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The H1N1 Swine Flu Pandemic: Manipulating Data to Enrich Drug Companies

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This Project Censored Review by Prof. Nolan Higdon and Michael Smith on the H1N1 "pandemic" and vaccine scandal was originally published in 2010 following the 2009 H1N1 virus outbreak.

Below is the link to Michel Chossudovsky's detailed article which was granted the 2010-2011 Project Censored Award (recently reposted on Global Research).

Michel Chossudovsky, "The H1N1 Swine Flu Pandemic: Manipulating the Data to Justify a Worldwide Public Health Emergency," *Global Research*, August 25, 2009

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The H1N1 virus has spawned widespread panic and fear throughout the world. However, upon closer examination, many of the claims made by the World Health Organization (WHO) seem to be based on weak and incomplete data. The Atlanta-based Centers for Disease Control and Prevention (CDC) has created and used data to grossly exaggerate the need for an expensive and unnecessary vaccine aimed at creating profits for the pharmaceutical industry—not protecting Americans.

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The WHO claimed that a worldwide public health emergency had unfolded on an unprecedented scale in 2009, and 4.9 billion doses of H1N1 swine flu vaccine were needed to stop the spread. Very soon thereafter countries all around the globe began preparation for the inoculation of millions of people in accordance with WHO recommendations. In some countries the WHO recommended that the H1N1 vaccination be mandatory. However, most people were unaware that the data used by the WHO was faulty at best.

In the US, both federal and state governments began preparation for the pandemic. State governments are generally responsible for these preparations, in coordination with federal agencies. President Obama's Council of Advisors on Science and Technology released a report that "considered the H1N1 pandemic 'a serious health threat' to the US—not as serious as the 1918 Spanish flu pandemic but worse than the swine flu outbreak of 1976." Responding to such terrifying language, Massachusetts's legislation introduced hefty fines and prison sentences for those who refused to be vaccinated. The US military was expected to have an active role in this health emergency.

There was no uniform system for collecting data on suspected swine flu victims in the US, which led to confusion in the absence of accurate statistics. The CDC acknowledged that the

figures being collected on “confirmed and probable cases” in the US contained no separation between “confirmed” and “probable.” In fact, only a small percentage of the reported cases were “confirmed” by laboratory tests. This faulty data and much more like it from around the globe was given to the WHO, who in turn used the numbers to justify a pandemic.

The need for a perfected method of diagnosing and counting infected people was demonstrated when the WHO’s “data” caused a wave of inaccurate conclusions as to the severity of the flu and the distance it had spread.

The WHO declared a Phase 4 level of severity on April 27. Just two days later (April 29), without corroborating evidence, the pandemic was raised to Phase 5. Just over a month later (June 11) it was raised again to Phase 6, the level of an actual pandemic. The abrupt change in numbers should have been a wake-up call to the WHO that something had gone wrong in its data collection. Yet despite the suspicious changes, there was no attempt to improve the process of data collection in terms of laboratory confirmation. In fact quite the opposite occurred. Following the Phase 6 pandemic announcement, the CDC decided that data collection of individual confirmed and probable cases was no longer necessary to determine the spread of swine flu. The WHO ignored the change in data collection and that same month predicted with authority that “as many as 2 billion people could become infected over the next two years—nearly one-third of the world population.” The report created an atmosphere of fear and insecurity.

By August 2009, the WHO casually acknowledged that the underlying symptoms were moderate and that “most people will recover from swine flu within a week, just as they would from seasonal forms of influenza.”

The inaccurate data collection exaggerated numbers of infected people due to the CDC’s quantitative model created in July 2009. From April 15 to July 24, 2009, states reported a total of 43,771 confirmed and probable cases of novel influenza A (H1N1) infection. Of these reported cases, 5,011 people were hospitalized and 302 died.

On July 24, 2009, counts were discontinued by the CDC. Instead of collecting data that could have provided empirical backing for assessments of how the H1N1 virus was spreading, the CDC announced that it had developed its model to determine the true number of novel H1N1 flu cases in the United States.

The CDC further stated, “The model took the number of cases reported by states and adjusted the figure to account for known sources of underestimation,” such as accounting for people who never reported their illness, despite no proof that these infected people existed. These estimations caused an inaccurate and basically made-up figure of infections. The CDC recognized early in the outbreak that, once the disease was widespread, it would be more valuable to transition to standard surveillance systems to monitor illness, hospitalizations, and deaths.

The CDC’s data was then used to justify massive vaccinations, which created huge profits for the pharmaceutical industry. The CDC posits that the data sent to them by the states is “underestimated.” The CDC then inflates figures of “unconfirmed” cases, many of which are cases of seasonal influenza. The “corrected figures” are then inserted into the model. Using the CDC model approach, it is estimated that more than one million people became ill with

novel H1N1 flu between April and June 2009 in the United States. Since these estimates are not based on confirmed illness, the numbers can grow and shrink at the whim of those controlling the model. The CDC's model simulations and predictions of the spread of H1N1 swine flu are then used to plan the implementation of a nationwide vaccination program. Based on the model's "predictions," mass vaccination of half of the US population is required, with the possible provision for quarantines under civilian and/or military jurisdiction.

According to reports, the US government expected to have 85 million doses of the vaccine by the end of October 2009. The US government had ordered 195 million doses from the pharmaceutical companies. On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP)—an advisory committee to the CDC—recommended that novel H1N1 flu vaccine be made available first to priority groups; these groups together would equal approximately 159 million individuals. The Agence France-Presse reported that the United States put in orders for the vaccine that would cover between 30 and 78 percent of Americans. As a result, the pharmaceutical industry gained massive profits from Americans who purchased an unnecessary and potentially dangerous vaccine in large quantities.

It is essential that physicians, epidemiologists, and health workers speak out through their respective associations and refute the government officials who are acting on behalf of the pharmaceutical industry, as well as denounce the manipulation of data. An accurate method of counting infected people has to be created in time for the next pandemic, should one hit, in order to better serve the needs of the public. It is also important to warn the public on the dangers of untested H1N1 flu vaccines. The WHO cannot accurately serve the people it claims to serve without the cooperation of groups like the CDC. Sadly, the CDC is not protecting humanity because it is too busy expanding the bottom line of the pharmaceutical industry.

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Source

Michel Chossudovsky, "The H1N1 Swine Flu Pandemic: Manipulating the Data to Justify a Worldwide Public Health Emergency," *Global Research*, August 25, 2009, http://www.globalresearch.ca/PrintArticle.php?articleId=14901

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