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THE SWINE FLU FIASCO: A SAGA OF GREED AND FRAUD

KEYWORDS: Flumist, Tamiflu, Albert Osterhaus, 100,000 bird droppings, H5N1, ESWI, SARS, SAGE, THL, Pandemix, the "Pharma Mafia" of vaccine makers, "Who Will Protect Us Against The Protectors?", Donald Rumsfeld, Legionnaire's Disease, The Great Swine Flu Massacre, Spanish flu, Julie Geberding, PhRMA

This Newsletter is particularly targeted to readers advised to "stay tuned" for updates on controversial topics. Perhaps the most contentious, which continues to make headlines, is the H1N1 swine flu pandemic farce. The current brouhaha was suggested, if not predicted, in last June's Newsletter, **"SWINE FLU STRESS FEARS: FACT, FICTION & DÉJÀ VU"**, and again in October's, **"SWINE FLU STRESS EFFECTS MAY BE WORSE THAN H1N1."**

Also Included In This Issue

Concerns were expressed about WHO's recommendation that all of the 6.3 billion people in the world should be vaccinated, a Presidential panel's prediction that half of all Americans would be infected, the hasty production of hundreds of millions of doses of vaccines that had not been adequately tested for safety or efficacy, fears that this would result in a repeat of previous flu fiascos that fizzled out, and the likelihood that dire warnings were not based on scientific studies, but pressures from manufacturers of vaccines, as well as drugs and other worthless products, who would also reap exorbitant profits.

Since then, all of these concerns appear to have been justified. The number and severity of H1N1 flu infections were grossly overestimated. Total swine flu deaths in 2009 were much lower than for seasonal flu, the vast majority occurred in younger age groups, and usually resulted from some other underlying condition. The allocation, distribution and implementation of the

vaccine program became a nightmare. States received vaccines based on their populations but there was a severe shortage since manufacturers were months behind their promised delivery dates. Because of the scarcity, top priority was to be given to pregnant women, children and health care workers. However, state distribution systems to hospitals, nursing homes, extended care facilities and physicians varied. Long lines of eligible people desperate to avoid the impending epidemic had to be turned away.

In addition, nasally inhaled vaccines like Flumist were contraindicated during pregnancy, other vaccines manufactured on an accelerated basis required two injections several weeks apart, and over 800,000 doses of one Sanofi Pasteur batch had to be recalled because of lack of potency. The popular vaccine developed by Novartis was produced in a bioreactor from cancerous cells, a technique that had never been used before. There were reports of contaminated vaccines and rumors of possible adverse side effects such as paralysis, and some grade school children in Connecticut mistakenly received insulin instead of the vaccine. The public was not informed in the massive advertising blitz, that the manufacturers, distributors and those who administered H1N1 vaccines **could not be sued for any adverse effects** because a recently enacted law specifically prohibited injured individuals from accessing the U.S. legal system to seek damages. Many health care workers refused to be vaccinated for either swine or seasonal flu, even though New York State and certain facilities elsewhere had made these mandatory for all employees, including those with administrative duties not requiring patient contact. The New York State regulation was later overturned following a lawsuit by nurses and other health care workers.

It is not surprising therefore, that so many people refused to participate as guinea pigs in an experiment of unknown risk and unproven benefit. A Harvard poll released a few weeks ago revealed that **most Americans do not intend to get the swine flu vaccine, assume the pandemic is over and think the flu threat was overblown.** Only a fifth of the population had been vaccinated, and of the 120 million doses distributed, only about 70 million were used. An additional 35 million doses are available but there is no market for them, since public health agencies are swamped with requests for returns. Although doctors can now cancel previously ordered shipments, states will not accept unused vaccines. Their refrigeration storage capacity is already overloaded, many vaccines have expired or will soon expire and physicians have the same problem. This is especially true for those who ordered thousands of free doses that were sometimes triple the number of patients in their practice. Flumist expires in 18 weeks and Sanofi Pasteur recently announced that their pre-filled vaccine syringes would expire February 15, 2010, rather than the March 2011 date listed.

It had been suggested that surplus vaccine should be shipped to needy countries, but this seems unlikely. Earlier this year, Poland rejected all H1N1 vaccines because of serious safety concerns and lack of trust in the drug companies producing them. Greece, France, Germany, Belgium and the United Kingdom also cancelled orders for vaccines because it was clear that they would not be needed. Based on advice from experts, England's chief medical officer estimated in July that there would be up to 65,000 deaths and that half the children would fall ill. The National Pandemic Flu service was launched to provide Tamiflu to anybody who phoned in with plausible symptoms. Although it was recognized that probably only one in 20 would probably contract H1N1, the Department of Health had stockpiled 50 million doses. By October, the top estimate of 65,000 deaths was scaled down to about 1,000, but by the end of January, the actual death toll was less than 400. Before Christmas the vaccination campaign was extended to children under 5 years old, but a month later, over 90 percent were still not vaccinated. To limit purchases, the government cancelled further orders for vaccine from Baxter, whose contract included a break clause with penalty charges, and opened negotiations with GlaxoSmithKline, whose contract did not. The expenditures for these two companies alone were estimated to be $780 million. In retaliation, the Chairman and CEO of Novartis, threatened governments that were now canceling H1N1 vaccine orders, would be treated very differently in future pandemics by insinuating that they would be on the bottom of the totem pole. "The same governments that exerted a lot of pressure on the industry to deliver vaccines very quickly were the same governments that then said 'we don't want any more of what we ordered', once they saw that they ordered too much . . . . The next time that there will be a pandemic - and there will be another one - the governments who have been reliable partners will be treated preferentially."

Motions filed in England's House of Commons in late January 2010 raised concerns "that exaggerated claims of the dangers of pandemics may undermine the public's faith in warnings of future serious health emergencies." It pointed out that the 350 deaths from H1N1 flu in the UK had largely been in people with underlying health problems, and that "**the World Health Organization forecast and fear-mongering by the media greatly overstated the risk" of H1N1 flu**. It specifically criticized the government's purchase of millions of doses of Tamiflu, an antiviral drug that had been shown to be ineffective in studies not funded by drug companies, as well as eight drug company trials that had not been published. One member of Parliament suggested that unless an alternative could be found for the unused Tamiflu tablets, "the Government stands condemned", although "They would be great for gritting the icy roads." A resolution calling for an investigation into the influence that pharmaceutical companies have on WHO (the World Health Organization) was introduced in

the Parliamentary Assembly of the Council of Europe by Dr. Wolfgang Wodarg, Chairman of its Health Committee. A former member of the German Bundestag and a physician specializing in pulmonary disease and environmental medicine, Dr. Wodarg described WHO's current "fake pandemic" campaign as **"one of the greatest medical scandals of the Century".** He claimed that drug companies had engineered the entire process and needed to be held accountable because "they were willing to inflict bodily harm in their pursuit of profits." He also warned that the full extent of the damage from inadequately tested vaccines may not be known for years, and specifically cited vaccines manufactured from cancer cells, since this had never been done before.

The resolution, which was unanimously approved, called for an inquiry to begin on January 10, and asserted that

> In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side effects of insufficiently tested vaccines. The bird flu campaign (2005-06) combined with the swine flu campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. **The definition of an alarming pandemic must not be under the influence of drug sellers."**

The Controversial Close Connections Between Dr. Chan And "Dr. Flu"

Dr. Wodarg was obliquely referring to Professor Albert Osterhaus, of the Erasmus University in Rotterdam Holland, who is now under investigation for gross conflicts of interest. Also known as "Mr. Flu" and "Dr. Flu", Osterhaus has been accused of being responsible for the 2009 worldwide swine flu pandemic hysteria. Few people are aware that the definition of a pandemic was previously a new virus for which there was no immunity, so that it spread quickly and was associated with high sickness and mortality rates. On the advice of Osterhaus and his cohorts, the last two high mortality and morbidity criteria were now mysteriously missing when WHO suddenly decided to revise the requirements for calling an outbreak a pandemic. Coincidentally and conveniently, **this was the only change that was made** when the revised definition was published in April 2009, **just in time to classify the mild flu cases due to H1N1 Influenza A as a pandemic,** as well as **"a public health emergency of international concern."**

Paradoxically, in June 2009, when WHO Director Margaret Chan elevated swine flu to the highest Phase 6 "Pandemic Emergency" status, she said, "On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment. Worldwide, the number of deaths is small, we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections." Many felt that this surprising statement was not consistent with a "Pandemic Emergency" classification, and while seemingly made to allay public fears, they suspected its real purpose was to force countries to order more vaccines to protect their citizens. It was later revealed there had been heated internal debates prior to this, and that Chan had raised H1N1 to the highest pandemic level on the advice of WHO's SAGE (Scientific Advisory Group of Experts) based on this recommendation by Dr. Osterhaus.

Chan, who had previously been Hong Kong's Director of Health, had been criticized for her handling of the 1997 H5N1 bird flu outbreak, since she initially tried to reassure everyone with statements like, "I eat chicken everyday, don't panic." Osterhaus, who first made the connection with chickens, rescued her, and she was later credited for bringing the H5N1 epidemic under control by slaughtering all the chickens in Hong Kong as he had suggested. Osterhaus again came to her rescue when Chan consulted him during the 2003 panic over the SARS (Severe Acquired Respiratory Syndrome) outbreak then sweeping Hong Kong. Within a few weeks, he demonstrated that the disease was caused by a newly discovered coronavirus found in civet cats, other carnivorous animals, as well as bats.

No one doubts his credentials, and he was probably the first virologist to prove that H5N1 could be directly transferred from birds to humans. He emphasized this during numerous lectures throughout Holland and Europe, warning that drastic measures were required to prevent a pandemic since "there is a real chance that this virus could be trafficked by the birds all the way to Europe. There is a real risk, but nobody can estimate the risk at this moment, because we haven't done the experiments." To support his dire and scary scenario of an impending pandemic, Osterhaus and his assistants started to collect and freeze samples of bird droppings. He claimed that up to a third of all European birds carried the deadly H5N1 avian virus, and that farmers and others exposed to poultry were at particular risk. He published papers proposing that deaths from H5N1 in Russia, the Ukraine and Baltic Sea countries would soon be coming to Europe that were pounced on, and sometimes exaggerated, by medical journalists who dubbed him "Mr. Flu" and "Dr. Flu" in numerous magazine and newspaper articles. Politicians became alarmed, especially in 2003, when a Dutch veterinary doctor fell ill and died. Osterhaus claimed that this was due to bird feces droppings that had disseminated the deadly new Asian H5N1 strain. His prestige and

influence were now so great that he was able to convince the government to order the slaughter of millions of chickens. Skeptics pointed out that no other infected people had died from the alleged new H5N1 virus. "Dr. Flu" countered by claiming that this actually proved the efficacy of his preemptive elimination campaign. The problem with his explanation was that **in all of the 100,000 specimens of bird excrement that he had collected, there was not one single sample that confirmed the presence of H5N1 virus.**

However, "Dr. Flu" was already looking for other possible pandemic triggers that would perpetuate his lucrative research via the ESWI (European Scientific Working group on Influenza) founded in 1992, that he also heads. The ESWI describes itself as a "multidisciplinary group of key opinion leaders in influenza that aims to combat the impact of epidemic and pandemic influenza", as well as the vital link between WHO and leading research facilities in Europe and the U.S. What is more significant about ESWI is that its work is entirely financed by H1N1 vaccine manufacturers Novartis, MedImmune, GlaxoSmithKline, Sanofi Pasteur, Baxter Vaccines, Tamiflu distributor, Roche labs and other companies which stood to profit over $13 billion from governments compelled to buy and stockpile vaccines if WHO declared a swine flu pandemic emergency. In addition to ESWI's lucrative income, Osterhaus has personally admitted receiving significant consultation fees from all the above companies and owns shares in similar companies like Viroclinics Biosciences and Isoconova that are involved in formulating vaccines. He is also the official adviser on H1N1 to the UK and Holland.

WHO's Board Of Advisory Experts And Their Numerous Conflicts Of Interest

The Mexican swine flu outbreak last April was the answer to Osterhaus' prayers. It was originally called swine flu because the first cases occurred in a Mexican child who lived in close proximity to a huge pig processing plant. Local residents had picketed it for months because of respiratory complaints they attributed to fecal waste lagoons. That did not interest Osterhaus, who saw this as a golden opportunity to vindicate his predictions of an impending pandemic since his early involvement with the 2003 SARS outbreak. Although H1N1 could infect pigs, there was no evidence it could be transmitted from pigs to humans. The new virus also differed from swine flu, since its components included pieces of avian, human and swine flu viruses that had somehow merged. On April 30, WHO announced it would stop referring to the H1N1 virus as swine flu after several countries banned pork imports. Egypt destroyed any pig farms it could find, Iraq ordered the extermination of all wild boars and Afghanistan slaughtered its only pig in Kabul zoo, even though there had been few if any cases of confirmed H1N1 cases in citizens of these countries. An August outbreak of H1N1 flu in turkey farms in Chile was the first demonstration that the virus could be

found outside humans, and it was later discovered in Canadian and U.S. turkeys. There was no evidence to show that it could be transmitted from fowl to humans, but there was enough ammunition for Osterhaus and other advisors to convince WHO of a possible imminent and disastrous pandemic. There was also considerable financial incentive, since most of them would personally profit from successfully suggesting such a scenario.

WHO is a specialized agency of the United Nations that was established in 1948 with headquarters in Geneva. WHO's lofty objective is "the attainment by all peoples of the highest possible level of health", and it is best known for its attempts to eradicate infectious diseases, especially those that are rampant in undeveloped countries. WHO is financed by sliding scale contributions from its 193 member countries, as well as philanthropies with similar interests. In 1999, SAGE (The Strategic Advisory Group of Experts on Immunization) was established to provide guidance on overall global policies and strategies ranging from vaccine research and development, to the delivery of immunization for all vaccine-preventable diseases. Its 15 members are selected by WHO's Director-General, based on their expertise in epidemiology, public health, health care administration and economics, infectious diseases, immunology, drug regulation, vaccine safety and other relevant areas. A public call for nominations is issued, a list of eligible candidates is reviewed, and members are selected on the basis of qualifications and ability to contribute to accomplishing SAGE’s goals, as well as other factors such as appropriate geographic representation and gender balance. Members serve for a three year term that can be renewed only once, and to avoid conflicts of interest, must declare any financial support for research, scholarships, collaboration, consultations, etc. received during the previous three years, as well as any paid or unpaid work, stock and stock options, patents, trademarks, copyrights or intellectual property rights that might be enhanced or diminished by the outcome of SAGE decisions.

As might be anticipated, many current SAGE members have received funding from pharmaceutical companies whose profits would be multiplied by flu pandemic. However, verification of the accuracy of the information submitted is difficult, as is its completeness. Finnish Professor Juhani Eskola, the newest member of the SAGE advisors, did not disclose that his THL research center received about $9 million from GSK (GlaxoSmithKline) in 2009. GSK produces the H1N1 swine flu vaccine, Pandemix, which the Finnish and many other governments purchased in large volumes as a national pandemic reserve based on the recommendations of THL and SAGE. Another SAGE member, Dr Frederick Hayden, of Britain’s Wellcome Trust, and a close friend of Osterhaus, is also paid for "advisory" services from Roche, GSK and other pharmaceutical giants involved in producing H1N1 pandemic related products. Prof. David Salisbury of the UK Department of

Health, Chairman of SAGE and head of the WHO H1N1 Advisory Group, is a strong defender of vaccine manufacturers, and has been accused by citizen health groups of trying to cover up proven links between vaccines and various disorders. Other members also have intimate financial ties to vaccine makers that benefit from SAGE's recommendations, such as Dr. Arnold Monto, a paid consultant to MedImmune, GSK and ViroPharma.

To increase its income, WHO entered into partnerships with non-governmental groups, and **now receives almost double its normal UN budget from pharmaceutical company grants and financial support.** It is therefore not surprising that the International Federation of Pharmaceutical Manufacturers and Associations (IFPA), a huge global consortium of pharmaceutical, biotech, vaccine companies and industry associations established its headquarters in Geneva, or that WHO, has granted it "consultative" status. This means that meetings of the "independent" scientists of SAGE, are attended by "observers" that include GlaxoSmithKline, Novartis, Baxter and other vaccine makers, referred to as the "Pharma Mafia", which benefit from decisions like the June 2009 H1N1 Pandemic Emergency declaration. One critic wrote, "As the main financiers of the WHO bureaucracy, the Pharma Mafia and their friends receive what has been called 'open door red carpet treatment'". A member of Russia's Parliament and Chairman of its Health Committee, has asked the Russian representative to WHO in Geneva to order an official investigation into the growing evidence of massive corruption of WHO by the pharmaceutical industry, stating "There are grave accusations of corruption within the WHO," and "An international commission of inquiry is urgently required."

It is unlikely that this, or the similar European Union Parliament Resolution, will accomplish anything. Following the exposure by Dutch columnists of the close links between "Dr. Flu" and numerous vaccine makers, there was a public uproar and demand that the government sever all ties with Osterhaus as its official advisor because of serious conflicts of interest. An emergency session of The House of Representatives was called in October to debate this motion, but it was rejected. The Dutch Health Minister, a close friend, later issued a statement claiming that Osterhaus was but one of many scientific advisers on H1N1 vaccines and that the Ministry "knew" about his financial interests. He also announced a "Sunshine Act" to now compel scientists to disclose any financial ties that might represent a conflict of interest. However, this was not retroactive and did not apply to Osterhaus. As other complaints about WHO's false swine flu pandemic escalated internationally, they could no longer be ignored, and damage control quickly went into high gear. Postings on WHO, IFPA and vaccine maker's web sites explained that it was better to be safe than sorry, that the pandemic was not over, and warned that it could return with a vengeance, as had happened in the past.

In response to claims that the pandemic preparedness measures taken by European Union member states were out of proportion, Dr Keiji Fukuda, Special Adviser to the WHO Director-General on Pandemic Influenza, told the press on January 14, 2010: "But I want to emphasize that the world is going through a real pandemic. The description of it as fake, is both wrong and is irresponsible". At the same time, it was acknowledged that **only up to 15,000 people around the world had died from H1N1, compared to some 500,000 annually from seasonal flu.**

A few days later, in her report on "the fiasco of the vaccination for the pseudo H1N1 pandemic" to the WHO Executive Council, Director-General Chan offered the following observations and conclusions.

> In today's world, people can draw on a vast range of information sources. People make their own decisions about what information to trust, and base their actions on those decisions. The days when health officials could issue advice, based on the very best medical and scientific data, and expect populations to comply, may be fading. It may no longer be sufficient to say that a vaccine is safe, or testing complied with all regulatory standards, or a risk is real. In my view, this is a new communications challenge that we may need to address".
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> In short: I believe that what most countries are doing, that is, urging their populations to get vaccinated, is the prudent public health approach. Each country has to assess its own epidemiological situation and the needs and concerns of its citizens. . . . During any public health emergency, health officials must make urgent, often far-reaching decisions in an atmosphere of considerable scientific uncertainty. Given our duty to safeguard public health, the tendency of officials facing such a situation is nearly always to err on the side of caution. I believe we would all rather see a moderate pandemic with ample supplies of vaccine than a severe pandemic with inadequate supplies of vaccine. Although the virus has not yet delivered any devastating surprises, we have seen some surprises on other fronts. We anticipated problems in producing enough vaccine fast enough, and this did indeed happen. But we did not anticipate that people would decide not to be vaccinated.
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> In addition, we cannot predict what will happen between now and later in the year, when the southern hemisphere enters its influenza season and the virus becomes more transmissible. Let me introduce a word of caution. Reliable estimates of the number of deaths and the mortality rate during the current pandemic will not be possible until one to two years after the pandemic has ended. Let me reassure you on a final point. This has been the most closely watched and carefully scrutinized pandemic in history. We will have a wealth of new knowledge as a result. It is natural that every decision or action that shaped the response will likewise be closely and carefully scrutinized. WHO can withstand this scrutiny.

Although risk of infection has admittedly almost vanished, WHO and U.S. officials are still aggressively pushing H1N1 vaccine for everyone. It was just

announced that it will likely be combined with next fall's seasonal flu vaccine, **but that two injections may be required for some individuals.**

The FDA, Centers For Disease Control And "*Quis Custodiet Ipsos Custodes?*"

Quis custodiet ipsos custodes? is a Latin phrase from the Roman poet and satirist Juvenal, which literally translated means, "Who will guard the guards themselves?" It addresses the troubling question of who can be trusted with power that was originally posed by Plato in *The Republic*, and is more often quoted as "Who watches the watchmen?" or "Who will protect us against the protectors?" The latter rendition is more appropriate in this instance, since the FDA has the responsibility for ensuring the safety, efficacy and adequate supplies of H1N1 flu vaccines, as well as other products used to prevent or treat H1N1 infection. As detailed in prior Newsletters, they failed in all these areas. In some cases this could be traced to faulty information from pharmaceutical manufacturers, but in other instances, was due to pressure from powerful interests and individuals who would profit from flu pandemics. A notable example is Donald Rumsfeld, who was responsible for the 1976 Swine Flu fiasco. At the time, he was Secretary of Defense for Gerald Ford, an interim president without a cause. Rumsfeld, who had headed Ford's transition team, was his first Chief of Staff, and had tremendous influence. He convinced Ford that his best chance to remain in office would be to head a campaign promising that "every man, woman and child" would be vaccinated to prevent swine flu at no cost. Strong support came from major drug companies that would reap huge rewards from swine flu vaccines they had developed to protect pigs. The impetus for the gigantic national swine flu vaccine program came directly from CDC, whose director predicted that a pig-borne human virus nicknamed the "swine flu," would soon devastate the United States, despite the fact that no cases had been reported. In July 1976, after an outbreak of pneumonia at an American Legion convention in Philadelphia, the CDC allowed the media to circulate rumors that this "Legionnaires' disease" was the start of the swine flu virus epidemic and that everyone should be vaccinated. (It was actually due to a new bacterium.)

A massive media blitz followed, and Congress quickly passed legislation to pay for a free swine flu vaccine campaign for some 215 million Americans. Insurance companies warned they would not insure drug firms or health care personnel against possible adverse effects of swine flu vaccine because no safety studies had been conducted. The campaign was halted after only ten weeks because of several sudden deaths that occurred shortly after vaccination and increasing reports of neurological damage. **Instead of the millions predicted to perish if they were not vaccinated, there was just one death, and only 200 cases were ultimately reported. In the 40 million people who were vaccinated, there were 30 vaccine related deaths, over 500 had developed disabling Guillain-Barré**

Syndrome, there were more than a thousand other cases of nerve damage and paralysis, and lawsuits alleging $1.3 billion in damages were filed. What came to be called the Great Swine Flu Massacre contributed to Ford being swept out of office the following year by the relatively unknown Jimmy Carter. Rumsfeld then joined the board of the newly formed Gilead Sciences, a manufacturer of vaccines and parent of the company that makes Tamiflu. He later became Chairman of the Board, and in 2005 owned shares worth over $96 million. That was the year President George W. Bush pushed for and won $7.1 billion in emergency funding to thwart a bird flu pandemic that he claimed would kill 2 million Americans. Rumsfeld was again Secretary of Defense; Gilead received a substantial portion of these funds; and its stock tripled in price. However, there was no U.S. HN51 bird flu outbreak and no Americans have ever died from bird flu.

Those Who Do Not Learn The Mistakes Of History Are Doomed To Repeat Them

As in 1976, it was predicted that this new H1N1 swine flu virus was very similar to the World War I Spanish flu virus that killed up to 100 million worldwide. However, most of those deaths were due to bacterial pneumonia, since antibiotics were not available. It is difficult to overestimate the hysteria government agencies generated based on such speculations. An on duty Kentucky traffic officer called his pregnant daughter, and when told she had just left, insisted that they keep calling her cell phone to stop her from traveling through a particular intersection. A man with what appeared to be swine flu had just been loaded into an ambulance and there were plans to vaccinate everybody in the vicinity. Pregnancy was a high priority for H1N1 vaccination, which neither of them wanted. In addition, the FBI had arrived on the scene and rudely demanded that local law enforcement step out of their way. They took the man to a barricaded location over 100 miles away and instructed the media not to cover the story, possibly because of terrorism fears. When a friend in the state legislature tried to obtain further details, the only information he received was that there had already been 30 cases in Kentucky that had accumulated over the past few months.

An e-mail from the chief medical officer of Florida Hospital on April 28, 2009 stated, "A case was diagnosed here in Orlando today on a tourist from Mexico who came to Disney attractions two days ago." This was immediately denied by Florida Hospital and Orange County health officials, who told a press conference "There have been no confirmed cases of swine flu by the CDC in Central Florida." That is technically true, since it takes time for CDC to confirm H1N1 infections, and even though tests elsewhere are positive, the existence of any "confirmed" cases can be denied. Although the conference was called to obtain more details about the sick patient, a hospital spokesperson said they had "not yet talked to the chief medical officer about this". That seems ludicrous, until you realize that the local and

much of Florida's income depends on tourism, which was significantly depressed compared to the year before due to the poor economy. Had news of a swine flu outbreak in Orlando become widespread, reservations and attendance would likely have rapidly dropped even more drastically.

Dr. Chan blamed much of the H1N1 pandemic confusion on the failure of WHO, and especially member states, on communication problems. With respect to faulty communication of the facts and creating widespread hysteria by hyping false predictions, the U.S. probably reigns supreme. We have previously emphasized the powerful influence drug companies have on the FDA, which apparently extends to the CDC, whose advisors on flu vaccine efficacy and safety were also inadequately screened for conflicts of interest. In a December 15 statement, the Inspector General of the Department of Health and Human Services reported that CDC consistently failed to insure that their medical experts adequately filled out forms confirming they were not being compensated by companies or anyone with an interest in their decisions. **The vast majority had potential conflicts of interest that were never identified or were left unresolved**, thirteen percent failed to even have an appropriate conflicts form on file at the agency, which should have prohibited their participation in any meetings. A few **voted on issues they had already been barred from considering.**

Dr. Julie Geberding, director of the CDC since 2002, and a WHO consultant, was not retained by the Obama administration. She resigned in January 2009 and immediately went to work for the giant PR firm Edelman as an "adviser on global health strategy". Its clients include industry's lobbying group, Pharmaceutical Research and Manufacturers of America (PhRMA), AstraZeneca, Novartis, Pfizer, Abbott Laboratories, Johnson & Johnson and Merck, all of which promote and sell their vaccines. This violated a statute restricting high government officials from lobbying activities until a year's "cooling off" period. This was not an obstacle, since Geberding was appointed president of Merck Vaccines in January 2010 to direct their $5 billion global vaccine business. Merck markets vaccines that are approved for 12 of the 17 diseases for which the CDC and U.S. Advisory Committee for Immunization Practices recommend vaccinations. Need I say any more?

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