TOPICS IN MODERN HOMEOPATHY

HOMEOPATHIC MEDICINE FOR THE 21st CENTURY

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Pandemic – a condition or disease affecting an entire country or world.

Epidemic – a condition or disease affecting a localized place and time.

Vaccination – The physical act of administering a vaccine or toxoid into a living organism.

Immunization – A natural or artificial process of inducing immunity in a living organism, either by exposure to or the administration of an immunobiologic agent.

"Although persons often use vaccination and immunization interchangeably, the terms are not synonymous; the administration of an immunobiologic cannot be automatically equated with the development of adequate immunity." – MMWR Vol.43/No.RR-1, 1994 – CDC, Centers for Disease Control publication.

H5N1: AVIAN INFLUENZA

THE NEXT GLOBAL PLAGUE? PROBABLY NOT, BUT . . .

The problem with prophets is that they usually end up being stoned to death by an angry mob. Is the 'bird flu' the next plague to sweep across the planet? The honest answer is, no one can say with any certainty.

To date, there have been 121 confirmed cases of the H5N1 avian influenza in humans, sixty of which have died. It is still a bird disease, it doesn't infect humans easily, and it doesn't spread readily from person to person. To put this in perspective, the CDC reports that every year 15% of the US population comes down with the common flu, 200,000 are hospitalized and 36,000 die from the flu and related complications*. So why are we concerned about a disease that targets another species and has such a low rate of human infection?

The World Health Organization (with 110 influenza centers in 83 countries), the Centers for Disease Control and Prevention, the United Nation's Food and Agriculture Organization and the World Organization for Animal Health are monitoring and studying this especially virulent strain closely. It is already responsible for the death of more than 170 million birds, and the concern is that this particular virus may acquire the ability to transmit itself from human to human. Being a virus, it has a remarkable ability to mutate and acquire new traits and abilities. It has already learned to infect pigs, tigers and cats, and there is evidence that its gene structure is changing, adapting.

The 1918 'Spanish Flu' that killed almost 50 million people worldwide was a type of avian flu that mutated with devastating results. The current H5N1 bears a striking similarity to the 1918 strain, demonstrating the same potential.

How does it spread? Currently migratory birds carry the virus to distant poultry populations, thus the recent spread into Europe. If this influenza does find the right combination of genes and learns to jump between humans, containment may be exceptionally challenging. The difficulty lies partly with the short incubation period that most flu viruses have. A patient can begin showing symptoms just two days after infection, but may become infectious before symptoms even appear, thus spreading the virus before an an infection is even detected. We live in a shrinking world. A business traveler visiting China yesterday can jet his way around the globe and be standing in the middle of Denver today. If the virus becomes human-to-human transmissible, man will become the number one vector.

Our greatest weapon may be the ability to see it coming, but in truth, no government can be ready for this magnitude of pandemic. Strategies have had to evolve from eradication to containment. Dr. David Nabarro, newly appointed United Nations coordinator for the avian influenza, says, "Every 30 years, we get massive pandemics of human influenza, a dangerous flu that affects humans all over the world…It's likely that the next pandemic will be caused by a version of the bird flu." He has resigned himself to the periodic resurfacing of pandemic influenza, and is relying heavily on sufficient anti-viral drugs for containment. The government's plan is to stockpile enough vaccine to protect 20 million Americans - what about the other 240 million in the country?

So is there any good news? Yes. The good news is today we have more control over our health than at any other time in history. Better hygiene, heightened global monitoring and surveillance, an understanding of anti-viral botanicals and compounds and the availability of homeopathy give today's population a marked advantage. We are no longer helpless victims. Preventive natural medicine is a reality.

Scientists and medical experts agree that an influenza pandemic is inevitable, possibly even imminent – the question of *when* remains a mystery. Daniel DeNoon, medical journalist and senior medical writer for WebMD Medical News, reports that a bird flu pandemic is "probably not imminent, but there are many unknowns involved, making accurate prediction impossible." Dr. Ruben Bonis, influenza specialist at the Centers for Disease Control and Prevention, agrees, "The reality is we don't know if we are five inches from the edge of the cliff or two miles." Pandemics are a part of our modern world and they are here to stay. Mankind has survived hundreds of plagues, and will likely survive many more, whenever they may happen.

*http://www.cdc.gov/flu/keyfacts.htm

HOMEOPATHY FOR PREVENTION

For the last 200 years, homeopathy has been used to treat, prevent and control epidemics. At this early stage in the outbreak, it is difficult to select an appropriate classical remedy. Symptoms range from acute pneumonia and severe intestinal distress to encephalitis with no signs of respiratory or intestinal involvement. Because of the variability of the symptom picture, complex remedies are currently the best choice for prophylaxis.

Mediral Defense Med – a synergistic complex blend of homeopathic ingredients and potencies to generically tone the immune system. A healthy immune system may be the best defense against any infection.

Mediral Flu Med – a complex remedy with multiple ingredients and potencies symptomatically selected to prophylactically defend against the flu.

No prophylactic protocol can guarantee 100% protection, but historically homeopathy has been used successfully during many epidemic outbreaks.

REPORT ON PREVENTATIVE HOMEOPATHY

If you haven't yet received the Mediral special report on 'Preventative Homeopathy,' please request it the next time you contact us.

PROTECTING YOUR FAMILY FROM THE FLU

What can a reasonable, proactive person do to reduce the risk of flu for his or her family?

Number One – Don't Panic. Stress is a key source of damage to our immune systems. As trite as it may sound, thinking healthy thoughts really does strengthen our immune system.

Number Two – Nutrition. Our body is designed to defend itself against infection, and nutrition is probably the most important factor in keeping our immune system functioning well. A healthy diet should include plenty of fresh fruits, vegetables and water, and less sugar and processed foods. A high quality multi-vitamin and mineral supplement is also a good idea, since even the 'good' foods in supermarkets contain less nutrients than they used to.

Number Three – Hygiene. Viruses are inhaled or spread via hand-to-face contact. Wash your hands regularly and keep your hands away from your face. Avoid animal droppings.

Number Four – Rest. The body needs time to rebuild. Constantly shorting yourself on sleep will reduce your defenses.

Number Five – Homeopathy. Investigate the preventative use of homeopathic remedies that have been used for 200 years.

TOPICS

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AVIAN FLU

In this issue we examine the history, threat and treatments for the H5N1 avian influenza.

This is a complementary issue. If you would like to receive this monthly newsletter free of charge, please request it the next time you contact us.

PLEASE DELIVER TO:

FAQs ABOUT AVIAN INFLUENZA

What is Avian Influenza?
Avian Influenza A, or the 'bird flu,' is an 'A' type pathogenic virus normally infecting birds and poultry. Influenza viruses are grouped into three types: A, B and C. Influenza types A and B can be of concern to humans, and only type A can cause infections of epidemic or pandemic proportions. There are 144 basic types of avian flu that are constantly infecting birds, most of them are benign. H5 and H7 are the only subtypes known to cause highly pathogenic disease strains. When initially exposed to poultry, the low pathogen H5 and H7 viruses can be mild, even unnoticed. Once the virus begins to circulate, viruses can mutate into the highly pathogenic forms within a period of months. Their mutinogenic capacity is why the discovery of H5 and H7 subtypes in bird and poultry populations is a cause for concern. The current H5N1 influenza is highly pathogenic and resilient, capable of killing an entire flock in 48 hours, and it has resulted in the destruction of more than 160 million birds worldwide.

Where are the outbreaks happening?
For the first year, poultry outbreaks were limited to Asia (Republic of Korea, Vietnam, Japan, Thailand, Cambodia, Lao People's Democratic Republic, Indonesia and China). Last year Malaysia, and then this year Russia, Turkey, Romania, Germany, Greece, the UK and Croatia, a total of 14 countries now report finding the virus in birds.

Is there a danger to humans?
Only humans who have been in direct contact with infected poultry have contracted the disease so far. Human infections have occurred in Cambodia, Indonesia, Thailand and Vietnam. Avian influenza viruses rarely cross over to infect humans, but the H5N1 is one of the few that causes severe disease and death (with a mortality rate of 50+%) in humans. Currently the virus does not appear to be easily transmitted from human to human. Viral mutation is common, and the H5N1 has already demonstrated an ability to acquire genes from other viruses. If the virus were to infect someone who was already infected with a human influenza, it could hybridize its own genetic structure and acquire the ability to spread from human-to-human, resulting in a pandemic outbreak, potentially killing millions.

How does the virus spread?
Birds shed viral particles through their saliva, nasal mucus and feces. The few human cases reported so far are believed to have resulted from direct contact with infected birds or the contaminated surfaces used to process poultry.

What is the possibility of a pandemic outbreak?
According to WHO (www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html), three conditions must be met to potentially create a pandemic: 1) a new influenza virus subtype must emerge; 2) it must infect and cause serious disease in humans; and 3) it must spread easily and sustainably among humans. Condition one and two have been met, the third condition is pending the virus mutating to acquire the capability to transmit itself from human-to-human.

Are vaccines available?
As of the writing of this article, trials are under way but no vaccine is available to the public yet. Even when these vaccines do become available, there are still some potential problems: how quickly can factories gear up to produce the mass quantities needed, who decides who receives the first shipments, and most disconcerting, the vaccine itself might not work on the new strain (since all of the studies are being done on the non-mutated strain). The conventional anti-viral pharmaceutical drugs (not vaccines) being offered (oseltamivir sold asTamiflu, and zanamivir sold as Relenza) are neuraminidase inhibitors, which only reduce the duration and severity of seasonal influenza infection, although they have demonstrated some ability to prevent influenza infections. These must be administered within 48 hours of the onset of symptoms to be effective. As a disturbing aside, overall resistance by viruses to anti-viral drugs has risen from 0.4% in 1994 to 12.3% in 2004 – not promising when you consider that it is the resistant organisms that are selected for – our treatment protocols select for the most virulent and resistant organisms that mother nature can conjure up. Add to that the fact that vaccination doesn't always equate with immunity, and the vaccination front doesn't look especially promising.

What other pandemics have there been recently?
During the 20th century, there have been three pandemic outbreaks. In 1918-19, the 'Spanish Flu,' the A H1N1 strain believed to be of avian origin, caused more than 500,000 deaths in the United States, and as many as 50 million worldwide. The 'Asian Flu' in 1957-58, an A H2N2 strain, caused 70,000 deaths in the US, and then in 1968-69 the 'Hong Kong Flu,' the A H3N2 variety, resulted in 34,000 US deaths.

AVIAN FLU TIMELINE

timeline courtesy of NPR on the web at
http://www.npr.org/templates/story/story.php?storyId=4966352

May 1997: The lethal flu virus H5N1 is isolated from a human patient in Hong Kong. Eighteen people are hospitalized with the disease, six people die. All were in close contact with poultry. Hong Kong immediately kills 1.5 million poultry.

February 2003: Virus resurfaces in Hong Kong, killing one person.

December 2003: South Korea reports its first outbreak, in poultry. One person dies in Vietnam.

January 2004: The virus kills many birds in China, Japan, Cambodia and Laos; human cases are reported in Thailand and Vietnam, with 10 deaths. U.S. and U.K. laboratories redouble work on developing human vaccines, an effort launched in 2003 with the World Health Organization.

February 2004: Poultry deaths spread to Indonesia. Human deaths in Vietnam rise to 15.

March 2004: Virus is widespread among bird flocks in Asia. More than 100 million birds have died or been destroyed. Additional human deaths reported in Vietnam and Thailand.

August 2004: Outbreak among birds in Malaysia. China reports avian flu in pigs. The number of human cases rises to 39, all in Vietnam and Thailand, including 28 fatalities.

November 2004: WHO warns of pandemic that could kill millions of people, and says "much of the world is unprepared."

December 2004: Year ends with human death toll from avail flu at 32.

January 2005: 12 more deaths in Vietnam occur.

February 2005: Human infections appear in Cambodia.

May 2005: WHO reports 53 deaths in Vietnam, Cambodia and Thailand since December 2003.

July 2005: Human fatalities in Indonesia. Virus spreads to flocks in Russia and Kazakhstan.

August 2005: Mongolia reports infected flocks.

September 2005: More human deaths in Indonesia.

October 2005: Reported human cases since 2003 – 117 infections, 60 fatalities. For the first time, avian flu reaches Europe, with bird cases in Romania and Turkey. Greece tests a reported case of bird flu. Russia says virus has spread west toward Moscow, from Siberia. Roche, maker of Tamiflu, an antiviral flu treatment drug, announces plans to open a new plant in the United States and considers issuing licenses for other firms to make the drug.

HOMEOPATHY AND THE COMMON FLU

Homeopathy has been used to help treat, prevent and control disease for 200 years. Influenzinum is a commonly used preventative for the flu. Influenzinum is a homeopathic preparation made from the inactivated virus vaccines recommended by WHO for the current year's influenzas. In 1998, the French Society of Homeopathy conducted a survey of homeopathic physicians who were using Influenzinum preventatively. The survey covered a period of 10 years and 453 patients. 90% of the patients treated prophylactically remained free of influenza. Pretty good results when you consider that the annual flu shot can only boast an efficacy rate of 60% - 70% (some figures are significantly lower).

Regardless of the precautions you take, someone you know will probably still come down with the flu this season. First remember it probably isn't the 'bird flu'. Once someone has the flu, how can homeopathy help? Homeopathic remedies help reduce the symptoms and duration of common and epidemic influenzas. A case in point, in 1921 a report to the American Institute of Homeopathy documented extraordinary success during the 'Spanish Flu' pandemic of 1918-19. While the mortality rate for flu patients under conventional medical care was 28.2%, the mortality rate for patients treated homeopathically was an unbelievable 1.05%. Most homeopathic physicians were using Gelsemium or Bryonia to treat their influenza patients, and these two became the staples for homeopathic influenza treatment.

Which remedy is right one? Let the symptoms be your guide:

Gelsemium – symptoms gradually worsen over 6-12 hours; pain in the back of the head; accompanying stiffness and aching in the neck and shoulders; patient avoids movement due to tiredness; fatigue, exhaustion and lethargy; chilly and sensitive to cold with chills down spine; clammy with fever; alternating feeling of hot and cold; lack of thirst.

Bryonia – symptoms gradually worsen over 6-12 hours; pain in the front of the head, made worse by movement of the head or eyes, and better with pressure on the area; tired and restless; irritable or fretful; difficulty getting comfortable, worse with motion; thirsty; prefers cool air; coughing with pain in the chest; feels warm.

Rhus toxicodendron – excessive restlessness; aching that gets better with movement; anxious or sudden depression with crying; chilly and sweaty; sensitive to cold, better with warmth; headache in the back of the head and neck with aching shoulders; dry mouth but not thirsty.

Baptisia – sudden onset with high fever; confused and dull; offensive odor from mouth, sweat and stool; diarrhea and vomiting; yellow or brown coating on tongue; throat is bright red; ulcers in mouth and gums may ooze blood.

Oscillococcinum (a homeopathic preparation of the liver and heart of the Barbary duck) has been studied using double-blind placebo-controlled clinical trials with favorable results in reducing the recovery time with the common flu. This may be due to the fact that the organs of the Barbary duck have been identified as reservoirs for the influenza virus, and homeopathic remedies made from them stimulate the body to heal quicker.

Since differentiating between the above-mentioned singular remedies does take some time and skill, a simpler approach may be to keep complex remedies on hand that are already formulated to help the body recover from the common flu symptoms:

Mediral's Defense Med for general immune system support

Mediral's Flu Med for general flu symptoms

Dr. Recommend's Influ-F for flu and fever symptoms

Dr. Recommend's Influ-I for intestinal flu symptoms

Mediral offers all of the above remedies. Please contact us for pricing or a free catalog.

ELIMINATING BIRD FLU FEARS: 10 FACTS YOU NEED TO KNOW

- by Sherri J. Tenpenny D.O.

http://www.redflagsdaily.com/tenpenny/2005_nov02.php

(requires subscription to read on site)

This article appeared after our newsletter had been printed, but we felt that it contained some worthwhile information and have thus included it.
Sherri J. Tenpenny received her medical training at Kirksville College of Osteopathic Medicine in Kirksville, Missouri. She is board certified in emergency medicine and osteopathic manipulative medicine, and is a respected expert in the area of integrative and alternative medicine.

The concerns about avian influenza, a.k.a. bird flu, seem to have the entire world in an uproar. More than 150 million domestic ducks and chickens have been sacrificed throughout Southeast Asia, China, Russia and Eastern Europe in an attempt to stop the spread of the virus. Billions of dollars are being allocated to the development of a new "pandemic" vaccine and the stockpiling of two drugs, Tamiflu and Relenza, which are touted to "treat" the infection. The hysteria in the United States has risen to the point where President George Bush allocated resources toward preparing to use the military to enforce quarantines and perhaps even to enforce mandatory vaccination.

What is really going on? Is a pandemic going to develop that will stop all commerce for months and put an end to Western civilization as we know it? (1) What tactics are being used to scare us into believing these measures are necessary?

A level-headed examination of 10 important facts shows that the prevailing alarmist point of view is inaccurate, irresponsible and self-serving.

1. The death rate from H5N1 infection is highly overstated.

Between Dec. 26, 2003 and Oct. 24, 2005, there were 121 confirmed H5N1 infections and, of those, 62 have reportedly died. That makes the "apparent" death rate just over 51 percent, ranking this infection among the most deadly on record.

However, thousands of mild and asymptomatic cases are going undetected as detailed by Dick Thompson, a spokesperson for the World Health Organization (WHO). In an interview granted to CIDRAP (Center for Infectious Disease Research and Policy) News on March 9, 2005, Thompson said that the case-fatality rate had been overstated. Documented cases were those where the patients were sick enough to seek medical care in a hospital and, predictably, they had very poor outcomes. He concluded, "Surely others were infected and either not getting sick or not getting sick enough to seek treatment at a hospital. Factoring those into the CFR [case-fatality rate] has been impossible. We simply don't know the denominator." (2)

To illustrate, if 62 people died, but 10,000 had actually been infected, the death rate would be 0.62 percent, essentially insignificant. Therefore, without knowing how many are infected, the death rate is being highly inflated

2. The virus has barely infected humans; significantly, there has been no sustained person-to-person transmission of the infection.

Very few cases of severe human infection by H5N1 have occurred. An intensified surveillance of patients in Southeast Asia has led to the discovery of mild cases, more infections in older adults, and an increased number of "clusters cases" among family members, suggesting that "the local virus strains may be adapting to humans." In other words, humans are developing their own innate resistance to the virus. (3)

In addition, all cases have occurred via animal-to-human transmission, and there is documentation of only one confirmed case of human-to-human
transmission. Without sustained transmission between humans - meaning one person spreads it to another and another, and so on - there can be no pandemic. The "hype" that, sooner or later, the H5N1 strain will mutate into a strain that can be easily passed between humans is completely unsubstantiated. Whether this will happen is nothing more than a guess because:

3. We have had "potential pandemics" before.

In February 2003, Thompson of the WHO revealed that "there have been a half dozen pandemic 'false alarms' in the last 30 years." A false alarm is an outbreak where a virus has jumped the species barrier, but has been confined to one or two people and has not been lethal. (4)

What makes H5N1 particularly significant? Why is this virus gaining the attention of the world? The attention may be due not to its potentially lethal effects on humans, but rather to the deaths of millions of domestic birds, infected or not. Could this be about commerce? Is this a global economic crisis in the making, but not a global health crisis?

4. Tamiflu does not treat the flu and it is unknown if it will stop the spread of the infection.

Clinical trials with Tamiflu have shown that the drug reduces acute symptoms of flu by a maximum of 2.5 days, depending on the subgroup analyzed. That's it: 2.5 days. In addition, viral shedding in nasal secretions was reduced after Tamiflu had been administered. Although this would presumably lessen the exposure risk for close contacts, this theory has not been tested. (5)

5. The virus is already becoming resistant to Tamiflu.

Recent human isolates are fully resistant to older, less expensive influenza drugs, amantadine and rimantadine. (6) In addition, a high-level of resistance to Tamiflu has been detected in up to 16 percent of children with human influenza A (H1N1). Not surprisingly, this resistant variant has been detected recently in several patients with H5N1 infection who were treated with Tamiflu. (7)

In addition, nearly seven percent of people who are prescribed Tamiflu can't tolerate the side effect: persistent nausea. So, at nearly $100 for a course of treatment, you might want to save your money and spend it on saline nasal spray, which is at least as effective. (8)

6. The other newly recommended drug, Relenza, isn't much better.

Relenza is a powder, which is inhaled twice a day for five days from a breath-activated plastic device called a Diskhaler. Some patients have had bronchospasm (wheezing) or serious breathing problems when they used Relenza.

In fact, in January 2000, the FDA issued a warning about prescribing Relenza after some users reported deterioration of respiratory function following its inhalation. Particular concern was expressed for patients with underlying asthma or emphysema. The FDA stated that "an acute decline in respiratory function may contribute to a fatal outcome in patients with a complicated pre-existing medical history and pulmonary compromise." (9)

7. The "seed virus" produced by the WHO and given to the vaccine manufacturers may not be the correct virus.

In February 2005, the WHO developed several H5N1 prototype vaccine strains in accordance with the requirements of national and international pharmaceutical licensing agencies for influenza vaccine production. These H5N1 prototype strains were made available to institutions and companies working to develop the pandemic vaccines. (10)

By October 2005, the WHO had evidence that the virus had evolved and is now "genetically distinguishable" - i.e., different - from the prototype strain selected for vaccine development. In what can only be described as a case study in bureaucratic thinking, the WHO, in spite of the new information, does not recommend changing the strain.

In any case, it will take another 4 to 18 months before the vaccine is ready for mass dissemination. As Nancy Cox, director of the influenza branch at the CDC (Centers for Disease Control and Prevention) stated, "If we don't get a good match, the vaccine will be less effective, producing illness, hospitalizations and death." (11) By that time, will the "vaccine virus" show any resemblance to the "pandemic virus" thought to be in circulation then? If it is appreciably different, how can mandatory vaccination be justified?

8. Who benefits the most? Big Pharma.

Millions in grants and tax incentives to develop new products. Guaranteed purchase orders from governments here and abroad. Complete product liability protection. It doesn't get any better for a product manufacturer, and in this case, all the benefits go to Chiron, Sanofi-Aventis and GlaxoSmithKline, the "big boys" in the market for making the new vaccine. With a global population of more than six billion, the market share is large enough to get their attention. Add in the financial incentives, and the developers are off and running.

To add an additional layer of protection, on Oct. 18, 2005, Senator Bill Frist (R-TN) and Senator Richard Burr (R-NC) introduced and fast-tracked a bill that would create a new agency within the Department of Health and Human Services (HHS) called the Biomedical Advanced Research and Development Agency (BARDA). This new agency would help "spur private industry to develop and manufacture medical countermeasures for bioterrorism agents and natural outbreaks."

However, the dark side of S.1873, the Biodefense and Pandemic Vaccine and Drug Development Act of 2005, is that it would exempt the pharmaceutical industry not only from liability, but would also ensure that no one would have access to data documenting medical failures or catastrophes. BARDA would be exempt from access by the Freedom of Information Act, the Federal Advisory Committee Act and parts of the Federal Acquisition Regulations. It would act in total secrecy and protection from the general public by the federal government. (12)

Fortunately, the scientific community is standing up loudly against the formation of the new agency. The Federation of American Societies for Experimental Biology, a coalition of independent member societies and scientists, which has historically shown particular interest in public policy issues relating to science, weighed in to voice several concerns. In a letter to Chairman Burr, dated Oct. 18, 2005, the coalition's president, Bruce Bistrian, MD, PhD, wrote the following:

"On behalf of the Federation of American Societies for Experimental Biology (FASEB), a coalition of 23 scientific societies representing more than 65,000 scientists, I am writing to express our reservations over

your recent proposal to create the Biomedical Advanced Research and Development Agency (BARDA).."

"FASEB is troubled over the impact this new agency might have on existing programs at the National Institutes of Health (NIH) and Centers for Disease Control, particularly in an era of limited funding for domestic discretionary spending. NIH and the dozens of universities and research institutions around the country where NIH-supported research is performed already have the scientific expertise and research infrastructure in place to carry out the bioterrorism research that our nation needs. Our concern is that BARDA would duplicate, constrain or even eliminate these programs. Moreover, while implementing a 'top-down' approach to research, as described in the BARDA proposal, may be suitable for the manufacturing stage of development, we do not believe it is an appropriate substitute for hypothesis-driven basic research, which has historically led to the most important advances in biomedical science." (Emphasis added). (13)

Hopefully, other organizations and the general public will follow suit and fight to oppose this bill.

9. Who has the most to lose? The citizens of the world, particularly U.S. citizens.

The Global Pandemic Preparedness Plan is nothing more than a power grab for the government, the United Nations (UN) and the WHO. Buried deep within the WHO's plan, here is a glimpse of the ominous plans in preparation for "affected countries:"

* Activate procedures to obtain additional resources; consider invoking emergency powers.
* Activate overarching national command and control of response activities, either by formal means or de facto (close oversight of district and local activities).
* Deploy operational response teams across all relevant sectors. (14)

Global control and UN peacekeepers may be coming soon to a neighborhood near you.

10. What you need to do.

According to the UN's Food and Agriculture Organization (FAO), the avian influenza virus is easier to destroy than other influenza viruses. It appears that it is very sensitive to detergents - i.e., soap – which destroy the outer fat-containing layer of the virus. This layer is needed to enter cells of animals and, therefore, destroys the infectivity. In other words, when you have been in public places, use soap to wash your hands before touching your face. (15)

Congress is attempting to shield Pharma completely from responsibility and then hide the resulting problems through the fast-tracking of S.1873. Contact your senators immediately to try to stop the passage of this bill. For quick access to the bill, and what to do, go to www.nvic.org and click on "Senate Alert" at the top of the page.

Don't get caught up in the hype. For daily updates and developing action plans, go to www.BirdFluHype.com and stay informed.

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