

H1N1 Pandemic: Pentagon Planning Deployment of Troops in Support of Nationwide Vaccination

Militarization of public health in the case of emergency is now official

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In-depth Report: [THE H1N1 SWINE FLU PANDEMIC](#)

Related Article: Michel Chossudovsky, [Martial Law and the Militarization of Public Health: The Worldwide H1N1 Flu Vaccination Program](#), Global Research, July 2009.

According to CNN, the Pentagon is “to establish regional teams of military personnel to assist civilian authorities in the event of a significant outbreak of the H1N1 virus this fall, according to Defense Department officials.”

“The proposal is awaiting final approval from Defense Secretary Robert Gates.

The officials would not be identified because the proposal from U.S. Northern Command’s Gen. Victor Renuart has not been approved by the secretary.

The plan calls for military task forces to work in conjunction with the Federal Emergency Management Agency. There is no final decision on how the military effort would be manned, but one source said it would likely include personnel from all branches of the military.

It has yet to be determined how many troops would be needed and whether they would come from the active duty or the National Guard and Reserve forces.

Civilian authorities would lead any relief efforts in the event of a major outbreak, the official said. The military, as they would for a natural disaster or other significant emergency situation, could provide support and fulfill any tasks that civilian authorities could not, such as air transport or testing of large numbers of viral samples from infected patients.

As a first step, Gates is being asked to sign a so-called “execution order” that would authorize the military to begin to conduct the detailed planning to execute the proposed plan.

Orders to deploy actual forces would be reviewed later, depending on how much of a health threat the flu poses this fall, the officials said.” (CNN, [Military planning for possible H1N1 outbreak](#), July 2009, emphasis added)

The implications are far-reaching.

The decision points towards the militarization of civilian institutions, including law enforcement and public health.

A nationwide vaccination program is already planned for the Fall.

The pharmaceutical industry is slated to deliver 160 million vaccine doses by the Fall, enough doses to vaccinate more than half of America's population.

The Pentagon is already planning on the number of troops to be deployed, with a view to supporting a mass vaccination program.

It is worth noting that this involvement of the military is not being decided by the President, but by the Secretary of Defense, which suggests that the Pentagon is, in a key issue of national interest, overriding the President and Commander in Chief. The US Congress has not been consulted on the issue.

This decision to mobilise the Armed Forces in the vaccination campaign is taken *in anticipation of a national emergency*. Although no national emergency has been called, the presumption is that a national public health emergency will occur, using the WHO Level 6 Pandemic as a pretext and a justification.

Other countries, including Canada, the UK and France may follow suit, calling upon their Armed Forces to play a role in support of the H1N1 vaccination program.

US Northern Command

Much of the groundwork for the intervention of the military has already been established. There are indications that these "regional teams" have already been established under USNORTHCOM, which has been involved in preparedness training and planning in the case of a flu pandemic (See [U.S. Northern Command - Avian Flu](#), USNORTHCOM website).

Within the broader framework of "Disaster Relief", Northern Command has, in the course of the last two years, defined a mandate in the eventuality of a public health emergency or a flu pandemic. The emphasis is on the militarization of public health whereby NORTHCOM would oversee the activities of civilian institutions involved in health related services.

According Brig. Gen. Robert Felderman, deputy director of USNORTHCOM's Plans, Policy and Strategy Directorate: "USNORTHCOM is the global synchronizer - the global coordinator - for pandemic influenza across the combatant commands"(emphasis added) (See Gail Braymen, [USNORTHCOM contributes pandemic flu contingency planning expertise to trilateral workshop](#), USNORTHCOM, April 14, 2008, See also USNORTHCOM. [Pandemic Influenza Chain Training \(U\) pdf](#))

"Also, the United States in 1918 had the Spanish influenza. We were the ones who had the largest response to [a pandemic] in more recent history. So I discussed what we did then, what we expect to have happen now and the numbers that we would expect in a pandemic influenza."

The potential number of fatalities in the United States in a modern pandemic

influenza could reach nearly two million, according to Felderman. Not only would the nation's economy suffer, but the Department of Defense would still have to be ready and able to protect and defend the country and provide support of civil authorities in disaster situations. While virtually every aspect of society would be affected, "the implications for Northern Command will be very significant."

"[A pandemic would have] a huge economic impact, in addition to the defense-of-our-nation impact," Felderman said. The United States isn't alone in preparing for such a potential catastrophe. (Gail Braymen, op cit)

Apart from the CNN dispatch and a FOX news report, there has been virtually no mainstream press coverage of this issue. No statement has been made by USNORTHCOM. The Fox New Report suggests that US troops would be involved in organising military quarantines (see videoclip below).

We invite our readers to review Global Research's News Highlight Dossier: [H1N1 Swine Flu Pandemic Dossier](#). The latter contains a collection of articles and analytical reports.

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Addendum.

The US military has for some years been involved in Influenza Surveillance, in collaboration with partner Armed Forces in different countries. The Pentagon is also in liason with the Atlanta based CDC. The US military is actively involved in laboratory based activities internationally with partner Armed Forces. The following report is of particular relevance to the Pentagon's potential role in a H1N1 Vaccination Program. According to the Institute of Medicine, quoted by Health Insurance Law Weekly:

"The DoD-Global Emerging Infections System, through its avian influenza/pandemic influenza activities at the [DoD] overseas laboratories and headquarters, has contributed greatly to the development of laboratory and communications infrastructures within partner countries. Beneficial effects can be seen from current DoD-GEIS efforts in 56 countries to assist its public health partners in building capacity through training and support of laboratory and communications infrastructures."

Writing in the article, Col. James Neville, MD, MPH, of the US Air Force School of Aerospace Medicine, Brooks City-Base, Texas, and colleagues state, "During seven complete influenza seasons, the DoD Global Laboratory-Based Influenza Surveillance Program...coordinated and expanded influenza surveillance efforts among the uniformed services and with DoD partner nations overseas, and operated in concert with WHO and CDC programs. As a result, the DoD and other global communities benefited from improved surveillance and expanded influenza laboratory and epidemiologic capability. The generated data and information supported timely, informed decision making in response to threats, expanded the data set used to select the components for seasonal influenza vaccines, and provided candidate seed viruses for possible use in influenza vaccines used worldwide."

In a commentary in the same issue, Dr. Patrick W. Kelley, MD, DrPH, of the

Institute of Medicine, The National Academies, notes that, “The somewhat unexpected emergence of novel H1N1 in Mexico, rather than in the anticipated Asian setting, highlights a lesson learned about the need for comprehensive global influenza surveillance. This is a lesson that geographically diverse foreign military health systems may be well-positioned to help address.”

He continues, “The success of the US DoD system, and the particular epidemiologic characteristics of military populations and military health systems, suggest that global influenza surveillance and response could be more comprehensive and informative if other military organizations around the world took advantage of their comparative organizational advantages to emulate, extend, and institutionalize the US DoD approach.”

The article is “Department of Defense Global Laboratory-Based Influenza Surveillance: 1998-2005” by Angela B Owens, MPH; Linda C Canas, BS; Kevin L Russell, MD, MTM&H; James Neville, MD, MPH; Julie A Pavlin, MD, PhD, MPH; Victor H MacIntosh, MD, MPH; Gregory C Gray, MD, MPH; and Joel C Gaydos, MD, MPH. The commentary is “A Commentary on the Military Role in Global Influenza Surveillance” by Dr. Patrick W Kelley, MD, DrPH. Both appear in the American Journal of Preventive Medicine, Volume 37, Issue 3 (September 2009) published by Elsevier. (Health Insurance Law Weekly, August 2, 2009)

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