



The Idaho Observer

The Zika Trigger:

CDC Unveils Forced Vaccination and Quarantine Policy, Mass Aerial Spraying of Subject Populations

By: James F. Tracy

On August 15, 2016 the Centers for Disease Control and Prevention (CDC) invited “public comment” on an especially disturbing edict that will allow the federal agency alongside the Department of Health and Human Services (HHS) to quarantine entire geographic areas of the United States, restrict the movement and behavior of inhabitants in these areas, and ultimately require they undergo vaccination – in a voluntary manner of course – or face criminal prosecution.

In fact, municipalities need only be given a vague “precommunicable” designation to undergo an overall loss of civil liberties that can include mandatory vaccination.

This action is being unilaterally undertaken by a bureaucracy that in recent months has proceeded in a thoroughly irresponsible manner to hype the alleged dangers of the Zika virus, even promoting the aerial dispersion of a toxic substance on South Florida populations to control Zika without any scientific evidence such a measure is safe or effective.

Accompanying this, in July the Obama administration sought \$1.9 billion from Congress to “fight” the Zika virus. When it failed to secure such lavish funding Obama’s HHS funneled \$81 million for Zika “research.” To be sure, Zika’s vague and difficult-to-diagnose symptoms make it an especially apt vehicle for creating widespread hysteria that could without much difficulty provide the basis for at least limited implementation of the CDC’s quarantine and vaccination project.

The CDC’s summary of its program reads as follows:

Through this Notice of Proposed Rulemaking (NPRM), the Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) is amending its domestic (interstate) and foreign quarantine regulations to best protect the public health of the United States. These amendments are being proposed to aid public health responses to outbreaks of communicable diseases such as the largest recorded outbreak of Ebola virus disease (Ebola) in history, the recent outbreak of Middle East Respiratory Syndrome (MERS) in South Korea, and repeated outbreaks and responses to measles in the United States, as well as the ongoing threat of other new or re-emerging communicable diseases. The provisions contained herein provide additional clarity to various safeguards to prevent the importation and spread of communicable diseases affecting human health into the United States and interstate.

The document’s introductory passages point to the Public Health Service Act and Executive Orders by Presidents Bush and Obama, alongside recent encounters with Ebola and Middle East Respiratory Syndrome (MERS), as the basis of its action.

HHS/CDC has statutory authority (42 U.S.C. 264, 265) to promulgate regulations which protect U.S. public health from communicable diseases, including quarantinable communicable diseases as specified in Executive Order of the President. See Executive Order 13295 (April 4, 2003), as amended by Executive Order 13375 (April 1, 2005) and Executive Order 13674 (July 31, 2014). The need for this proposed rulemaking was reinforced during HHS/

CDC’s response to the largest outbreak of Ebola virus disease (Ebola) on record, followed by the recent outbreak of Middle East Respiratory Syndrome (MERS) in South Korea, both quarantinable communicable diseases, and repeated outbreaks and responses to measles, a non-quarantinable communicable disease of public health concern, in the United States.

While measles is regarded as a “non-quarantinable communicable disease”, it is referenced a total 186 times through the NPRM, and repeatedly alongside Ebola and MERS, which are invoked 330 times and 60 times respectively.

In fact, the document emphasizes that “every case of measles in the United States is considered a public health emergency because of its extremely high transmissibility,” pointing to vaccination as an essential prophylactic. An outbreak of measles beginning in California in 2015 resulted in severe government and media consternation over what was once regarded as an uncomfortable yet normal chapter of childhood.

The passage continues to highlight federal authorities’ “labor intensive” efforts to screen over 4,500 parties for a disease that has resulted in only one US fatality since 2003 – a woman in her late twenties whose cause of death was directly attributed to a weakened immune system.

As a result of high vaccination coverage, measles was declared eliminated (defined as interruption of year-round endemic transmission) from the United States in 2000; however, importations from other countries where measles remains endemic continue to occur, which has allegedly led to clusters of measles cases in the United States in pockets of unvaccinated persons. Of note, an unprecedented outbreak that originated in late December 2014 in Orange County, California resulted in 125 cases; measles cases associated with this outbreak were reported in eight U.S. states, Mexico, and Canada. Between 2010 and 2014, HHS/CDC investigated 91 measles exposures on international or interstate flights, which required time-consuming and labor-intensive location and evaluation of more than 4700 individuals, resulting in the identification of 12 cases of onward transmission.

Global public health authorities have clearly indicated, and evidence has shown, that Ebola, MERS, and measles could spread between countries, and a re-emergence after the current outbreaks are controlled is always a risk. Additionally, although public health responses to measles have become routine over the past decade, the recent unprecedented outbreak in a large U.S. tourist destination with high potential for onward travel by exposed individuals identified greater danger for measles becoming reestablished in the United States in communities with lower rates of vaccination.

The Zika Trigger

The CDC repeatedly employs the non-fatal and once commonplace measles virus throughout the document in such a way that there is nothing preventing the agency and its partners from plugging in one or more other maladies that are largely the product of government and corporate media hype and disinformation. A case in point is the Zika virus, a phenomenon that has received a deluge of media coverage for a comparatively scant number of cases identified in South Florida.



CDC Director Tom Frieden

The CDC has clumsily mandated spraying the insecticide Naled to control mosquitoes that can carry Zika, citing dubious research to back its directive. CDC Director Tom Frieden has thus far only cited one source upholding the efficacy of airborne insecticide dispersal to eliminate adult mosquitoes: “Unpublished research by a rookie mosquito control specialist,” the Miami Herald reports. In a recent article for the influential medical journal JAMA, Frieden wrote that in New Orleans, planes spraying ultra-low volumes of insecticide reduced caged *Aedes aegypti* mosquitoes in open and sheltered areas by more than 90 percent.

His source for that data: a non-peer-reviewed presentation by a specialist named Brendan Carter at the New Orleans mosquito control board. Some of the presentation’s research was conducted while Carter was still an intern there in 2014, according to his LinkedIn page.

According to Carter’s LinkedIn page, the board hired him that September after his internship. Carter earned his master’s degree in 2014 from the Tulane

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University School of Public Health and Tropical Medicine.

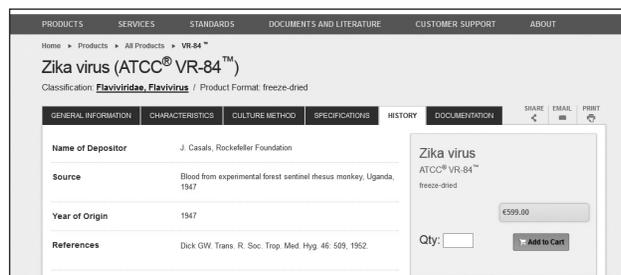
Even so, other experts in mosquito-borne diseases were unconvinced when asked about Carter's finding as described in Frieden's commentary for JAMA.

"I know of no published reports that support this figure," said Durland Fish, a Yale University professor emeritus of microbial diseases as well as a professor of forestry and environmental studies there. Fish worked with public officials in Dominica in 2014 to counter chikungunya virus, another disease spread by the Aedes aegypti mosquito.

"This is a domestic mosquito, meaning they live inside the house — in closets, under the bed, in the sink. Spraying outside won't be very effective," he said.

A CDC spokeswoman said the agency carefully reviewed the New Orleans data and was "confident it was a good indicator of efficacy." Frieden cited it in JAMA because "there is limited published peer-reviewed data on efficacy of ultra-low volume aerial spraying of naled against Aedes aegypti," according to the agency.

This is what passes for science at the CDC — the mass aerial spraying of a toxic substance on specific populations with almost no evidence of its effectiveness to eradicate a non-fatal virus — one that has been known to exist for decades and whose patent is actually owned by the Rockefeller Foundation.



Source: https://www.lgcstandards-atcc.org/products/all/VR-84.aspx?geo_country=es

The takeaway from the above is that in the upside-down reality created by the

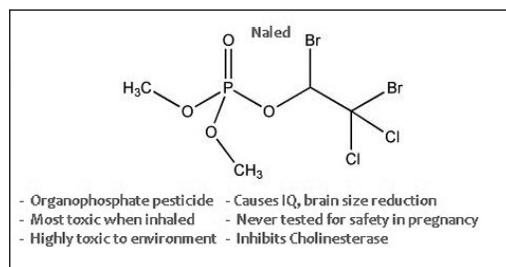
government-corporate media nexus Zika's symptoms can resemble the effects of the CDC's method to counteract the virus' spread.

According to the CDC, Zika virus symptoms are "usually mild with symptoms lasting for several days to a week." In fact, "[m]any people infected with Zika virus won't have symptoms, or will only have mild symptoms." The most typical symptoms include fever, rash, joint pain, conjunctivitis (red eyes), muscle pain, and/or headache.

The health impacts of naled are far worse and include reproductive harm that could be confused with microcephaly and other fetal abnormalities since the compound can cross the placenta and wreak havoc on the unborn.

In fact, as Jon Rappoport has exhaustively documented, in Brazil the increased incidence of microcephaly (babies born with small heads and brain damage) is likely being caused by the larvicide Pyriproxyfen, placed in drinking water supplies to control mosquitos. Thus the "Zika threat," Rappoport posits, is a cover story designed to protect the pesticide manufacturers and associated actors, including the Brazilian Ministry of Health.

Below is an overview of naled's effects on animal and human physiology from the Extension Toxicology Network, a collaboration between Cornell University, Michigan State University, Oregon State University and the University of California Davis.



TOXICOLOGICAL EFFECTS – ACUTE TOXICITY

Naled is moderately to highly toxic by ingestion, inhalation and dermal adsorption. **Vapors or fumes of naled are corrosive to the mucous membranes lining the mouth, throat and lungs, and inhalation may cause severe irritation.** A sensation of tightness in the chest and coughing are commonly experienced after inhalation. As with all organophosphates, naled is readily absorbed through the skin. Skin which has come in contact with this material should be washed immediately with soap and water and all contaminated clothing should be removed. Persons with respiratory ailments, recent exposure to cholinesterase inhibitors, impaired cholinesterase

production, or with liver malfunction may be at increased risk from exposure to naled. High environmental temperatures or exposure of naled to visible or UV light may enhance its toxicity.

The organophosphate insecticides are **cholinesterase inhibitors**. They are **highly toxic by all routes of exposure**. When inhaled, the first effects are usually respiratory and may include **bloody or runny nose, coughing, chest discomfort, difficult or short breath, and wheezing due to constriction or excess fluid in the bronchial tubes**. Skin contact with organophosphates may cause localized sweating and involuntary muscle contractions. **Eye contact will cause pain, bleeding, tears, pupil constriction, and blurred vision**. Following exposure by any route, other systemic effects may begin within a few minutes or be delayed for up to 12 hours. These may include **pallor, nausea, vomiting, diarrhea, abdominal cramps, headache, dizziness, eye pain, blurred vision, constriction or dilation of the eye pupils, tears, salivation, sweating, and confusion**. Severe poisoning will affect the central nervous system, producing **incoordination, slurred speech, loss of reflexes, weakness, fatigue, involuntary muscle contractions, twitching, tremors of the tongue or eyelids, and eventually paralysis of the body extremities and the respiratory muscles**. In severe cases there may also be **involuntary defecation or urination, psychosis, irregular heart beats, unconsciousness, convulsions and coma**. **Death may be caused by respiratory failure or cardiac arrest**.

Some organophosphates may cause delayed symptoms beginning 1 to 4 weeks after an acute exposure which may or may not have produced more immediate symptoms. In such cases, **numbness, tingling, weakness and cramping** may appear in the lower limbs and progress to incoordination and paralysis. Improvement may occur over months or years, but some residual impairment may remain in some cases.

Naled may cause dermatitis (**skin rashes**) and **skin sensitization (allergies)**. **It is corrosive to the skin and eyes and may cause permanent damage**. An aerial applicator developed contact dermatitis after using Dibrom. The exposed area became red and felt burned. Later, water filled blisters formed. They became itchy and dry, then flaked off.

CHRONIC TOXICITY

Repeated or prolonged exposure to organophosphates may result in the same effects as acute exposure including the delayed symptoms. Other effects reported in workers repeatedly exposed include impaired memory and concentration, disorientation, severe depressions, irritability, confusion, headache, speech difficulties, delayed reaction times, nightmares, sleepwalking and drowsiness or insomnia. An influenza-like condition with headache, nausea, weakness, loss of appetite, and malaise has also been reported.

Reproductive Effects

Once in the bloodstream, naled may cross the placenta.

At present, development of a Zika vaccine has moved to human trials. As noted, on August 10 the Obama administration's HHS sought to bring such a vaccine to fruition by funneling \$81 million toward vaccine research, Reuters reports. Less than one week later the CDC set in motion its Control of Communicable Diseases policy by inviting public comment. Keeping in mind the pharmaceutical industry's formidable ability to manipulate laws and regulation to its benefit, there is a strong possibility that these policies, cover stories, and commodities are being developed and rolled out in tandem.

At this point the concerned citizen has more than enough to question what's really afoot here. A population so propagandized and ill-informed on the negligible threat posed by Zika could easily mistake Naled's effects for the mild symptoms characterizing the virus — much as Pyriproxyfen proved to be the cause for a similar frenzy among public health officials in Brazil. This would provide the basis for an ambitious and wide-scale federal effort to quarantine one or more areas and introduce related emergency measures now being dictated by the CDC.

Source: Global Research, September 06, 2016

For hotlinks to references embedded in the article, go to <http://www.globalresearch.ca/the-zika-trigger-cdc-unveils-forced-vaccination-and-quarantine-policy-mass-aerial-spraying-of-subject-populations/5544167>

As of this writing, confirmed reports of aerial spraying of Naled is occurring over populations in Florida, South Carolina and New York but may include many other states.