

HEALTH AND STRESS

The Newsletter of The American Institute of Stress

Number 10

October 2009

SWINE FLU STRESS EFFECTS MAY BE WORSE THAN H1N1

KEYWORDS: Monkey virus, thimerosal, Merthiolate, Mercurochrome, autism, Tamiflu, Relenza, hand sanitizers, face masks, colloidal silver, Echinacea, elderberry extract, vitamin D and other supplements, Spanish flu, French flu, Kansas flu, Gerald Ford, Donald Rumsfeld, Legionnaires' disease, Guillain-Barré Syndrome, Great Swine Flu Massacre, peramivir, FluMist, Baxter Pharmaceuticals, Bird Flu, squalene, Novartis, multiple sclerosis, Flu Armour

I intended to devote this Newsletter to discuss the stress stemming from the conflicts between scientific advances and religious dogma as a sequel to the last issue that touched on some of these issues. However, recent statements and predictions about the current swine flu pandemic have caused so much stress due to confusion, contradictions and controversy, it seemed much more appropriate to follow up on the June Newsletter that predicted these problems. It's obviously much more desirable to attempt to prevent an H1N1 infection, than to risk having to treat it. However, that decision should be based on several considerations, such as: the likelihood of contracting swine flu; its severity and possible complications; the efficacy of immunization and other preventive measures; the frequency and dangers of adverse short and long-term side effects of various vaccines. **No accurate information is available at present to address any of these crucial concerns.**

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What Can We Look Forward To?

Nobody doubts the value of polio and smallpox vaccines, which essentially eradicated disabling diseases for which treatment was not effective. Unfortunately, this same stunning success and satisfactory safety profile does not apply to many other vaccines, especially those that are currently recommended for children, despite growing fears that some may have serious side effects. **A few decades ago, children received four vaccines, but this has now skyrocketed to 37-50 immunizations.** What is often not appreciated is that all of these foreign agents are administered during the precise period when their developing defense systems are most susceptible to injury.

DPT vaccine forces an immune response to diphtheria, tetanus and pertussis simultaneously, which would never happen in real life. The same holds true for the MMR combined measles, mumps, and rubella vaccine, which has been linked to autism and bowel disease. Children 6 months and older will now be subjected to an additional one or two injections of a new H1N1 vaccine that admittedly has not been adequately tested for either efficacy or safety. There are virtually no studies or scientific research on the effects of multiple vaccines that are either given in combination or in close succession. In addition, physicians and health authorities seem reluctant to acknowledge adverse vaccination reactions, even if they are immediate or occur within a few minutes or 24 hours. Well over ninety percent are never reported. The situation is even worse for long-term complications, since side effects that occur days, weeks or years later are almost never attributed to the vaccine.

And even if this is strongly suspected based on reliable evidence, little is done. Prime examples are the polio vaccines used in the 1950s that were found to be contaminated with the SV40 monkey virus in 1960. Despite this discovery, the vaccine continued to be administered with the full knowledge of governmental health authorities until it was finally withdrawn in 1963. Thirty years later, SV40 was isolated in bone, brain and lung cancers of disabled and deceased adults, thus proving a direct connection between both the Salk and Sabin vaccines and a slow growing cancer that took decades to develop. Nevertheless, no effort was ever made to track any of the estimated 100 million recipients of infected vaccines to determine the subsequent incidence of malignancies or other possible disabling diseases.

Thimerosal is a preservative that has been used since the 1930s to increase vaccine shelf life, even though its high mercury content was known to be potentially hazardous. It was originally marketed as Merthiolate for use as a topical antiseptic that largely replaced Mercurochrome, another mercury-based product developed in 1915 that is no longer sold in the U.S. because of safety concerns. Similar questions about thimerosal also surfaced in the 1970s following case reports of neurotoxicity when it was applied to large areas of injured tissue that allowed more to be absorbed. At the time, DPT was the only vaccine that contained thimerosal, but in 1976, the FDA ruled that it was not dangerous and it was included in other vaccines, especially those in multiple dose vials. Although banned in Europe, Russia, Japan and Canada for decades, it was only a few years ago that Thimerosal began to be removed from flu and many other U.S. vaccines. Whether it may be partially responsible for sharply rising rates of autism and other developmental brain disorders that began after this is still a fiercely debated issue, but several of the 5,000 such cases pending in Federal Courts have already been decided in favor of the plaintiff. That number is likely to increase based on a study published in June issue of the journal *Toxicology & Environmental Toxicology*

showing a clear causal connection between thimerosal and the brain pathology found in patients diagnosed with autism and related disorders. Researchers confirmed that the amounts of thimerosal found in vaccines given to infants in the 1990s, some of which are still in use, induced a degree of cellular damage consistent with that found in patients diagnosed with autism, Asperger syndrome and similar developmental disorders.

As indicated, some of the above issues and others that follow were addressed in the June Newsletter on "Swine Flu Fears". However, the hysteria and in some cases hype surrounding the likelihood of a deadly H1N1 pandemic has prompted this update. The World Health Organization now warns that some 2 billion people may be affected. A special presidential panel predicted that swine flu could infect half the U.S. population in the next five months, necessitating 1.8 million hospitalizations that would require 300,000 intensive care unit beds and quarantine precautions to protect other patients and staff. Emergency Rooms and hospital staffs would be overwhelmed, and there could be 90,000 deaths, almost triple the number of deaths from seasonal flu. It is hoped that a swine flu vaccine will be available some time in October, but the U.S. epidemic is expected to peak before then, it takes up to two weeks to develop immunity, and some vaccines may require two inoculations several weeks apart. There are varying opinions as to whether schools should be closed or some areas segregated, and some have forbidden physical contact of any kind, including giving a "high five". TV producers have also been urged to avoid or severely restrict hugging, kissing and handshakes. Drugs like Tamiflu and Relenza are ineffective, as are most hand sanitizers that are flying off the shelves. We are told that the best preventive measures are to vigorously wash your hands as often as possible, and to always cover up a cough or sneeze with your sleeve, but this may be difficult to implement. As previously indicated, facemasks may help prevent spreading the flu but not catching it, and they must be changed frequently. There are numerous scams claiming that ionic or colloidal silver, Echinacea, elderberry extract and other supplements are effective in preventing or treating swine flu that the FDA has tried to crack down on, but lacks the resources and manpower to do so. However, there is good evidence that 4,000 to 6,000 I.U. of vitamin D₃ daily may provide prophylactic benefits, and that taking larger doses as soon as there are any suspicious signs or symptoms can reduce their severity and duration.

Profiting From Previous Pandemics, Political Pressures And Vaccines

As an old adage warns, those who fail to learn from the mistakes of history are doomed to repeat them. Vaccine manufacturers and others warn that the impending swine flu outbreak could rival the 1918-1919 World War I Spanish flu outbreak. **That catastrophe killed 675,000 Americans, which is more than all U.S. lives lost in World Wars I and II, the**

Korean and Vietnam conflicts combined! The Spanish flu was the most devastating pandemic in recorded world history with an estimated total death toll of up to 100 million. Fears of a similar impending disaster have intensified because of a very recent study showing that the Spanish flu was also due to an H1N1 swine flu virus. Researchers used a new reverse genetics technique to recreate a living 1918 virus by gathering viral DNA from the preserved tissues of people who died in 1918 and 1919, including a woman whose body had been preserved in the frozen soil of Alaska. As with the current flu crisis, there is much misinformation about the Spanish flu and other outbreaks we can learn from with respect to their sources, severity, scapegoats and hysterical responses.

The Spanish flu pandemic began when an influenza A strain jumped from birds to humans. It was thought to have originated in Chinese or other Asian farms where people and domestic pigs lived closely together. It was also called swine flu, since it seemed similar to a type of flu usually found in domestic pigs and wild swine. It is likely that sporadic cases appeared earlier in the Far East, but the first outbreak was noted in March 1918 in the Fort Riley military base in Kansas, thought to be from poultry or swine bred to supply food. It spread to other U.S. Army facilities and then to Europe through troop ships. In August 1918, a more disabling form of the disease surfaced simultaneously in Boston, France and Sierra Leone. By November, the infection had crossed from France to Spain and started to spread globally. In contrast to the 0.1 percent mortality rate from seasonal flu, deaths occurred in 5 to 20 percent of those infected. As might be expected, Spain called it the "French" flu, and in other parts of the world, it was called "*La Grippe*", or "*La Grippe Espagnol*." The reason it is referred to as the Spanish flu is that it took place during World War I, when France, Britain, Germany and the U.S. imposed strict censorship that prohibited the press from reporting on the epidemic. There were fears that this could cause considerable alarm and seriously erode morale, and warring nations were also concerned that the enemy could utilize it as a weapon. Although Spain did not participate in the conflict and was officially neutral, it was heavily involved in humanitarian activities to improve the health of prisoners of war. Spanish newspapers and magazines, which were not subjected to censorship, vividly described what was transpiring not only in their own country, but also France and elsewhere. Since this was how most of the world learned about the pandemic, it was named the Spanish flu, even though it arrived from France, and should have been called the "Kansas" flu.

Similarly, the present H1N1 swine flu pandemic was referred to as the "Mexican Flu" when it started in March, despite the fact that it originated in California. Many countries banned flights to and from Mexico, and some U.S. officials urged a complete closing of the U.S. Mexico border. When a Mexican

soccer player who had been called a "leper" by a Chilean opponent spat on his adversary, the Chilean news media accused him of germ warfare. Argentines stoned Chilean buses because they were believed to be carrying the Mexican flu, and European and Asian citizens were warned not to visit Argentina and neighboring countries, as well as Mexico, the U.S. and Canada. Japan, Russia and China had similar policies, and quickly quarantined visitors from the U.S. and other countries with any suspected flu symptoms, as well as all individuals with whom they had been in close contact. Egypt ordered all of its 400,000 pigs to be slaughtered even though there was no evidence of flu or other disease, and the infection is known to be transmitted by human-to-human contact, but not from pigs. In Afghanistan, the country's only pig, a curiosity in the Kabul Zoo, was quarantined to keep him away from the goats and deer he had formerly eaten with. Although the flu virus cannot be transmitted by food, Russia and China banned pork products from Spain, Canada and certain U.S. states, while other countries, like Indonesia, Ukraine, Philippines and Serbia, banned all U.S. pork products. Last spring's H1N1 swine flu pandemic has continued to be relatively mild and much less lethal than seasonal flu. However, authorities warn that the virus will mutate and return with a deadly vengeance in the fall, similar to the Spanish flu. There has been no evidence that this has taken place as yet. Although the virus appears to be highly contagious in schools, colleges and other places where young people congregate, the vast majority of cases have recovered spontaneously within a few days, and most deaths have been limited to those with underlying medical problems.

Influenza appears to be a relatively modern disease, and there is no evidence that it existed in North America until after Europeans arrived. It is difficult to document epidemics that could have occurred before the 18th century due to lack of accurate medical records and confusion with other infectious diseases with similar upper respiratory symptoms. The influenza virus is unusual because it is constantly changing. Each of the three types, A, B and C, has its own strain that replicates and changes independently. That is why flu is the only vaccination that must be updated every year, why people have "caught the flu" several times, and why those who had swine flu last spring might not be protected from a more virulent version this fall. The influenza virus was discovered in the early 1930s, and scientists developed a flu vaccine ten years later that was first used to protect soldiers during World War II. The last swine flu epidemic started in February 1976, when an Army recruit at Fort Dix, N.J. died from a virus thought to be related to the lethal 1918 Spanish flu strain. It was commonly called swine flu because two cases of humans infected with swine influenza viruses similar to the 1918 strain had previously been reported. Both had a history of contact with pigs but there was no evidence of transmission to other people. Some 200

soldiers at the base also become ill, suggesting that there might be a high rate of person-to-person transmission. However, serologic studies showed that most had the common seasonal flu and only five cases were eventually diagnosed as "swine flu. Four recovered completely with no treatment, and the fifth was the recruit who had been ordered to leave his sick bed to go on a forced march and collapsed. His sergeant had revived him by mouth-to-mouth resuscitation but he died a few days later. The sergeant showed no signs of illness. But Donald Rumsfeld, who was Secretary of Defense, predicted an imminent epidemic of swine flu to spark the upcoming election campaign of Gerald Ford, an interim president without a cause. Rumsfeld, who had headed Ford's transition team and was his first Chief of Staff, convinced Ford that his best chance to remain in office would be to head a campaign that insured "every man, woman and child" would be vaccinated to prevent swine flu at no cost.

Strong support came from major drug companies, which would reap huge profits from swine flu vaccines they had developed to protect pigs. The problem was that the collapse and death of several vaccinated pigs shocked some breeders, and suspicious pig farmers refused to use it. The impetus for the gigantic national swine flu vaccine program came directly from the Centers For Disease Control (CDC). Its 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, an outbreak of pneumonia occurred in veterans and others attending a convention of the American Legion in Philadelphia and the CDC allowed media rumors to circulate that this "Legionnaires' disease" was actually the beginning of the swine flu epidemic and therefore everyone should be vaccinated. It was not until the following year that the causative agent was identified as a previously unknown bacterium, subsequently named *Legionella*. Dr. Anthony Morris, director of the Virus Bureau of the Food and Drug Administration, immediately declared publicly that there could be no authentic swine flu vaccine because there had never been any cases of swine flu on which it could be tested. He was summarily fired the next day and a special team of workers was rushed in to "sanitize" his laboratory. All laboratory animals were destroyed, and the three years of meticulous research records on them that verified his claims were incinerated.

When this news leaked out, damage control went into high gear. The highly respected Walter Cronkite had President Ford appear on his CBS news program to urge all Americans be inoculated with the swine flu vaccine. However, CBS was never able to provide any scientific critique of the swine flu vaccine, which was known to contain many toxic poisons, including alien viral proteins, formaldehyde, thimerosal, polysorbate and dozens of other chemicals. There was a massive media blitz 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. This was countered by TV and media photos showing President Ford and his family being inoculated when the program was initiated with great fanfare in October. Not everyone was persuaded, as illustrated by the following from one researcher.

At the present writing, October 1976, a group of medical opportunists have taken upon themselves the dictatorial authority to declare the threat of a sweeping epidemic of SWINE FLU that they said was similar to or related to the 1918 epidemic of Spanish influenza, which wiped out 20,000,000 people world-wide. This declaration was supposed to scare all the people into their vaccination centers to be shot full of experimental vaccine poisons, while they, the promoters, raked in the profits.

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, with several healthy young adults suffering permanent paralysis, including paraplegia. There were more than a thousand other cases of nerve damage and paralysis. Lawsuits alleging \$1.3 billion in damages were filed, with almost \$100 million awarded to plaintiffs. What came to be called the Great Swine Flu Massacre was largely responsible for Ford being swept out of office the following year by the relatively unknown Jimmy Carter. Rumsfeld 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 prepare for a bird flu pandemic that he claimed would kill 2 million Americans.** Rumsfeld was again Secretary of Defense; Gilead received a substantial portion of that fund; 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.

This swine flu scare resulted in more than a 200 percent increase in Tamiflu sales during the first six months of 2009. According to *Fortune* magazine, Former Secretary of State George Schultz and his wife also made a \$7 million profit earlier this year from selling some of their Gilead shares. And stock prices will continue to skyrocket as we and other countries stockpile Tamiflu. Whether the hastily prepared new flu vaccines will be safe and effective remains to be seen. However, it would be wise to remember the 1976 Great Swine Flu Massacre fiasco, and take steps to avoid it.

What Do We Actually Know About Dangers, Prevention And Treatment?

The information we receive comes from various sources, including the FDA, Centers For Disease Control, World Health Organization, government and state public health officials, pharmaceutical companies that manufacture flu vaccines and drugs, Reuters, Associated Press and other major news outlets that filter or put a spin on their releases, as well as authorities, columnists, politicians and other self-appointed experts. **All the above have their own agendas.** In some instances, objective reports based on documented facts have been killed because of concerns that they would jeopardize lucrative advertising. Many of the pronouncements and prophecies we are bombarded with daily have been so contradictory, that it is not surprising that the public is confused. It is difficult to know what to believe, especially since no one can accurately predict what is likely to happen during the next six months. Some of the most controversial and even contentious issues include:

Magnitude And Severity - A new "outbreak" of some sort is inevitable since the first one really never disappeared. The disease continued spreading over the summer through children's camps and military bases and some colleges reported an increase in students returning for the fall semester. In addition, flu cases always rise dramatically during colder fall and winter months when people spend more time indoors in close quarters. It is pandemic because millions have been affected in more than 100 countries. However, it is milder than previous flu outbreaks, with most patients experiencing little more than a few days of fever, sore throat, runny nose, generalized aching and various gastrointestinal complaints. Symptoms tend to be more severe in those under the age of 25, pregnant women, and others with pulmonary or neurological diseases and impaired immune systems. People born before 1957 seem to have some protection, possibly because they developed immunity to relatives of the H1N1 virus during subsequent flu outbreaks, or received seasonal flu vaccines that contain similar components. In July, U.S. officials said 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." At the same time, the World Health Organization (WHO) warned that "as many as 2 billion people could become infected over the next two years - nearly one-third of the world population." They believe that **all 6.3 billion people in the world should be vaccinated** because of the possibility that the H1N1 virus could emerge in a more virulent version, similar to the deadly World War I flu pandemic. There is no indication of such a change and swine flu has been less lethal than the seasonal form. And although the specter of Spanish flu is repeatedly raised, it is important to emphasize that the vast majority of those deaths were not from the virus, but pneumonia due to bacterial infections. There were no antibiotics, no respirators, blood transfusions were in their infancy, only type O was administered, and intravenous fluids to

increase blood volume often did more harm than good. These deficiencies no longer exist and it is extremely unlikely that this scenario will be repeated

Vaccine Availability And Distribution – On June 12, the day after swine flu was upgraded to the highest phase 6 pandemic level, Baxter International announced it was in "full scale production" of a swine flu vaccine that would be available commercially in July. They claimed that this was because it had patented technology that cut the usual vaccine development time in half, to about 13 weeks instead of 26. That was welcome news, since there were concerns about having enough vaccine to prevent the anticipated spike of H1N1 flu in the fall. Nothing happened, and it was not until September 15 that the FDA approved vaccines from four companies that did not include Baxter. In August, the Czech Republic refused to accept Baxter H1N1 vaccine because Baxter seasonal flu vaccines made in the U.S. distributed to 18 countries had been found to be contaminated with deadly live H5N1 avian flu virus. The discovery was made by Czech researchers after all their experimental animals died during safety tests being conducted prior to public distribution. There were suspicions and concerns that this might be part of a conspiracy to deliberately provoke a pandemic, since health officials in other countries had already made similar accusations.

H5N1 bird flu is much more lethal than the H3N2 seasonal viruses, but it is less airborne and contagious, so that their combination could be a powerful and dangerous biological weapon. Baxter initially evaded questions to "protect manufacturing trade secrets", but after considerable pressure, they claimed that the pure bird flu batches had been included by accident. Authorities on vaccine manufacture and distribution say the chances of mixing a live virus with other vaccine ingredients by accident are almost nil. Some suggested that such a tactic would increase swine flu scares and vaccine sales. An ongoing lawsuit also charges that Baxter intentionally used untested and dangerous ingredients in some of its vaccines in order to increase profits. WHO is closely monitoring ongoing investigations into the contaminated products, but Baxter is still a leading producer of swine flu vaccines that could be marketed by other companies. Suspicions have also been raised by a well-timed act of clairvoyance, since Baxter filed its swine flu vaccine patent exactly one year prior to the outbreak. It should be emphasized that new regulations now provide manufacturers and the government with complete protection from lawsuits. The Associated Press reported that "Vaccine makers and federal officials will be immune from lawsuits that result from any new swine flu vaccine, under a document signed by Secretary of Health and Human Services Kathleen Sebelius."

It was just announced that the first 3.4 million doses of vaccine will be distributed in early October for administration to high priority individuals such as children with chronic conditions like diabetes and asthma, pregnant

women, healthcare workers, paramedics, firefighters and other first responders. All of these and subsequent vaccines will be doled out to the 90,000 distribution sites based on the population of each state and the number of doses requested. However, all of these initial doses will be Medimmune's FluMist nasal spray, a non-injectable vaccine that has been used for seasonal flu. H1N1 FluMist contains a live but weakened virus that should not be given to people with poor immune system function or others in close proximity who could pass the infection to them. **It is contraindicated in younger children, pregnant women, asthma and heart disease, the very same groups scheduled to be the first to receive vaccines.** Over half of health care workers, another high priority group, refused to receive regular flu shots last year and more are expected to resist this new vaccination. This will be another problem, since the swine flu vaccine has been made mandatory for all health care workers in New York State and in hospitals and health facilities in other states. Vaccination may also be mandatory for some school children under proposed legislation.

In New York State, physicians who plan to administer the free H1N1 vaccine must first pre-register in order to receive it, but this does not obligate them to do so, nor is it a guarantee that they will receive any, especially if supplies are limited. Physicians who register to receive the H1N1 vaccine must sign a federally mandated Provider Agreement that states recipients will appropriately store and handle the vaccine and administer the vaccine only to the CDC-targeted groups. There is a federal requirement to report doses administered on a weekly basis, but nothing that makes it necessary to report adverse reactions. Liability and cost issues for physicians are still under discussion, although manufacturers have complete protection, even if they know the vaccine may be harmful. The only exception is proof that there was "criminal attempt to do harm."

Efficacy And Safety Of Treating And Preventing Swine Flu

There is no satisfactory specific treatment for swine flu. There has been considerable hype about a recent Asian study reporting that a single intravenous dose of the experimental drug peramivir was just as effective for seasonal flu as the usual five-day course of Tamiflu. But Tamiflu and Relenza do little more than shorten the duration of illness by less than a day, and only if taken within 48 hours of the onset of symptoms. In addition, both can have significant side effects, and Tamiflu resistant H1N1 strains have been emerging because of its indiscriminate and widespread use.

There is also little that can be said about the safety and efficacy of the new vaccines since testing has been limited and may not be relevant. Despite its proven dangers, most vaccines used for mass inoculation will include thimerosal, as well as squalene, which can cause autoimmune arthritis and

lupus at doses as low as at 10-20 parts per billion, and has been implicated in Gulf War Syndrome. Novartis is the current major supplier for the world, but its swine flu vaccine contains M-59. This is an oil-based adjuvant composed of squalene, Tween 80 and Span 85, which cause a crippling multiple sclerosis like syndrome in laboratory animals that paralyzes their hindquarters. **The problem is that none of the vaccines being used for safety testing contain these dangerous added chemicals.** As Yogi Berra said, "This is like deja vu all over again", since this is a bait and switch situation similar to the 1976 fiasco, where the vaccine administered was different than the vaccine that was tested. As a result, both The Academy of Neurology and CDC issued special alerts for all neurologists and physicians urging them to report any post vaccination cases of Guillain-Barré Syndrome. Many knowledgeable virologists and doctors are so adamant that they will not immunize themselves or family members without more details.

There is little reason to be optimistic about prevention and treatment measures for reasons previously discussed. Hospitals are stockpiling respirators, schools are installing hand-sanitizer stations near entrances and in hallways, and employers have been encouraged to develop flexible sick-leave policies, so that workers don't feel compelled to come in if they feel ill. This could be a problem for the over forty percent of U.S. employees who are not paid for sick days. The standard advice to vigorously wash your hands as often as possible, avoid handshakes and any other physical contact, and to cough or sneeze into your sleeve will also be hard to enforce and is not likely to be effective. A study on H1N1 transmission published in the September issue of the journal *Risk Analysis*, estimates that hand contact with a contaminated surface brings a 31 percent risk of actual infection; inhaling tiny particles laden with virus in a room brings a 17 percent likelihood of infection; close contact where coughs spray viral-laden droplets onto the eyes, nostrils or lips brings a 52 percent chance of infection; and inhaling relatively large particles carrying virus within three feet is associated with only a 0.52 percent chance of infection.

What Can We Look Forward To?

I could not help but be amused by a September 13 article in *The New York Times* about swine flu paranoia, and how innovative entrepreneurs are taking advantage of this by claiming to provide maximal protection. One example that was tested is "the Pandemic Emergency Defense System" from Flu Armour, a New Jersey company founded in 2005. For \$69, the kit includes 20 masks, 50 pairs of gloves, one industrial-strength set of goggles, a tub of germicidal disinfectant cloths and another of antimicrobial hand wipes. The white paper jumpsuit, at \$6.75, completes the look. The reporter described the reactions of New Yorkers as he navigated the city in full protective gear on the subway and in various department stores, food

markets, and restaurants. He also detailed his own feelings as follows.

I was wearing a white crinkly jumpsuit with hood and feet, plus gloves, goggles and a facemask. I was swabbing everything with antimicrobial wipes. And I was sweating like a lunatic. . . . On the subway, passengers were careful not to stare (at least not while they thought I could see), though when the doors opened at Penn Station, people waiting on the platform rushed to the next car. At that point, I thought I really might pass out. It wasn't the embarrassment. It was the mask, which seemed to be filtering out all the oxygen. My goggles were completely fogged up and my paper outfit was working like the foil wrap on a baked potato. After a few stops, I escaped aboveground, found a bench on Broadway and caught my breath.

While most people pretended to ignore him, some wanted to know how they could obtain Flu Armour. He also asked the city's Health Commissioner for his assessment, and was told that there was no need for goggles, since the virus doesn't get into the eyes, the paper suit was of little value and that face masks might be helpful to prevent spread by those with the virus, but not people trying to escape infection. As Yogi Berra also said, "It's tough to make predictions, especially about the future." That is particularly true for swine flu, since there are not enough facts about safety or efficacy to make any meaningful prophecies. Nevertheless, we might soon see the following.



Will the H1N1 swine flu be as lethal as predicted? To find out — stay tuned!

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Health and Stress <i>The Newsletter of</i> <i>The American Institute of Stress</i> 124 Park Avenue Yonkers, NY 10703 ANNUAL SUBSCRIPTION RATE: E-Mail.....\$25.00	ISSN#108-148X PAUL J. ROSCH, M.D., F.A.C.P. EDITOR-IN-CHIEF www.stress.org e-mail: stress124@optonline.net