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The Ebola Virus Pandemic: "A Weapon of Mass Destruction"?

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This year's first outbreak of the hemorrhagic fever virus Ebola started in February in the West African nation of Guinea. It then began spreading to Liberia and, for the first time, to Sierra Leone and now Nigeria. With the possible spread to England in attempts to trace 30,000 people who might have been exposed, and now an American death in Nigeria and two more Americans afflicted with it here in the US, Ebola has rapidly grown into what could become a global epidemic with a potential capacity to wipe out millions.

According to recent statistics from the World Health Organization (WHO) released just last week, at least 672 people have died out of a total of 1,201 cases so far this year in West Africa. However, seven days later the number of fatalities has jumped to 887, a spike of over 200 deaths in just the last few days. [early August]

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There is no standard treatment (other than isolating the infected and quarantining those at risk). Nor is there yet an official vaccine, although Reuters just announced that as early as next month the US government will commence testing an experimental Ebola vaccine on humans after positive results were found on primates. It has been reported that the National Institutes of Health (NIH) infectious disease unit and the US Food and Drug Administration (FDA) will be running vaccine trials "as quickly as possible."

The Department of Defense and Centers for Disease Control (CDC) classify the Ebola virus as a biowarfare agent. Reports of up to 90% of humans infected die within a very short time. Therefore, it is a very real, extremely potent potential weapon of mass destruction.

Every single day Ebola keeps cropping up in different places, eight cases spreading into Africa's most populated nation Nigeria, several more now have surfaced beyond the African continent with suspected new cases in Hong Kong and Saudi Arabia. At least six others fresh off flights from West Africa are currently being quietly tested at locations here in the US in New York, Philadelphia and Ohio. With all the latest news of the spreading outbreak understandably giving rise to public fear and panic that it is just a plane ride away now, millions if not billions on this planet are pondering whether the African pandemic might

be rapidly turning into a global epidemic spreading to every corner of the earth. Of course to reduce these concerns, the World Health Organization (WHO) and US government are busily downplaying the risks to citizens here in North America.

Is it coincidence that the first two Americans suffering from the deadly disease are now inside the US border? Is it coincidence that the most deadly outbreak of the disease in history has admittedly now killed nearly 900 West Africans already this year? Over 200 more than just a few days ago? Is it coincidence that President Obama has just signed an executive order to have the power to begin rounding up American citizens with respiratory diseases against their will? Is it coincidence that FEMA roundups are about to begin in Los Angeles, deceiving homeless people with the carrot stick of a meal to corral them into those FEMA concentration camps and Halliburton refurbished, soon to no longer be empty prisons we've been hearing about?

Throughout this last century the US government and military have a notorious track record for delving into the darkest, most sinister realms in its pathological, "cutting edge" pursuit of amassing the most powerful destructive forces on earth… from torturous mind control methods to unlawful, deceptive drug experimentation on unsuspecting soldiers acting as involuntary guinea pigs, to manipulating extreme weather events used as offensive weapons to create killer storms and droughts, to the use of potently lethal electromagnetic radio waves to alter and disturb the human mind and behavior that conceivably can even cause heart attacks.

For many decades the US military has been systematically carrying out numerous highly secretive black ops programs, from raining poisonous metals down on unsuspecting Americans as sprayed chemtrails to using poor inner city mostly African Americans in St Louis as guinea pigs directly firing radioactive volleys from urban rooftops just to see how humans react to high doses of radiation. Also throughout the 1950's into the early 1960's there was extensive atomic bomb testing in the Nevada-Utah desert sites as well as experimental weapons testing still being detonated to this day in the South Pacific, all done knowing that downwind are unsuspecting, unprotected human victims. For four decades right up until 1972, 400 poor black sharecroppers in Tuskegee, Alabama were purposely infected syphilis just to study the effects. As if that was not enough, US government scientists infected Guatemalans in the 1940's also with syphilis just to experiment with penicillin. This ultra-covert, highly unethical and illegal, malevolent practice of customarily misusing science, often at top universities with unlimited taxpayer funding to harness brilliant yet twisted scientific minds to unleash Nazi Dr. Mengele-type nightmarish experimentation on innocent human populations is nothing new. For obvious reasons it has largely been kept secret and hidden from public view and awareness. But enough concrete evidence has been uncovered over the years to show how willingly diabolical the US military consistently is toward harming even its own citizens.

Less hidden but far more devastating evil acts have been perpetrated by American armed forces on civilians throughout the world. Senselessly destroying Hiroshima and Nagasaki as densely populated Japanese cities became the first intended targets and human guinea pigs of the atomic bomb. And President Truman ordered it even knowing Japan had all but surrendered already. But even prior to the Enola Gay dropping the atomic bomb, the US has used chemical warfare killing people all over the globe with Monsanto made napalm bombs that in one single attack wiped out 100,000 Japanese citizens. Hundreds of thousands of Southeastern Asians were napalmed to death during the Vietnam War. White phosphorus has been used to melt human flesh in Iraq and Israel has used it against Palestinians.

Millions and millions of innocent humans have been murdered as a result of these most heinous international crimes against humanity decade after decade after decade with complete impunity at the hands of both the US and Israeli military.

So developing biological weapons from collecting monstrously lethal specimens of the Ebola virus should come as no surprise. Or when considering this already long and extensive US military history, repeatedly guilty of human slaughter on such mammoth, unprecedented scale, it should not be so shocking to realize the military purpose of Ebola as yet another highly destructive weapon in its vast lethal arsenal could be potentially used to eliminate an enormous segment of this planet's readily expendable current human population.

This year's first outbreak of the hemorrhagic fever virus Ebola started in February in the West African nation of Guinea. It then began spreading to Liberia and, for the first time, to Sierra Leone and now Nigeria. With the possible spread to England in attempts to trace 30,000 people who might have been exposed, and now an American death in Nigeria and two more Americans afflicted with it here in the US, Ebola has rapidly grown into what could become a global epidemic with a potential capacity to wipe out millions. According to recent statistics from the World Health Organization (WHO) released just last week, at least 672 people have died out of a total of 1,201 cases so far this year in West Africa. However, seven days later the number of fatalities has jumped to 887, a spike of over 200 deaths in just the last few days.

Because the incubation period may last ten days while the infected victim may not even be aware of any illness, the virus is highly contagious. Then what begins like typical flu symptoms of fever, later vomiting as the virus spreads rapidly inside the body causing people to succumb often within days of its onset. Victims literally die from internal bleeding that in the final stages can flow out of every orifice. It has the trappings of a ghastly zombie science fiction nightmare come true.

In 1976 the Ebola outbreak first surfaced in Zaire (now the Republic of the Congo) and then concurrently in Sudan though with different strains, killing 280 people out of 318 diagnosed in Zaire (88% mortality rate) and 151 out of 284 in Sudan (at a killing rate of 53%). During the nearly four decades since those first outbreaks, little has been learned of the disease. The origin of the virus is believed to come from infected animals such as rats, monkeys and bats, all edible meat that are a main staple and part of many Africans' diet. The so called bush meat can be a viral carrier. So humans remain at risk from animal to human transmission and of course now from human to human transmission, most often from exchange of bodily fluids.

There is no standard treatment (other than isolating the infected and quarantining those at risk). Nor is there yet an official vaccine, although Reuters just announced that as early as next month the US government will commence testing an experimental Ebola vaccine on humans after positive results were found on primates. It has been reported that the National Institutes of Health (NIH) infectious disease unit and the US Food and Drug Administration (FDA) will be running vaccine trials "as quickly as possible."

This contagious, incurable, highly fatal disease along with the typical bleeding from the eyes has people around the world reacting in horror especially with this largest outbreak to date. Both the CDC and WHO have emphasized that there is no reason for panic as far more people die from the common flu every year than the less than 2000 people killed by Ebola

since its African emergence nearly four decades ago. The total numbers show two out of three humans who have been diagnosed with the Ebola virus, die from it with 1,717 deaths recorded out of a total 2,586 cases thus far. In stark contrast, 500,000 people die annually from influenza and a total of nineteen million are believed to have succumbed from the flu.

That said, it is important to disseminate accurate information of what we have come to learn about Ebola. According to the Public Health Agency of Canada:

" INFECTIOUS DOSE: 1 – 10 aerosolized organisms are sufficient to cause infection in humans."

Canadian researchers separating pigs from monkeys by wired pens found that infected pigs transmitted the virus by air to the monkeys. Also the viral organism can survive outside the host for several days at normal room temperature, evidence that the virus can stay alive on door knobs and household surfaces and be contagious for a considerable length of time.

The increased near nonstop mainstream reporting about Ebola in recent weeks is undoubtedly in part government propaganda designed to frighten people as well as perhaps take some of the heat off its number one genocidal ally Israel. The security state typically exaggerates or fabricates crises after crises in order strengthen its control through fear tactics over the general population. It only solidifies the absolute authority and power of the police state. Add the media propensity to over sensationalize as a tool of state sponsored propaganda and sufficient excuse emerges to activate security forces to quell ensuing panic and disorder. That said, local citizens in all nations do need to stay informed of any real global danger if in fact an Ebola pandemic does break out in a neighborhood near you, whether by accident or by sinister government design.

Right in stride with the Ebola hype comes the signing of Obama's latest executive order. "Revised List of Quarantinable Communicable Diseases" allows for the "apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases," added to George Bush's 2003 Executive Order 13295. This means that anyone with respiratory problems that might include bronchitis, COPD or pneumonia can potentially be rounded up at any time. This disinformation of protecting people under benign pretense is the deceptive bait by which the totalitarian police state closes in on its stranglehold of the American populace. Every week the government is ratcheting up conditions ripe for the next manufactured crisis on domestic soil that will ultimately pave the way for martial law and the FEMA roundups of American citizens. With these latest developments, we are one step closer.

Under CDC authority not just people with respiratory problems can be apprehended and detained against their will under the protocol of being quarantined. CDC asserts that any healthy American can be detained as well based on mere suspicion that he or she might have come into contact with an infected person. This loosening of the criteria for detaining individuals opens the floodgate for Big Brother to round up virtually anyone.

In other recent related news, along with people with respiratory problems, there is a current plan in place to soon be rounding up the homeless in Los Angeles and locking them up in FEMA concentration camps with implanted RFID chips. They will be baited with a promised meal. That famous poem by Martin Niemöller comes to mind about the passivity and denial of so many German citizens in response to the series of Nazi prewar mass roundups – "when they came for the homeless, I did not speak out because I was not homeless." The Orwellian

nightmare is officially underway.

In early August Dr. Kent Brantly, the American doctor who contracted Ebola while treating patients in West Africa, arrived in Atlanta and under police escort was rushed off to the home of the CDC Emory University Hospital. Today another American medical worker Nancy Writebol came in on a separate flight and was wheeled into Emory Hospital. Their arrival marks the first Ebola cases on US soil. Both were given an experimental drug in Liberia that apparently is improving their condition. Last Thursday before given the drug the doctor stated he felt he was dying but had already gained enough strength to walk into the hospital in Atlanta on his own. The new drug is called ZMapp and was developed by the San Diego biotech firm Mapp Biopharmaceutical Inc. after showing promising signs treating monkeys infected with Ebola.

No doubt the US government is highly invested in Ebola for both potential Big Pharma profits developing a vaccine as well as for a potential "final solution" as a convenient biowarfare global population-killer. Speaking of profits, Tekmira Pharmaceuticals, a company working on an anti-Ebola drug, just received a $1.5 million cash advance from another killer corporation Monsanto. In the past Tekmira was also awarded $140 million contract from the Department of Defense (formerly known more appropriately as the Department of War). In 2010 the CDC actually did acquire a patent on the strain that erupted in Uganda in 2007 that killed 39 out of 116 infected patients. The CDC patent owning that particular strain of Ebola from Uganda known as "EboBun" has the patent number CA2741523A1 and can be viewed here.

By filing for a patent on a product, in this case a highly lethal infectious disease, the US government is acquiring a governmentally enforced monopoly to exclusively profit from the "invention." In the summary section of the EboBun patent, it stipulates that the US government in its patent ownership has complete legal control and ownership over all other strains of Ebola virus that share 70% and higher similarity. Thus, this deadly West African strain of Ebola will soon become the US government's latest prize possession in biowarfare.

In bringing the two Ebola infected Americans back from West Africa to the CDC, in addition to optimizing their survival chance, the other all too obvious explanation is to harvest their Ebola cells for extraction that will then be used to patent the most deadly strain ever known to man. Infectious disease specialist Dr. Bob Arnot who worked on the ground in Africa with patients infected with Ebola virus recently went on television maintaining that "there is no medical reason to bring them here." To make an exclusive claim of ownership of such a highly infectious disease stolen from the afflicted seems in and of itself invasively and exploitatively sinister. Of course it raises such red flag warnings and suspicion of how the virus might actually be used or more apt misused. Typically the government is quick to explore its military application as potentially the most powerful deadly biological weapon in the entire world.

Sierra Leone recently kicked out all US Ebola researchers from Tulane University and the US Army Medical Research Institute of Infectious Diseases (USAMRIID), a known center for biowar research headquartered at Fort Detrick, Maryland. Just prior to that event two weeks ago after three nurses died from the viral hemorrhagic fever, Sierra Leone nurses working in heavily infested Kenema district actually went on strike accusing the government's Ministry of Health and Sanitation of mishandling the pandemic that is rapidly spreading. They complained that the medical workers caring for the ill are not properly protected and are suspicious that the American biowarfare team may be responsible for the recent surge in

deaths. The Sierra Leone government then ordered the US bioweapons lab at Kenema to be moved due to the mounting anger of the local population blaming the Americans for infecting their citizens through their Ebola testing. Posted on the health ministry's Facebook page is the conclusion that the diagnostic kits the US researchers have been using are fake and producing false results. It legitimately asks, "Have Tulane researchers done something to endanger public health?" Meanwhile, more people are becoming infected and dying there in that Sierra Leone district hospital than any other place on the planet.

Compounding the mystery, US mainstream media reported that the Sierra Leone leading doctor died from Ebola but the Minister of Health denied that claim. WHO is believed to be taking advantage of the crisis in medical services with pressure to deploy UN security forces in order to launch a massive vaccination (and possible infection) and quarantine campaign. In response, 700 soldiers from the Sierra Leone army have been deployed setting up roadblocks to help quarantine citizens, permitting only health personnel into the hardest hit areas. Troops in Liberia have also been sent to help contain the outbreak there.

The Minister also stated that all new confirmed cases will be admitted and treated at Kailahun Hospital, not trusting what has been occurring with the presence of the US biowarfare researchers at Kenema where rates of confirmed diagnosis have soared recently. Finally the Sierra Leone government is also demanding that the CDC send the biowar lab results to the African government for analysis, implicating that the US research group may be under investigation.

A doctor employed by the French charity organization Doctors Without Borders even stated that the locals' perception that they will be killed in the Kenema hospital where the Americans have been conducting their research is "understandable," given that the hospital has become the pandemic's epicenter. Both the WHO and CDC documents admit that historically most of the Ebola victims have died at the Kenema hospital because of the questionable activities of medical staff. That sounds like an admission of guilt that the military biowarfare team instead of accurately diagnosing patients may have in fact contaminated them with the Ebola virus, possibly using the local Sierra Leone population as mere guinea pigs for their experimentation.

Back in 2009 Tulane University Ebola researchers received more than a $7 million dollar grant from NIH to fund the detection kits allegedly used in Sierra Leone. A 2007 Tulane University release entitled "New Test Moves Forward to Detect Bioterrorism Threats" boasts of an earlier $3.8 million NIH grant that led to early test trial success of "diagnostic test kits that will aid in bioterrorism defense against a deadly viral disease." This document indicates that the Ebola biowarfare research team has been experimenting with its kits on Sierra Leone's people for at least seven years before they were ultimately banished recently.

In another astonishing development, a rogue doctor with extensive experience treating Ebola victims, anonymously released what he calls a simple treatment for Ebola – massive amounts of Vitamin C. Similar but far more extreme than scurvy, the Ebola virus essentially drains the body of all Vitamin C, thus depriving oxygenated blood that bursts capillaries and triggers internal hemorrhaging that in effect causes victims to bleed to death. This Ebola specialist maintains that there is no need for a vaccine and warns against them, adding his opinion that the Ebola outbreak in Sierra Leone was actually caused by that biowarfare research team. The doctor recommends a high dosage treatment of 500,000 mg of Vitamin C per day, emphasizing that it is not a cure but will boost the immune system giving it the strength to kill off the Ebola virus in the body.

What is most certain in all these developing stories is the rapid unfolding of global destabilizing events and developments, bogus accusations and boldface lies streaming forth everyday from the propaganda mills of mainstream media and the US government.

But a closer examination of what is far more probable the actual truth indicates that so many of these simultaneous incidents are intimately related, and a mere connecting of dots spells an evil agenda promoting tighter control by a desperate security state that is now declaring war on all people who seek and speak the truth.

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