Bird Flu, Food Safety and What you Can Do to Protect Yourself

Are more mandates coming our way?

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There is seasonal flu going around, but that strain is not closely related to the "highly pathogenic" (to birds) bird flu the government is panicking about.

Seasonal flu primarily spreads among humans through the air when infected people cough and sneeze. Most seasonal flu is clustered around winter when vitamin D levels decrease (sunlight), and people's bodies are a bit more stressed.

In contrast, bird flu, or avian influenza, spreads among birds and can infect domestic poultry and other birds and, rarely, other animal species, with the extremely rare case of human infection (61 cases in the USA from this outbreak). Deaths from (or with) these sporadic infections are extremely rare, in contrast to the dark mutterings of the former CDC Director and the WHO. Most people who contracted bird flu did so through close contact with infected birds or animals. Most cases have been mild - but one person died WITH avian flu, as they had many underlying health issues. Remember, the more they test - the more cases they will find in birds, cattle and people.

Prior to this outbreak, avian influenza testing in the United States was primarily focused on wild birds and poultry. Avian flu is circulating among wild birds. So it is everywhere. So, if cattle are contracting avian flu, it is a new phenomenon or just a case of when testing thousands of cows, one might find out that cattle occasionally contract avian flu. Spread via milking machines has been inferred, and the milk-producing glands of bovine udders does appear to support infection and replication of influenza.

Prior to 2022, cattle were rarely, if ever, tested for avian flu. As influenza is caused by an RNA virus, it mutates very rapidly. By next year - the strain of avian flu circulating will be different. Still expect that coming soon, RNA vaccines will be rolled out to "combat" avian flu for poultry, cattle and humans... But there are a number of low tech ways to deal with dairy cattle getting infected, other than continually testing all the cattle in the USA over and over again. The easiest is to develop better milking protocols. So, as seems to almost always be the case, groupthink abounds in the US government.

In other words, once again the US (and California State) government appears to be overreacting to an infectious disease "threat."

Listen to ex-CDC director Dr. Robert Redfield try to heighten public panic about bird flu (the transcript follows).

> News Nation Anchor (Brian): I remember you told Chris not long ago that the bird flu could make covid look like a little pandemic, which was quite alarming. I mean, is that really the case?
>
> Ex-CDC Director Dr. Robert Redfield:
>
> Yes, Brian, I really do think it's very likely that we will at some time, it's not a question of if it's more of a question of when we will have a bird flu pandemic. And as you mentioned, ***unfortunately bird flu has, when it does enter, humans, has a significant mortality probably somewhere between 25 and 50% mortality.*** So it's going to be quite complicated once the virus gains the ability to attach to the human receptor and then go human to human, that's when you're going to have the pandemic. **And as I said, I think it's just a matter of time.**

It is profoundly irresponsible for a ex-director of the CDC to make such a statement which not only states that it is just a matter of time before before the bird flu "pandemic" occurs but that it will have a mortality rate of 25 to 50%! The question is what in the world induced him to make such a statement?

According to the World Health Organization (WHO), "during 2020, highly pathogenic avian influenza A(H5N1) viruses of clade 2.3.4.4b emerged and rapidly spread across many parts of Africa, Asia and Europe. In late 2021, the 2.3.4.4b A(H5N1) viruses were detected in Canada and have since spread across North and South America. In addition to infection of wild and domestic birds, these viruses have been detected in a number of mammals, many presumably infected through exposure to infected birds or contaminated environments. The most recent example of mammalian infection with clade 2.3.4.4b viruses is dairy cattle in the United States."

The WHO (and the US CDC) places the risk of infection and its danger to humans as low. That said, the WHO collects data on human cases and deaths from H5N1 as reported by governments from around the world. These do not represent the actual case fatality rate; they are just cases where a country had a very sick individual and chose to identify the strain of virus causing the illness and then reported to the WHO. The WHO has been notified of 954 cases and 464 avian flu deaths in humans from 2023.

My best guess is that Dr. Redfield has conflated the artificial case fatality rate created by the WHO and applied to to the general populace. This is exactly what happened at the start of the Mpox outbreak when mainstream media reported the death rate of M-pox as extremely high - based on the WHO case reports, as I reported on in May, 2022. And then of course there is the notoriously inflated 3.4% case fatality rate for SARS-CoV-2 infection.

The CDC has repeatedly stated that the probability of this virus mutating to infect humans is low. That the risk of a pandemic is very low.

This is all driven by the fear of another Spanish flu-style outbreak. The 1918-influenza outbreak had a mortality rate of 2.5%, primarily affecting children and young adults. But the truth is that secondary bacterial infections and the overdosing of aspirin, which was a brand new drug at the time, contributed greatly to the deaths. Historic autopsy reports from the pandemic and modern re-analysis of preserved pathology specimens later revealed "wet" and hemorrhagic lungs consistent with aspirin toxicity. Still, the fearporn surrounding that outbreak persists to today.

Indeed, the "scientific" lazyness and the mainstream media also continue to spread fearporn about avian flu. A search on Google, AI content generators and other aggregators reveals that the overwhelming number of articles appear to be purposefully generating fear among the most vulnerable, that is the elderly and immunosuppressed.

These organizations also offer two solutions - more testing and the development of vaccines. RNA based "vaccines" top the wish list with:

The WHO has appointed Sinergium Biotech, an Argentinian pharmaceutical company, to lead their initiative to develop mRNA-based H5N1 vaccines. This project aims to accelerate vaccine development and improve accessibility for manufacturers in low- and middle-income countries.

The Biomedical Advanced Research and Development Authority (BARDA), which is part of the U.S. Department of Health and Human Services (HHS), awarded Moderna $176 million on July 2, 2024, to develop and test an mRNA vaccine for bird flu. This was done through BARDA's new Rapid Response Partnership Vehicle (RRPV) Consortium.

> ***"As influenza A(H5) virus infections in domesticated animals continue to spread, the risk for human infection could rise. In an abundance of caution, we are taking steps to increase the amount of vaccine that could be immediately available if needed."***
>
> *BARDA Director and Deputy Assistant Secretary for Preparedness and Response*
>
> *Gary Disbrow, Ph.D.*

A vaccine, mRNA-1018, is being developed for people, not for cattle. It is a pandemic influenza vaccine designed for human use. Specifically:

Moderna is developing the mRNA Bird Flu "vaccine" (mRNA-1018) for the prevention of pandemic influenza in humans. Clinical trials are being conducted on human participants. For example, a Phase I/II trial evaluated the safety and immunogenicity of mRNA-1018 in healthy human volunteers. Of interest, the 176 million was awarded in year 2024, yet the clinical trial listed was completed prior to award. So, there must be plans to either piggy-back on to this clinical trial in some manner (there is an arm for H5 only in the listed clinical trial) for expedited approval for this particular strain.

GSK, Sanofi, CSL have also collectively won $72 million in BARDA funding to boost bird flu vaccine supply.

A May, 2024 AP article explains that the U.S. Agriculture Department is to begin testing a mRNA avian flu vaccine for cattle developed by University of Pennsylvania researchers by giving it to calves. However, this strategy is being kept under wraps, the USDA website does not list this experiment or this development on their website. Nor does the University of Pennsylvania.

Note the headline below from Fierce Pharma is from 2015. When *they* tell you what they plan to do, believe them.

It seems pretty obvious that the government is gearing up to encourage or even mandate poultry, dairy farmers as well as their workers, and maybe even cattle ranchers to be vaccinated. Of course, all hospital and medical care professionals will be mandated to comply. The elderly and immunocompromised will also be encouraged to vaccinate against the HIGHLY PATHOGENIC (to birds...) avian flu. Stockpiles will soon be developed by BARDA for discounted or free vaccines for those who qualify.

Next will be the requirement for all lactating cattle crossing state borders to be vaccinated. The USDA will track down as many small farmers and milk producers as possible so that the proper registration/ear tagging of cattle occurs.

If you don't want to buy meat or drink milk from cattle vaccinated with an mRNA "vaccine", it is prudent to locate a local supplier now. When the government rolls out these programs, you likely will be scrambling - if you don't have clean sources for your food now.

Likewise, there will be an outright PR effort to stop people from drinking raw milk. If not mandated, all dairy farmers will be encouraged to vaccinate their cattle. A particular effort will be made to register and vaccine cows that supply the raw milk industry. Track and tracing of cattle will be the next big push by the USDA, in an effort to vaccinate for a mRNA virus that rapidly mutates, with a failed vaccination strategy aimed at a rapidly mutating virus.

Even traditional vaccines are ineffective against transmission. The current flu vaccine is inadequate to stop the spread of the virus to household members 79% of the time.

As the government throws money at these new vaccines, there is no evidence that it will stop the transmission or even spread of this virus in cattle or people.

This all costs money, requires many ball ch't jobs, and will make our milk, meat and eggs more expensive. Furthermore, locally sourced products will become more challenging to obtain. Maybe this is by design.

Indeed, the current hysteria around avian flu benefits big Ag. Smaller farms struggling with regulatory burdens may be forced to exit the market or be acquired by larger companies, leading to increased market concentration and larger factory farms.

Of course, the long-term solution that big ag and governments don't want to hear is that factory farming has to stop. As of July 2024, over 100 million chickens and turkeys have been culled in the United States alone since the outbreak began in 2022, estimates are that this has cost the US taxpayer almost one billion dollars. The problem is that modern chicken factories house 20,000 to 40,000 chickens each. They are little mutant virus factories.

The truth is, that viruses are everywhere. It is normal to be exposed to a vast number of viruses every day. Our immune system needs to be exposed to many pathogens to learn to protect us from viral and bacterial bugs better. Everyday, we need to go outside into the world and breath in the air, expose ourselves to the workings of nature. We need to be in the sun and supplement with vitamin D3 and vitamins like K2, A and E that work in balance with vitamin D3. Another important supplement is magnesium, which is necessary for activating vitamin D in the body.

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Below are the list of supplements which Jill and I take to help our immune system fight off infections. All of them are available on Amazon and elsewhere.

Before COVID-19, I would routinely get colds, and occasionally the flu. Since I began with these supplements, I have had no cases of a bad cold or the flu- I consider them wonder drugs...

As an aside, Malone.News (Dr. Robert Malone) does not take money from any company to endorse products, including vitamins and supplements.

The list of what Jill and I take to support immune health is provided below, for those interested:

1. **DAVINCI Labs ADK - - Dietary Supplement with Vitamins A, D3 & K2 (as MK-7) (from Amazon).**

- It is good to occasionally test D3 levels, with the ideal for immune health being above 50 ng/mL and below 100 ng/mL.
- This supplement contains 5,000 IUs of D3. If one needs to increase D3, if is best to use another sole source for the Vitamin D3 - as Vitamin A in large doses can thin the blood too much. Also, if you are on blood thinners or other medication that thins blood (such as nattokinase), it is best to consult a physician.
- If one takes a lot of vitamins and supplements, this product is convenient, because it combines three of the main immuno support vitamins in one capsule.
- Please consult your physician before use and note the potential side effects listed on the website.

2. **Magnesium L Threonate, High Absorption Magnesium Supplement – Bioavailable Form for Sleep and Cognitive Function Support** – 2,000 mg (from Amazon)

- Magnesium L-threonate is a unique form of magnesium supplement known for its ability to cross the blood-brain barrier, making it particularly effective for improving brain health and cognitive function.
- This supplement is best taken at night, as it can induce sleepiness.
- Please consult your physician before use and note the potential side effects listed on the website.

3. **Nature Made Vitamin E 180 mg (400 IU) dl-Alpha, Dietary Supplement for Antioxidant Support, 300 Softgels (from Amazon).**

Buyer beware:

It is up to the consumer to ensure that the ingredients they are buying are actually in the jar. This is why third party certification of supplements in important. At the very least, a supplement should be labelled as third party tested but ideally should actually name the company providing the testing. Products should be tested for purity, adulteration and contamination (fungus, molds, metals, etc).
There are two main third party certification companies that most experts recommend. They are NSF and USP. Other good certification programs exist, just do your homework.

For those that wish to learn more about supplements, I recommend reading the substack titled:

Well Being: Dietary Supplements

and why Pharma lobbyists want more regulations

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Michael Heath Michael Heath · 7d
Liked by Robert W Malone MD, MS

We here are doing what we always do during cold & flu season-(^)

Of course, after seeing just how many ignorant and hysterical Americans fell for the obvious COVID "plan-demic" we are staying well away from most people these days because too many of them obviously can't be trusted-(For the past 100++ years the federal government all the way down to the smallest local government has absolutely proven over & over again that they lie about everything and that they therefore can't be trusted at all, so what are these sleeping sheep thinking??? Astounding-(Merry Christmas and may we see more truth and less "fear porn" from the criminals in & outside of government in 2025-(Thank you, Dr. Malone, for all of your fine efforts-(Cheers! Sincerely, Mike *(American Constitutionalist ;)*

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James Goodrich JGoodrich News Letter · 7d Edited
At the hospital that my wife works they force flu shots on all of the nurses and staff. Every year the flu spreads through the OR; nurse to nurse, like wild fire. Usually within two weeks of taking the shot, sometimes less my wife gets the flu. Although my doctor pushes the flu shot on me every year I'm almost sure I've never taken it and I think I get the flu once when I was in 5th grade 40 something years ago. Could it be another case of safe and effective. Pay no attention to the man behind the curtain and pay no attention to what you see with your own two eyes, just do what your told and comply!

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