

Is the U.S. Military Manufacturing Ebola Vaccines to Be Tested on its Soldiers to “Advance US Ability to Wage War”?

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At the beginning of August 2014 Bloomberg published an article about the “promising hopes” tobacco plants offer “for developing an effective treatment for the deadly Ebola virus”:

Tobacco plant-derived medicines, which are also being developed by a company whose investors include Philip Morris International Inc., are part of a handful of cutting edge plant-based treatments that are in the works for everything from pandemic flu to rabies using plants such as lettuce, carrots and even duckweed...

Another tobacco giant-backed company working on biotech drugs grown in tobacco plants is Medicago Inc. in Quebec City, which is owned by Mitsubishi Tanabe Pharma Corp. and Philip Morris.

Medicago is working on testing a vaccine for pandemic influenza and has a production greenhouse facility in North Carolina, said Jean-Luc Martre, senior director for government affairs at Medicago. Medicago is planning a final stage trial of the pandemic flu vaccine for next year, he said in a telephone interview...

Medicago “is currently closely working with partners for the production of an Ebola antibody as well as other antibodies that are of interest for bio-defense,” he said in an e-mail. He would not disclose who the partners were. ([Ebola Tobacco Drug Joins Duckweed in Plant War on Disease](#), Bloomberg, August 6, 2014)

Could one of these partners be the Pentagon?

In 2009, the Defense Advanced Research Projects Agency (DARPA), part of the U.S. Department of Defense, launched a program called Blue Angel, which some have described as “[DARPA’s vaccine manufacturing challenge](#)”.

DARPA issued a press release in late July 2012 announcing they had “produced 10 million doses of an influenza vaccine in only one month’s time.”

In a press release out of the agency’s office this week, scientists with DARPA say they’ve reach an important step in being able to combat a flu pandemic that might someday decimate the Earth’s population. By working with the Medicago Inc. vaccine company, the Pentagon’s cutting edge research lab says that they’ve used a massive harvest of tobacco plants to help produce a

plethora of flu-fighting vaccines.

Testing confirmed that a single dose of the H1N1 VLP influenza vaccine candidate induced protective levels of hemagglutinin antibodies in an animal model when combined with a standard aluminum adjuvant," the agency writes, while still noting, though, that "The equivalent dose required to protect humans from natural disease can only be determined by future, prospective clinical trials."

"Vaccinating susceptible populations during the initial stage of a pandemic is critical to containment," Dr. Alan Magill, DARPA program manager, says in an official statement. "We're looking at plant-based solutions to vaccine production as a more rapid and efficient alternative to the standard egg-based technologies, and the research is very promising." ([DARPA's Blue Angel - Pentagon Prepares Millions of Vaccines Against Future Global Flu](#), RT, July 28, 2012)

This link between the U.S. military and pharmaceutical companies in the production of flu vaccines raises serious questions, especially since the H1N1 pandemic has been [exposed as a multibillion dollar fraud](#) instigated by BigPharma and the World Health Organization (WHO).

A stunning new report reveals that top scientists who convinced the World Health Organization (WHO) to declare H1N1 a global pandemic held close financial ties to the drug companies that profited from the sale of those vaccines. This report, published in the British Medical Journal, exposes the hidden ties that drove WHO to declare a pandemic, resulting in billions of dollars in profits for vaccine manufacturers. (Mike Adams: [WHO Scandal Exposed: Advisors Received Kickbacks From H1N1 Vaccine Manufacturers](#), Natural News, June 7, 2010)

In 2012, it was reported that Medicago "was funded through a \$21 million Technology Investment Agreement with DARPA." (RT, op. cit.)

After investing in medical research to manufacture vaccines, the U.S Department of Defense is now sending troops to deal with a pandemic in Africa. Is the military slowly replacing health authorities? If so, we can ask ourselves why. What is the real goal of this "humanitarian intervention"? Maybe the answer lies in the goal of DARPA's Blue Angel program?

In an interview last February, Blue Angel's programme manager Dr. John Julias said:

The Blue Angel programme was launched by the US Defense Advanced Research Projects Agency (DARPA) in 2009 as a direct response to the swine flu pandemic. The project's goal is to improve the US's response to pandemic influenza through accelerated vaccine production...

The Blue Angel programme was built around the concept that the Department of Defense requires a capability to rapidly respond to any pandemic or biological threat that jeopardises warfighter readiness. (Chris Lo, [Blue Angel: DARPA's vaccine manufacturing challenge](#), pharmaceutical-technology.com, February 10, 2014)

So the goal is “to improve the US’s response to pandemic influenza” but it is built on a concept which aims to protect “warfighters” from “any pandemic or biological threat”, not the population in general.

Is this concept in any way related to the fact that “warfighters” instead of “health workers” are now being sent into areas affected by the Ebola pandemic? To test a vaccine against a “biological threat that jeopardises warfighter readiness”? Are these 3000 troops Obama is sending to Liberia being used as guinea pigs? There are precedent in this regard. This would not be the first time.

Last February RT reported:

A federal judge has ruled the United States Army must quickly inform veterans of any potentially harmful health effects stemming from the secret medical and drug experiments conducted on them during the Cold War.

According to a report by Courthouse News wire service, the ruling comes in favor of 7,800 soldiers claiming to have been involved in the experiments. After recruiting Nazi scientists to help through a program called “Project Paperclip,” the Army and CIA administered between 250 and 400 kinds of drugs to the soldiers in an attempt to advance US ability to wage war. ([Judge sides with US servicemen used as guinea pigs in terrifying Cold War experiment](#), RT, February 7, 2014)

During the Persian Gulf War (1990-1991) experimental vaccines were also given to soldiers and several studies have concluded that the Gulf-War Syndrome was linked to vaccinations:

Gulf-War Syndrome (GWS) refers to a collection of symptoms in soldiers who served in the Persian Gulf War (1990-1991), or Gulf War 1. These symptoms include rash, severe fatigue, muscle and joint pain, headache, irritability, depression, unrefreshing sleep, gastrointestinal and respiratory disorders and neurological cognitive defects.

Apart from being exposed to a wide range of environmental hazards and toxic chemicals, US and UK Gulf War I veterans (GW1Vs) were also given large numbers of vaccines. In total, the US GW1Vs received, at least, 17 different vaccines [1] including live vaccines (polio and yellow fever as well as experimental vaccines that had not been approved (anthrax, botulinum toxoid) and were of doubtful efficacy [2]. In the UK, the Ministry of Defence (MoD) has declared only 10 vaccines given, but records exist to show that some troops received a greater number [3]. Among them were two experimental vaccines, anthrax with pertussis as an adjuvant (shown in 1990 to cause serious deconditioning in mice) [4], and plague, given to UK but not USA troops [1]. The manufacturers of pertussis were not advised of the unlicensed use on GW1Vs [1,4].

Vaccine overload was identified as a significant factor in GWS...

These findings are consistent with those from other studies. A link between vaccinations and illness has been found among GW1Vs from UK and Canada [6]. (Dr. Mae-Wan Ho and Prof. Malcolm Hooper [Vaccines, Gulf-War Syndrome & Bio-defence](#))

The stated goal enunciated by Obama of the U.S. soldiers’ mission in Liberia is to build

medical centers and train health workers to operate them.

The National Institutes of Health, an agency of the U.S. Department of Health and Human Services, has already developed an Ebola vaccine. In early September GlaxoSmithKline said it planned to begin manufacturing up to 10,000 doses of it, even though scientists had not yet decided if “the initial vaccine was promising enough” and “safety studies cannot guarantee that experimental vaccines really work in an outbreak.” (Associated Press, [Ebola vaccine research moving fast](#), CBSNews, September 8, 2014)

It is worth noting in this regard that several health hazards were in fact caused by the H1N1 vaccine. GlaxoSmithKline also recently pleaded guilty and paid “\$3 billion to resolve fraud allegations and failure to report safety data”. ([GlaxoSmithKline to Plead Guilty and Pay \\$3 Billion to Resolve Fraud Allegations and Failure to Report Safety Data](#), Department of Justice, July 2, 2014)

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