

Official UK Health Organisations Respond to Swine Flu Questions

Andrew Johnson, Sept 28th 2009

Having studied some of the information which had been circulating regarding the supposed Swine Flu Pandemic, which was either in progress or imminent, I decided to ask some specific questions of UK Health Organisations which have been involved in officially responding to the current scenario.

On 26th June 2009 I wrote to Derbyshire Health Authority (also known as Derbyshire PCT – Primary Care Trust). This is a local, “county-based” organisation, responsible for the Health of about 1 million people who live in Derby and Derbyshire. Their responses to some questions indicated I should pose the same questions to the “national health organisation” of the UK – the Department of Health, so I wrote to them on 24th August 2009.

Below, I have listed the questions I asked, followed by the organisation’s response. In footnotes, I have included a commentary on their answers. Finally, I include copies of my letters to them (without the list of questions as they are shown earlier on), and the replies I have already sent.

Please make up your own mind as to what might be going on here, but the bottom line as I see it is this: there has been massive spending and planning for something (i.e. a pandemic) about which there is little or no evidence is real or a real threat. Viewed in this way, it is reminiscent of how the terrorism act was passed in year 2000 and then 9/11 conveniently happened in 2001. For those reading this that think 9/11 happened as we were told and as a result of “previously assessed threats”, I would strongly suggest you study the [diverse evidence that will prove that it was the result of something far, far more sophisticated than a plot involving a rich Arabian family member and 19 disaffected Muslim fundamentalists](#). I think what we are seeing might be preparations for a false-flag health terrorism attack in the next 12-18 months – so I am hoping that naming and “mapping out” this possibility may take away its power. [Additionally, I advise you to study the alternative science behind the use of vaccines](#).

Why don't you write to your local/country's health organisations and ask these questions, or similar ones?

Derbyshire Health Authority Response – Received 19th Aug 2009

Dear Mr Johnson,

Please find the answers to the questions that you posed about swine flu.

Regards,

Joanne Chick

Communications Assistant
Babington Hospital

Swine Flu response

1. Are you aware that an Austrian Journalist, Jane Burgermeister (who has previously written for the UK Guardian Newspaper) has filed criminal charges (in Austria and the USA) against Baxter Pharmaceuticals (and others) for Bioterrorism for distributing live avian flu materials to 18 countries?

No, we are not aware of this matter.

2. Are you aware that this same journalist has filed criminal charges against a WHO official related to this incident? (These charges are included in a document which is over 100 pages long.)

No, we are not aware of this matter.

3. Are you aware that this same journalist has filed criminal charges against the Austrian Health Minister?

No, we are not aware of this matter.

The Swine Flu “Threat”

4. Can you state clearly why Swine Flu is perceived as being so threatening - when so far no symptoms other than those of “normal” flu seem to have been reported?

The UK has been preparing for a possible flu pandemic for the last three to four years. This has been on the basis that historical patterns of infection suggested that a pandemic would emerge in this generation ¹. These preparations were predicated on the potential threat posed by Avian Flu (Influenza type H5N1) ². In the event Swine Flu (Influenza type H1N1) emerged which, while reaching pandemic proportions (pandemic referring to the geographic spread of an infection, not its virulence), has so far proved to be a milder infection in normally healthy people³. We cannot comment on perceptions, but the Chief Medical Officer, the Health Secretary (and his predecessor) and other Government officials have been consistent in their commentary that this infection is so far mild in most cases. Equally, in Derbyshire, our communications work has stressed that this is so far proving to be a mild infection in most cases ⁴.

5. Are you concerned at the extremely alarmist and mis-representative media coverage which Swine flu is being subject to? (Do you have an intention or policy to deal with this?) For example, repeated cases of death have been reported, but in the next statement it has stated the person already had “underlying health problems”.

Local media have acted very responsibly and followed Derbyshire County PCT’s current guidance that this is a mild infection in healthy people⁵. The vast majority of national media correspondents have also been responsible in supporting this message, which aims to alert people to the potential for infection but reinforcing the very simple measures, such as good hand hygiene and the ‘Catch It, Bin It, Kill It’ message. We do not have a written policy on this matter, but we are employing our normal approach to such public health messages, which is to provide advice and reassurance, proportionate to the threat posed by any infectious disease, including Swine Flu. We cannot comment on the reporting of deaths from Swine Flu as at the time of writing we have been fortunate to have no deaths in Derbyshire so have not been involved in any such announcements.

¹ This sounds impressive – but what research is it based on (none is referenced)? No reference is made to the supposed 1976 pandemic – which never appeared and “could the basis of historical patterns of infection” suggested be wrong?

² This also proved to be of little or no importance – except as a way for [Gilead to make a lot of money from one or more government contracts](#).

³ It’s a milder infection – but pandemic plans and spending proceed seemingly regardless of this.

⁴ If it’s a mild infection – no different then any other, then why undertake the leafleting and poster campaigns?

⁵ [Is it responsible for local media to suggest 1 in 80 could die in the pandemic](#)? Why is the authority not critical of this scare-mongering story – and the corresponding national media hysteria?

6. *Can you explain why many thousands or even millions of UK houses were leafleted regarding Swine flu when it seems to be no worse than “normal” flu?*

As per the answer at question 4, the UK has been preparing for a flu pandemic for a number of years. Part of the national planning was to issue a leaflet to all UK households once WHO Alert Phase 4 was declared and this part of the plan was put into action in May 2009⁶. At this point, the potential virulence of the Influenza Type H1N1 was not fully understood, nor is it at the time of writing, so it was responsible of the UK Government to issue this advice to the public. Had the infection proved more virulent, the UK public services would have been very quickly criticised for not providing enough information to the public, so this was a measured response⁷.

Questions about the Vaccine and Tamiflu/Relenza

7. *Can you advise whether you have sourced doses of Swine Flu vaccine yet, or if and when you plan to do so?*

The UK Government has arrangements in place with the pharmaceutical industry for the sourcing of vaccine for Influenza Type H1N1, once this has been prepared and tested⁸. This process is well underway. Derbyshire County PCT will receive a proportionate allocation of this vaccine once it starts to become available, likely to be in September 2009. I refer you the Department of Health who may be able to answer your question in more detail.

8. *If you have sources vaccine doses, can you state which company or companies will have manufactured the vaccines to be used?*

N/a. I refer you the Department of Health who may be able to answer your question in more detail.

9. *If a vaccine becomes available will, you advise GP's, nurses and those taking the vaccine of a detailed list of ingredients in the vaccine doses?*

As with all vaccinations and other medications, health professionals and patients will have access to information about the chemical contents of drugs and other treatments⁹.

10. *Will you list the possible side effects of taking the vaccine, and their likelihood of manifestation? (Please consider carefully what happened in the USA following the 1976 Swine Flu Scare).*

⁶ So the Dept of Health is looking to the WHO to help with making policy – we do not elect officials for the WHO – so policy is being “copied” from WHO, it seems. This I think, is more revealing than it may first appear.

⁷ This is true – so presumably is the worry about criticism which is driving public policy rather than looking at the evidence of what is really going on (i.e. nothing infectious). Perhaps it needs to be pointed out to people that one can only be pro-active to a certain extent – and then we have to accept it is a reactive policy – otherwise millions of pounds can be wasted – such as on Tamiflu – which was hardly used 3 years ago. (Though no evidence has been presented of a real threat of a pandemic.)

⁸ A vaccine sounds good! However, health officials have stated the virus could easily “mutate”, so how can we be sure the vaccine will be effective? See below for further questions on this.

⁹ So, looks like they're not too concerned to comment or clarify on what [some reports have been saying about mercury, squalene etc](#) being in vaccines.

As with all vaccinations and other medications, health professionals and patients will have access to information about related side effects¹⁰.

11. *What efforts will you be undertaking to inform the public of the serious side effects reported by some of those who took tamiflu/releanza?*

We have no specific plans to inform the public of the side effects of any individual medication¹¹. This information is readily available for patients in consultation with their GP and is contained as part of general information leaflets contained within all medications. We should point out that every medication has many reported side effects and it is a requirement of maintaining a licence in the UK that all drugs make this information available to patients. Equally, it is inevitable that any given medication may prompt an adverse reaction in a very small minority of patients¹².

12. *Are drug companies in the UK immune (no pun intended) from prosecution by those people that experience any serious or debilitating side effects after having the vaccine? (As happened in 1976.)*

I refer you the Department of Health may be able to provide a response to this question.

Plans for Administering of Vaccine

13. *What are the plans for administering the vaccine – e.g. is a policy in place to issue letters through GP's?*

Derbyshire County PCT are currently still in the process of planning vaccinations and are not in a position to answer this yet¹³.

14. *What is the policy or plan for administering the vaccine in schools? (Is there a plan and under what circumstances would this plan be “activated”?)*

As above, we are currently still in the process of planning vaccinations and are not in a position to answer this yet.

Role of the World Health Organisation (WHO)

*In a WHO document “checklist for influenza pandemic preparedness planning”, it is stated in Section 1.5.1 Legal and ethical issues
(<http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf>)*

¹⁰ [No comment on the 1976 swine flu scare – and people who were vaccine damaged. No mention that the US lied about the statements of people like Mary Tyler-Moore \(a celebrity at the time\)](#) – perhaps it is unfair to “blame” them too much for this – but then again, they have the same ability to research these issues as we do.

¹¹ Well, this is a problem really – because of the reports of serious side effects for both the Anti-virals and the vaccine.

¹² Any medication? What about naturopathic medication? What about simple remedies which have no side effects? Methinks we are being conned into accepting side effects – and the idea they can be worse than the illness (as has been reported with both [Tamiflu](#) and [Gardasil](#), for example).

¹³ I still don't think they have established a need for ANY vaccination, so what is the basis for proceeding with ANY vaccination policy?

'During a pandemic, it may be necessary to overrule existing legislation or (individual) human rights. Examples are the enforcement of quarantine (overruling individual freedom of movement), use of privately owned buildings for hospitals, off-license use of drugs, compulsory vaccination or implementation of emergency shifts in essential services. These decisions need a legal framework to ensure transparent assessment and justification of the measures that are being considered, and to ensure coherence with international legislation (International Health Regulations).

Hence:

15. *Is Britain a signatory to this "checklist" or is EU, UK or other legislation in place which would mean that this "checklist" can be applied to UK citizens?*

I refer you the Department of Health who may be able to provide a response to this question.

NHS Swine Flu Leaflet

16. *Are you concerned that there is inaccurate and alarmist information in the leaflet distributed to millions of UK homes? For example:*

Because it's a new virus, no one will have immunity to it and everyone could be at risk of catching it. This includes healthy adults as well as older people, young children and those with existing medical conditions.

This is essentially false, because there are always some people that are immune to new infections (perhaps because of their general level of fitness and their choice of nutrition etc, which can affect the strength of their immune response).

General fitness and good health does not provide immunity to new infections, but may promote a faster recovery period¹⁴. Influenza Type H1N1 is a new strain of flu which people in younger age groups will not have experienced previously and will therefore not have immunity¹⁵. It is set of circumstances which lead to the development of a pandemic and accounts for the fact that people in older age groups who may have experienced a 'H1' strain of flu in the past are not presenting as frequently with symptoms at this stage¹⁶.

While the current situation is serious...

17. *What makes a situation "serious"? Should we stop people from driving cars and stop them drinking alcohol? These result in far more deaths every day.*

The point you make is rhetorical. There is considerable activity across public services to tackle dangerous driving and to reduce the level of alcohol intake among certain population groups. A pandemic presents a serious challenge to public life, although as I have said previously and as the leaflet also points out, those who have been infected so far are generally experiencing mild symptoms and are recovering well¹⁷.

¹⁴ This is false – and their answer to a later question essentially contradicts this. [Research conducted at the Gastrointestinal Unit, Massachusetts General Hospital, Harvard Medical School indicates taking vitamins can improve immune response.](#)

¹⁵ This is false – there is always some "natural" immunity to infection – or at least, if people become infected, they don't show any symptoms.

¹⁶ So is this saying people may already be immune anyway? This again partly contradicts the previous statement, covered in the previous footnote.

¹⁷ This essentially contradicts itself – there is no real evidence of a pandemic – in this county (Derbyshire), no one is displaying any serious symptoms without additional health problems and no one (in 1 million people) has died from anything proved to be related to any pandemic! What gives?

18. Why didn't the leaflet include information on nutrition and taking vitamins – for example vitamin D – which can boost the body's immune response?

Good hand hygiene is the most effective way to prevent to spread of infection¹⁸. Clearly being in general good health and by following a balanced healthy diet provides a better response from the immune system when fighting infection¹⁹. I should refer you to the Department of Health for a fuller response to your question about the content of the leaflet.

Department of Health Response – Received 23rd Sep 2009

Our ref: DE00000440236

Dear Mr Johnson,

Thank you for your email of 24 August about swine flu. I have been asked to reply.

As you ask so many questions on a variety of aspects of swine flu, I will answer them using the numbers used in your email. I have sought advice from policy officials on several of the issues that you have raised. 1., 2. and 3.

[I have inserted the questions here for reference]

1) Are you aware that an Austrian Journalist, Jane Burgermeister (who has previously written for the UK Guardian Newspaper) has filed criminal charges (in Austria and the USA) against Baxter Pharmaceuticals (and others) for Bioterrorism for distributing live avian flu materials to 18 countries?

2) Are you aware that this same journalist has filed criminal charges against a WHO official related to this incident? (These charges are included in a document which is over 100 pages long.)

3) Are you aware that this same journalist has filed criminal charges against the Austrian Health Minister?

I can confirm that the Department of Health has received a copy of a document entitled 'Criminal charges regarding flu pandemic as a biological weapon with Intent to produce genocide', attributed to Jane Burgermeister. This document states that Ms Burgermeister, as a Citizen of the United States, would like to file criminal charges against, amongst others, Baxter Pharmaceuticals and the World Health Organization (WHO). It does not list the Austrian Health Minister, Maria Rauch-Kallat, in the charges, although she is referred to. The version of the document that the Department has received is unsigned and does not have a submission date. Therefore, it is unclear whether these charges were actually filed²⁰.

¹⁸ Good hand hygiene is a good practice to get into – that's not the issue – the issue is vaccination plans and mass-leafletting with faulty and incomplete information.

¹⁹ This contradicts what was said in answer to question 16 (see footnote 14).

²⁰ So they are aware of this! But they do not comment on whether they have done their own investigation into this – and why they think something like this would not be worth investigating. Jane Burgermeister contacted me to add “I am not a US citizen but an Austrian/Irish citizen as stated over and over on my website, blog spot, radio interviews etc and I filed with the Austrian police criminal charges against Baxter also for the contamination of 72 kilos and against the health minister for a cover up and the case has a police number quite apart from the fact you do not need to sign criminal charges when you submit them to the police or the FBI which I did. Is it acceptable that their reply is so inaccurate?”

4) *Can you state clearly why Swine Flu is perceived as being so threatening - when so far no symptoms other than those of "normal" flu seem to have been reported?*

Swine flu poses a threat because it is a new type of flu virus that few, if any, people have full resistance to²¹. In most cases the virus has proved relatively mild, as you suggest. However, around the world, thousands of people have died and it is not yet clear how big a risk the virus is²². For this reason, and because all viruses can mutate to become more potent, scientists are advising a cautious approach²³.

5) *Are you concerned at the extremely alarmist and mis-representative media coverage which Swine flu is being subject to? (Do you have an intention or policy to deal with this?) For example, repeated cases of death have been reported, but in the next statement it has stated the person already had "underlying health problems".*

The Government has made available up-to-date information and guidance on swine flu in a variety of ways. An information leaflet was delivered to the majority of UK households in May²⁴. The Swine Flu Information Line (0800 1 513 513) holds useful recorded advice on the virus and its treatment. Regularly updated information can also be found on various government websites, such as www.direct.gov.uk and www.nhs.uk. I hope you will agree that the Department has an effective communications strategy for handling swine flu, and that it would be inappropriate for it to intervene in independent media²⁵.

6) *Can you explain why many thousands or even millions of UK houses were leafleted regarding Swine flu when it seems to be no worse than "normal" flu?*

Please see the answer to question 4²⁶.

7) *Can you advise whether you have sourced doses of Swine Flu vaccine yet, or if and when you plan to do so?*

I can confirm that the Government has ordered enough swine flu vaccine for the whole UK population²⁷.

8) *If you have sourced vaccine doses, can you state which company or companies will have manufactured the vaccines to be used?*

²¹ [But the NHS leaflet says "no one will be resistant" to it \(See bottom of page 4\)](#). So is it "few" or "none"?

²² The evidence now suggests, after almost 6 months, that there is no threat over and above an ordinary flu strain.

²³ So why the national leafleting campaign and media [and council talk of mass graves](#)? (This is NOT normal for a flu scare.)

²⁴ This does not really answer the question – see other notes about the leaflet too.

²⁵ Intervention was not exactly requested in my question – i.e. I didn't say "when are you going to deal with this?" A question was asked about the level of media hysteria and no comment was made – only what the DH had done itself – which is not really answering the question. To me, it is telling the DH did not choose to properly respond to this question.

²⁶ They don't say "this is worse than normal flu" – there is *no evidence* that what has happened is worse than normal flu and no discussion of why millions of pounds were spent on a leafleting campaign which contains false and/or incomplete information.

²⁷ But the Swine Flu has not claimed any lives! If the flu is meant to "mutate" in the winter, then how can any vaccine be effective? Shouldn't this read "The government has purchased some vaccine and will purchase more when we understand better how any new strain behaves."

The Government has contracts with two companies to supply the swine flu vaccine. They are Baxter Healthcare Ltd and GlaxoSmithKline²⁸.

9) *If a vaccine becomes available will, you advise GP's, nurses and those taking the vaccine of a detailed list of ingredients in the vaccine doses?*

All ingredients will be listed in the licensed product information that will be made available when the vaccines are licensed.

10) *Will you list the possible side effects of taking the vaccine, and their likelihood of manifestation? (Please consider carefully what happened in the USA following the 1976 Swine Flu Scare).*

All possible side effects will be listed in the licensed product information that will be made available when the vaccines are licensed²⁹.

11) *What efforts will you be undertaking to inform the public of the serious side effects reported by some of those who took tamiflu/releanza?*

The Medicines and Healthcare Products Agency (MHRA) is responsible for monitoring drug side effects. Although there have been individual reports of side effects from antiviral treatment, no pattern has emerged. Therefore, the MHRA has not issued an alert or warning of specific serious side effects from antiviral treatment. With every supply of antiviral drugs there is a patient information leaflet which lists the side effects³⁰.

12) *Are drug companies in the UK immune (no pun intended) from prosecution by those people that experience any serious or debilitating side effects after having the vaccine? (As happened in 1976.)*

The Government signed the advance purchase agreements for the vaccines in June 2007 and accepted liability for their safety as a contingency. All governments signing up to an advance purchase agreement were expected to provide an indemnity for the vaccine, and neither manufacturer would sign the contracts without it. The Government's decision was based on the best procurement and legal advice. Accepting liability in this way is in line with Government accounting rules, and was cleared by the Public Accounts Committee at the time³¹.

13) *What are the plans for administering the vaccine – e.g. is a policy in place to issue letters through GP's?*

Detailed plans for the implementation of the programme are currently being developed. GPs surgeries will be given £5.25 per dose of vaccine given³². It will pay for the extra staff and non-staff resources that

²⁸ Good to know that has been cleared up. No worry that one company has been charged by Jane Burgermeister for acts of Bioterrorism... (others have also filed charges.)

²⁹ Once again, no comment on the 1976 swine flu debacle.

³⁰ See footnote 11.

³¹ Wow! 2007? Oh sorry, it's all part of the "pandemic response" plan – which has not taken into account the events of 30 years earlier, it would seem (or the non-appearance or non-threat of bird flu and SARS). Or maybe it has. Nice of the UK Government (and other governments) to accept any potential liability for damage caused by the products of some of the world's richest companies!

³² I have been told this is normal practice for the yearly flu vaccine administering. But I can't help feeling this is like a bribe of some kind – particularly when they have already stated they have bought enough

practices will need to vaccinate their at-risk patients. At the same time it will ensure other services provided by the practices do not suffer while practices are vaccinating large numbers of patients³³.

14) *What is the policy or plan for administering the vaccine in schools? (Is there a plan and under what circumstances would this plan be “activated”?)*

The vaccine will initially be prioritised for those groups of people who are at highest risk of severe illness, as well as frontline health and social care workers³⁴. The use of the vaccine in the wider healthy population will depend on the evolution of the pandemic, as well as new and emerging clinical data on the use of the vaccine. This will be kept under review³⁵.

'During a pandemic, it may be necessary to overrule existing legislation or (individual) human rights. Examples are the enforcement of quarantine (overruling individual freedom of movement), use of privately owned buildings for hospitals, off-license use of drugs, compulsory vaccination or implementation of emergency shifts in essential services. These decisions need a legal framework to ensure transparent assessment and justification of the measures that are being considered, and to ensure coherence with international legislation (International Health Regulations).

Hence:

15) *Is Britain a signatory to this “checklist” or is EU, UK or other legislation in place which would mean that this “checklist” can be applied to UK citizens?*

The WHO document to which you refer is simply intended as guidance to assist member states in their flu pandemic planning³⁶.

16) *Are you concerned that there is inaccurate and alarmist information in the leaflet distributed to millions of UK homes? For example:*

Because it's a new virus, no one will have immunity to it and everyone could be at risk of catching it. This includes healthy adults as well as older people, young children and those with existing medical conditions.

This is essentially false, because there are always some people that are immune to new infections (perhaps because of their general level of fitness and their choice of nutrition etc, which can affect the strength of their immune response).

While the current situation is serious...

vaccine for the whole UK population. Let's see 60 million x £5.25 = £315 million – just for administering the vaccine. Whew! A big financial commitment for something which has no evidence to back it up! What did the pharmaceutical companies charge for each dose? (I forgot to ask this...!). I wonder if I can ask the DH to send my dose back to the manufacturers and request a refund?

³³ So, this will mean more spending – perhaps another £300 million? Already we're up to half a billion pounds – for something which hasn't happened. Perhaps that's why there is no money for smaller schemes which would benefit us all – and [why money has to be taken away from homeopathic hospitals](#). “Hmm it's better to promote toxic treatments - like unproven Swine flu vaccines – rather than non-toxic therapies or prophylactic vitamin supplements!”.

³⁴ Fortunately no talk of mandatory vaccination – others take note...

³⁵ So will the pandemic even emerge? [Perhaps it will only emerge as did the supposed pandemic of Spanish Flu in 1918?](#)

³⁶ So Britain is a member state. No comments on any UK legislation – or what the “International Health Regulations” referred to in the WHO document are (or who makes *those* regulations). Will the UK take the WHO's advice in the form given in this document? This is not addressed.

What makes a situation “serious”? Should we stop people from driving cars and stop them drinking alcohol? These result in far more deaths every day.

When the swine flu information leaflet was written it was correct to say that there was no immunity to the virus in the community³⁷. This referred to specific immunity to this particular virus. The Department now has the benefit of experience from the first wave of this new flu infection. Therefore, it seems there may be some specific partial cross immunity in the elderly population from previous flu infections. Specific immunity is different from the general ability to fight an infection through an intact immune response, as seen in a healthy population, to which you refer.

A flu pandemic is serious because, depending on the virulence of the virus, there is the potential for a large number of deaths³⁸. Even if it is less virulent, very large numbers of people can be affected, causing significant social disruption due to absence from work³⁹. For example, healthcare could be affected. Distribution of food using road transport from large supermarket depots could be disrupted due to absence. The seriousness of a flu pandemic is not just due to the potential for the virus to cause premature death⁴⁰.

17) *Why didn't the leaflet include information on nutrition and taking vitamins – for example vitamin D – which can boost the body's immune response.*

The Department's general advice is that people should follow a healthy diet. Furthermore, people should ideally get all the vitamins and minerals they need from the food that they eat. Nutrients tend to be absorbed more effectively if they are in food, rather than consumed through a tablet⁴¹.

I hope this reply is helpful.

Yours sincerely,

Alex Philpott
Customer Service Centre
Department of Health

³⁷ The leaflet was incorrect – as there is always a level of natural immunity to new infections.

³⁸ This refers to the definition of a pandemic in general – but no one anywhere has provided any credible evidence that the swine flu is a dangerous pandemic. This is the **key point** in all of this. No research is quoted, no figures given – nothing!

³⁹ Hmm... Yeah – it's what happens when “a bug goes round”, as everyone knows. Still no evidence as to why this bug is any different - just many authoritative sounding statements to the effect that “it might be”.

⁴⁰ There is the potential for an asteroid impact to be serious and disruptive – it is also a clear and present danger – so should not we all be building deep underground bases for everyone? (etc etc).

⁴¹ So, they don't disagree about a good diet etc being essential to promote a strong immune response! Hooray!

Original Letter to Derbs PCT (26th June 2009)

22 Mear Drive
Borrowash
Derbyshire
DE72 3QW
Tel: 01332 674271

Re: "Swine Flu", "Tamiflu" and Vaccination Issues

Dear Mr Thornton,

As an initial note, I tried to find contact details on the PCT website, but the "click here" link on this page is broken:

<http://www.derbyshirecountypct.nhs.uk/questions-comments-and-complaints.asp>

Questions, Comments and Complaints

Please [click here](#) for contact details for any comments, compliments or complaints you may wish to make.

Further to my previous communication, some of which I repeat below, I have some specific questions.

We are now being bombarded from all directions with various reports relating to what has become known as "Swine Flu" – with leaflets and signs being posted almost everywhere. I am concerned at the very high and arguably disproportionate level of exposure the issue has been receiving. I am not alone in this concern – quite a few people I know agree that "something is seriously wrong" with what we are seeing.

I am writing to get your best answers on a number of key questions and also to try to make you aware of certain information which is very important in forming a realistic view of the whole affair.

It seems to be clear now that there is concerted effort among a number of groups to increase the fear regarding "Swine Flu". This strategy (and it does seem to be deliberate) has been effective. I have even been (told by someone I know well who works in a large city hospital) that people have been going into Accident and Emergency and requesting doses of "Tamiflu"!

I realise I am perhaps including quite a lot of information and some detailed questions, therefore I am anticipating some delay in your response. I will start with a few important points of information and follow up with a list of questions.

Points of Information to be aware of

- On his website (www.mercola.com), Dr Mercola points out that the last time the public has been warned about swine flu was in 1976 - it resulted in a massive swine flu vaccine campaign. Within a few months, claims totalling \$1.3 billion had been filed by victims who had suffered paralysis from the vaccine. The vaccine was also blamed for 25 deaths. I have a short CBS documentary about this.
- Almost 1 month before the outbreak, on 19 Mar 2009, 'Medical News Today' reported that a French Pharmaceutical Company, Sanofi Aventis 'Invests 100 Million Euros In New Facility In Mexico To Produce Seasonal and Pandemic Influenza Vaccine'
- On 6 Apr 2009 - 11 days before the first Mexico case appeared - Derby Telegraph held an article entitled 'Flu pandemic could kill up to one in 80'. This article discusses the stock piling of surgical masks and gowns. It almost seems like someone knew this was coming!

- Dr. Len Horowitz urges an investigation of Dr. James S. Robertson, England's leading bioengineer of flu viruses for the vaccine industry, and avid promoter of U.S. Government funding for lucrative bio-defence contracts, along with collaborators at the US Centres for Disease Control & Prevention (CDC).
- In 2005, CNN ran a story "Rumsfeld's growing stake in Tamiflu" – Rumsfeld is former US defence secretary. Researchers have also noted that the "shelf life" of Tamiflu - one of the so-called treatments for those who have supposedly succumbed to the Avian virus – is 3 years...
- Numerous reports from Japan and other countries are showing that Tamiflu (and a related drug Relenza) can cause devastating, tragic side effects, such as hallucinations, delusional behaviour, loss of contact with reality, convulsions, nausea and vomiting, psychosis, suicidal behaviour, death of both adults and children.
- The Daily Telegraph reported (on 02 July 2008) that three Polish doctors and six nurses were facing criminal prosecution after a number of homeless people died following medical trials for a vaccine to the H5N1 bird-flu virus.

So I have some questions, which I would appreciate some answers to.

<QUESTIONS AS ABOVE>

Without answers to these questions, and acknowledgement of the information provided above, perhaps you will realise that I have to question the whole nature of this Swine Flu affair. The research I have done draws me to conclusions which are in many cases diametrically opposite to those which are assumed by the media and the visible majority of health practitioners, consultants and commentators.

I strongly question the role of the pharmaceutical companies, media and the government in either creating a set of problems where none previously existed or not providing full and accurate information in delivering or managing a solution to any real problems which may have become apparent. (A pattern of information censorship seems to be happening – as has happened in relation to the events of 9/11/01 and 7/7/05 and I can prove this.)

I am hoping for a full and frank response to my questions and information supplied, as they relate directly to the health and well-being of my family and myself. I therefore look forward to your carefully considered comments and well-researched feedback, which would neither be seen as a "stone-walling" or "a brush off". Also, please do not mention "ill-founded conspiracy theories" as this idea is not relevant to the specific questions I am asking. (Indeed, some of the answers are simply "Yes/No".)

Yours Sincerely,

Andrew Johnson

Original Letter to Dept of Health (Sent 24th Aug 2009)

22 Mear Drive
Borrowash
Derbyshire
DE72 3QW
01332 674271

Dear Sir/Madam,

I recently wrote to my local Health Authority (Derbyshire PCT) with a list of questions. They were able to answer the majority of them, but they referred me to the DoH for some answers. I include the list of questions, and some other information which I hope will be passed on to the relevant people for study.

We are now being bombarded from all directions with various reports relating to what has become known as “Swine Flu” – with leaflets and signs being posted almost everywhere. I am concerned at the very high and arguably disproportionate level of exposure the issue has been receiving. I am not alone in this concern – quite a few people I know agree that “something is seriously wrong” with what we are seeing and experiencing.

I am writing to get your best answers on a number of key questions and also to try to make you aware of certain information which is very important in forming a realistic view of the whole affair.

It seems to be clear now that there is concerted effort among a number of groups to increase the fear regarding “Swine Flu”. This strategy (and it does seem to be deliberate) has been effective. I have even been (told by someone I know well who works in a large city hospital in the East Midlands) that people have been going into to Accident and Emergency and requesting doses of “Tamiflu”! Perhaps this is the result of the normal Patient/GP interface being bypassed by the incredible situation of Tamiflu pills being supplied over the phone! A number of people I know have raised eyebrows over this issue.

I realise I am perhaps including quite a lot of information and some detailed questions, therefore I am anticipating some delay in your response. I will start with a few important points of information and follow up with a list of questions.

Points of Information to be aware of

<Same Points as in Derbs PCT letter above>

So I have some questions, which I would appreciate some answers to.

<Same Questions As Above>

Without answers to these questions, and acknowledgement of the information provided above, perhaps you will realise that I have to question the whole nature of this Swine Flu affair. The research I have done draws me to conclusions which are in many cases diametrically opposite to those which are assumed by the media and the visible majority of health practitioners, consultants and commentators.

I strongly question the role of the pharmaceutical companies, media and the government in either creating a set of problems where none previously existed or not providing full and accurate information in delivering or managing a solution to any real problems which may have become apparent. (A pattern of information censorship seems to be happening – as has happened in relation to the events of 9/11/01 and 7/7/05 and I can prove this.)

I am hoping for a full and frank response to my questions and information supplied, as they relate directly to the health and well-being of my family and myself. I therefore look forward to your carefully considered comments and well-researched feedback, which would neither be seen as a “stone-walling” or “a brush off”. Please could this be treated in the spirit of a “Freedom of Information” request i.e. can a response be given within 20 working days.

Yours Sincerely,

Andrew Johnson

My Response to Derbs PCT

Dear Ms Chick,

Thank you very much for taking the time to answer my long list of questions. I will forward the appropriate questions to the Department of Health.

I have a few follow up points to make, but a response is not required.

With regard to media coverage, this sort of story in the Sun is one which gives me concern (and a similar story was carried on Essex County Council's own website).

<http://www.thesun.co.uk/sol/homepage/news/swineflu/2595214/Plans-drawn-up-for-mass-swine-flu-graves.html?OTC-RSS&ATTR=Swine%20Flu>

PLANS for mass graves have been drawn up to cope with a second wave of swine flu this Autumn.

It seems that everyone is just believing what WHO says and "toeing the line". I am in touch with quite a number of people now who are very concerned we are not been giving truthful and full information about the reason why a pandemic is "expected". Coupled with Baxter's "accidental" release of live vaccine to 4 countries, quite a few people I know are of the view that the "Pandemic", if it occurs, will have been created deliberately, and will not be a natural occurrence at all.

I also find it curious that it is being treated as a pandemic, yet the number of deaths or those with serious illness does not even come anywhere near the definition of a pandemic - you said yourself no one in our region has died from Swine Flu.

In the point about natural immunity, the answers you sent were somewhat contradictory - and I am very concerned that a nationwide leafleting campaign has encouraged people to take Tamiflu - the effects of which have now been covered in the press (and probably exaggerated somewhat, but nevertheless I would not take such a drug myself).

Additionally, many people can clearly see how the normal Patient/GP interface has been bypassed by the incredible situation of Tamiflu pills being supplied over the phone. A number of people I know have raised eyebrows over this issue.

Please note for the record, that if a Pandemic occurs in the autumn, I contend the history will ultimately record that it wasn't a natural occurrence - history will record that it was a problem created out of the greed and folly of the pharmaceutical companies, conspiring with a small number of other officials to unfold their agenda in a way that was so shocking, most people would not believe it.

In a similar sense, I can prove to you we have been lied to about 9/11 and 7/7 - no theories - just evidence. This is one of the reasons why I have stated what I have stated above. Politicians, Military people and Security interests were given "carte blanche" to impose measures - such as liquid restrictions on air flights - which are still in place - even though the people who were accused of that plot have been released without charge!

I very much regret that, in a similar way, people are not looking at all the evidence and therefore, overall, are drawing incorrect conclusions - or believing what they are told, because they have no access to certain information.

Thanks for reading.

Yours

Andrew Johnson

My Response to the Department of Health

Dear Sir/Madam,

Thanks for this list of responses, which is very informative and I will be writing about it.

I know you're trying to "do your best", but let it be known that I reject the basis of the supposed pandemic as the DoH has provided no verifiable evidence that a pandemic is imminent. The DH has clearly not taken into account enough diverse evidence in constructing its policy on dealing with this issue - which is likely engineered anyway and is essentially stated it is going to happen "because it hasn't happened yet". It is also interesting that the DH has not chosen to make comments on the obvious media hysteria (and no, I wasn't expecting it to "intervene" - but it could have commented)

Let it be known that I reject the suggested treatment and regard it as irresponsible and inappropriate for those in authority to purchase a vaccine doses on my behalf that I will not be taking.

I suspect you will be finding a lot of people saying similar things to the above - especially when they have reviewed the disclosed timing basis on which DH officials have "made plans". It might even be a disaster for the DH, who knows.

As a comparison, I am now going to tell everyone in their neighbourhood that their houses may burn down so they should stock up on fire extinguishers. (I have no evidence to tell me this will happen, just that it might - so they'd better prepare themselves!) Do you think they will listen?

Yours Sincerely,

Andrew Johnson

Original Message Texts

From: DHMail@dh.gsi.gov.uk <DHMail@dh.gsi.gov.uk>

Sent: 23 September 2009 15:06

To: ad.johnson@ntlworld.com

Subject: Response to your Query : - Ref:DE00000440236 - Questions about and information Regarding Swine Flu "Policy and Plans"

Email Content stored in attached file 'Long_Email_Body_23_09_2009.html'.

The original of this email was scanned for viruses by the Government Secure Intranet virus scanning service supplied by Cable&Wireless in partnership with MessageLabs. (CCTM Certificate Number 2009/09/0052.) On leaving the GSi this email was certified virus free.

Communications via the GSi may be automatically logged, monitored and/or recorded for legal purposes.

No virus found in this incoming message.

Checked by AVG - www.avg.com

Version: 8.5.409 / Virus Database: 270.13.112/2389 - Release Date: 09/22/09 17:54:00

[Contents of attached file: "Long_Email_Body_23_09_2009.html"]

Our ref: DE00000440236

Dear Mr Johnson,

Thank you for your email of 24 August about swine flu. I have been asked to reply.

As you ask so many questions on a variety of aspects of swine flu, I will answer them using the numbers used in your email. I have sought advice from policy officials on several of the issues that you have raised.

1., 2. and 3.

I can confirm that the Department of Health has received a copy of a document entitled 'Criminal charges regarding flu pandemic as a biological weapon with Intent to produce genocide', attributed to Jane Burgermeister. This document states that Ms Burgermeister, as a Citizen of the United States, would like to file criminal charges against, amongst others, Baxter Pharmaceuticals and the World Health Organization (WHO). It does not list the Austrian Health Minister, Maria Rauch-Kallat, in the charges, although she is referred to. The version of the document that the Department has received is unsigned and does not have a submission date. Therefore, it is unclear whether these charges were actually filed.

4.

Swine flu poses a threat because it is a new type of flu virus that few, if any, people have full resistance to. In most cases the virus has proved relatively mild, as you suggest. However, around the world, thousands of people have died and it is not yet clear how big a risk the virus is. For this reason, and because all viruses can mutate to become more potent, scientists are advising a cautious approach.

5.

The Government has made available up-to-date information and guidance on swine flu in a variety of ways. An information leaflet was delivered to the majority of UK households in May. The Swine Flu Information Line (0800 1 513 513) holds useful recorded advice on the virus and its treatment. Regularly updated information can also be found on various government websites, such as www.direct.gov.uk and www.nhs.uk. I hope you will agree that the Department has an effective communications strategy for handling swine flu, and that it would be inappropriate for it to intervene in independent media.

6.

Please see the answer to question 4.

7.

I can confirm that the Government has ordered enough swine flu vaccine for the whole UK population.

8.

The Government has contracts with two companies to supply the swine flu vaccine. They are Baxter Healthcare Ltd and GlaxoSmithKline.

9.

All ingredients will be listed in the licensed product information that will be made available when the vaccines are licensed.

10.

All possible side effects will be listed in the licensed product information that will be made available when the vaccines are licensed.

11.

The Medicines and Healthcare Products Agency (MHRA) is responsible for monitoring drug side effects. Although there have been individual reports of side effects from antiviral treatment, no pattern has emerged. Therefore, the MHRA has not issued an alert or warning of specific serious side effects from antiviral treatment. With every supply of antiviral drugs there is a patient information leaflet which lists the side effects.

12.

The Government signed the advance purchase agreements for the vaccines in June 2007 and accepted liability for their safety as a contingency. All governments signing up to an advance purchase agreement were expected to provide an indemnity for the vaccine, and neither manufacturer would sign the contracts without it. The Government's decision was based on the best procurement and legal advice. Accepting liability in this way is in line with Government accounting rules, and was cleared by the Public Accounts Committee at the time.

13.

Detailed plans for the implementation of the programme are currently being developed. GPs surgeries will be given £5.25 per dose of vaccine given. It will pay for the extra staff and non-staff resources that practices will need to vaccinate their at-risk patients. At the same time it will ensure other services provided by the practices do not suffer while practices are vaccinating large numbers of patients.

14.

The vaccine will initially be prioritised for those groups of people who are at highest risk of severe illness, as well as frontline health and social care workers. The use of the vaccine in the wider healthy population will depend on the evolution of the pandemic, as well as new and emerging clinical data on the use of the vaccine. This will be kept under review.

15.

The WHO document to which you refer is simply intended as guidance to assist member states in their flu pandemic planning.

16.

When the swine flu information leaflet was written it was correct to say that there was no immunity to the virus in the community. This referred to specific immunity to this particular virus. The Department now has the benefit of experience from the first wave of this new flu infection. Therefore, it seems there may be some specific partial cross immunity in the elderly population from previous flu infections. Specific immunity is different from the general ability to fight an infection through an intact immune response, as seen in a healthy population, to which you refer.

A flu pandemic is serious because, depending on the virulence of the virus, there is the potential for a large number of deaths. Even if it is less virulent, very large numbers of people can be affected, causing significant social disruption due to absence from work. For example, healthcare could be affected. Distribution of food using road transport from large supermarket depots could be disrupted due to absence. The seriousness of a flu pandemic is not just due to the potential for the virus to cause premature death.

17.

The Department's general advice is that people should follow a healthy diet. Furthermore, people should ideally get all the vitamins and minerals they need from the food that they eat. Nutrients tend to be absorbed more effectively if they are in food, rather than consumed through a tablet.

I hope this reply is helpful.

Yours sincerely,

Alex Philpott

Customer Service Centre

Department of Health