role. And so it is not really surprising to hear from one of the leading established cervical cancer researcher, Matthias Dürst from the University of Jena, that "the infection with the papillomavirus alone still does not cause cancer."[42] The tumor is said to grow not until there are genetic changes on the chromosomes causing this accretion. But here we have the same problem: there is not a single study proving that a (papilloma)virus initiates these genetic changes or chromosomal alterations.

But let's step backwards again and ask: can we really believe the methods of virus detection? As mentioned before, the DKFZ sent us this "wonderful literature

list" in which there are two studies both conducted by zur Hausen et al that they claim serve as proofs for the "first isolation of specific HPV from cervical cancer tissue."[43] [44] "But a closer look into these trials reveals that actually there is no such kind of proof," says Canadian biologist David Crowe. For example, the first of these two papers published in 1983 in the journal *Proceedings of the National Academy of Sciences*: A Papillomavirus DNA from a Cervical Carcinoma and Its Prevalence in Cancer Biopsy Samples from Different Geographic Regions, lacks the following critical issues:

1. It is not clear where the cloned DNA of the presumed virus comes from. But without knowing the origin of the DNA it is impossible to prove that a virus is there.
2. A large number of tumors were screened without success, increasing the possibility that this discovery of one tumor with this DNA is just a coincidence. The cancer establishment is always talking about the "high correlation" between HPV-screening of people suffering from cervical cancer. But it should be noted that particles called HPV are quite common, so to say that HPV is usually found in people with cervical cancer might not mean much.
3. The authors use the term "nonstringent" conditions which probably means that hybridization (formation of base pairs between complementary regions of two strands of DNA that were not originally paired) occurred with less than a perfect match. That is to say, the two DNAs they were using were not identical. "Of course, they will just say that viruses mutate rapidly," Crowe points out. "But this is pure speculation."
4. They extracted DNA and hybridized that with "known" HPV samples—but they got less than a 0.1% match. Because of this they declared that it was a new species, as opposed to declaring that they had pulled out DNA that had nothing to do with HPV at all.
5. So now with this new DNA, with little relation with other HPV DNA, they declare that because it matches 11 out of 18 cervical cancers, it proves that the cervical cancers contain this new HPV. Yet they haven't proved that this is a virus at all!

We approached the DKFZ twice with our points of criticism asking for clarification.[45] But we didn't gat any response.

That rises the important question: Why should a woman undergo a PAP smear or an HPV test supposed to detect papillomavirus-DNA (not even for the detection of the virus itself!) if (1) there is no scientific proof of this virus and (2) even the cancer establishment admits that the papillomavirus does not cause cancer on its own?

Apart from this, critics of the cancer orthodoxy emphasize that the PAP smear test developed in 1928 by the Greek medical doctor George Papanicolaou is practically meaningless. The test just rests on the evaluation of cell changes found in smears taken from the uterine orifices that are said to cause cancer. But this is pure theory, and the test just classifies too many women as being at risk of getting cervical cancer.

Established cancer scientists such as Dürst don't agree and counter that a negative PAP smear test result would suggest unerringly in 99.6% of the cases that a woman did not come down with a precancerosis (tissue alteration that is associated with a higher risk of becoming a malignant degeneration) or cervical cancer.[46]

Sounds very good, but this magnificent promise is qualified if we take a look at the statistics. In Germany, for example, every year around 7,000 women fall ill from cervical cancer, that is to say 0.017% of the 40 million women living in Germany. This means, 99.983% of these women do not develop cervical cancer. In other words, cervical cancer is a very rare disease, and it is very easy to achieve 99.6%-safety, not from the PAP smear test, but from the statistic alone.

Furthermore, the PAP smear test has a high error rate. It happens, for example, very often that sick cells are overlooked because simple inflammations canvas the sight at mutated cells. In one examination at the University of Hanover, the screening-tests yielded 86 suspected cases, but posterior control tests could confirm only 46 of the suspected cancer diagnoses. This is an error rate of almost 50%. Karl Ulrich Petry, gynecologist and one of the leading researchers of the study: "Cervical cancer screening sometimes is like trying to nail 'jello' onto the wall. The collected data is not really reliable."[47]

Nevertheless, in the USA alone, every year around 200,000 women have their uterus removed, many of them to prevent cervical cancer. But in fact only 14,000 American women come down with cervical cancer each year. That is to say, tens of thousand of women in the United States are being operated–or shall we say: garbled–unnecessarily or at least hastily. The reason is that the PAP smear test is not searching for early forms of cervical cancer cells, but for pre-forms which very often degenerate by themselves or stay innocuous.

In 2003 the *British Medical Journal* published a study about the outcomes of screening to prevent cervical cancer. And the results are not encouraging: around 1,000 women need to be screened for 35 years to prevent one death; 150 of these women will receive a stress-causing test result, and 50 women will go through cancer treatment with all its highly toxic side effects. "For each death prevented many women have to be screened and many are treated who would not have developed a problem," writes Angela Raffle, the leading author of the trial.[48] In other words:

There is just no scientific proof for the effectiveness of the screening tests,[49] and their collateral side effects (stress, operation, medication) are more than worrying.

The same holds for the HPV tests, introduced in Europe some years ago. They are considered and promoted to leading to much more reliable and exact cancer check-ups. But the lack of an HP-virus proof alone makes these tests worthless. In addition to this these tests entail the big risk of classifying even more women, who will most likely never get a tumor in their uterus during life, as "endangered" of getting cervical cancer–leading to even more needless operations and medications. In this context let's not forget the fact that only around 0.1% of the women said to be infected with HPV fall ill with cervical cancer–so in consideration of this extremely low "frequency" it remains an enigma how established cancer authorities can speak at all of a high of a connexion between cancer and an HPV.

Nobel laureate for Medicine Sir Frank Macfarlane Burnet warned us against jumping to any conclusions about a potential link between cancer and viruses in 1971, in the book *Genes, Dreams and Realities*:

"In the last dozen years there has been a great concentration of research on the viruses which can produce cancer or leukaemia of mice, hamsters, and chickens. There is no doubt at all about the genuinely malignant character of the tumours which are produced but so far there is no convincing evidence that any human tumour is virus-induced. One must be definite that despite ten years' intensive study the virus theory has established itself as nothing further than speculation. There may be almost a majority of younger cancer research men who think it likely that eventually cancer will be shown to be due to the action of 'slow viruses' which in the great majority of people persist without any visible effect. To me this is an unjustifiable and unscientific act of faith based on a failure to understand the significance of the work on viruses of laboratory animals.

"My great objection to the hypothesis that any human cancer is a direct result of virus infection is my inability to conceive of a selective process in nature that could be equivalent to the laboratory procedure. Considering the extreme rarity of cancer in wild animals I can see no way by which an ability to induce cancer could favour the survival of a virus species. Neither can I see anything in human biology which could have power to evolve human cancer viruses; except by deliberate human effort directed to such an end. I believe we can forget about the possibility of any of the common forms of cancer being of virus origin."[50]

HPV Vaccine: A Possible Disaster for the Next Generation

If we visualize the facts about HPV—no proof for virus detection; no proof for HPV's pathogenicity or for HPV being the primary, let alone single cause of cervical cancer; non-HPV causation omitted; only 0.1% of the so-called HPV-infected women coming down with cervical cancer—one must conclude that the vaccinations entering the market cannot be safe and effective.

All the worse that the US drug approval agency FDA appears to have learned nothing from recent catastrophic disasters due to the agency's approval of unsafe drugs—such as Merck's anti-inflammatory drug, Vioxx. The FDA hastily approved Merck's HPV vaccine "Gardasil" which is designed to prevent cervical cancer and genital warts in sexually active women. However, the vaccine has not been proven safe and effective in clinical trials, either. The trials are being criticized for using a placebo containing aluminum adjuvant (whose adverse reaction profile makes the vaccine appear safer than it is), rather than using a non-reactive saline solution placebo.

Here's how: the vaccine triggered adverse event reports in 90% of the test subjects within 15 days—hardly an indication of safety. However, the controversial placebo formula triggered 85% adverse event reports. How does the FDA know what long-term adverse effects the vaccine might produce?[51] The more so as Gardasil comes along with heavy side effects ranging from reddening and swellings around the injection spot, fever, hives, arthritis,[52] and even death.[53]

It seems as if the medical establishment learned nothing from the disastrous DES (diethylstilbestrol) effects on the daughters of women who took the hormone during pregnancy triggering cancer and genital deformities.[54] This is a particular concern because the HPV vaccine is being promoted for use in girls between 9 and 15 years of age. But the vaccine has never been tested for girls in this age group who are in a most sensitive phase of their development. Vaccinating these girls and young women has to be called negligent. Not least because not even the minimum protecting antibody concentration is known, nor the duration of the protection of the vaccination nor the necessity of booster inoculations.[55]

Sure, the DKFZ and other established cancer institutions never tire of saying that the vaccine's protective effect is 4 to 5 years,[56] but this is nothing more than pure and unfounded speculation that benefits the marketing of a medical substance that is promising very high profits for the pharmaceutical giants making it.

National Vaccine Information Center president, Barbara Loe Fisher, says "Merck's pre and post-licensure marketing strategy has positioned mass use of this vaccine by pre-teens as a morality play in order to avoid talking about the flawed science they

used to get it licensed. This is not just about teenagers having sex, it is also about whether Gardasil has been proven safe and effective for little girls."[57]

Let's not forget that the idea of immune therapy for cancer is 100 years old. Paul Ehrlich already postulated that one can use immunity to fight against cancer. In the April 2005 issue of *Nature Medicine* a trial vaccine is described that for the first time ever is supposed to be able to extend the life expectancy of patients with prostate cancer.[58] But Ehrlich's trial and all other attempts to make a virus-disease out of whatever type of cancer was, are and always will be hopeless ventures.

The reason is as simple as it is evident: "The cancer cell does not contain new genetic material–but the immune system still only recognizes foreign material," as cancer researcher Peter Duesberg points out. "If mutated genes could activate the immune system, then we all would be long dead, because the immune system would kill cells daily en masse. In actuality, ordinary gene mutations are channeled through the body under the 'radar screen' of the immune system. The topic is often revived, but always it turns out to be a false alarm."[59]

If HPV were the cause of cervical cancer, then it must be transferred also from the female partner to the male partner. But even if we assume that the HPV tests indeed measure HPV, it is still fact that HPV is practically not detectable in men, nor does it induce health problems in males. "This speaks strongly against an infectious cause of cervical cancer," says gynecologist Christian Fiala. "Furthermore, a PAP smear test being conducted badly in many cases results in a resection of uterine orifice tissue exactly where the tissue degenerations are. After the tissue is cut out, further degenerations are rarely observed. But if all this is caused by an infection, it couldn't be treated surgically."[60]

When the science becomes politicized–whether from the conservative right or from the liberal left–we cannot trust anything that's being said. Absent scientific evidence demonstrating the safety of the HPV vaccine, there is no guarantee that this will not prove to be a disaster for the next generation. "We can only conclude that we are in the era of post-evidence-based medicine," states Vera Sharav from the Alliance for Human Research Protection in New York. "Our public health policies are not even remotely evidence-based. Rather, our public health policies are faith-based decrees by government 'authorities'–no better than voodoo medicine."

Epilogue

Side Effect-Free Alternatives to Medications and Vaccinations

"Final skepticism.—Lastly, then what are the truth of humans?—
They are the irrefutable falsities of men."[1]
Friedrich Nietzsche
The Gay Science, §265

Even if the medical establishment particularly or exclusively recommends vaccines and antiviral medicines in the fight against disease like the flu,[2] "the determinants of health lie in large part outside the medical system," writes Thomas McKeown, professor of social medicine, in his work *The Meaning of Medicine*.[3] The only effective way to combat influenza or other diseases (baselessly connected to viruses), while also safeguarding our hearts, lungs, livers and brains, is to strengthen our immune systems.

This unquestionably includes avoiding contact with chemical toxins. But in our virus mania, more than 100,000 industrial chemicals are disregarded as culprits. They exist, everywhere, whether in children's toys, computers, textiles, cosmetics, electronic appliances or foods. And most of these substances have never been rigorously tested to investigate how much damage they can do to human health and nature as a whole, in the short and long term.[4] [5]

Children already have a dangerous cocktail of chemicals in their blood: a mixture of potentially highly dangerous substances, which little by little can accumulate dangerously in the body.[6] Where are the health authorities that, for example, stand up for a "War on Toxins", willing to liquidate hundreds of billions in assets, and—following the precautionary principle—prohibit chemicals when their harmlessness has not been scientifically proven?

The same question crops up with genetically modified foods, without which the world has done just fine for billions of years. Why, then, should this be any different today? Ultimately, they only serve to secure profits for agricultural and foodstuff groups. But scientific investigations show they hold potential dangers that nobody can really estimate. In late 2005, the Australian Commonwealth Scientific and Research Organization (CSIRO) broke off their experiments with genetically

modified peas after test mice had serious reactions (particularly with lung diseases). It could "absolutely" be assumed that something in the peas had compromised the immune system, says Thomas Higgins, assistant director of the CSIRO.[7]

Earlier, experiments with rats fed MON863, a genetically altered corn, had shown that MON863 led to alterations in blood count and the animals' organs. By early 2006, the EU had still not succeeded in achieving a majority against the controversial foodstuff's approval.[8] But, MON863 has already been authorized as animal feed throughout the EU.[9]

Unfortunately, avoiding such toxic substances won't be easy. This is all the more reason to do as much as you can to keep your health up to scratch for as long as possible. In this respect, much too little attention is still paid to the intestine. We have already addressed this, but here we would like to do it again, for its "significance to the human body is still often underestimated," writes Wolfgang Kruis, medical professor and intestinal expert in Cologne. With its 200 m^2 large, microbe-saturated intestinal flora, the intestine presents by far the largest immune system in our bodies.

Just how fit this intestinal flora is, is in turn influenced by a whole range of factors–for instance, to what degree and over what period we expose our bodies to stress, lack of exercise, toxic drugs like cigarettes and alcohol, and above all poor nutrition.

In general, nutrition is attributed a central role. Consumption of too much meat, fish, cheese, white bread and refined sugars can cause vitamin deficiencies and produce numerous diseases, including many flu-like symptoms such as headaches or sinus infections, lack of drive, bone atrophy and depression. Often, too few enzymes–the "ignition sparks of life"–are ingested, something that can compromise numerous body functions and also weaken the immune system. Every human organ, tissue and cell functions with the assistance of enzymes. Eating, sleeping, thinking and even feeling are accompanied by enzyme activity.

There are said to be 40,000 of these protein molecules. We produce some of them ourselves, but many must be consumed through food. And many environmental toxins act as enzyme inhibitors, like carbon dioxide or heavy metals like mercury and cadmium. Above all, enzymes are extremely heat-sensitive. At 45 degrees, they lose their effects. This means that in cooked foods and also in pasteurized and processed foods, there are no more effective enzymes. They should best be consumed in the form of fresh fruit and vegetables.

Selenium or zinc deficiencies can often exist, which are likewise associated with damage to the immune system. Plenty of selenium is found in coconuts (810 micrograms or µg per 100 g or 3.53 oz.), for instance, while Brazil nuts contain a lot of zinc (4,000 micrograms or µg per 100 g or 3.53 oz.). Eating whole foods, and

even better, having a holistic view (instead of pill-popping), is sure to set the immune system on the right path. "Let's say we knew all the contents of a pear," writes Angelika Langosch in her dissertation: Influence of Nutrition, Particularly Raw Foods, on Intestinal Flora and Infection Defense. "Then, the respective amounts of all these ingredients would merely produce a mixture of these substances in a watery solution, but not a pear. A food is more than the sum of its parts."[10]

The idea that what nature has provided us with could be replaced by preparations like vitamin, mineral and enzyme tablets, artificial flavorings, designer food from the chemistry labs and a few laxatives, as well as artificial air from the air conditioner and a sedentary life spent in automobiles and in front of computer and televisions, ultimately only helps to secure the profits of various giant corporations. These things do not make us healthy. If this were true, then there wouldn't be so many sick people--and affluent societies are primarily affected by chronic diseases like allergies, diabetes, heart disease, osteoporosis and cancer.[11] In contrast, diseases like cancer are virtually unknown in wild animals, even in elephants, which have approximately the same life expectancy as humans, or in whales, which can live for more than 200 years.[12]

The idea that artificial products could replace nature and maintain or even manufacture health is merely due to a Cartesian worldview (tracing back to René Descartes, 1596 - 1650), in which the "modern" individual's thoughts are ensnared. Ultimately, this viewpoint reduces living beings to machines that can be fueled artificially, with pills thrown in from time to time, and, if necessary, rigged with substitute replacement parts.

"And so we carry over principles that have been successfully applied to inanimate nature to living beings," writes McKeown. "This model would long have been rejected if it seriously contradicted experience"--if humanity, then, finally realized it had come to a false conclusion. We mistakenly believe that the "retreat of infectious diseases--the main reason for improvements in public health--is substantially due to advances in medical science,"[13] as McKeown point out. In truth, the "vast improvement to public health [only] profited a little from the contributions of science and technology. Instead, the advances can be traced to simple but momentous everyday discoveries": for instance, increases in food production through conservation of soil fertility, or hygiene improvements.[14]

Reports on certain primitive peoples also show that one can live very healthily without the blessings of the pharmaceutical industry. In his diary, the Frenchman Jean de Léry admiringly recounts the "wild Americans" with whom he lived in the mid-16th century, in what is now Brazil:

"They are a great deal healthier than us [Europeans] and suffer less from diseases. It is very rare to see lame, one-eyed, or deformed people among them. Not few of

these people attain an age of one hundred to 120 years, and only a few have white or even grey hair."[15] Léry is praised by specialists for the objective style of his descriptions. The famous ethnologist Claude Lévi-Strauss even paid him the compliment of the modern scholar in his book *Tristes Tropiques*.[16]

Besides Léry, all of the 16th century's other travelers were downright amazed at the vivid beauty and stable health of the native men and women, who cultivated a totally simple lifestyle and ate natural foods (so unlike ours today which, thanks to over-industrialized chemical farming often taste like cardboard and are deprived of important nutrients). Léry gushed poetically about the pineapples grown in the wilderness, whose strong strawberry scent "one could already smell from afar" and which "melt in your mouth and are naturally so sweet that they cannot be bettered by any of the jams we usually have in Europe."[17]

And so the people of the Renaissance ultimately observed with amazement that their own antique ideal had found its realization overseas in these native men.[18]

In our overmedicated, high-tech and overworked society, the idea that health can be easily had without the medical and food industries with their medicines, vitamin pills and dietary supplements may sound strange for many of us nowadays. And one might wonder: if everything that politicians, researchers and journalists sell us as truth is actually false, how could all the mistakes go undiscovered for so long? Shouldn't the conclusions outlined in this book have gone off like a bomb a long time ago?

The primary reason this has not happened is that it's too simple for many people to imagine. Intelligent researchers have chosen to overlook it for decades. It is too shocking for us to believe that we've been lied to by the very people charged with safeguarding our health. Above all, none of them are interested in these simple pursuits. Doctors would have to go on a totally different path in order to achieve fame and honor (or abandon such a goal altogether and change their definition of success). Medical statisticians would be sawing off the very branch on which they perch. Pharmaceutical companies would have to completely overhaul their bottom line-obsessed industry and actually invest resources in developing effective medications instead of ones that do nothing, harm or even kill.

Ultimately, the only individuals who would profit from this would be patients. But first, they have to educate themselves and take back control of their own bodies.[19] And with this book, we hope we can make a contribution to this pursuit–for a better, more peaceful and healthier future for our beloved planet and all its habitants.

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Chapter 2
The Microbe Hunters Seize Power

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Chapter 3
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Chapter 8
Cervical Cancer and Other Vaccinations: Policy vs. Evidence

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Epilogue
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Praise for *Virus Mania*

„This book has been written with the care of a master-craftsman, courageously evaluating the medical establishment, the corporate elites and the powerful government funding institutions. It is the result of expert knowledge and great attention to details. I edit standard medical textbooks, so I esteem the decades of efforts required to research and write a book like this."

— Wolfgang Weuffen, MD, Professor of Microbiology and Infectious Epidemiology

„I have been so riveted reading this book that once, while standing on a platform of a major train station, I didn't even notice the intercity train stop right in front of me and then go on without me. The authors are absolutely right in saying that the virus hunters and the media tend to push unfounded medical theories and sensationalized news based on the seesaw formula of hype and hope. Thereby, the CDC and the RKI snatch research funds worth billions of dollars, while the pharmaceutical industry generates giant profits, among them Tamiflu maker Roche. This book is an important contribution against such dangerous stultifications."

— Sievert Lorenzen, DSc, Professor of Zoology

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Trafford PUBLISHING

ISBN 14251146?-?

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