



Flu Threat

Fact Sheet On Philadelphia "Killer Fever"

The national press is now circulating the conclusions of Center for Disease Control (CDC) Director Dr. David Sencer that the disease which caused the death of 25 members of the American Legion following the Legion's Philadelphia convention is definitely not any form of influenza, is definitely not swine flu, is definitely not infectious and is probably some strange form of poison. **These widely circulated conclusions are both medically incompetent and dishonest. The most competent hypothesis of the nature of the "Legion" disease is that it is either swine flu or another, even more deadly variety of influenza or other virus.**

Since the acceptance of the CDC story on the disease will lead to the delay of vital countermeasures needed to prevent the build-up of an epidemic capable of destroying tens of millions of lives, it is imperative that the actual facts of the Pennsylvania case be made known. The following are the conclusions reached by the U.S. Labor Party medical investigators working on the Pennsylvania disease.

I. The investigation and conclusions of the CDC are totally incompetent.

FACT: Public statements by the CDC and the Pennsylvania Dept. of Health "ruling out" the possibility of virus or any infectious disease are based on inconclusive evidence and fly in the face of accepted medical opinion. These statements are accordingly criminally irresponsible.

The evidence cited for these public affirmations is constituted by negative hemagglutination test, and the putative absence of secondary or contagious cases of the disease (cases not directly connected with the Legion Convention.)

It is accepted by all qualified virologists that the cell agglutination test, which relies on culturing the virus in an egg cannot be considered conclusive, negative evidence by itself. Some viruses are simply extremely difficult to culture successfully. The agglutination test does not even test for certain types of virus at all, such as adeno viruses.

Second, even if it were definitely proven that there has been no secondary spread — which in fact it is not (see below) — this would in no way constitute conclusive evidence that the disease is not contagious. It is well known that influenza viruses in particular spread much more poorly in summer than in fall and winter. It is also well known that the crowding of large numbers of people typical of conventions provides ideal predisposing conditions for the spread of influenza. Therefore, if the disease was influenza and was operating close to its "threshold" for epidemic spread, it would be completely expected if it were quiescent in summer, while it would spread explosively when given the proper conditions at the Legion convention, and would cease spreading once the convention dispersed. This pattern would in no way prevent future epidemic spread of the disease in the fall.

FACT: CDC and the Pennsylvania Health Authorities have refused to release test data vital to determining whether or not the disease is, in fact, flu.

Spokesmen for both centers have repeatedly refused to release blood antibody titer tests from the victims of the disease. These tests show whether or not swine flu or other flu antibodies have developed in the patients' blood in response to infection. This withholding is especially criminal in light of the results independently obtained by Dr. Harvey Friedman, who tested 11 victims for swine flu antibodies and **got 11 positive results.** While many elderly people have swine flu antibodies (They had the disease in the period 1918-1933), one of the victims positively tested was 38 years old, in an age group which has only 5 per cent positive tests in the general population. In light of these positive findings, the refusal to release the much more numerous CDC blood test results for the stated reason that the results would tend to cause "panic" is criminal. In addition, subsequent tests taken on recovering victims would show rising amounts of antibodies in the event of a flu infection and would also lend valuable evidence either for or against the presence of influenza.

Dr. Cyril Wecht, world renowned coroner, who has worked on the Pennsylvania case, has denounced the CDC policy of withholding data, including autopsy data, from him and other medical workers as typical of the "total disregard of the investigation for basic scientific and medical principles."

FACT: The Director of CDC, David Sencer, has acted to cover up the possible spread of the disease and discouraged reporting of that spread.

Sencer, in violation of even the most minimal standards of investigation and medical ethics has "redefined" the disease to include the criterion that a victim must have a direct connection with the Legion Convention, thus automatically ruling out the reporting of any possible secondary spread of the disease by infectious contact with those who have had it. This incredible coverup not only leaves the population open to the undetected spread of the epidemic to a much higher level, but also makes far more difficult the determination of the nature of the disease — that is, whether or not it is in fact contagious. Dr. Sencer has set up an absurd chain of circular reasoning — since the disease is not infectious, no secondary cases can be reported; since there are no secondary cases, the disease is not infectious!

In fact, evidence is mounting that there is indeed secondary spread and that an epidemic of the deadly disease is now underway. Deaths from disease of identical clinical description have been reported from Atlantic City, N.J., from Charlotte, N.C., from Williamsport, Pa., among other locales, with the victims having no immediate connection with the convention. A 38 year old stewardess who was merely in the city at the time of the Convention, but had no closer contact with it than to be on the same plane with some returning Legionnaires was struck by the disease. Because of the tight limitations on reporting, it is at the moment not certain how many others have been affected. However, five Philadelphia hospitals including Einstein, Abington and Bryn Mawr were reporting "unusually high"

numbers of viral pneumonia cases, and pneumonia deaths were running more than twice the average in Philadelphia the week prior to the Legion outbreak, indicating that the outbreak may be a severe peak in a developing and ongoing epidemic.

II. The incompetence of the investigation and the obvious efforts made to cover up what may be a swine flu outbreak are the result of political pressure applied by Senator Edward Kennedy and other members of the Democratic party "Fabian" faction on the CDC and Pennsylvania Health Department.

FACT: Senator Kennedy, together with Senators Mondale, Schweiker and Javits, among others, has for the last three months constantly opposed the Ford swine flu vaccine program as wasteful and unnecessary. In the event of a deadly swine flu outbreak, his position would be shown up for the genocidal policy it in fact is. Senator Kennedy therefore had political motivation for attempting to insanely cover up such an outbreak.

FACT: Kennedy this week used the testimony of Dr. Sencer that the flu could be ruled out in the Pennsylvania case as an excuse to sabotage passage of insurance legislation vital to the flu vaccine program.

FACT: Dr. Bachman, head of the Pennsylvania Health Department and collaborator with Sencer in the incompetent investigation and cover up, is directly politically connected to the Kennedy wing of the Democratic Party through Governor Milton Shapp. Bachman ran for Congressional office with, in the main, financial support of Shapp and remains a close friend.

This circumstantial evidence indicates at least a prima facie case that the medical incompetence and blatant concealment is not due to simple stupidity but to the crassest political motivations.

III. The most reasonable hypothesis of the cause of the Pennsylvania disease remains either swine flu, or another, even more deadly flu, or, (possibly but less likely), another virus.

FACT: Contagious contact with the Fort Dix swine flu case is likely, since four of the Legion victims came from within a ten mile radius of the home of the Fort Dix victim, and connection through veteran-military contact is a further likelihood.

FACT: Autopsy results performed by Dr. Cyril Wecht indicate a viral pneumonia, not a toxic pneumonia, tending to rule out on these grounds alone non-contagious causes (i.e. poisons).

FACT: The disease is clinically identical to the Fort Dix swine flu and the 1918 flu.

FACT: The outbreak of a swine flu epidemic by this fall was fully expected by most epidemiologists and its slightly earlier appearance would be in no way surprising.

FACT: There is no other reasonable explanation except virus infections for the symptoms and clinical course of the disease. Despite all the talk in the press, no poison known to man produces no immediate symptoms and then violent pneumonia six or seven days later. No poison known to man is contagious, and yet there is evidence of the secondary spread of the disease. The herbicide "paraquat," a much-publicized possibility, causes a delayed pneumonia, but is also highly irritating to the mouth immediately following exposure. None of the victims complained of such an irritation.

IV. The appropriate action to take at this point is the immediate release of all data concerning the disease, reporting and investigation of the possibility of spread of flu-pneumonia type infections, and the prompt testing and distribution of all available swine flu vaccine.

The Philadelphia disease is one of the deadliest known to man, with a case mortality rate of at least 10 per cent among some populations (such as the older age groups represented at the Legion Convention). If it were to become widespread it would lead to the death of as many as **several hundred million people**

— as many as a thermonuclear war. Given the delay times involved in distributing vaccine, it is imperative that no time at all be lost in getting the flu vaccine already made — 100 million doses — into distribution. Final Bureau of Biologics testing will require no more than two weeks before a crash program in distribution could begin vaccinations. The machinery for this must be gotten into motion at once!

It is likely that an epidemic outbreak of unlimited proportions will occur no later than early fall. The opening of schools in a month will provide the necessary concentration of susceptible population to set off a massive epidemic, which could grow to the scale of millions in a few weeks. We cannot risk this. Bottlenecks in distribution must be eliminated and the sabotage of the insurance bills in the Senate and House must be ended. If we wait until there is no possibility of a cover up because the population is dying in the streets, it will be too late to stop countless unnecessary deaths.

Uncover Triage Plans, Cover-up in "Killer Fever"

NEW YORK, Aug. 7 (NSIPS) — Following are transcripts of interviews conducted by the U.S. Labor Party Research and Development staff in an effort to determine the cause of the Pennsylvania "killer fever." The interviews indicate a pattern of cover-up of what could become a major vital epidemic, by Atlanticists who would like to see several millions die, to save money.

In the words of Anita Johnson, a staffer on Ralph Nader's Health Research Group, "If the Pennsylvania disease turned out to be swine flu it would teach us a lesson that people of all ages will die, but we still wouldn't support (President Ford's swine flu vaccination) bill."

Sari Hauppman, editorial writer for New York Times, on Tuesday, August 3 (one day after the outbreak):

USLP: The Times has been consistently editorializing against President Ford's flu vaccination program for months. If this epidemic is the swine flu do you think your editorial policy will change?

Hauppman: We're just taking a wait and see attitude for now. If it turns out to be the swine flu then we may have to reevaluate the situation.

USLP: You may have to reevaluate the situation? Look, the Times has been on the forefront of pushing for wage cuts, municipal service cuts, the destruction of living standards and the collapse of productivity both in the U.S. and elsewhere. Your position against the swine flu vaccine is part of this overall writing off of the world's population to maintain the international debt structure. You've already killed millions, so what do you mean you'll "reevaluate"?

Hauppman: I think your charges are quite unfounded. Nobody here is trying to start an epidemic, nobody is trying to kill millions of people. We don't want to see millions of people dying in epidemics, but there are practical matters that have to be considered!

USLP: Like what?

Hauppman: Like money.

Ms. Neff, spokesman for the Center for Disease Control in Atlanta, August 6:

USLP: What is the current evaluation of the Pennsylvania outbreak?

Neff: We've definitely ruled out swine flu, other types of influenza, other viruses, bacteria, funguses, and rickettsial diseases, so we know it's not infectious. Now we're starting toxicology exams looking for a poison of some kind.

USLP: How do you know it's not the flu or some other virus?

Neff: Oh, well we have some of the most sophisticated laboratory equipment and testing procedures in the world. They're doing egg cultures, innoculating tissue cultures, doing electron microscopy. So far the hemagglutination tests have all been negative.

USLP: But if the virus grows slowly or not at all on eggs, then the hemagglutination tests will be negative. What are the chances of this?

Neff: I don't know.

USLP: How about the tissue cultures? Are there any pathological changes so far indicating the growth of viruses. And how about the results of antibody sera? Are there any young patients with antibodies for swine?

Neff: None of the data on tissue cultures or antibodies has been released, so I really can't answer your question.

USLP: Then as far as you know the conclusion that flu is ruled out is based on the negative hemagglutination test.

Neff: Well I guess we shouldn't say we've ruled it out. We just don't think it's a very likely possibility.

Spokesman for the House subcommittee on health, August 6:

USLP: How has the "killer fever" epidemic affected the swine flu indemnity legislation?

A: At the beginning of the week when news of the epidemic first hit there was a lot of activity to get it passed before adjournment next week, but now Dr. Sencer (head of the Center for Disease Control) is saying that it's not the swine flu or any infection, so the heat is off. Kennedy (Sen. Edward Kennedy, D-Mass-ed.) and everyone else on the Senate side came out of the hearings today saying the same thing, that it's not the swine flu.

USLP: So how does it look for the legislation?

A: In the house, Rogers (Rep. Paul Rogers, D-Fla., Chairman of the subcommittee on health and the environment) is sending it off to the judiciary committee, and we won't see it again until next week, the day before adjournment. In the Senate, Kennedy is saying that it's just a boondoggle for the insurers and the manufacturers, and that it will create a bad precedent. It doesn't look very hopeful for the bill.

"A Trap for Viruses"

Soviets Announce New Flu Vaccine

Aug. 5 (NSIPS) — The following is excerpted from an article appearing in Pravda Aug. 3, reporting on Soviet development of an anti-flu vaccine and a special "porous powder" used in the industrial production of the vaccine. The unique and technologically sophisticated glass powder is used in the separation stage of vaccine manufacture, producing influenza virus preparations of unprecedented purity. These highly purified cultures are vastly superior to currently produced cultures both for further viral production and for "killed-virus" vaccine preparation. The result of this breakthrough is a greatly reduced period between the initial outbreak of a new strain of influenza

infection and the vaccination of the susceptible population, thereby creating the condition for prevention of any future epidemics.

The Gorkii Experimental Factory of the All-Union Scientific Research Institute for Petrochemicals has sent to Leningrad the first samples of a porous powder needed for the industrial production of an anti-flu vaccine.

... The USSR had developed a kind of "bomb" against the flu — a vaccine which was undergoing tests. But this vaccine was . . . made under laboratory conditions. For its mass distribution, there would be required, in particular, the production of a porous powder made of glass of a special composition. This was the order that the Gorkii Experimental Factory received. . . .

What then is the role of the porous powder in achieving an anti-flu vaccine?

It is known that high-concentration vaccines, free from all kinds of harmful impurities, are the most effective prophylactic measures against mass illness. It is necessary to "fish out" all the harmful impurities and achieve, in the language of microbiologists, a pure culture. To create a preparation of almost ideal purity has become the main concern of doctors and scientists. After long research, specialists have come to the conclusion that this can be done best with the aid of a porous powder made of glass.

True enough, a "porous powder" is a strange combination of words. It turns out that it is possible to prepare glass grains smaller than poppy seeds, and permeated with many pores so tiny that they cannot be seen even with a microscope of 500-power magnification. But the flu virus freely "penetrates" them. Other enemies of the organism cannot enter these pores, and in a solvent they slip by the glass grains. . . .

The pure culture is then exposed to ultraviolet radiation. As a result, the disease pathogens are destroyed. The physicians need this. Introducing into an organism "dead" viruses makes it possible for the body to develop defensive antibodies, which, when they meet living pathogens, rapidly detect them and give them a mighty rebuff.

A vaccine with dead viruses is completely safe to the organism. It can be prepared, grown in a broth of chicken embryos in the necessary quantities, and stored for long periods.

One of the creators of the new method of production of the vaccine, Leningrad scientists V.M. Kolikov . . . and E.V. Koromaldi, went to Gorkii to acquaint themselves with the preparation of the porous powder for production. "With the new technology," they said, "one processing of the vaccine through the chromatographic column with the porous powder, and the concentration of the viruses increases 30 times, and the purity of the preparation — 1000 times."

Before going for experimental-industrial production of the powder, long and painstaking work was carried out at the factory. . . .

The head of the catalyst shop, A.E. Khramov, tells us about the technology for production of the porous powder. There are crushing apparatuses which spin out the glass pieces. The material goes through three stages of crushing. Finally, the tiniest pieces are achieved, and they sift them ten times, and then send them to the chemical reactors.

And so, finally, the porous powder. They give me a thin slab of the initial material — glass, resembling a piece of ice polished by the wind. The slab is heavy — the specific gravity of glass is four times that of water. And the powder in the packet, with a volume of over a litre, weighs just a hundred grams. The porosity of the substance gives it its lightness. . . .

This mass prophylactic will make it possible to decrease by many times the number of cases of illness and to extinguish an outbreak of any type of flu in any region.