

Exploding the Spanish Flu Myth

By [Health Freedom Defense Fund](#)

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Who controls the past controls the future: who controls the present controls the past.
—George Orwell, "1984"

Type "Spanish Flu pandemic of 1918" into any search engine or head to your local library to research historical references on the topic and you'll inevitably and universally get a story that goes something like [this](#):

The Spanish flu pandemic of 1918-1919 was the deadliest pandemic in world history, infecting some 500 million people across the globe—roughly one-third of the population—and causing up to 50 million deaths, including some 650,000 deaths in the United States alone. The disease, caused by a new variant of the influenza virus, was spread in part by troop movements during World War I. With no vaccines or effective treatments, the pandemic caused massive social disruption: Schools, theaters, churches and businesses were forced to close, citizens were ordered to wear masks and bodies piled up in makeshift morgues before the virus ended its deadly worldwide march in early 1920.

Conventional explanations [found](#) in the standard literature are perfunctory, uniform and lacking in forensic analysis of causal factors for this cataclysmic historical event.

The immortalized history of the [improperly named](#) "Spanish Flu" is regularly used like a sword of Damocles as justification for all manner of government health policy responses - "If we don't do X we may see the horrors of the Spanish Flu again."

The story of an alleged pathogen sweeping across the globe and causing a mass death event has been ingrained in the public psyche through generational repetition and is now uncritically accepted despite numerous inexplicable anomalies in the official narrative.

When looked at without pre-established sentiments the entire story of this cataclysmic health catastrophe being caused by some microscopic superbug seems rather unreasonable.

When looked at in the context of the devastation produced by World War 1, with the backdrop of a nascent [Pharmaceutical/Chemical Industry](#) in search of its raison d'être, this seminal human catastrophe develops a logical coherence that defies the standard assumptions of infectious disease.

This rapidly expanding scientific and medical industry, being [assembled](#) by the wealthiest men in the world, stood in direct opposition to research that investigated the relationship of social factors to health and disease. Instead, resources would be focused only on chemistry, pathology, bacteriology, physiology and pharmacology, ignoring the impact of the mental, emotional, social, economic, and physical environment on disease and health.

The Conditions of World War I

The trench was a horrible sight. The dead were stretched out on one side, one on top of each other six feet high. I thought at the time I should never get the peculiar disgusting smell of the vapour of warm human blood heated by the sun out of my nostrils. I would rather have smelt gas a hundred times. I can never describe that faint sickening, horrible smell which several times nearly knocked me up altogether. —[British Captain Leeham](#)

Fighting in [World War I](#) went from July 1914 – November 1918 and took place throughout Europe, the Middle East, Africa, the Pacific, and parts of Asia, resulting in one of the deadliest wars in history.

Multiple distinguishing and brutal features of World War 1 turned the conditions of everyday life into an environment where death, destruction and rampant illness became normal features of life for millions of people, particularly for the young men involved in the violent battles.

A distinctive characteristic of WW 1 was the [extensive use of animals](#) such as horses, mules and camels. Getting such a large number of animals to the battlefield entailed a colossal project of logistics and mass transport.

The US alone transported around 1 million animals across the Atlantic Ocean in boats with horrible ventilation. These animals were traveling long distances in a high humidity environment and were malnourished- many perished from the rigors and deprivations of this long-distance maritime journey. The death of the animals during transport would become known as “the shipping flu.”

Troops that were being transported on the same ships were suffering from the same stressful and unsanitary conditions.

Another distinguishing and severe feature of WW1 was [trench warfare](#) in which soldiers lived their lives in a world of mud, death and despair. Soldiers in the trenches lived in a constantly cold and damp environment, eating canned food and drinking dirty water to survive. The trenches themselves were unsanitary trash dumps of ammunition boxes, empty cartridges, soiled bandages, shrapnel balls, bone fragments and the assorted detritus of war.

Soldiers fighting in close proximity in these unsanitary conditions were commonly subject to diseases such as dysentery, cholera and typhoid fever. Soldiers in the trenches were plagued by sore throats, colds, flu, lice infested clothing which caused 'trench fever' and typhus and suffered from exhaustion and sores as regular aspects of their lives.

Effectively trapped in the trenches for long periods of time, under nearly constant bombardment, many soldiers suffered from post-traumatic stress disorder (PTSD). The soldier's physical and mental health were severely impacted by these conditions while medical facilities were far from the front lines and mental health support was nonexistent. The devastating effects of the war on the human psyche and body would create conditions which would foster immediate and lasting breakdown of all facets of the human condition.

The trenches on the Western Front would become poisonous pits as soldiers fell victim to [gas attacks](#) as early as 1915.

Chemical/Gas Warfare

When the gas attack was over and the all clear was sounded I decided to go out for a breath of fresh air and see what was happening. But I could hardly believe my eyes when I looked along the bank. The bank was absolutely covered with bodies of gassed men. Must have been over 1,000 of them. And down in the stream, a little bit further along the canal bank, the stream there was also full of bodies as well. —British sapper, [Lendon Payne](#)

Perhaps sitting at the top of the list of overwhelming assaults on biological and environmental systems pertaining to WW1 was the radical new chemical and gas warfare that was used extensively by all forces in the European war theater.



Seattle policemen wearing cloth face masks handed out by the American Red Cross during the Spanish flu pandemic, December 1918 (From the Public Domain)

The following excerpts come from the [Leavenworth Papers](#), “Chemical Warfare in World War 1: The American Experience, 1917-1918.” This lengthy paper gives insights into the widespread usage of chemical warfare and vivid accounts of its devastating impacts:

The war gases [sic] and chemicals were grouped according to their effects on the human body. The most widely used by both sides, the one that had the most harmful and deadly effects, was mustard gas. It was said to be responsible for 1,205,655 non-fatal injuries and 91,198 deaths.

Strictly speaking, mustard gas is not a gas, but a liquid, which slowly evaporates at normal ambient temperatures.

“The person felt no discomfort when exposed to the gas but hours later, would experience choking, severe burning, and mucosal blistering. Mustard gas penetrated all types of ‘protective’ clothing and was remarkably persistent over time in the environment – soil, leaves, and grasses.” [Bold Added.]

“With the use of heavy artillery, soldiers didn’t have to rely on the direction of the wind to deliver the payload correctly or rely on ‘direct hits’ to be effective. For example, in May 1916 they began to use shells filled with diphosgene, a strong lung irritant.” [Bold Added]

“By July 1917, both sides were using three different mixtures of phosgene, diphosgene, and diphenylchlorosine, a chlorine powder laced with arsenic dust. In field trials, arsenic powder proved extremely effective because it penetrated all types of filters used in the rudimentary masks. But it was the “Yellow Cross” (mustard gas) that gave the Germans a distinct advantage in chemical warfare. When mustard gas was coupled with explosives, it spread over wide areas and remained airborne for an extended time.” [Bold Added]

As [noted](#) in the Leavenworth Papers attempts at personal protection were nominal and ineffectual resulting in large numbers of casualties and mass poisonings:

On 6 April 1917, when the U.S. declared war on Germany, the Army not only lacked defensive equipment for chemical warfare, but also had no concrete plans to develop or manufacture gas masks or any other defensive equipment.

While impossible to accurately assess the total amount of poison gasses and toxic chemicals that were used in WW1, much of the European continent was bombarded and saturated for three years with heavy doses of these toxic and persistent compounds.

A Strange Blue Flu

One of the oft-cited symptoms of the Spanish Flu, different from all other flus before and since, was a strange bluish-gray discoloration of the skin. It was [noted](#) that as victims lungs would fill with fluid their skin would turn grayish-blue.

When cadavers were examined and the [cause of death](#) registered, victims who died

suddenly and had a bluish-purple discoloration to their lips or skin were automatically registered as having died from the Spanish Flu.

Another [unique feature](#) of this flu's clinical profile was how the victims could die within hours or days of developing symptoms, their lungs filling with fluid causing them to suffocate.

While these extraordinary symptoms don't fit the classical [clinical profile](#) of the flu, they do fit descriptions of chemical warfare during WW1.

Witness [accounts](#) of chemical attacks describe French soldiers, "stumbling off the battlefield blinded, coughing, chests heaving, faces an ugly purple color, lips speechless with agony."

Another [report](#) by a British soldier described survivors of a poison gas attack: "Complexion here was an ashen blueish grey, the expression most anxious and distressed with the eye-balls staring, and the lids half closed. Respiration was extremely laboured and noisy with frequent efforts to expel copious amounts of tenacious yellowish green frothy fluid which threatened to drown them, and through which they inhaled and exhaled air into and out of their lungs with a gurgling noise."

An Unusual Flu That Kills the Young and Strong and Spares the Old

The illness traditionally designated as 'the flu' has historically been noted to place certain groups at higher risk of developing serious complications if afflicted. At the [top of this list](#), as it is with most illnesses, are older adults. Oddly, this was not the case with the Spanish Flu.

Unique to all of epidemiological history the Spanish Flu was [said](#) to have an "unprecedented age-specific mortality pattern, in which *young adults* were at extraordinarily high risk of dying, a feature not observed in influenza outbreaks before or since." [*Emphasis added*]

The [mortality profile of the 1918 epidemic](#) was exceptional in many ways. The age-specific mortality pattern for this flu was radically different from the traditional U-shaped patterns, meaning high mortality in the very young and the very old, and low mortality in the in-between age groups, as seen in all previous influenza outbreaks.

In contrast with past influenza mortality patterns the Spanish Flu produced a peculiar W-shaped mortality age profile, meaning that the age groups 15-24, 25-34, and 35-44, experienced the highest rates of mortality.

Also of [note](#) is that the male death rates for influenza in 1918 far exceeded the female death rates among adults.

This depicted an unprecedented age-specific mortality pattern, in which young adult males were at extraordinarily high risk of dying, a feature not observed in influenza outbreaks before or since.

The young males who were most severely impacted by this ostensible illness were by and large precisely those who were [involved](#) in WW1 combat, "The first of three waves hit soldiers in France early in 1918. But the flu soon spread from there, in two subsequent and far more virulent waves, to sicken soldiers and civilians almost everywhere."

Explanations for these uncanny deviations from all known medical history were perfunctory, insufficiently explained and usually came with [qualifiers](#), "Elders may have acquired

immunity from exposure to a previous flu outbreak” or “The less than predicted mortality in the elderly [conceivably](#) could be attributed to 19th century exposure either to then-prevalent influenza A viruses containing H1 or N1 surface proteins.”



Public health recommendations from the Illustrated Current News (From the Public Domain)

Another stab at explaining away this mortality mystery [suggested](#), “the disproportionate increase in frequency of secondary bacterial pneumonias in healthy young adults might be an additional manifestation of viral virulence associated with differential host immune responses.”

With no definitive explanations ever offered some experts would [admit](#), “The extreme virulence of the fall wave has never been explained”, while obliquely suggesting, “Both the nature of the virus itself and accompanying bacterial pneumonias may be involved.”

In 2008 [researchers](#) at the National Institute of Health (NIH) concluded that bacterial pneumonia was the killer in 92% of the autopsies of those who died of so-called “Spanish flu” between 1918 and 1919. Their research looked at 8,398 autopsies from 15 countries. Virtually all of the lung tissue examinations showed, “compelling histologic evidence of severe acute bacterial pneumonia, either as the predominant pathology or in conjunction with underlying pathologic features now believed to be associated with influenza virus infection,” including damage to the bronchial epithelium.

Ignored in this profusion of conjecture, research and speculation were the concrete realities of the mass amounts of toxins, stressors and non-stop biological assaults being confronted on a daily basis by the group most heavily afflicted by this mysterious flu.

No matter how obvious it was that the victims of this alleged disease were under the most violent of assaults in multiple ways, officialdom only allowed for ‘the pathogen’ to be considered as the explanation for these illnesses and deaths.

The Military Vaccine Campaign

As everyone 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. —Annie Riley Hale, [“The Medical Voodoo”](#)

Between Jan. 21 and June 4 of 1918, Dr. Frederick L. Gates [reported](#) an experiment in which soldiers at Camp Funston located at Fort Riley in Kansas. were given three doses of a bacterial meningitis vaccine.

[Fort Riley](#) was a massive complex which housed 26,000 men, a place where soldiers complained of “bone-chilling winters, sweltering summers and blinding dust storms.”

Living alongside the soldiers were thousands of horses and mules that produced nine tons of manure each month. The method of manure disposal was to burn it, sending the burning manure into the driving wind.

While up for [debate](#), Fort Riley is considered by “official” sources as the most likely site of the [origin](#) of the historic ‘influenza pandemic’ of 1918, later called the Spanish Flu.

The experimental vaccines given to the soldiers were dosages of a vaccine serum derived from horses. The vaccine used was made in the laboratory of The Rockefeller Institute.

Soon thereafter, the vaccine would be offered by the Division Surgeon to the camp at large.

On the morning of March 4 Private Albert Gitchell of the U.S. Army [reported](#) to the hospital at Fort Riley, Kansas, “complaining of the cold-like symptoms of sore throat, fever and headache.”

Right behind him came Corporal Lee W. Drake voicing similar complaints.

[By noon](#), camp surgeon Edward R. Schreiner had over 100 sick men on his hands, all apparently suffering from the same malady.

The Gates’ report chronicled near immediate illnesses suffered by the injected troops:

“Careful inquiry in individual cases often elicited the information that men who complained of the effects of vaccination were suffering from mild coryza, bronchitis, etc., at the time of injection.”

“Sometimes the reaction was initiated by a chill or chilly sensation, and a number of men complained of fever or feverish sensations during the following night. Next in frequency came nausea (occasionally vomiting), dizziness, and general “aches and pains” in the joints and muscles, which in a few instances were especially localized in the neck or lumbar region, causing stiff neck or stiff back. A few injections were followed by diarrhea. “

“The reactions, therefore, occasionally simulated the onset of epidemic meningitis and several vaccinated men were sent as suspects to the Base Hospital for diagnosis.”

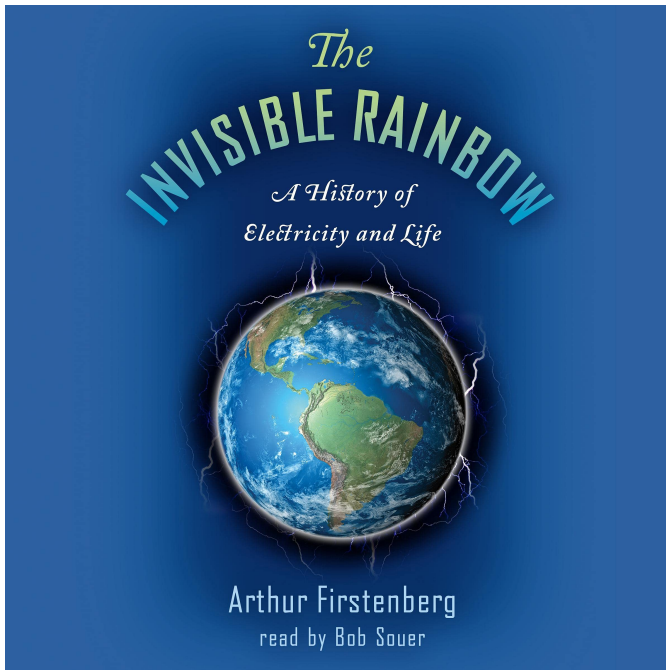
The Rockefeller Institute triumphantly [stated](#) that they had formulated three different kinds of what they called “curative serums” and that these serums, antimeningococci, antipneumococcic Type I, and antidysenteric (polyvalent)”, were manufactured in large

quantities.

Use of these experimental injections was not unique to the United States as noted by The Rockefeller Institute, which boasted that *before* the United States entered the war they had, “resumed the preparation of antimeningococcic serum, in order to meet the requests from England, France, Belgium, Italy, and other countries.”

Of Electromagnetic Poisoning and the Rosenau Experiments

In Arthur Firstenberg’s groundbreaking [book](#), “The Invisible Rainbow: A History Of Electricity And Life”, he examines the impacts of electricity and its interaction with living organisms.



Firstenberg’s seminal work suggests a wide range of illnesses and metabolic disorders can be attributed to exposures to pulsed and alternating electromagnetic fields in the environment which interfere with electric currents used by our biological systems.

A distinct feature of the late 19th century and early 20th century was the mass electrification of urban areas. This period saw the emergence of the first stray currents to which living beings were exposed and saw the initial appearance of diseases such as [neurasthenia](#).

Some have [suggested](#) that this mass electrification program, accelerated during WW1 as governments installed antennas which created strong radio signals, was yet another contributing factor to the innumerable maladies that impacted soldiers during this time.

In 1918 researchers for the Public Health Service and the U.S. Navy [conducted](#) human experiments in order to determine the cause of the Spanish flu and the reason for what was thought to be its extraordinary contagious qualities.

Milton J. Roseneau supervised this landmark study, “Experiments to Determine Mode of Spread of Influenza,” which was [published](#) in the Journal of the American Medical Association in 1919.

The experiments were conducted at Gallops Island, the quarantine station in Boston Harbor.

Quoting directly from the study:

“The experiment began with 100 volunteers from the Navy who had no history of influenza. Rosenau was the first to report on the experiments conducted at Gallops Island in November and December 1918.

His first volunteers received first one strain and then several strains of Pfeiffer’s bacillus by spray and swab into their noses and throats and then into their eyes. When that procedure failed to produce disease, others were inoculated with mixtures of other organisms isolated from the throats and noses of influenza patients.

Next, some volunteers received injections of blood from influenza patients. Finally, 13 of the volunteers were taken into an influenza ward and exposed to 10 influenza patients each.

Each volunteer was to shake hands with each patient, to talk with him at close range, and to permit him to cough directly into his face.

None of the volunteers in these experiments developed influenza. Rosenau was clearly puzzled, and he cautioned against drawing conclusions from negative results.” [Bold added.]

In the JAMA article Roseneau concluded:

As a matter of fact, we entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease. [Emphasis added]

A companion [study](#) done at the same time at Angel Island in San Francisco produced similar negative results. Both studies concluded that what was considered to be one of the most contagious of communicable diseases in history could not be transferred under experimental conditions.

As well as challenging the contagion orthodoxy the results of the Roseneau experiments repudiate yet another pillar of the Spanish Flu mythos.

Conclusion

The Spanish Flu horror story has been planted in the collective consciousness and few have taken the time to inspect its veracity. When brought to our attention the story is always broadcast as an apocalyptic health disaster caused by an otherworldly and fatal microbe and this is accepted as an incontrovertible truth.

While debates around the margins are allowed, those come with an unspoken contract that there must remain an intractable belief in the fundamental “truths” of the prevailing narrative.

How many did ‘It’ actually kill? Was it 20 million? Was it 50 million?

Where did ‘It’ originate? From a US military base? From France? From China?

How exactly did 'It' spread so widely and quickly? Did 'It' move through the population through train travel? Was it due to massive military movements?

What was so unique and deadly about *this* pathogen? Was 'It' enhanced with novel deadly features? Was the antigenic composition particularly virulent?

These types of questions are allowed and, circa 2024, all too familiar.

What's not allowed is to question the core assumptions of this earth shaking historical event- even if those assumptions defy all logic.

What's emphatically not to be questioned is that 'It' actually existed. What's demanded by the established order is that all other plausible explanations are dismissed from the outset.

What's not to be considered is the possibility that this tragedy has been completely mischaracterized.

So if not a unique pathogen that spread like wildfire across the globe, what did kill all these people?

A look at history books and statistics shows that epidemics always developed where human biological systems had been weakened, primarily due to lack of food and water, poor sanitary conditions, toxic overload and immense social stressors. This description defines the world of 1918 and the social conditions of "The Great War."

Deconstructing these social conditions leads to a fistful of profound questions surrounding the established history of the Spanish Flu.

How was it that *this flu and only this flu* ambushed young healthy adults and not young children and older adults with weaker systems?

How was it that *this flu and only this flu* turned people's faces blue, their lips purple and caused people to collapse within a matter of hours, and even dying the same day?

Is it such a stretch to believe that thousands of tons of war chemicals including chlorine gas, phosgene, mustard gas and thirty-odd other chemicals released into the environment during three years of daily explosions would create the conditions that would lead to biological breakdown and mass fatalities in both the short and long-term?

What about the training for chemical warfare and exposure to these chemicals and the harm these men incurred as a result of this exposure even before landing on the battlefield?

Is it really a controversial belief that thousands of tons of explosives used to send millions of pounds of toxic liquids and poisonous gasses into the air across an entire continent would create an environment that would create mass casualties?

Is it revisionist history to ask basic questions about how often the soldiers were able to bathe and change clothes in order to get the toxic residues off of their bodies?

Is it preposterous to point out that chemical residues remain in the lungs and in the environment for prolonged periods and will inevitably cause lethal outcomes?

Wouldn't it be logical to consider maritime transportation issues for soldiers, animals and

goods during WW1, where soldiers were crammed together on ships with lots of horses and mules in very humid conditions, horrendous sanitary conditions, onerous nutritional deficiencies, limited hygienic repositories for human and animal waste? Wouldn't these conditions be a guaranteed recipe for disease, including respiratory problems?

Is it really far-fetched to suggest that using millions of soldiers in crude experimental mass injection campaigns might have had detrimental, even deadly, outcomes for the subjects?

Is it really so fantastical to mention that socially and economically devastated towns and cities in physically devastated areas throughout Europe would create the perfect conditions for disease?

Is it forbidden to ask how it was that the 'global pandemic' ended and the alleged illness "mysteriously" disappeared at the same time WW1 ended?

Is it really unreasonable to suggest that the primary cause of deaths attributable to the Spanish Flu was all things related to WW1 and not a pathogen?

Now more than ever it's important to pursue these questions, to have knowledge of this history, and to get that history right in order to understand the verifiable origins of the event and who the false narrative serves.

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Featured image: Beds with patients in an emergency hospital in Camp Funston, Kansas, in the midst of the influenza epidemic. (From the Public Domain)

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