

# The Ebola Virus

This Ebola outbreak is being called the “most severe, acute health emergency seen in modern times”, and the U.S. health care system is completely and totally unprepared for it. The truth is that **most U.S. hospitals are simply not equipped to safely handle Ebola patients, and most hospital staff members have received little or no training on Ebola.** Barack Obama and our top public health officials, running around proclaiming that Ebola is “difficult to catch”, is **giving doctors and nurses a false sense of security.**

Don't be misled by pronouncements that “previously healthy people,” exposed to a virus, suddenly collapsed and died. You have no idea whether those people (health workers, for example) were previously healthy. **A very detailed investigation by competent and unbiased people is necessary to establish the truth.** Further, automatically assuming the “previously healthy” people were seriously infected with a particular virus—without effectively testing them—is absurd.

**Ebola is difficult to diagnose when a person is first infected** because the early symptoms, such as fever, are also symptoms of other diseases, such as malaria and typhoid fever and even common influenza. **The symptoms are extremely nonspecific in the beginning — Ebola looks like almost anything.**

The two primary diagnostic tests for Ebola—the *antibody* and the *PCR*—are **completely useless for verifying the presence of millions of Ebola virus in a patient**—which is what you need to begin to say that patient is an “Ebola case.” **The US diagnostic test for Ebola is utterly unreliable.** Using the test to claim a patient has Ebola or doesn't have Ebola is **scientific fraud.** Therefore, **any pronouncements made by the Centers for Disease Control, where all the US testing is done, are worthless.**

The most common test for Ebola is the *polymerase chain reaction* (PCR) test. Unfortunately **this test can be negative during the first three days an infected person has symptoms.** The PCR test is cumbersome and **takes anywhere from 12 hours to four days** to yield a result. **Somebody could be in the hospital for three to five days before a diagnosis of Ebola is confirmed.** The important thing is **keeping the patient isolated** until you can get to a diagnosis.

**Testing for Ebola is done at the CDC's headquarters in Atlanta**—one of 12 labs in the nation (according to the CDC) capable of performing the test. According to a CDC spokesperson **testing for Ebola takes 1-2 days after they receive the samples.** The *PCR* test is performed on blood that has been treated to kill and live virus. Five US airports that have flights to the infected West African countries have imposed screening on incoming passengers, such as temperature checks.

This is better than nothing, but if, as is believed, **the deadly virus has a long incubation period, this screening would only catch people with symptoms,** and, of course, there are many reasons for high temperatures, especially during cold and flu season. So what our incompetent public officials have arranged is screening that will quarantine people who have caught a cold but **fail to catch those carrying Ebola** who have not yet come down with it. **It is twice as long** as health officials are counting on and why **they are deceiving themselves and the public** about this is unfathomable.

The PCR is completely unreliable for a disease diagnosis. First, technicians start with a tiny, tiny sample of genetic material from the patient. This sample may or may not be part of a virus. Mistakes can be made. Obviously, the techs want the sample to be viral in nature; otherwise, the diagnostic test will be a complete bust. But more importantly, the whole rationale for PCR is wrongheaded. Doctors and researchers only find a miniscule bit of hopefully relevant material in the patient to begin with. The PCR amplifies that bit so it can be observed. But to consider the possibility that a virus is causing a disease in a patient, there must be huge numbers of that virus working actively in his body. The PCR never establishes that. Finding a tiny trace of viral material in a patient says absolutely nothing about whether he is ill, has been ill, or will become ill.

Testing for Ebola is difficult and time consuming. With hospitals closed and doctors overwhelmed, it is almost impossible to prove that the cause of death is the deadly virus. These days, **if someone dies, it's Ebola. There is no testing, no questions.** Just Ebola, and **they take the body away.** No one has time for coffins.

**Tests don't really confirm the presence of disease**, not reliably at least. **Many medical tests are deceptive and often useless** when yielding up false negatives and even false positives. **No test is 100% accurate.** The *Journal of Clinical Microbiology* said in 2002 that **the PCR test can yield false negatives for viral hemorrhagic fevers** such as Ebola: The U.S. Department of Defense said in August, "The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that Ebola Zaire virus infection is likely, and diagnostic tests for other causes of hemorrhagic illness are negative.

We are being warned that the epidemic may not end until the world has a vaccine against the disease. There are three vaccines now being fast-tracked through early safety trials in volunteers in the UK, the US and in unaffected Mali, but the safest vaccines still have their problems and sometimes their toxicity seriously hurts and kill people without help from any virus. The prospects of "countrywide" vaccination for Ebola with a rushed-to-market vaccination are absolutely horrifying. Recall that **some 800 children in Europe are now suffering narcolepsy thanks to the rushed swine flu vaccine.**

Test results should be available by the end of November or start of December, which would be a record and extremely reckless development time. We are trying to do in a few months something that might typically take 10 years. If they are acceptable, according to CDC standards, it is likely that healthcare workers – who are at highest risk of being infected and over 200 of whom have died – will be offered a vaccination before Christmas. **But the only proof that any of them works will be if there is a significant drop in the number of deaths among vaccinated people on the front line.** But even if researchers are able to make enough vaccine, and have data showing that it is safe for use in humans and produces good immune responses, **they would not know that it actually works.**

Obviously **populations will need to be stampeded with fear to take the vaccine** but that is being accomplished with **constant media reports.** If you listen only to contemporary medicine the only real way to treat viruses is with vaccines, meaning they hope to prevent infections, but **once a person is infected they do nothing but add factors that contribute to more deaths.** **The vaccine wing of modern medicine is untrustworthy** and today more and more parents are taking notice and are avoiding vaccinating their children or are doing so as late as possible.

The National Institute of Health has declared that rushed "Ebola" vaccines may need to be given to everyone. Obviously this is the plan but **the vaccine will not actually be for Ebola** - not really. Connecticut, which does not even have a single case of Ebola yet, has taken pre-emptive action and can now force vaccines and detain people without due process. The federal government has these laws already in place when a national health emergency is declared.

Every flu vaccine is "experimental." Each year's batch contains something different, because **it has to be ever-evolving as viruses mutate.** Despite this, **people are terrified and guilted into receiving the vaccine.** If the fear factor doesn't work, **they are forced to take it** in order to work, go to school, or stay at daycare. The vaccine won't be tested against Ebola. It will be "approved" by the FDA in record time **without ever being shown to be effective.**

A properly-constructed Ebola vaccine trial would have to use two groups of people: a *control* group which receives no vaccine and then gets exposed to Ebola, and a *treated* group that receives the vaccine and then gets exposed to Ebola. **The difference in the outcomes of the two groups would be attributed to the vaccine.** Obviously, no vaccine clinical trial is going to intentionally expose anyone to Ebola. Thus, **the question of whether the vaccine even works against Ebola won't be answered even when the vaccine is "approved" for use in the population.**

Clinical trials won't test vaccine's efficacy against Ebola. **Instead of testing whether the vaccine works against Ebola, the clinical trials are only trying to determine whether the vaccine causes side effects and produces an immune response of antibodies. These antibodies are not Ebola antibodies. They are antibodies to a tiny chain of proteins** (that resemble one part of Ebola) **attached to an adenovirus** (a common cold virus). The hope among vaccine developers is that the antibodies which appear in response to this artificially engineered protein structure will also work against Ebola. But **there will be no proof of this.** It will simply be a "best guess" and **may not work at all.**

The government is crazy enough to allow pharmaceutical companies to put neurotoxic mercury (Thimerosal) in the flu vaccine and inject that directly into children's blood streams and **that is reason enough to not put trust in the CDC.**

Recent lab tests found that seasonal flu vaccines, which are pushed on virtually everyone these days, including young babies, pregnant women and the elderly, contain outrageously high levels of neurotoxic mercury. Vials of batch flu vaccine produced by British pharmaceutical giant GlaxoSmithKline (GSK) were found to **contain upwards of 51 parts per million of mercury, or 25,000 times the legal maximum for drinking water** established by the Environmental Protection Agency (EPA).

There is little doubt that **vaccines are dangerous** (American government pays out billions in vaccine damages). **Most compensated cases were for flu vaccine damages**, especially due to the paralyzing Guillain-Barre syndrome. In fact it should come as no surprise that **vaccines kill people because that is what medicine does as a matter of habit. There are constant reports from around the world about vaccines hurting people.**

**A vaccine may pose an immediate risk to your cardiovascular system** due to the fact that **vaccines provoke an acute inflammatory response in the body and the brain** that can become chronic in some individuals. The inflammatory response is a MAJOR concern in pregnant women, as **stimulating a woman's immune system during pregnancy can increase health risks** for the pregnant woman and some researchers think that it **increases risks that the baby will develop neurological dysfunction anywhere from 7 to 14-fold!**

True medicine cries out against vaccines and all the harm they are doing to children and people around the globe but we have medical authorities claiming them to offer deliverance, when in reality **they offer little of anything but further toxic attacks on the body and immune system.**

**When it comes to health and medical emergencies people's individual rights are very limited.** Vaccinations can be forced on people as can quarantine. *Isolation* separates people who are known to be ill from those who aren't sick. *Quarantine* separates people suspected of being exposed to an illness or biological agent from the general population.

If vaccines are the only way to get the Ebola pandemic under control then God help the human race. The catastrophic epidemic may remain unchecked for months, given that **these drugs and vaccines haven't yet been proven to be safe or effective in people**, and won't be available in significant amounts any time soon.

Do people die from Ebola, influenza or the common cold or do they actually die of something else? If we look deeply at the human condition we can answer this question and guide intelligent treatment programs to save more lives than the western medical establishment has planned. It is exactly because **contemporary medicine has no legitimate or intelligent treatment for viruses** that so many people die premature death.

In medicine the *terrain* (the underlying condition and health of the body) counts for little to nothing and that is why in the press we rarely hear about it, though **we are destroying our environment, and thus ourselves, with pharmaceuticals and pesticides** released into our biosphere.

The terrain expresses the medical wisdom known to wiser physicians. Since **most doctors and even people don't know or worry about the terrain** they continue to expose themselves and their children to harmful contaminants that catch up on them by surprise when they come down with a virus. In general, **perfectly healthy people do not come down with viral infections.**

**Your body is going to be susceptible if it is plagued with toxicity and nutritional deficiencies** starting with the most basic nutritional deficiency there is—which is **oxygen**. When it comes to dealing with nutritional and toxic exposure, **western medical officials are deaf, dumb and blind** and that is why **they hurt more than they help.**

One of the most basic contributors to a healthy terrain is a body's *oxygen* status, which happens to be dependent on our *carbon dioxide* status. The body's tissues do not enjoy the effects of hypoxia and that includes the immune system. Introduce a virus, common or not, and you will have complications, unless there is a **high oxygen status.**

Each of us contains about a trillion “bugs.” **They are suppressed when oxygen is present.** However, as oxygen drops, the “bugs” wake up and want to have lunch—**they want to have you for lunch.** Since they don’t have teeth to take a bite out of your cells, **they put out digestive enzymes to dissolve your cells.** As they consume your cells, you get sick.

One of the basic reasons sodium bicarbonate is such a good medicine is that **it almost instantly improves oxygen status through raising CO<sub>2</sub> and bicarbonate concentrations in the blood. The blood vessels dilate with increased bicarbonate and CO<sub>2</sub> allowing more blood to flow.** Also the oxygen disassociation curve is moved favorably. **Sodium bicarbonate saved lives in 1918 during the Spanish flu pandemic** and it will do so again this year if people learn about it.

**Hydration levels are also crucial** with any type of flu. **Dehydration**, which is the condition of many children and adults today, **causes chronic inflammation. Dehydration, chronic inflammation and low oxygen are a strong invitation to viruses** to set up shop in our cellular houses. Here we have the basics of *terrain*, which either *invites virus in* through physiological vulnerability or *repels them quickly* because of physiological health.

Did you ever hear a doctor say a person died of magnesium deficiency? Due to lack of magnesium the heart muscle can develop a spasm or cramp and stops beating. **Most people, including doctors, don’t know it but without sufficient magnesium we die.** When someone dies of a heart attack doctors never say “He died from Magnesium Deficiency.” **Allopathic medicine is designed to ignore the true causes of death and disease.**

A ten-year study of 2,182 men in Wales found that **those eating magnesium-low diets had a 50% higher risk of sudden death from heart attacks than those eating one-third more magnesium.** Lack of magnesium permits unstable electrical impulses in the heart to emerge, generating abnormal heart rhythms. In fact, much magnesium research over the years has focused on its administration during heart attack to reduce death from fatal heart rhythms.

This same pattern is repeated for the lack of many other minerals and nutritional elements. The lack of iodine in people’s diets make them sitting ducks for the damage caused by radioactive iodine that was released in massive quantities from Fukushima but **the CDC does not want you to know about the high rate of iodine deficiencies in the public nor the increasing level of radiation** that is impacting everyone.

**Dentists have been poisoning their patients with mercury fillings for a century and a half** and this leads to neurological disease, cancer and death. Pediatricians themselves inject mercury into children with vaccines each year. Add fluoride and chlorine in the water, the massive amount of pollutants in the air in all major cities, and floods of preservatives and pesticide residues in the food supply. **Do you hear in the news of anyone dying of air pollution or mercury fillings?**

**Toxicology is avoided by the medical media, like the plague.** Without toxicology, the intellectual, scientific intrigue of virology is a wasteland. **Without toxicology, virology is a mere mind-trap, a parasite, a mind-virus.**

There is a reason why Ebola has been classified as a *biosafety-level 4* (BSL-4) pathogen. **It is an extraordinarily dangerous virus, and there are only a few facilities in the entire country that are set up to safely handle such a disease.**

The Ebola patient that recently died in Dallas was the first to be cared for in a facility that **did not follow biosafety-level 4 protocols.** And so it should not be a surprise that **this is the facility where transmission happened.**

To do it safely, **health care workers need to train and practice using protective equipment** like they have been doing at the Emory University Hospital in Atlanta — where Fort Worth physician was treated for Ebola exposure; and the Nebraska Medical Center in Omaha, where an NBC photojournalist is currently being cared for.

And even if our hospitals had the proper equipment and hospital staffs were being given proper BSL-4 protective clothing, the reality of the matter is that **most of them have not received adequate training.**

Three out of four nurses say **their hospital hasn’t provided sufficient education for them on Ebola**, according to a survey by the largest professional association of registered nurses in the United States.

Out of more than 1,900 nurses in 46 states and Washington D.C. who responded, 76 percent said their hospital still hadn't communicated to them an official policy on admitting potential patients with Ebola. And a whopping **85 percent said their hospital hadn't provided educational training sessions on Ebola** in which nurses could interact and ask questions...

**"The level of outbreak is beyond anything we've seen - or even imagined."** -- Dr. Tom Frieden, the Director of the Centers for Disease Control and Prevention

**The mainstream media is withholding vital information about Ebola from the public, and governments of the world remain in a state of dangerous denial.**

**The public isn't being told the truth about how Ebola can spread, why the medical system is utterly helpless against it, and why governments of the world are dusting off plans to quarantine entire cities at gunpoint.**

**No government in the world is prepared to handle an Ebola outbreak.**

The reason Ebola has exploded beyond containment in West Africa is because **governments there are utterly unable to contain it.**

"What is not getting said publicly, despite briefings and discussions in the inner circles of the world's public health agencies, is that **we are in totally uncharted waters** and that **Mother Nature is the only force in charge of the crisis at this time.**" -- Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, printed in the New York Times on Sep. 11, 2014

Even with the help of western governments and the United Nations, **areas that authorities once announced were "eradicated" have now flared back up with new infections.**

Governments of the world are well-equipped to fight things that can be killed with bullets and bombs, but **Ebola is bulletproof.** No common kinetic weapons can prevent the spread of Ebola. **Only nuclear warheads or fuel-air explosives can destroy Ebola over large areas.**

**Government emergency services such as FEMA (in the United States) can barely handle a single hurricane, much less a nationwide pandemic outbreak.**

The truth you're not being told is that **if an Ebola outbreak arrives in YOUR city, you are on your own.** Government won't be there to save you.

**Ebola can spread through aerosols and contaminated surfaces such as door knobs.**

In West Africa, Ebola is currently spreading through taxi cabs. **Infected patients enter the cab and then inadvertently contaminate surfaces such as door handles, seats and seatbelts.**

Minutes or hours later, an innocent victim enters the same cab and touches those same surfaces, acquiring the Ebola virus on their own fingers and hands. **If this person then touches their own eye, nose, mouth or food, they also become infected with Ebola.**

**Ebola can also spread through the air over short distances by riding on aerosols.** One laboratory experiment proved that **Ebola could spread from one group of animals to another, even though the animals were physically separated and could not touch each other.**

"In 2012, a team of Canadian researchers proved that Ebola Zaire, the same virus that is causing the West Africa outbreak, **could be transmitted by the respiratory route** from pigs to monkeys, both of whose lungs are very similar to

those of humans." -- Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, printed in the New York Times on Sep. 11, 2014

This proves that **Ebola can spread through the air**, yet **most official sources continue to lie to the public** and claim Ebola cannot spread through the air. That disinformation **will actually contribute to the spread of the pandemic** and may cost many lives.

It also shows how "official sources" can behave so irresponsibly in a pandemic, **deliberately lying to the public** in a way that may get some people killed.

**"Ebola has turned survivors into human booby traps, unexploded ordinance - touch and you die."**  
- BBC World News

**Once Ebola spreads in a major city, it will be unstoppable across the entire planet.**

"It is impossible to keep up with the sheer number of infected people pouring into facilities. In Sierra Leone, infectious bodies are rotting in the streets." -- Dr. Joanne Liu, the international president of Doctors Without Borders  
One important thing you are not being told about Ebola is that **if the pandemic takes hold in a large city** (Mexico City, New York, London, etc.), **it will be unstoppable and will sweep across virtually the entire human population on the planet.**

**The idea of "containment" of Ebola** as it sweeps through a large city is nothing more than a **delusional fairy tale**. The **high population density** of modern cities guarantees a rapid spread across the city, and the existence of **rapid human travel** by roadways and air will ensure the **explosive spread of the virus to other cities**.

Governments will of course attempt to quarantine entire cities using military force, but **even the front-line soldiers will become infected themselves, causing the disease to spread throughout the ranks** and reducing military effectiveness. (Military forces are poorly suited to fight pandemics.)

**Once a quarantine goes into effect for a large city, the city will effectively become a large-scale "death camp" of disease and desperation.**

"Attempts to quarantine during the current outbreak, led by the local armies and police, have been catastrophic."

**The medical system has no solutions for Ebola and won't recommend anything other than vaccines and pharmaceuticals.**

"This is not an African disease. This is a **virus that is a threat to all humanity.**" -- Gayle Smith, senior director at the National Security Council

Because **the western medical system** only promotes drugs, surgery and vaccines, it **has no solutions to offer** outside those realms. And currently, **there are no vaccines or drugs that have been shown to be safe or effective at treating Ebola.**

As of this writing, the experimental anti-viral drug *ZMapp* has a 40% fatality rate in patients.

**There are no vaccines available**, and even if vaccines are rushed to market, they will be **experimental vaccines with no evidence of safety**, meaning **those who take the vaccines are functioning as human guinea pigs**.

The history of **the U.S. government and its National Institutes of Health** is filled with examples of authorities using prisoners, blacks and babies in **heinous medical experiments**. The Tuskegee syphilis experiments are only the beginning.

**Ebola is mutating faster than any vaccine effort could possibly match.**

**"The current Ebola virus's hyper-evolution is unprecedented;** there has been more human-to-human transmission in the past four months than most likely occurred in the last 500 to 1,000 years." -- Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, printed in the New York Times on Sep. 11, 2014

**The Ebola virus mutates rapidly in the wild, evolving new mechanisms for surviving and spreading. Hundreds of different strains of Ebola have already been documented since the outbreak began in Africa.**

**Vaccines can only target a single strain or a small group of related strains.** So even if a vaccine is manufactured and released, it will by definition already be months behind the evolutionary curve of viral strains circulating in the wild. The key properties that the Ebola virus will attempt to improve for its own survival are:  
Incubation time: Longer is better for the virus. As a virus **"incubates" in a human host, it can travel undetected, almost like a stealth biological weapon.** Currently, **Ebola virus has about a 21-day incubation time. Symptoms typically do not appear until after 15 days.**

Survival of open-air exposure: **The longer a virus can "survive"** (i.e. remain viable) in the open environment, **the more successfully it can spread.** Ebola currently has the **ability to survive for days or even weeks on contaminated surfaces** under the right temperature and humidity conditions.

**Ability to spread by air:** Ebola virus can already spread short distances as an aerosol. If the virus were able to mutate into a form which could more effectively survive airborne transmission, its ability to rapidly infect hosts at longer distances would be greatly amplified.

**Ability to bypass cellular defenses:** The more effectively the virus can overcome the body's immune defenses, the more successfully it can multiply in a host and hope to spread to other hosts. Fortunately for Ebola, **most of the human race lives today in a strongly immune-suppressed state.** Most **prescription medications, vaccines and processed food additives suppress the immune system, making people far more vulnerable to pandemic infections.**

The longer Ebola circulates in the wild, the more opportunities it has to mutate into dangerous new forms that optimize all the traits mentioned above and make the virus even more deadly than it is already.

**A hospital is the most dangerous place to go during an Ebola outbreak.**

**"It is impossible to keep up with the sheer number of infected people pouring into facilities.** In Sierra Leone, **infectious bodies are rotting in the streets.**" -- Dr. Joanne Liu, the international president of Doctors Without Borders  
In any pandemic outbreak, hospitals quickly become death centers. **Doctors and health care staff are rapidly infected by Ebola due to the extraordinary transmission properties of the virus, causing medical staff to either flee or be killed.** "Liberia, population four million, has fewer than 250 doctors left in the entire country." (Because they've all been killed by Ebola or fled the country.) -- Sheri Fink, published in the New York Times on Aug. 16, 2014

Despite their best efforts to avoid being contaminated, **doctors and medical staff have a terrible track record: U.S. hospitals operating today can't even stop the spread of bacterial superbugs like MRSA, c.diff or CRE.**

Drug companies have run out of antibiotics to treat these superbugs, and, other than colloidal silver, **there are no antibiotics, antivirals or vaccines in existence that can treat many of today's most rapidly expanding infectious diseases** (such as Ebola).

During a widespread pandemic, most people will be sent home to die, with no medicine or professional medical care whatsoever.

This is why it's so crucial for people to **stockpile natural medicines at home** and learn how to **hydrate themselves, boost their own immune function** and **avoid infecting others** in their own home.

**FACT: Every person who has survived Ebola so far has survived entirely because of their own immune system. No doctor on the planet has ever saved any Ebola patient.** If you wish to survive an Ebola infection, you have to save your own life.

**Even if an Ebola vaccine is made available, it will be experimental and untested, turning patients into guinea pigs.** The U.S. medical system is based almost entirely on the very limited "for-profit" chemicals of the pharmaceutical industry. The denial of the role and value of natural medicine such as medicinal herbs and essential oils is extremely irresponsible and shows how the drug industry prioritizes profits over human lives.

The Ebola pandemic will see a rush to develop a vaccine accompanied by a massive wave of media propaganda claiming the vaccine is "safe" and "effective." But any Ebola vaccine will be an experimental vaccine because the drug industry won't take the time needed to conduct proper clinical trials.

The drug industry has a long and dark history of using humans as guinea pigs in medical experiments. Pfizer, for example, exploited human babies in Nigeria for heinous vaccine experiments that killed many children and resulted in arrest warrants being issued for Pfizer executives.

GlaxoSmithKline recently pleaded guilty to committing multiple felony crimes by running a physician bribery network involving tens of thousands of U.S. doctors who all took money to push GSK drugs and vaccines.

These drug companies (and others) will exploit the Ebola catastrophe to fraudulently sell fast-tracked Ebola vaccines backed by zero scientific evidence of safety or efficacy. But the lying mainstream media will tell you exactly the opposite: they will say that "vaccines are safe" while warning you that turning to natural medicine is "unproven" or even dangerous.

Watch for this pattern of disinformation during the spread of any pandemic, including Ebola.

**The mainstream media, government and health authorities will get people killed by censoring the truth about natural cures.** In any pandemic, there will be a sustained and malicious effort to program the public to stay away from medicinal herbs, Traditional Chinese Medicine, nutritional therapies and anything else that doesn't profit the pharmaceutical industry. Although world history is filled with accounts of medical pioneers using plant-based medicines to save lives during pandemics and plagues, today's criminally-operated pharmaceutical industry has gone to great lengths to try to erase these truths from human consciousness.

**The FDA outlaws all truthful claims about herbs, foods, nutrients or natural medicines treating or preventing any disease.** The simple, truthful claim that "vitamin C can prevent and cure scurvy" can get you arrested and thrown in prison in America if you sell vitamin C supplements. The FDA will not even allow vitamin D manufacturers to accurately claim that vitamin D cures rickets, a disease caused entirely by vitamin D deficiency. Because **the pharmaceutical industry sees pandemics as profit opportunities**, they aggressively accelerate efforts across government and media to publicly attack anyone who recommends natural or holistic approaches to immune health. This is a **deliberate strategy to protect the greed-driven financial interests of drug companies**, even if it means allowing millions of people to die as a result. **The drug industry would rather see millions die than lose their dominant position in the health care marketplace.**

That's why real answers on natural medicine and pandemic preparedness can only come from **independent news sources**. Independent media is keeping alive the truths about natural cures and herbal medicines that the CDC, FDA and drug companies have been trying to wipe clean from human memory for the last several decades. That's why when it comes to pandemic outbreaks, **people who listen solely to "official sources" will likely pay for that mistake with their lives**, while **people who expand their horizons and learn the wisdom of nature from independent sources have a far greater chance of saving themselves.**

**Every world government already has plans on the books to quarantine individuals, towns or cities at gunpoint.**



Every large government in the world, including the United States of America, has plans on the books to quarantine members of the public at gunpoint in the event of a pandemic outbreak.

On July 31, 2014, for example, President Obama signed executive order 13674 which allows the U.S. federal government to arrest and quarantine any person who shows symptoms of infectious disease.

This executive order allows federal agents to forcibly arrest and quarantine anyone showing symptoms of:  
...Severe acute respiratory syndromes, which are diseases that are associated with fever and signs and symptoms of pneumonia or other respiratory illness, are capable of being transmitted from person to person, and that either are causing, or have the potential to cause, a pandemic, or, upon infection, are highly likely to cause mortality or serious morbidity if not properly controlled.

Quarantine plans span the scale from individuals to entire cities. If an Ebola outbreak appears in a major U.S. city, the federal government has the authority and military power to quarantine the entire city, including enforcing a "no fly zone" so that no airplanes or helicopters can enter or leave the airspace.

What you need to understand right now is that quarantine centers are actually "death camps" where governments put people to die. Even if you aren't infected before you're thrown into quarantine, you will be rapidly infected by the other people already there. This is why quarantine centers often contain cremation ovens so that FEMA can efficiently dispose of all the dead bodies.

By now, you can hopefully see why it's so crucial to make sure you maintain a strong immune system and avoid showing any symptoms of any disease. Even having the sniffles or coughing in public could get you quarantined and killed in a pandemic outbreak.

That's why surviving a pandemic outbreak like Ebola requires much more than merely surviving the virus itself. You also have to survive the government's irrational response to symptoms of other diseases such as the common cold. There are really TWO threats in any pandemic: 1) the virus, 2) the government.

For this reason, proper immune system support and defense is absolutely crucial for your survival during any pandemic.

**If Ebola infects a major world city, it will cause a collapse of the infrastructure that delivers food, water, medicine, fuel, cash and more.**

"Liberia is facing a serious threat to its national existence. It is now spreading like wild fire, devouring everything in its path. The already weak health infrastructure of the country has been overwhelmed... The deadly Ebola virus has caused a disruption of the normal functioning of our State." -- Liberian Minister of National Defense Brownie Samukai, quoted in the *Daily Mail*

The infrastructure that keeps you alive runs on PEOPLE. Your food, water, banking, medicine, transportation and everything else requires a large number of people to stay operating.

But in a pandemic, those people either become sick or quarantined. Without the people, the local water plant can't operate. The gas stations aren't manned. The banks are closed and the grocery stores are empty.

When it comes to surviving a pandemic, most people make the mistake of only thinking about surviving the virus while failing to consider how they're going to survive the local infrastructure collapse. You can die just as easily from starvation, dehydration or violent gang activity as you can from Ebola itself.

That's why the real survivors of any pandemic will be those people who can 1) Survive the virus itself, and 2) Survive the secondary effects such as infrastructure collapse and government quarantine operations.

That's also why anyone who wants to survive a pandemic needs to become a "prepper" who is capable of surviving any disruptions in basic infrastructure.

Some websites to consider for your own education in survival and preparedness include SurvivalBlog.com, The Organic Prepper, SHTFplan.com, Survivalist.com and BioDefense.com

### **Ebola can be easily harvested and released as a bioweapon.**

The U.S. Department of Homeland Security will never tell you the horrifying truth that I'm about to relate here: Ebola can be easily harvested from victims, weaponized into a liquid or powder, smuggled into the United States and released in a large city such as New York or Miami. Almost no one is acknowledging this irrefutable reality.

At the same time, terrorists also fully realize that they don't even need to deploy the virus in the United States at all in order to attack the United States. They can simply release it in Mexico City and wait for it to spread across the wide open U.S. southern border, where the Obama administration has made sure there is zero security.

Scientists already know that under the correct storage conditions (which are reportedly simple to achieve with off-the-shelf equipment), Ebola virus can remain viable for YEARS. Terrorists can easily build homemade dispersal devices that can spread Ebola in crowded places such as subway stations or airports.

DHS is absolutely powerless to stop this from happening. Even more horrifying, even when Ebola is deployed in a crowded place, no one will know it happened. Thanks to the 21-day incubation period, it would likely be two weeks before anyone realizes the attack took place, and by that time the virus could have already been spread to tens of thousands of people in every major city across North America (or Europe, for that matter).

Terrorists of the world have long known that bioweapons are the perfect so-called "asymmetrical warfare tools" because they are self-replicating and bulletproof. They can be smuggled anywhere and deployed without detection. Furthermore, the population of North America is shockingly vulnerable to such weapons precisely because Americans eat diets and take pharmaceutical medications that suppress their immune function, making them far more vulnerable to Ebola than populations of lesser developed nations where citizens are more physically active and fit.

Although I hope and pray that Ebola is never intentionally deployed anywhere in North, Central or South America, it seems that if terror groups wished to accomplish this, there is nothing that could be done to stop them. This is why all of America's effort at "homeland security" may prove worthless against a bioweapons threat. It also underscores the importance of each of us taking care of our own health -- because a viral pandemic may be deployed and widely circulated weeks before anyone realizes what has happened.

We are being warned that the epidemic may not end until the world has a vaccine against the disease, according to Professor Peter Piot, director of the London School of Hygiene and Tropical Medicine. He is one of the scientists who discovered the virus.

There are three vaccines now being fast-tracked through early safety trials in volunteers in the UK, the US and in unaffected Mali to ensure that they do no harm, reports the Guardian but the safest vaccines still have their problems and sometimes their toxicity seriously hurts and kill people without help from any virus.

Test results should be available by the end of November or start of December, which would be a record and extremely reckless development time. If they are acceptable, according to CDC standards, it is likely that healthcare workers -- who are at highest risk of being infected and over 200 of whom have died -- will be offered a vaccination before Christmas. "But the only proof that any of them works will be if there is a significant drop in the number of deaths among vaccinated people on the front line."

The National Institute of Health has declared that rushed "Ebola" vaccines may need to be given to everyone. Obviously this is the plan but the vaccine will not actually be for Ebola - not really. Connecticut, which does not even have a single

case of Ebola yet, has taken pre-emptive action and can now force vaccines and detain people without due process. The federal government has these laws already in place when a national health emergency is declared.

When it comes to health and medical emergencies people's individual rights are very limited. Vaccinations can be forced on people as can quarantine. Isolation separates people who are known to be ill from those who aren't sick. Quarantine separates people suspected of being exposed to an illness or biological agent from the general population.

### **Vaccines May Not Be Enough**

If vaccines are the only way to get the Ebola pandemic under control then God help the human race. The Canadian press is reporting, "As West Africa's Ebola outbreak continues to rage, some experts are coming to the conclusion that it may take large amounts of vaccines and maybe even drugs – all still experimental and in short supply – to bring the outbreak under control. Embedded in that notion is the reality that the catastrophic epidemic may remain unchecked for months, given that these products haven't yet been proven to be safe or effective in people, and won't be available in significant amounts any time soon. Experimental Ebola drugs in particular will remain in scarce supply for a considerable time."

Dr. Adrian Hill of the Jenner Institute at Oxford University said about Ebola vaccine development, "We are trying to do in a few months something that might typically take 10 years." But even if researchers are able to make enough vaccine, and have data showing that it is safe for use in humans and produces good immune responses, Hill said that they would not know that "it actually works. So we're going to have to figure out a way of using the vaccine, and at the same time evaluating it. And there's a great deal of discussion about how you might do that now."

"It is conceivable that this epidemic will not turn around even if we pour resources into it. It may just keep going and going and it might require a vaccine," said Dr. Anthony Fauci, director of the U.S. National Institute for Allergy and Infectious Diseases. "As the epidemic gets more and more formidable and in some cases out of control it is quite conceivable, if not likely, that we may need to deploy the vaccine to the entire country to be able to shut the epidemic down. That is clearly a possibility." Obviously populations will need to be stampeded with fear to take the vaccine but that is being accomplished with constant media reports.

If you listen only to contemporary medicine the only real way to treat viruses is with vaccines meaning they hope to prevent infections but once a person is infected they do nothing but add factors that contribute to more deaths. The vaccine wing of modern medicine is untrustworthy and today more and more parents are taking notice and are avoiding vaccinating their children or are doing so as late as possible.

The prospects of "countrywide" vaccination for Ebola with a rushed-to-market vaccination are absolutely horrifying. Recall that some 800 children in Europe are now suffering narcolepsy thanks to the rushed swine flu vaccine.

Some people may say, "Oh, that was an experimental drug, rushed to market to fight an epidemic." The thing is, if you look at it that way, every flu vaccine is "experimental". Each year's batch contains something different, because it has to be ever-evolving as viruses mutate. Despite this, people are terrified and guilted into receiving the vaccine. If the fear factor doesn't work, they are forced to take it in order to work, go to school, or stay at daycare.

The vaccine won't be tested against Ebola. It will be "approved" by the FDA in record time without ever being shown to be effective. Drugs are typically tested against people who have the disease the drug claims to treat. For example, high blood pressure drugs are tested in people who have high blood pressure to determine whether the drug "works" to lower their blood pressure. These results are typically compared to a control group which also has high blood pressure but received a placebo. The difference in results across these two groups is attributed to the drug.

A properly-constructed Ebola vaccine trial, then, would also have to use two groups of people: a control group which receives no vaccine and then gets exposed to Ebola, and a treated group that receives the vaccine and then gets exposed to Ebola. The difference in the outcomes of the two groups would be attributed to the vaccine. Obviously, no vaccine clinical trial is going to intentionally expose anyone to Ebola. Thus, the question of whether the vaccine even works against Ebola won't be answered even when the vaccine is "approved" for use in the population.

Clinical trials won't test vaccine's efficacy against Ebola. Instead of testing whether the vaccine works against Ebola, the clinical trials are only trying to determine whether the vaccine causes side effects and produces an immune response. As Dr. Myron Levine, director of the Center for Vaccine Development (CVD) at the University of Maryland, explains, "This research will give us crucial information about whether the vaccine is safe, well tolerated and capable of stimulating adequate immune responses in the highest priority target population, health care workers in West Africa."

Note carefully that he does not say the clinical trial will tell them whether the vaccine actually halts Ebola transmission. What they are looking for in this trial is whether the vaccine causes side effects and whether it produces an "immune response" of antibodies.

These antibodies, it turns out, are not Ebola antibodies. They are antibodies to a tiny chain of proteins (that resemble one part of Ebola) attached to an adenovirus (a common cold virus). The hope among vaccine developers is that the antibodies which appear in response to this artificially engineered protein structure will also work against Ebola. But there will be no proof of this. It will simply be a "best guess" and may not work at all.

The government is crazy enough to allow pharmaceutical companies to put neurotoxic mercury (Thimerosal) in the flu vaccine and inject that directly into children's blood streams and that is reason enough to not put trust in the CDC. Mike Adams also reports that, "Recent lab tests conducted at the Natural News Forensic Food Lab found that seasonal flu vaccines, which are pushed on virtually everyone these days, including young babies, pregnant women and the elderly, contain outrageously high levels of neurotoxic mercury. Vials of batch flu vaccine produced by British pharmaceutical giant GlaxoSmithKline (GSK) were found to contain upwards of 51 parts per million of mercury, or 25,000 times the legal maximum for drinking water established by the Environmental Protection Agency (EPA)."

According to a NY Times essay on flu vaccines several years ago, "As soon as swine flu vaccinations start next month, some people getting them will drop dead of heart attacks or strokes, some children will have seizures and some pregnant women will miscarry. Inevitably, officials say, some of these will happen within hours or days of a flu shot." The Times essay downplayed the connection but in another report we read, "About a week after getting the swine flu shot, she recalled, "I was so weak I couldn't push down the toaster button." This woman spent a month in the hospital, paralyzed from the neck down, before gradually recovering."

There is little doubt that vaccines are dangerous (American government pays out billions in vaccine damages). Most compensated cases were for flu vaccine damages, especially due to the paralyzing Guillain-Barre syndrome. In fact it should come as no surprise that vaccines kill people because that is what medicine does as a matter of habit. There are constant reports from around the world about vaccines hurting people.

One of the more recent:

A mystery illness is plaguing girls in this town in northern Colombia, and locals say a vaccine against the sexually transmitted human papillomavirus, or HPV, is to blame. First their hands and feet feel cold. Then they go pale and cannot move. Some convulse and fall to the floor. In El Carmen de Bolivar, near the port of Cartagena, dozens of teenagers have experienced similar symptoms. Some have even lost consciousness. "They vaccinated me in May and I started fainting in August. My legs became heavy and I couldn't feel my hands anymore. When I woke up, I was in the hospital," recalled 15-year-old Eva Mercado. She passed out seven times in a month.

For most of the families affected in this town of 67,000, there is no doubt about what is causing the problem. They place the blame squarely on a vaccination campaign against HPV, one of the most common sexually transmitted diseases, which can trigger cervical cancer.

"The flu vaccine may pose an immediate risk to your cardiovascular system due to the fact that vaccines provoke an acute inflammatory response in the body that can become chronic in some individuals. The inflammatory response is a MAJOR concern in pregnant women, as stimulating a woman's immune system during pregnancy can increase health risks for the pregnant woman and some researchers think that it increases risks that the baby will develop neurological dysfunction anywhere from 7 to 14-fold!"

Vaccine damages are no one's illusion. Vaccines are dangerous. On the 20th of January 2010, the U.S. Food and Drug Administration said there had been 36 confirmed reports of seizures that flu season in children ages 6 months through 2 years in the United States. The seizures occurred within one day after they were vaccinated with Fluzone, the only flu shot recommended in America for infants and very young children.

True medicine cries out against vaccines and all the harm they are doing to children and people around the globe but we have medical authorities claiming them to offer deliverance when in reality they offer little of anything but further toxic attacks on the body and immune system.

### **Vaccines Reduce Natural Immunity**

Dr. Harold E. Buttram wrote many years ago about a little-noted letter-to-the editor in the New England Journal of Medicine, in 1984, about an interesting German study. In the study, a significant though temporary drop of T-helper lymphocytes was found in 11 healthy adults following routine tetanus booster vaccinations. "Special concern rests in the fact that, in 4 of the subjects, the T-helper lymphocytes fell to levels seen in active AIDS patients. The implications of this study are enormous. In regards to this German study, if this was the result of a single vaccine in healthy adults, it is sobering to think of the possible consequences of multiple vaccines (18 vaccines within the first six months of life at latest count) given to infants with their immature and vulnerable immune systems," wrote Buttram.

The New England Journal of Medicine study showed that tetanus vaccines cause T-cell ratios to drop below normal, with the greatest decrease after two weeks. Though the altered ratios were found to be similar to those found in AIDS victims the important information from this study has never seen the light of day. "I consider it one of the most flagrant examples of negligence in the area of safety testing in childhood vaccines, the fact that this study has never been repeated," wrote Buttram.

## **Treatment**

**The Ebola virus can be destroyed naturally** – despite what you've been told...

To date, **not a single virus has been tested that is not inactivated** (killed) **by a large enough dose of vitamin C** (ascorbic acid). Many other antioxidants have similar *virucidal* effects, but vitamin C appears uniquely to be of **greatest potency and clinical efficacy**, as its simple chemical structure allows for it to be disseminated throughout the body with little restriction.

Even though Ebola is a *virus*, it only makes sense to start **clearing out any harmful *bacteria* in your digestive system** in order **for your immune system to function properly**. This will allow it to do its job more efficiently, which is a must have when dealing with more deadly infections such as Ebola.

Antibacterial foods and herbs to consider, include:

*Garlic*

*Onion*

*Turmeric (curcumin)*

*Ginger*

*Lemon*

*Cayenne*

*Peppermint*

*Cinnamon*

*Clove*

*Cranberry*

*Calendula*

*Echinacea*

*Oregon grape root*

*Goldenseal*

*Marshmallow root*

*Uva Ursi*  
*Yarrow*  
*Colloidal silver*

Most of these foods and herbs can be used in many different ways in every day meal preparation, but the most potent way to receive their benefits is through tinctures, capsules, teas, essential oils, and freshly pressed juices. A few of them are antiviral as well (like ginger, garlic, cranberry, colloidal silver, and Echinacea).

In the event that Ebola is found in your region, or you suspect you may have an infection, you may want to consider the following as part of your natural defense:

*Una de Gato (Cat's Claw)*  
*Pau D'Arco*  
*Astragalus*  
*Elderberry*  
*Lemon balm*  
*Licorice root*  
*Olive leaf*  
*Oregano oil*

These proven virus fighters will provide another layer of protection to your overall immune support plan.

Consume immune strengthening foods, herbs, and nutrients.

Along with these foods and herbs, it's also important to consider those things that help solidify a strong immune system, such as:

**Adaptogenic herbs** (reishi, siberian ginseng, astragalus, gynostemma, una de gato, pau d'arco)

**Liver supporting herbs** (milk thistle, dandelion root, yellow dock root, burdock root, artichoke, turmeric)

**Vitamin C** (camu camu, acerola cherry, guava, peppers, kale, oranges)

**Vitamin D** (sunlight and/or fermented cod liver oil)

**Zinc** (supplement or pumpkin seeds)

**Probiotics** (supplement or consider sauerkraut, coconut kefir, apple cider vinegar, and kombucha)

The foods, herbs, and ingestible nutrients listed will provide your immune system with exceptional benefits, and can be consumed in whole food, capsules, tinctures, and tea. **Grounding** is helpful as well.

**Stop eating foods and displaying behaviors that suppress the immune system.**

Another very important factor **to unleash your immune system** is to **stop consuming foods and engaging in behaviors that depress it**. The biggest culprits in immune suppression are:

*Sugar (especially refined)*  
*Alcohol*  
*Dairy*  
*Corn, soy, and wheat (gluten)*  
*Hydrogenated foods*  
*Excess animal protein*  
*Excess flour intake*  
*Highly processed foods*  
*Chronic stress*  
*Excessive EMF exposure*  
*Limited sunshine or vitamin D supplementation*

Improve in all of these areas, and your immune system and energy will reciprocate nicely, both which help your body protect itself against Ebola (and any other viruses or bacteria)...

**80% of the total immune tissue in the body is in the small intestine!** So eating gluten destroys the small intestine tissue, including the peyer's patches which are lymphoid tissue...

**Having a strong-enough hydrochloric acid production in the stomach will "sterilize" the food that you swallow,** killing bacteria, yeast, mold, virus, etc...