

Martial Law Alert Over Swine Flu

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Theme: [Police State & Civil Rights](#), [Science and Medicine](#)

In-depth Report: [THE H1N1 SWINE FLU PANDEMIC](#)

Fact check:

- no Swine Flu threat exists;
- reported H1N1 infections and deaths are uncorroborated;
- WHO predicting a global pandemic affecting “as many as two billion people....over the next two years” is falsified hype.
- vaccines don’t always protect against diseases they’re designed to prevent and often cause them;
- all vaccines contain harmful toxins, including mercury, aluminum, formaldehyde, phenoxyethanol (antifreeze), and squalene adjuvants that weaken and can destroy the human immune system, making it vulnerable to many annoying to life-threatening illnesses; and
- evidence suggests that the H1N1 strain could have been bioengineered in a US laboratory, and the vaccines being produced for it are extremely hazardous and potentially lethal.

Under no circumstances should anyone submit to them even if threatened with fines, quarantine, or incarceration.

[Global Research Editor’s Note: for the fact check, consult the [Global Research Dossier on the H1N1 Swine Flu](#), which details several of points listed above]

Government and PhRMA Are Enemies, Not Protectors

On April 26, the US Department of Health and Human Services (HHS) issued a “Determination that a Public Health Emergency Exists....as a consequence of confirmed cases of H1N1 Influenza in four US states.” At an April 27 press briefing, Homeland Security (DHS) Secretary Janet Napolitano said:

Yesterday “I issued a public health emergency declaration” as part of “standard operating procedure” to make more government resources available to combat the spread of Swine Flu. She then ordered the FDA “to proceed to permit things like Tamiflu to be used for populations that they otherwise wouldn’t be used for – in this case, for example, very, very young children.”

Then on June 11, the World Health Organization (WHO) “raise(d) the level of (Swine Flu) influenza pandemic alert from phase 5 to phase 6,” its highest level in declaring “The world is now at the start of the 2009 influenza pandemic,” while admitting its severity would likely be “moderate (and) most people will recover from swine flu within a week, just as they would from seasonal forms of influenza.” The WHO no longer reports “confirmed” Swine Flu cases globally, yet continues to hype the scare without corroborating proof.

There was no emergency earlier or now, but you’d never know it from hyped media reports to convince people voluntarily to submit to experimental, untested, toxic and extremely dangerous vaccines that damage the human immune system and cause health problems ranging from annoying to life-threatening.

Tamiflu

It is worth recalling that almost four years ago, on November 13, 2005, Japan’s Health Ministry said it was “looking into reports of a number of sudden deaths of young people who had taken prescribed dosages of Tamiflu.” The Ministry also “found 64 cases of psychological disorders linked to the drug in the past four years.” The Japan Institute of Pharmaco-Vigilance head, Dr. Rokura Hama, said “Tamiflu appears to be similar to other powerful drugs that can cause behavioral changes” by affecting the central nervous system. It’s the leading medication prescribed for the treatment and prevention of flu. In April, DHS ordered 12 million doses made available in locations around the country for quick access if needed.

George Bush’s Executive Orders (EOs) 13295 and 13375, Homeland Security Presidential Directive-21, and Military Pandemic Planning

In addition to the federal laws below, the Bush EOs, HSPD-21, and Pentagon plan suggest a hidden agenda behind today’s Swine Flu crisis as a way to institute martial law on the pretext of a public health emergency, using hyped fear to win popular acquiescence.

On April 4, 2003, EO 13295 issued a “Revised List of Quarantinable Communicable Diseases” that included cholera, diphtheria, infectious TB, plague, smallpox, yellow fever, severe acute respiratory syndrome (SARS), and viral hemorrhagic fevers like ebola and lassa.

On April 1, 2005, EO 13375 amended EO 13295 by adding “the following new subsection:”

“(c) Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.”

The October 2007 HSPD-21 “establishe(d) a National Strategy for Public Health and Medical Preparedness which builds upon principles set forth in (the 2004) Biodefense for the 21st Century and will transform our national approach to protecting the health of the American people against all disasters.”

It called for:

— “nationwide, robust, and integrated biosurveillance...to provide early

warning and ongoing characterization of disease outbreaks in near real-time;

— countermeasure stockpiling and distribution....of medical countermeasures (vaccines, drugs, and therapeutics) to a large population....;

— mass casualty care....created by a catastrophic health event;" and

— "community resilience" whereby "civic leaders, citizens, and families are educated regarding threats and are empowered to mitigate their own risk;" in addition, the federal government must be involved in "medical preparedness to assist (nationwide) in the face of potential catastrophic health events."

In May 2007, the Department of Defense's (DOD) "Implementation Plan for Pandemic Influenza" prepared for a possible H5N1 (Avian Flu) pandemic that could affect up to one-third of the population and kill as many as three million in just weeks, it was claimed. It involved using US troops to put down riots, guard pharmaceutical plants and shipments, and restrict the movement of people inside the country and across borders.

This plan remains active and US laws authorize it, including Sections 1076 and 333 of the John Warner National Defense Authorization Act for Fiscal Year 2007 that amended the 1807 Insurrection Act and 1878 Posse Comitatus Act. They prohibit using federal and National Guard troops for law enforcement except as constitutionally allowed or expressly authorized by Congress in times of a national emergency like an insurrection.

The president may now announce a public emergency, declare martial law, suspend the Constitution, and deploy US troops on city streets to suppress what he calls disorder.

The Legal Basis for Quarantines

Vaccine law expert Alan G. Phillips says:

"....underlying laws....allow states to mandate vaccines in an emergency....throw out exemptions....impose quarantines and isolation outside of our homes," and the only way around this is to "chang(e) state policy and law."

US laws are similar. They can mandate vaccinations and let states isolate and quarantine Swine Flu victims if authorities call the disease infectious and life-threatening.

Under the proposed Model State Emergency Health Powers Act (MSEHPA), civil liberties may be suspended in case of a public health emergency, with or without verifiable evidence.

The September 2003 Turning Point Model State Public Health Act (MSPHA) lets state, local, and tribal governments revise or update public health statutes and administrative regulations. According to James Hodges, executive director of Johns Hopkins and Georgetown University's Centers for Law and the Public Health, over half the states have these laws that can order flu testing, ban public gatherings, mandate quarantines, and issue other emergency public health directives.

Federal laws already do it, including the 2006 Public Readiness and Emergency Preparedness (PREP) Act that lets the HHS Secretary declare any disease an epidemic or

national emergency requiring mandatory vaccinations. It also protects drug companies from tort liability, except in cases of “willful misconduct.”

US State Responses to Swine Flu

Growing numbers of states are exploiting the hyped scare by declaring a public health emergency. Others are passing laws that order forced quarantines, impose fines or imprisonment for offenders, and prepare to govern under martial law with local police, National Guard, or federal troops for enforcement.

Florida ordered voluntary or mandatory detentions at home or in state-designated facilities as well as closures of suspected buildings and areas. Quarantine Detention Orders state:

- “non-compliant” persons are ordered to “remain in detention quarantine until released by the State Epidemiologist or Health Officer;”
- at home, they must wear surgical masks at all times in the presence of anyone, even family members, and follow other required instructions while in isolation;
- in state-run facilities, they must “comply with all orders....regarding (their) medical care,” and must “cooperate with the detention facility’s access to (themselves) and (their) medical records for purposes of delivering and monitoring (their) medical care;” and
- these “action(s are) taken under the police power authority of the health department and your cooperation is required by law;” failure to comply is a “crime.”

Forms circulating on the Internet show that Iowa ordered home or facility quarantines for anyone suspected of possible H1N1 infection. However, Mason City, Iowa’s KIMT TV 3 reported that “Health leaders in (the state) are reassuring people that there are no H1N1 related quarantines being ordered,” yet preparations have been made to do it.

North Carolina’s Draft Isolation Order calls for imprisonment for up to two years and pretrial detention for residents failing to comply with isolation orders.

Washington empowers local health authorities to issue emergency detention orders for up to 10 days.

On April 28, Gov. Arnold Schwarzenegger issued a “Proclamation to Confront Swine Flu Outbreak” and ordered “all state agencies and departments to utilize and employ state personnel, equipment and facilities to assist the Department of Public Health (DPH) and the State Emergency Plan as coordinated by the California Emergency Management Agency.”

He further proclaimed a “state of emergency” because of “conditions of extreme peril” in the State.

On April 26, New York Gov. David Paterson activated the state’s health emergency preparedness plan, thereby putting the state on “high alert to quickly identify and respond to any cases of swine flu.” No further action was taken.

On April 28, Texas became the second state to declare a Swine Flu emergency as officials closed schools and cancelled sporting events after an alleged fatality was reported. At a press conference, Gov. Rick Perry said:

“I’m issuing a disaster declaration which covers the entire state. This will move Texas to a higher state of alert and release resources to address the spread of the virus.” No further action was taken.

On May 1, Maryland’s Gov. Martin O’Malley’s executive order declared a public health emergency “based on an abundance of caution and concern for our students...If there is a probable case of H1N1 virus at any school, we will close that school and cease all extra-curricular activities for up to 14 days.”

He also ordered “appropriate emergency protective measures (be taken to) assist public and private sector employers (take) proactive steps to prevent the spread to influenza workers and their families.” He stopped short of more draconian measures, including statewide forced vaccinations and quarantines for resisters.

On August 6, the Minneapolis-St.Paul Star Tribune headlined: “As fall approaches, officials are taking a hard look at emergency plans in the event the virus strikes more aggressively.” On August 10, the paper reported, without elaboration, that state officials “have a plan ready if Minnesota’s health care system is swamped by 1.5 million cases.”

Other states took similar actions, including Nebraska, Ohio, Virginia and Wisconsin, and still others are considering them as the fall flu season approaches and children return to school.

After earlier issuing a “Proclamation of Civil Emergency due to a Highly Infectious Disease,” Maine Gov. John Balducci signed a Swine Flu civil emergency decree on September 1 that gives the WHO and UN martial law authority over the state and authorized the Maine Center for Disease Control to vaccinate the state’s residents. Making this mandatory wasn’t mentioned, but state civil emergency powers may allow it if ordered.

On April 28, the Massachusetts Senate unanimously passed the most draconian law to date, S. 2028, that imposes virtual martial law authority. If it’s passed in the House and becomes law, it gives the governor sweeping powers, lets public health officials mandate vaccinations, and, with law enforcement and medical personnel, enter private residences and businesses without warrants, quarantine non-compliers, and impose \$1,000-a-day fines and/or imprisonment for up to 30 days.

It also authorizes:

- closures and evacuations to decontaminate residences, buildings or facilities;
- the destruction of suspect materials;
- restricting or prohibiting public gatherings;
- public health authorities to use or supervise private health care facilities and requires private health personnel to provide appropriate services, including vaccinating state residents;

- “the arrest without warrant (of anyone believed to have) violated an order for isolation or quarantine...;”
- control over “ingress (and) egress” from public areas and human traffic within them;
- enforcement measures for the safe disposal of “infectious waste and human remains;”
- control over all medical supplies as well as other measures needed to respond to the emergency;
- the use of state police for enforcement;
- control over “routes of transportation and over materials and facilities including but not limited to communication devices, carriers, public utilities, fuels, food, clothing, and shelter;” and
- public health officials to “institute appropriate civil proceedings against (properties) to be destroyed in accordance with the existing laws and rules of the courts of this Commonwealth or any such rules that may be developed by the courts for use during the emergency;” acquired properties may “be disposed of by destruction as the court may direct.”

Massachusetts may be a trial balloon for what federal authorities plan everywhere as the fall flu season approaches, to be followed by hyped reports of nationwide Swine Flu outbreaks, perhaps caused by the vaccines intended to prevent them.

In early July, HHS Secretary Kathleen Sebelius announced that children, pregnant women, health care workers, and adults with chronic illnesses will be first to be vaccinated. Reports indicate that inoculations will begin in early October, preceded by media-hyped fear urging everyone to get one.

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