

Martial Law and the Militarization of Public Health: The Worldwide H1N1 Flu Vaccination Program

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

“The flu season is upon us. Which type will we worry about this year, and what kind of shots will we be told to take? Remember the swine flu scare of 1976? **That was the year the U.S. government told us all that swine flu could turn out to be a killer that could spread across the nation**, and Washington decided that every man, woman and child in the nation should get a shot to prevent a nation-wide outbreak, a pandemic.” ([Mike Wallace, CBS, 60 Minutes](#), November 4, 1979)

“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....

“**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.” (Robert F. Kennedy Jr., [Vaccinations: Deadly Immunity](#), June 2005)

“**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.” (Patti White, School nurse, statement to the House Government Reform Committee, 1999, quoted in Robert F. Kennedy Jr., [Vaccinations: Deadly Immunity](#), June 2005)

“On the basis of ... expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from Phase 5 to Phase 6. **The world is now at the start of the 2009 influenza pandemic**. ... [Margaret Chan, Director-General, World Health Organization \(WHO\), Press Briefing](#) 11 June 2009)

“As many as 2 billion people could become infected over the next two years — nearly one-third of the world population.” (World Health Organization as reported by the Western media, July 2009)

“Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren’t successful.” (Official Statement of the US Administration, Associated Press, 24 July 2009).

“The U.S. expects to have 160 million doses of swine flu vaccine available sometime in October”, (Associated Press, 23 July 2009)

“Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario”, [Margaret Chan, Director-General, World Health Organization \(WHO\)](#), quoted by Reuters, 21 July 2009)

Wealthier countries such as the U.S. and Britain will pay just under \$10 per dose [of the H1N1 flu vaccine]. ... Developing countries will pay a lower price.” [circa \$400 billion for Big Pharma] ([Business Week](#), July 2009)

War without borders, a great depression, a military adventure in the Middle East, a massive concentration of wealth resulting from the restructuring of the global financial system.

The unfolding economic and social dislocations are far-reaching.

People’s lives are destroyed.

The World is at the juncture of the most serious crisis in modern history.

Bankruptcies, mass unemployment, the collapse of social programs, are the untold consequences.

But public opinion must remain ignorant of the causes of the global crisis.

“The worst of the recession is behind us”;

“There are growing signs of economic recovery”,

“The Middle East War is a ‘Just War’”, a humanitarian endeavor,

Coalition forces are involved in “peace-keeping,” we are “fighting terrorism with democracy”

“We must defend ourselves against terrorist attacks”

Figures on civilian deaths are manipulated. War crimes are concealed.

People are misled on the nature and history of the New World Order.

The real causes and consequences of this Worldwide economic and social collapse remain unheralded. Realities are turned up side down. The “real crisis” must be obfuscated through

political lies and media disinformation.

It is in the interest of the political powerbrokers and the dominant financial actors to divert public attention from an understanding of the global crisis.

How best to achieve this goal?

By artificially creating an atmosphere of fear and intimidation which serves to weaken and disarm organized dissent directed against the established economic and political order.

The objective is to undermine all forms of opposition and social resistance.

We are dealing with a diabolical project. The public must not only remain in the dark. As the crisis worsens, as people become impoverished, the real causes must be replaced by a set of fictitious relationships.

A crisis based on fake causes is heralded: “the global war on terrorism” is central to misleading the public’s understanding of the Middle East War, which is a battle for the control over extensive reserves of oil and natural gas.

The antiwar movement is weakened. People are unable to think. They unequivocally endorse the “war on terrorism” consensus. They accept the political lies. In their inner consciousness, terrorists are threatening their livelihood.

In this framework, the occurrence of “natural disasters”, “pandemics”, “environmental catastrophes” also plays a useful political role. It distorts the real causes of the crisis. It justifies a global public health emergency on humanitarian grounds.

The Worldwide H1N1 swine flu pandemic: Towards a Global Public Health Emergency?

The Worldwide H1N1 swine flu pandemic serves to mislead public opinion.

The 2009 pandemic, which started in Mexico in April, is timely: it coincides with a deepening economic depression. It takes place at a time of military escalation.

The epidemiological data is fabricated, falsified and manipulated. According to the World Health Organization (WHO), an epidemic of worldwide proportions now looms and threatens the livelihood of millions of people.

A “Catastrophic Emergency” is in the making. The WHO and the US Centre for Disease Control (CDC) are authoritative bodies. Why would they lie? The information released by these organizations, although subject to statistical errors, could not, by any stretch of the imagination, be falsified or manipulated.

People believe that the public health crisis at a global level is real and that government health officials are “working for the public good.”

Press reports confirm the US government’s intent to implement a mass H1N1 vaccination program in Fall-Winter of 2009. A major contract for 160 million doses has been established with Big Pharma, enough to inoculate more than half the US population. Similar plans are ongoing in other Western countries including France, Canada, the UK.

Volunteers are being recruited to test the swine flu vaccine during the month of August, with a view to implementing a nationwide vaccination program in the Fall.

Manipulating The Data

There is ample evidence, documented in numerous reports, that the WHO's level 6 pandemic alert is based on fabricated evidence and a manipulation of the figures on mortality and morbidity resulting from the N1H1 swine flu.

The data initially used to justify the WHO's Worldwide level 5 alert in April 2009 was extremely scanty. The WHO asserted without evidence that a "global outbreak of the disease is imminent". It distorted Mexico's mortality data pertaining to the swine flu pandemic. According to the WHO Director General Dr. Margaret Chan in her official April 29 statement: "So far, 176 people have been killed in Mexico". From what? Where does she get these numbers? 159 died from influenza out of which only seven deaths, corroborated by lab analysis, resulted from the H1N1 swine flu strain, according to the Mexican Ministry of Health.

Similarly in New York city in April, several hundred children were categorized as having the H1N1 influenza, yet in none of these cases, was the diagnosis corroborated on a laboratory test.

"Dr. Frieden said. Health officials reached their preliminary conclusion after conducting viral tests on nose or throat swabs from the eight students, which allowed them to eliminate other strains of flu."

Tests were conducted on school children in Queen's, but the tests were inconclusive: among these "hundreds of school children", there were no reports of laboratory analysis leading to a positive identification of the influenza virus. In fact the reports are contradictory: according to the reports, the Atlanta based CDCP is the "only lab in the country that can positively confirm the new swine flu strain — which has been identified as H1N1." (Michel Chossudovsky, Political Lies and Media Disinformation regarding the Swine Flu Pandemic, Global Research, May 2009, last quotation is from the New York Times, April 25, 2009)

Influenza is a common disease. Unless there is a thorough lab examination, the identity if the virus cannot be established.

There are numerous cases of seasonal influenza across America, on an annual basis. "According to the Canadian Medical Association Journal, the flu kills up to 2,500 Canadians and about 36,000 Americans annually. Worldwide, the number of deaths attributed to the flu each year is between 250,000 and 500,000" (Thomas Walkom, The Toronto Star, May 1, 2009).

What the CDCP and the WHO are doing is routinely us re-categorizing a large number of cases of common influenza as H1N1 swine flu.

"The increasing number of cases in many countries with sustained community transmission is **making it extremely difficult, if not impossible, for countries to try and confirm them through laboratory testing.** Moreover, **the counting of individual cases is now no longer essential** in

such countries for monitoring either the level or nature of the risk posed by the pandemic virus or to guide implementation of the most appropriate response measures. ([WHO, Briefing note, 2009](#))

The WHO admits that at a country level laboratory testing is often absent, while emphasising that lab confirmation it is not required for data collection, with a view to ascertaining the spread of the disease:

A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely resource-intensive. In some countries, this strategy is absorbing most national laboratory and response capacity, leaving little capacity for the monitoring and investigation of severe cases and other exceptional events. ... For all of these reasons, **WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries.** However, as part of continued efforts to document the global spread of the H1N1 pandemic, regular updates will be provided describing the situation in the newly affected countries. **WHO will continue to request that these countries report the first confirmed cases and, as far as feasible, provide weekly aggregated case numbers and descriptive epidemiology of the early cases. (Ibid)**

At a June 2009 WHO press conference, the issue of lab testing was raised:

Marion Falco, CNN Atlanta: My question may be a little basic but if you are not, and so forgive me for that, **if you are not requiring testing in the countries that already have well established numbers of cases, then how are you distinguishing between seasonal flu and this particular flu. I mean how are you going to separate the numbers?**

Dr Fukuda, WHO, Geneva: **It is not that we are recommending not doing any testing at all.** In fact when the guidance comes out, what it will suggest is what **countries are to do is tailor down their testing so that they are not trying to test everybody** but certainly keeping up testing of some people for exactly the kinds of reasons that you bring up. When people get sick with an influenza-like illness it will be important for us to know whether is it caused by the pandemic virus or whether is caused by seasonal viruses. **What we are indicating is that if you ratchet down the level of testing we will still be able to figure that out and so we do not need to test everybody for that, but we will continue to recommend some level of testing - at a lower level of people who continue to get sick.** See [Transcript of WHO Virtual Press Conference, Dr Keiji Fukuda, Assistant Director-General for Health Security and Environment, WHO, Geneva, July 2009](#), emphasis added).

“Figure that out”? What the foregoing statements by the WHO suggest is that:

- 1) the WHO is not collecting data on the spread of H1N1 based on systematic lab confirmation.
- 2) the WHO in fact discourages national health officials to conduct detection and laboratory confirmation, while also pressuring the countries' public health authorities to duly deliver to the WHO on a weekly basis the data on H1N1 cases.

3) The WHO in its reporting only refers to “confirmed cases” It does not distinguish between confirmed and non-confirmed case. It would appear that the “non-confirmed” cases are categorized as confirmed cases and the numbers are then used by the WHO to prove that the disease is spreading. (See WHO tables: http://www.who.int/csr/don/2009_07_06/en/index.html)

The swine flu has the same symptoms as seasonal influenza: fever, cough and sore throat. What is happening is that **the widespread incidence of the common flu is being used to generate the reports delivered to the WHO pertaining to the H1N1 swine flu.** Nonetheless, in the tabulated release of country level data, the WHO uses the term: “number of laboratory-confirmed cases”, while also admitting that the cases are, in many cases, not confirmed.

Worldwide Pandemic

The WHO establishes trends on the spread of the disease, essentially using unconfirmed data. Based on these extrapolations, the WHO is now claiming, in the absence of laboratory confirmation, that **“as many as 2 billion people could become infected over the next two years — nearly one-third of the world population.”** In turn, in the US, the Atlanta based Centers for Disease Control (CDC) suggests that **“swine flu could strike up to 40 percent of Americans** over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren’t successful.” (AP, July 24, 2009).

How did they come up with these numbers?

The CDC estimate has nothing to do with an assessment of the spread of the H1N1 virus. It is based on a mechanical pro-rata extrapolation of trends underlying the 1957 pandemic, which resulted in 70,000 deaths in the US. The presumption here is that the H1N1 flu has the “same transmission path” as the 1957 epidemic.

Creating a Crisis where there is No Crisis

The underlying political intent is to use the WHO level six pandemic to divert public attention from an impending and far-reaching social crisis, which is largely the consequence of a deep-seated global economic depression.

On the basis of ... expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from Phase 5 to Phase 6. **The world is now at the start of the 2009 influenza pandemic.** ... Calling a pandemic is also a signal to the international community. This is a time where the world’s countries, rich or poor, big or small, must come together in the name of global solidarity to make sure that no countries because of poor resources, no countries’ people should be left behind without help. ...The World Health Organization has been in contact with donor communities, development partners, resource poor countries, and also drug companies as well as vaccine companies. [Margaret Chan, Director-General, World Health Organization \(WHO\), Press Briefing, 11 June 2009](#)



WHO Director General Margaret Chan

How best to tame the Nation's citizens, to rein in people's resentment in the face of mounting unemployment?

Create a Worldwide pandemic, instil an atmosphere of anxiety and intimidation, which demobilizes meaningful and organized public action against the programmed enrichment of a social minority. The flu pandemic is used to foreclose organized resistance against the government's economic policies in support of the financial elites. It provides both a pretext and a justification to adopt emergency procedures. Under the existing legislation in the US, Martial Law, implying the suspension of constitutional government, could be invoked in the case of "A Catastrophic Emergency" including a the H1N1 swine flu pandemic.

Martial Law

Legislation inherited from the Clinton administration, not to mention the post 9/11 Patriot Acts I and II, allow the military to intervene in judicial and civilian law enforcement activities. In 1996, legislation was passed which allowed the military to intervene in the case of a national emergency. In 1999, Clinton's Defense Authorization Act (DAA) extended those powers (under the 1996 legislation) by creating an "exception" to the Posse Comitatus Act, which permits the military to be involved in civilian affairs "regardless of whether there is an emergency". (See [ACLU at http://www.aclu.org/NationalSecurity/NationalSecurity.cfm?ID=8683&c=24](http://www.aclu.org/NationalSecurity/NationalSecurity.cfm?ID=8683&c=24))

The issue of a pandemic or public health emergency , however, was not explicitly outlined in the Clinton era legislation.

The Katrina disaster (2005) constitutes a dividing line, a watershed leading *de facto* to the militarization of emergency relief:

"The disaster that struck New Orleans and the southern Gulf Coast has given rise to the largest military mobilization in modern history on US soil. Nearly 65,000 US military personnel are now deployed in disaster area, transforming the devastated port city into a war zone," ([Bill Van Auken, Wsws.org, September 2005](http://www.wsws.org)).

Hurricanes Katrina (August 2005) and Rita (September 2005) contributed to justifying the role of the Military in natural disasters. They also contributed to shaping the formulation of presidential directives and subsequent legislation. **President Bush called for the Military to become the "lead agency" in disaster relief:**

".....The other question, of course, I asked, was, is there a circumstance in

which the Department of Defense becomes the lead agency. Clearly, in the case of a terrorist attack, that would be the case, but is there a natural disaster which — of a certain size that would then enable the Defense Department to become the lead agency in coordinating and leading the response effort. That's going to be a very important consideration for Congress to think about. (Press Conference, 25 Sept 2005 <http://www.globalresearch.ca/index.php?context=viewArticle&code=BUS20050925&articleId=1004>)

Militarization of Public Health: The Avian Flu

The 2005 bird flu crisis followed barely a month after Hurricane Rita. It was presented to the US public as an issue of National Security. Following the 2005 outbreak of avian flu, president Bush confirmed that the military would be actively involved in the case of a pandemic, with the authority to detain large numbers of people:

"I am concerned about avian flu. I'm concerned about what an avian flu outbreak could mean for the United States and the world. ... I have thought through the scenarios of what an avian flu outbreak could mean....

The policy decisions for a president in dealing with an avian flu outbreak are difficult. ...

If we had an outbreak somewhere in the United States, do we not then quarantine that part of the country? And how do you, then, enforce a quarantine?

... **One option is the use of a military that's able to plan and move.** So that's why I put it on the table. I think it's an important debate for Congress to have.

... But Congress needs to take a look at circumstances that may need to vest the capacity of the president to move beyond that debate. And one such catastrophe or one such challenge could be an avian flu outbreak. (White House Press Conference, 4 October, 2005, emphasis added)

On the day following Bush's October 4, 2005 Press Conference, a major piece of legislation was introduced in the US Senate. [The Pandemic Preparedness and Response Act.](#)

While the proposed legislation was never adopted, it nonetheless contributed to building a consensus among key members of the US Senate. The militarization of public health was subsequently embodied in the John Warner Defense Authorization Act of 2007.

"Public Health Emergency" and Martial Law: The John Warner Defense Authorization Act of 2007. H.R. 5122

New legislation is devised. The terms "epidemic", and "public health emergency" are explicitly included in a key piece of legislation, signed into law by President Bush in October 2006.

Lost in the midst of hundreds of pages, Public Law 109-364, better known as the "John Warner Defense Authorization Act of 2007" (H.R.5122) includes a specific section on the role of the Military in national emergencies.

Section 1076 of this legislation entitled “Use of the Armed Forces in Major Public Emergencies” allows the President of the United States to deploy the armed forces and the National Guard across the US, to “restore public order and enforce the laws of the United States” in the case of “a natural disaster, epidemic, or other serious public health emergency”:

SEC. 1076. USE OF THE ARMED FORCES IN MAJOR PUBLIC EMERGENCIES.

(a) Use of the Armed Forces Authorized-

(1) IN GENERAL- Section 333 of title 10, United States Code, is amended to read as follows:

Sec. 333. Major public emergencies; interference with State and Federal law

(a) Use of Armed Forces in Major Public Emergencies- (1) The President may employ the armed forces, including the National Guard in Federal service, to-

(A) restore public order and enforce the laws of the United States when, as a result of a natural disaster, epidemic, or other serious public health emergency, terrorist attack or incident, or other condition in any State or possession of the United States, the President determines that-

(i) domestic violence has occurred to such an extent that the constituted authorities of the State or possession are incapable of maintaining public order; and

(ii) such violence results in a condition described in paragraph (2); or

(B) suppress, in a State, any insurrection, domestic violence, unlawful combination, or conspiracy if such insurrection, violation, combination, or conspiracy results in a condition described in paragraph (2).

(2) A condition described in this paragraph is a condition that-

(A) so hinders the execution of the laws of a State or possession, as applicable, and of the United States within that State or possession, that any part or class of its people is deprived of a right, privilege, immunity, or protection named in the Constitution and secured by law, and the constituted authorities of that State or possession are unable, fail, or refuse to protect that right, privilege, or immunity, or to give that protection; or

(B) opposes or obstructs the execution of the laws of the United States or impedes the course of justice under those laws.

(3) In any situation covered by paragraph (1)(B), the State shall be considered to have denied the equal protection of the laws secured by the Constitution.

(b) Notice to Congress- The President shall notify Congress of the determination to exercise the authority in subsection (a)(1)(A) as soon as practicable after the determination and every 14 days thereafter during the duration of the exercise of that authority.’ (See ext of HR5122 <http://thomas.loc.gov/cgi-bin/query/F?c109:6:./temp/~c109bW9vKy:e939907>: <http://www.govtrack.us/congress/bill.xpd?bill=h109-5122&tab=summary>)

These far-reaching provisions allow the Armed Forces to override the authority of civilian federal, state and local governments involved in disaster relief and public health. It also grants the Military a mandate in civilian police functions. Namely the legislation implies the militarization of law enforcement in the case of a national emergency.

“Catastrophic Emergency” and “Continuity of Government,”: [The National Security and Homeland Security Presidential Directive NSPD 51/HSPD 20](#)

Coinciding with the passage of the John Warner Defense Authorization Act, a National Security Presidential Directive was issued in May 2007, ([National Security and Homeland Security Presidential Directive NSPD 51/HSPD 20](#)) .



NSPD 51 /HSPD 20 is a combined National Security Directive emanating from the White House and Homeland Security. While it is formulated in relation to the domestic “war on terrorism”, it also includes provisions which allow for Martial Law in case of a natural disaster including a flu pandemic.

The thrust and emphasis of NSPD 51, however, is different from that of Section 1076 of HR 5122. It defines the functions of the Department of Homeland Security in the case of a national emergency and its relationship to the White House and the Military. It also provides the President with sweeping powers to declare a national emergency, without Congressional approval.

The directive establishes procedures for “Continuity of Government” (COG) in the case of a “Catastrophic Emergency”. The latter is defined in NSPD 51/HSPD 20 (henceforth referred to as NSPD 51), as “any incident, regardless of location, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the U.S. population, infrastructure, environment, economy, or government functions.”

“Continuity of Government,” or “COG,” is defined in NSPD 51 as “*a coordinated effort within the Federal Government’s executive branch to ensure that National Essential Functions continue to be performed during a Catastrophic Emergency.*”

The President shall lead the activities of the Federal Government for ensuring constitutional government. In order to advise and assist the President in that function, **the Assistant to the President for Homeland Security and Counter terrorism (APHS/CT) is hereby designated as the National Continuity Coordinator.** The National Continuity Coordinator, in coordination with the Assistant to the President for National Security Affairs (APNSA), without exercising directive authority, shall coordinate the development and implementation of continuity policy for executive departments and agencies. The Continuity Policy Coordination Committee (CPCC), chaired by a Senior Director from the Homeland Security Council staff, designated by the National Continuity Coordinator, shall be the main day-to-day forum for such policy coordination. ([National Security and Homeland Security Presidential Directive NSPD 51/HSPD 20](#), emphasis added)

This *Combined Directive* NSPD /51 HSPD 20 grants unprecedented powers to the Presidency and the Department of Homeland Security, overriding the foundations of Constitutional government. NSPD 51 allows the sitting president to declare a national emergency without Congressional approval. The adoption of NSPD 51 would lead to the de facto closing down of the Legislature and the militarization of justice and law enforcement.

NSPD 51 grants extraordinary Police State powers to the White House and Homeland Security (DHS), in the event of a “Catastrophic Emergency”.

A flu pandemic or public health emergency is part of the terms of reference of NSPD 51. “Catastrophic Emergency” is broadly defined in NSPD 51 as **“any incident, regardless of location, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the U.S. population, infrastructure, environment, economy, or government functions”**.

The directive acknowledges the overriding power of the military in the case of a national emergency: The presidential directive “Shall not be construed to impair or otherwise affect... the authority of the Secretary of Defense over the Department of Defense, including the chain of command for military forces from the President, to the Secretary of Defense, to the commander of military forces, or military command and control procedures”.

Since their enactment two years ago, neither the John Warner Defense Authorization Act nor NSPD 51 have been the object of media debate or discussion.

NSPD 51 and/or the John Warner H.R.5122 could be invoked at short notice following the declaration of a national health emergency and a nationwide forced vaccination program. The hidden agenda consists in using the threat of a pandemic and/or the plight of a natural disaster as a pretext to establish military rule, under the facade of a “functioning democracy”.

Vaccination: From H5N1 to H1N1

A nationwide flu vaccination program has been in the pipeline in the US since 2005.

According to the Wall Street Journal (Oct 1, 2005), the Bush administration had asked Congress for an estimated \$6-10 billion “to stockpile vaccines and antiviral medications as part of its plans to prepare the U.S. for a possible flu pandemic.” A large part of this budget, namely 3.1 billion was used under the Bush administration to stockpile the antiviral drug oseltamivir (Tamiflu), of which the intellectual property rights belong to Gilead Science Inc, a company headed by Don Rumsfeld prior to becoming Secretary of Defense under the Bush administration.

Consistent with its role as “lead agency”, more than half of the money earmarked by the Bush administration for the program was handed over to the Pentagon. In other words, what we are dealing with is a process of militarization of the civilian public health budget. . Part of the money for a public health is controlled by the Department of Defense, under the rules of DoD procurement.

“The US Senate voted [September 3, 2005] yesterday to provide \$4 billion for antiviral drugs and other measures to prepare for a feared influenza pandemic, but whether the measure would clear Congress was uncertain.

The Senate attached the measure to a \$440 billion defense-spending bill for 2006, according to the Associated Press (AP). But the House included no flu money in its version of the defense bill, and a key senator said he would try to keep the funds out of the House-Senate compromise version. The Senate is expected to vote on the overall bill next week.

Almost \$3.1 billion of the money would be used to stockpile the antiviral drug

oseltamivir (Tamiflu), and the rest would go for global flu surveillance, development of vaccines, and state and local preparedness, according to a Reuters report. The government currently has enough oseltamivir to treat a few million people, with a goal of acquiring enough to treat 20 million”

(CIDRAP,

<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/sep3005avian.html>)

The threat of the H5N1 bird flu pandemic in 2005 resulted in multibillion dollar earnings for the pharmaceutical and biotech industry. In this regard, a number of major pharmaceutical companies including GlaxoSmithKline, Sanofi-Aventis, California based Chiron Corp, BioCryst Pharmaceuticals Inc, Novavax and Wave Biotech, Swiss pharmaceutical giant Roche Holding, had already positioned themselves.

In 2005, a Maryland-based biotechnology company MedImmune which produces “an inhaled flu vaccine” had positioned itself to develop a vaccine against the H5N1 avian flu. Although it had no expertise in the avian flu virus, one of the major actors in the vaccine business, on contract to the Pentagon, was Bioport, a company part owned by the Carlyle Group, closely linked to the Bush Cabinet with Bush Senior on its board of directors.

Vaccination under a Public Health Emergency. Multibillion Financial Bonanza for the BioTech Conglomerates

The 2005 bird flu hoax was in many regards a dress rehearsal. The 2009 H1N1 pandemic is a much larger multibillion dollar operation. A select number of biotech and pharmaceutical companies have been involved in negotiations behind closed doors with the WHO and the US Administration. Key agencies are the Atlanta based Center for Disease Control and the Food and Drug Administration (FDA) which have close ties to the pharmaceutical industry. The conflicts of interest of these agencies is brought to light in Robert F. Kennedy Jr.’s detailed study entitled [Vaccinations: Deadly Immunity](#), June 2005:

“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. ... “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.” Robert F. Kennedy Jr, [Vaccinations: Deadly Immunity](#), June 2005.

The WHO is planning for the production of 4.9 billion dose, enough to inoculate a large share of the World’s population. Big Pharma including Baxter, GlaxoSmithKline, Novartis, Sanofi-Aventis and AstraZeneca have signed procurement contracts with some 50 governments. (Reuters, July 16, 2009). For these companies, compulsory vaccination is a highly lucrative undertaking:

“The WHO has refused to release the Minutes of a key meeting of an advisory

vaccine group “packed with executives from **Baxter, Novartis and Sanofi**” **that recommended compulsory vaccinations in the USA, Europe and other countries against the artificial H1N1 “swine flu” virus this autumn.**

In an email this morning, a WHO spokesperson claimed there are no Minutes of the meeting that took place on July 7th in which guidelines on the need for worldwide vaccinations that WHO adopted this Monday were formulated and in which Baxter and other Pharma executives participated.

Under the International Health Regulations, WHO guidelines have a binding character on all of WHO’s 194 signatory countries in the event of a pandemic emergency of the kind anticipated this autumn when the second more lethal wave of the H1N1 virus “which is bioengineered to resemble the Spanish flu virus” emerges.

In short: WHO has the authority to force everyone in those 194 countries to take a vaccine this fall at gunpoint, impose quarantines and restrict travel.” (Jane Burgermeister, [WHO moves forward in secrecy to accomplish forced vaccination and population agenda](#), Global Research, July 2009).

On May 19th, the WHO Director General and senior officials met behind closed doors with the representatives of some 30 pharmaceutical companies.

“In a perfect world the planet’s leading pharmaceutical companies could produce 4.9 billion H1N1 swine flu vaccinations over the course of the next year. This is the World Health Organization’s latest assessment. WHO Director-General Dr. Margaret Chan met with 30 pharmaceutical companies on Tuesday and briefed reporters on a WHO plan to secure vaccinations for poor countries who lack sufficient infrastructure to fight a possible pandemic. ([Digital Journal](#), 19 May 2009)

According to recent report in Business Week, “Wealthier countries such as the U.S. and Britain will pay just under \$10 per dose, the same price for the seasonal flu vaccine. Developing countries will pay a lower price, (Business Week, July 2009). The WHO suggests that the 4.9 billion doses will not suffice and that a second inoculation will be required.

4,9 billion doses at about ten dollars (\$10.00) a shot and somewhat less in the developing countries, represents **a windfall profit bonanza for Big Pharma of more than 40 billion dollars in a single year.** And the WHO claims that one dose per person may not suffice...

Dangerous Life Threatening Vaccine: Who owns the Patent?

While the production has been entrusted to a select number of companies, it would appear that the intellectual property rights belong to Illinois based pharmaceutical giant Baxter. Baxter is central in the negotiations between the US Administration and the World Health Organization (WHO). Moreover, “a full year before any reported case of the current alleged H1N1” Baxter had filed for a patent for the H1N1 vaccine:

Baxter Vaccine Patent Application US 2009/0060950 A1. (See William Engdahl, [Now legal immunity for swine flu vaccine makers](#), Global Research, July 2009). Their application: states:

“the composition or vaccine comprises more than one antigen... such as influenza A and influenza B in particular selected from of one or more of the human H1N1, H2N2, H3N2, H5N1, H7N7, H1N2, H9N2, H7N2, H7N3, H10N7 subtypes, of the pig flu H1N1, H1N2, H3N1 and H3N2 subtypes, of the dog or horse flu H7N7, H3N8 subtypes or of the avian H5N1, H7N2, H1N7, H7N3, H13N6, H5N9, H11N6, H3N8, H9N2, H5N2, H4N8, H10N7, H2N2, H8N4, H14N5, H6N5, H12N5 subtypes.”

The application further states, “Suitable adjuvants can be selected from mineral gels, aluminium hydroxide, surface active substances, lysolecithin, pluronic polyols, polyanions or oil emulsions such as water in oil or oil in water, or a combination thereof. Of course the selection of the adjuvant depends on the intended use. E.g. toxicity may depend on the destined subject organism and can vary from no toxicity to high toxicity.”

With no legal liability, could it be that Baxter is preparing to sell hundreds of millions of doses containing highly toxic aluminium hydroxide as adjuvant? (Ibid)

The Los Angeles Times has reassured the US public with an article entitled: [What are the odds that H1N1 will kill you?](#) One might also ask, what are the odds that the H1N1 vaccine will kill you?

National Emergency Centers Establishment Act: H.R. 645

There are no indications that the Obama Administration is planning in the foreseeable future a Public Health Emergency which would require the imposition of martial law. What we have emphasised in this article is the existence of various provisions (legislation and presidential directives) which would allow the President of the United States to instigate Martial Law in the case of a Public Health Emergency. If Martial Law were to be adopted in the context of a Public Health Emergency, what we would be dealing with is the “forced vaccination” of targeted population groups as well as the possible establishment of facilities for the internment of people who have been quarantined.

In this regard, it is worth noting that in January 2009, a piece of legislation entitled the [National Emergency Centers Establishment Act \(HR 645\)](#) was introduced in the US Congress. The bill calls for the establishment of six national emergency centers in major regions in the US to be located on existing military installations, which could be used to quarantine people in the case of a public health emergency or forced vaccination program.

The bill goes far beyond previous legislation (including H.R. 5122). The stated purpose of the “national emergency centers” is to provide “temporary housing, medical, and humanitarian assistance to individuals and families dislocated due to an emergency or major disaster.” In actuality, what we are dealing with are FEMA internment camps. HR 645 states that the camps can be used to “meet other appropriate needs, as determined by the Secretary of Homeland Security.” (Michel Chossudovsky, [Preparing for Civil Unrest in America Legislation to Establish Internment Camps on US Military Bases](#), Global Research, March 2009)

There has been virtually no press coverage of HR 645, which is currently being discussed by several congressional committees. There are no indications that the bill is on its way to being adopted.

These “civilian facilities” on US military bases are to be established in cooperation with the

US Military.

Once a person is arrested and interned in a FEMA camp located on a military base, that person would in all likelihood, under a public health emergency, fall under the de facto jurisdiction of the Military: civilian justice and law enforcement including habeas corpus would no longer apply.

HR 645 could be used, were it to be adopted, in the case of public health emergency. It obviously bears a direct relationship to the economic crisis and the likelihood of mass protests across America. It constitutes a further move to militarize civilian law enforcement, repealing the Posse Comitatus Act.

In the words of Rep. Ron Paul:

“...the fusion centers, militarized police, surveillance cameras and a domestic military command is not enough... Even though we know that detention facilities are already in place, they **now want to legalize the construction of FEMA camps on military installations using the ever popular excuse that the facilities are for the purposes of a national emergency.** With the phony debt-based economy getting worse and worse by the day, the possibility of civil unrest is becoming a greater threat to the establishment. One need only look at Iceland, Greece and other nations for what might happen in the United States next.” (Daily Paul, September 2008, emphasis added)

The proposed internment camps should be seen in relation to the broader process of militarization of civilian institutions. The construction of internment camps predates the introduction of HR 645 (Establishment of Emergency Centers) in January 2009.

“Military Civil Support”: The Role of US Northern Command in the Case of a Flu Pandemic

US Northern Command has a mandate to support and oversee civilian institutions in the case of a National Emergency.

“In addition to defending the nation, U.S. Northern Command provides defense support of civil authorities in accordance with U.S. laws and as directed by the President or Secretary of Defense. Military assistance is always in support of a lead federal agency, such as the Federal Emergency Management Agency (FEMA).

Military civil support includes domestic disaster relief operations that occur during fires, hurricanes, floods, and earthquakes. Support also includes counter-drug operations and consequence management assistance, such as would occur after a terrorist event employing a weapon of mass destruction.

Generally, an emergency must exceed the management capabilities of local, state and federal agencies before U.S. Northern Command becomes involved. In providing civil support, the command operates through subordinate Joint Task Forces.

(See [US Northcom website](http://www.northcom.mil/index.cfm?fuseaction=s.who_civil) at http://www.northcom.mil/index.cfm?fuseaction=s.who_civil).

The Katrina and Rita hurricane disasters played a key role in shaping the role of US Northern Command in “military civil support” activities. The emergency procedures were closely coordinated by US Northern Command out of the Peterson Air Force Base, together with Homeland Security, which oversees FEMA.

During Hurricane Rita (September 2005), US Northern Command Headquarters was directly in control of the movement of military personnel and hardware in the Gulf of Mexico, in some cases overriding, as in the case of Katrina, the actions of civilian bodies. The entire operation was under the jurisdiction of the military rather than FEMA. (Michel Chossudovsky, [US Northern Command and Hurricane Rita](#), Global Research, September 24, 2005)

Northern Command would, as part of its mandate in the case of a national emergency, oversee a number of civilian functions. In the words of President Bush at the height of the Rita hurricane, “the Government and the US military needed broader authority to help handle major domestic crises such as hurricanes.” Homeland Security Secretary Michael Chertoff subsequently classified Hurricane Rita as an “incident of national significance,” which justified the activation of a so-called “National Response Plan”(NRP). (For further details, consult the complete document at <http://www.dhs.gov/interweb/assetlibrary/NRPbaseplan.pdf>)

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)

Also of relevance, was the repatriation of combat units from the war theater to assist US Northern Command in the case of a national emergency including a flu pandemic. In the last months of the Bush administration, the Department of Defense ordered the recall of the 3rd

Infantry's 1st Brigade Combat Team from Iraq.

The BCT combat unit was attached to US Army North, the Army's component of US Northern Command (USNORTHCOM). The 1st BCT and other combat units would be called upon to perform specific military functions in the case of a national emergency or natural disaster including a public health emergency:


"The Army Times reports that the 3rd Infantry's 1st Brigade Combat Team is returning from Iraq to defend the Homeland, as "**an on-call federal response force for natural or manmade emergencies and disasters**, including terrorist attacks." The BCT unit has been attached to US Army North, the Army's component of US Northern Command (USNORTHCOM). (See Gina Cavallaro, Brigade homeland tours start Oct. 1, Army Times, September 8, 2008, emphasis added).

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