

The Ebola Outbreak. Can it be Controlled? Monsanto Invests in Ebola Treatment Drug Company as Pandemic Spreads

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A global outbreak of deadly Ebola is underway and has crossed national borders. One infected victim of the horrifying disease flew on international flights, vomiting on board and exposing hundreds of people to the deadly virus which can be transmitted through airborne particles. Ebola has an 8-10 day incubation period, meaning thousands of people could be carrying it right now and spreading it across the cities of the world without even knowing it.

Passengers in Hong Kong and the UK have already shown symptoms of the disease and are being tested, reports USA Today. (2) The Peace Corps has evacuated its volunteers from the region after two were exposed to Ebola. (3)"

Expert claims panic over death of U.S. man in Nigeria is 'justified'" reports the Daily Mail. (1) "He warned the spread of Ebola could become a global pandemic."

Ebola is the closest thing to real-life zombie infections

With apologies to those victims who have suffered the horrible fate of Ebola, I'm offering a medically accurate description here as a warning to everybody else. Believe me when I say you do NOT want to contract Ebola. Warning: Graphic language below.

Ebola is a gruesome disease that causes cells in the body to self-destruct, resulting in massive internal and external bleeding. In its late stages, Ebola can cause the victim to experience convulsions, vomiting and bleeding from the eyes and ears while convulsing, flinging blood all over the room and anyone standing nearby, thereby infecting those people as well. This gruesome ending is the reason Ebola spreads so effectively. The virus "weaponizes" the blood, then causes the victim to fling it around on everyone else almost like you might see depicted in some horror zombie flick.

"Haemorrhaging symptoms begin 4 - 5 days after onset, which includes hemorrhagic conjunctivitis, pharyngitis, bleeding gums, oral/lip ulceration, hematemesis, melena, hematuria, epistaxis, and vaginal bleeding," reports the Pathogen Safety Data Sheet from the Public Health Agency of Canada. (8) That same publication also explains, "There are no known antiviral treatments available for human infections."

Read that again: There are NO KNOWN TREATMENTS for human infections.

Sierra Leone's top Ebola doctor tragically died yesterday from an Ebola infection. Although well trained in infectious disease, even he underestimated the ability of this insidious killer to leap from person to person. Around half of those infected with Ebola die, making it one of the most fatal diseases known to modern medical science. And yet medical staff around the world still aren't exercising sufficient precautions when interfacing with infected patients.

Monsanto and Department of Defense help fund Pharma company that could earn billions from Ebola treatment

There are some experimental drugs under development by pharma companies that show some promise, but nothing is commercialized yet. (9)

One fascinating development worth investigating further is that TEKIRA Pharmaceuticals, a company working on an anti-Ebola drug, just received a \$1.5 million cash infusion from none other than Monsanto. [Click here to read the press release](#), which states "Tekira Pharmaceuticals Corporation is a biopharmaceutical company focused on advancing novel RNAi therapeutics and providing its leading lipid nanoparticle (LNP) delivery technology to pharmaceutical partners."

The money from Monsanto is reportedly related to the company's developed of RNAi technology used in agriculture. The deal is valued at up to \$86.2 million, according to the WSJ. (11)

[Another press release about Tekira](#) reveals a \$140 million contract with the U.S. military for Ebola treatment drugs:

TKM-Ebola, an anti-Ebola virus RNAi therapeutic, is being developed under a \$140 million contract with the U.S. Department of Defense's Medical Countermeasure Systems BioDefense Therapeutics (MCS-BDTX) Joint Product Management Office.

Additional Tekira partnership are listed [at this Tekira web page](#).

Not to invoke any charges of collusion or conspiracy here, but a whole lot of people are going to have raised eyebrows over the fact that Monsanto just happened to be giving a cash infusion to a key pharma company working on an Ebola cure *right in the middle of a highly-publicized Ebola outbreak* which could create huge market demand for the drugs. The fact that the U.S. Department of Defense is also involved with all this is going to have alternative news websites digging hard for additional links.

Sadly, the history of medicine reveals that drug companies, the CDC and the WHO have repeatedly played up the severity of disease outbreaks in order to promote sales of treatment drugs. I'm not saying this outbreak isn't very real and very alarming, of course. It is real. But we always have to be suspicious when windfalls profits just happen to line up for certain corporations following global outbreaks of infectious disease. Vaccine manufacturers, remember, made billions off the false swine flu scare, and tens of millions of dollars in stockpiled swine flu vaccines later had to be destroyed by the governments that panicked and purchased them.

Has air travel doomed humanity to a pandemic outbreak?

Air travel creates the “perfect storm” for Ebola to devastate humanity. It all starts with these irrefutable facts about air travel:

- 1) All passengers are confined to the same enclosed space.
- 2) All passengers are breathing THE SAME AIR.
- 3) Ebola can become airborne via very small particles in the air, and just a single Ebola virus riding on a dust particle is sufficient to infect a human being (see below).
- 4) Following the flight, infected passengers then intermingle with thousands of other people at the airport, each doing to a different unique destination somewhere else across the country or around the world.
- 5) The speed of air travel vastly out-paces the speed of governments being able to deploy infectious disease prevention teams.

A global pandemic wipeout from Ebola, in other words, could originate from a single person on a single international flight. And it could circle the globe in less than 48 hours.

Just one organism is sufficient to infect a new host

Just how much Ebola virus does it take to infect someone? Alarming, as the *Public Health Agency of Canada* explains, “1 - 10 aerosolized organisms are sufficient to cause infection in humans.” (8)

Read that again: it takes just ONE aerosolized organism (a microscopic virus riding on a dust particle) to cause a full-blown infection in humans. This is why one man vomiting on an international flight can infect dozens or hundreds of other people all at once.

Some experts fear that has already happened. As the Daily Mail reports: (1)

Nigerian health officials are in the process of trying to trace 30,000 people, believed to be at risk of contracting the highly-infectious virus, following the death of Patrick Sawyer in Lagos. It comes as Nigerian actor Jim Lyke sparked outrage, posting a picture of himself wearing an Ebola mask while sitting in a first class airport lounge as he fled Liberia.

Dave Hodges of The Commonsense Show reports: (7)

A desperate search is on to find the hundreds of passengers who flew on the same jets as Sawyer. A total of 59 passengers and crew are estimated to have come into contact with Sawyer and effort is being made to track each individual down. There is an inherent problem with this “track down”. Presumably, some of the passengers connected to other flights, which known to be the case. Let’s just say for the sake of argument that only 20 people, a low estimate given the nature of the airports that Sawyer was traveling in, were connecting to other flights, the spread of the virus would quickly expand beyond any possibility of containment because in less than a half a day, nearly a half a million people would be potentially exposed. Within a matter of a couple of hours, Sawyer’s infected fellow travelers would each have made contact with 200 other passengers and crew. Hours later, these flights would land and these people would go home to the friends, families and coworkers

across several continents.

CBS News adds: (4)

“Witnesses say Sawyer, a 40-year-old Liberian Finance Ministry employee en route to a conference in Nigeria, **was vomiting and had diarrhea aboard at least one of his flights with some 50 other passengers aboard.** Ebola can be contracted from traces of feces or vomit, experts say.”

American family members quarantined in Texas

A U.S. doctor named Dr. Kent Brantly has reportedly contracted Ebola. “Brantly and the couple’s 3- and 5-year-old children left Liberia for a scheduled visit to the United States on July 20. Days later, Kent Brantly quarantined himself in the isolation ward of a hospital where he had been treating Ebola patients after testing positive for the disease,” reports CBS News. (3)

That same story goes on to say, “Amber Brantly and the children are in Abilene, Texas, under a 21-day fever watch,” which is essentially a quarantine. This means **the necessary quarantine of American citizens on U.S. soil has already begun.**

Nobody is yet talking about what all this might mean if a large U.S. city shows an outbreak of infections. Will the federal government use the military to quarantine an entire city? Ultimately, *it must!* And make no mistake: this possibility is already written up and on the books for national emergencies. One declaration of martial law is all that’s required to seal off an entire U.S. city at gunpoint.

Another CBS News article reports: (4)

“If it gets into a big city, that’s everybody’s worse nightmare,” said Dr. Tim Geisbert, a professor of microbiology and immunology at University of Texas Medical Branch, in an interview with CBS News. “It gets harder to control then. How do you quarantine a big city?”

The answer, by the way, is by deploying America’s armed forces against its own citizens in a domestic national emergency scenario. Everybody in the federal government already knows that. It’s only the mainstream media that pretends such plans don’t already exist.

Ebola detection kits deployed to all 50 U.S. states

Although the federal government’s official reaction to all this is low-key, in truth the U.S. government is rapidly preparing for the possibility of an Ebola outbreak reaching the continental USA.

As reported above, the U.S. Department of Defense already has a \$140 million contract awarded to Tekmira for its Ebola treatment drugs.

Additionally, as SHTFplan.com reports: (5)

The Department of Defense informed Congress that it has deployed biological

diagnostic systems to National Guard support teams in all 50 states, according to a report published by the Committee on Armed Services. Some 340 Joint Biological Agent Identification and Diagnostic System (JBAIDS) units have thus far been given to emergency response personnel. The systems are “rapid, reliable, and [provide] simultaneous identification of specific biological agents and pathogens.”

On one hand, we might all applaud the government’s preparedness actions in all this. It’s smart to have diagnostic systems deployed nationwide, of course. But it begs the question: When was the government planning on telling the public about all this? Probably never. There’s no sense in causing a panic when half the people won’t survive an outbreak anyway, they figure.

The perfect bioweapon against humanity?

I also need to make you urgently aware that Ebola is a “perfect” bioweapon. Because of its ability to survive storage and still function many days, weeks or years later, it could be very easily **harvested from infected victims** and then preserved using nothing more than a common food dehydrator.

As the Public Health Agency of Canada explains: (8)

The virus can survive in liquid or dried material for a number of days (23). Infectivity is found to be stable at room temperature or at 4 (C) for several days, and indefinitely stable at -70 C.

To translate this into laymen’s terms, this means the Ebola virus can be:

- Stored in a liquid vial and easily smuggled across international borders.
- Dehydrated and stored in a dried state, then easily smuggled.
- Frozen at very low temperatures where it remains viable indefinitely.

Once dried, contained or frozen, Ebola pathogens can be smuggled into target countries with ridiculous ease. In the United States, for example, people can literally **walk right through our** Southern open borders with zero security whatsoever.

Open borders is an open invitation for bioweapons terrorism

Once inside the target country, a bioweapons terrorist could then easily infect people in public transit hubs such as subway stations, airports, bus stations and so on. Unfortunately, spraying a few Ebola particles into people’s faces is ridiculously easy, especially if the terrorist carrying out the activities decides he is on a suicide mission and doesn’t care about self-exposure.

An outbreak of Ebola in a major U.S. city would quite literally threaten the public health of the entire nation. That’s why an “open borders” policy in the middle of a global Ebola outbreak is unconscionable from the point of view of public health. CDC officials must be tearing their hair out over this issue.

Think about it: America is a country where public health officials freak out and go crazy when two children acquire whooping cough in a public school in Maryland. But when tens of thousands of people are streaming into the country, unbounded, with near-zero medical scrutiny in the middle of an international Ebola outbreak, federal officials do almost nothing at all. If there is an Ebola outbreak in the U.S., this is most likely how it will arrive.

Sources for this article include:

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