

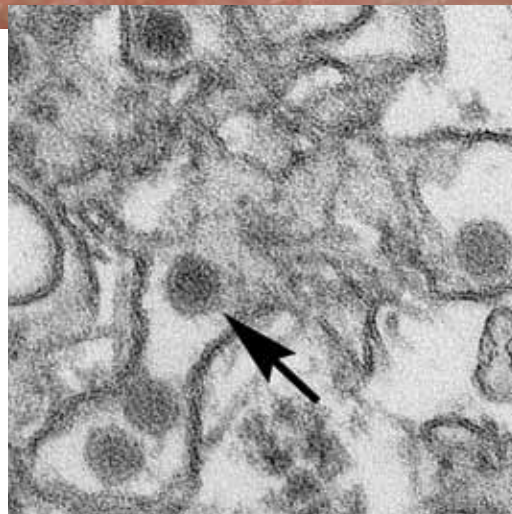
# The British Monarchy and The Zika Virus

by Debra Hanania-Freeman

Feb. 8—These days, one would be hard pressed to find a news or media outlet anywhere that didn't feature alarming headlines concerning the rapid spread of a virus that garnered little attention just a short time ago. But on Feb. 1, World Health Organization (WHO) Director-General Margaret Chan, MD, declared the current Zika outbreak, which has been tied to an explosive increase in birth defects, particularly microcephaly, to be a "public health emergency of global concern." It is the same designation that was given to the deadly Ebola outbreak two years ago. Within a week of Chan's declaration, more than 29 nations and territories declared states of emergency, and that number grows daily.

Critics wondered what, exactly, was going on. Many thought Chan, who had been sharply rebuked for the WHO's slow response to the Ebola crisis, might be acting more out of concern for her own reputation than the situation warranted.

The criticism was based on the fact that, historically, Zika has never been considered to be a clinically serious infection. According to the U.S. Centers for Disease Control, roughly one in five individuals with the



mosquito: wikimedia commons; zika virus: CDC

*The arrow points to a Zika virus particle in this image from a transmission electron microscope. Top: the mosquito Aedes aegypti, which spreads dengue fever, Chikungunya, and Zika virus.*

virus develops symptoms such as fever, rash, joint pain, and conjunctivitis, and those symptoms generally disappear within a week, and almost never land anyone in the hospital. During her press conference, Chan agreed that the virus alone would not justify a declaration of emergency, but said that the declaration was based on the fact that "a causal

relationship between Zika virus infection and birth malformations and neurological syndromes is strongly suspected. [These suspected links] have rapidly changed the risk profile of Zika, from a mild threat to one of alarming proportions." Chan continued:

WHO is deeply concerned about this rapidly evolving situation for four main reasons: the possible association of infection with birth malformations and neurological syndromes; the potential for further international spread given the wide

geographical distribution of the mosquito vector; the lack of population immunity in newly affected areas; and the absence of vaccines, specific treatments, and rapid diagnostic tests. ...

The level of concern is high, as is the level of uncertainty.

Clearly, understanding *why* this is happening is critical to assessing how to deal with it.

## Why Now?

Neither the virus nor the mosquitos that carry it came out of nowhere. It was first identified in Uganda in 1947, and is transmitted by the same type of mosquito that carries dengue fever, yellow fever, and chikungunya virus. A mosquito bites an infected person and then passes those viruses to other people it bites. Indeed, the *Aedes aegypti*, or yellow fever mosquito, killed more soldiers than guns did during the Spanish American War. Up until 2007, the Zika virus seemed to lie low, with only 14 cases actually documented, all of them in Africa. However, scientists suggest that this may well be due to the fact that the virus' symptoms are not severe and there is no actual test for infection. In 2007, the first major outbreak hit Yap Island in Micronesia. Other Pacific Islands began to see more cases, and in 2013, there was a significant outbreak in French Polynesia. The current outbreak in Brazil began in May 2015. It isn't clear how the virus got to Brazil in the first place, but the Brazilian government thinks a traveler to the World Cup may have brought it into the country in 2014, especially since it has been confirmed that the virus, although principally spread by mosquito, can in fact be sexually transmitted.

According to Carolyn McBride, a professor of evolutionary biology at Princeton University, who specializes in the *Aedes aegypti*, the mosquitos' ancestors lived in the forest where they fed on a variety of warm blooded animals. But some time in recent history, the modern *Aedes* mosquito developed a taste for just one target—human beings.

McBride explains, "They only live in association with humans And they have all these physical and behavior adaptations to do it. They have an amazing ability to recognize human odor and have adapted amazingly well to feeding on people."

Still, it would seem that the obvious solution would be to simply utilize DDT and similar insecticides to eradicate them, thereby dealing with the current Zika outbreak as well as the misery the insects cause passing on dengue fever, yellow fever, and Chikungunya from person to person.

McBride explained that, unfortunately, it's not so easy. "You have to first understand their habitat. On the one hand, they breed rapidly anywhere there is water. It doesn't have to be a lot of water. In Suriname, we identified 500 larvae in single discarded soda bottle caps. But, they don't have a lot of stamina in the air. Their flight range is just 300 to 600 feet. As a result, insecticidal sprays really don't work on this breed because in order to feed they have to stick to their intended targets (i.e. humans). It's very hard to catch them airborne." Although, she added, topically applied insecticides like DEET, do offer at least moderate protection.

But none of this explains the sudden explosive spread of the virus or the birth defects that seem to accompany it. The WHO estimates the virus will probably infect somewhere in the order of 3 to 4 million people during the coming months. In Brazil, unquestionably the epicenter of the outbreak, the explosion of the virus has also led to an explosion in the number of microcephaly cases—4,000 since October in a nation that saw less than 400 cases during the previous year.

What happened in 2015 that could possibly account for this?

According to a recent investigation by Claire Bernish published by theAntiMedia.org and other outlets, there was one very significant development in 2015.

Oxitec, a British bio tech company that specializes in insect control, unveiled its large-scale, genetically modified mosquito farm in Brazil in July 2012, with the goal of reducing "the incidence of dengue fever," as the *Disease Daily* reported. Dengue fever is spread by the same *Aedes* mosquitos which spread the Zika virus and though they "cannot fly more than 400 meters," WHO stated, they "may inadvertently be transported by humans from one place to another." By July 2015, shortly after the genetically modified mosquitos were first released into the wild in Juazeiro, Brazil, Oxitec proudly announced they had "successfully controlled the *Aedes aegypti* mosquito that spreads dengue fever, Chikungunya, and Zika virus, by reducing the target population by more than 90%."

Though that might sound like an astounding success—and, arguably, it was—there was an alarming issue these genetic engineers failed to consider: the impact of antibiotics in the environment caused by the heavy use in agricultural (animal feed) operations.

Bernish reports:

Only the male modified *Aedes* mosquitos are supposed to be released into the wild—as they will mate with their unaltered female counterparts. Once offspring are produced, the modified, scientific facet is supposed to “kick in” and kill that larvae [sic] before it reaches breeding age—if tetracycline is not present during its development... [That is, the presence of tetracycline overrides the genetically modified DNA.]

According to an unclassified document from the Trade and Agriculture Directorate Committee for Agriculture dated February 2015, Brazil is the third largest in “global antimicrobial consumption in food animal production”—meaning, Brazil is third in the world for its use of tetracycline in its food animals. As a study by the American Society of Agronomy explained, “It is estimated that approximately 75% of antibiotics are not absorbed by animals and are excreted in waste.” One of the antibiotics (or antimicrobials) specifically named in that report for its environmental persistence is tetracycline.

The presence of antibiotics causes the mosquitos that are supposed to die off to survive and reproduce.

## Warnings Ignored

As early as 2010, R.A. Steinbrecher of Department of Biosafety, Ministry of Natural Resources and Environment of Malaysia specifically warned against the release of these genetically modified mosquitos, warning that the 15% or so that survived could very well represent a subspecies of far more hearty mosquitos capable of reproducing more rapidly and possibly spreading more virulent strains of virus thereby worsening their spread. The same concern was apparently echoed in a confidential internal Oxitec document that was divulged in 2012. Additionally, Dr. Helen Wallace, director of GeneWatch, told the *Guardian* in 2012 that far more studies of possible side effects should be required before what she called superbugs were released into the environment. “It’s a very experimental approach which has not yet been proven to be successful and very well may cause more harm than good,” she said.

Jaydee Hanson, a senior policy analyst at the U.S. based Center for Food Safety, told Bloomberg News, “They’re introducing genetic constructs that have never



creative commons/scorpions and centaurs

*Zombies of the dying British Empire: Queen Elizabeth and Prince Philip on April 29, 2011. They have long sought drastic reductions in world population.*

been there before. The mutated mosquitos are food for lots of animals. We still have to do studies of what occurs when birds and bats and amphibians eat these genetically modified mosquitos.”

Not only were the calls for further study ignored, but today, Oxitec is offering to release a whole new set of genetically modified mosquitos to specifically target the Zika outbreak.

The question remains whether this Jurassic Park-type scenario was an accident caused by one company’s irresponsible practice or not. The recent British television series “Utopia” suggests it could be a deliberate plan to reduce the global population.

The argument is certainly not without merit. The British monarchy has long advocated drastic reductions in the global population. It is also the fact that as early as the 1980s, Brazil, a nation with one of the largest black populations on the planet as well as the highest birth rate, was the target of a USAID program whose aim was to sterilize between 25% and 50% of the women of childbearing age in developing sector countries.

Indeed today, the rapid spread of the Zika virus across Latin America and its link to birth defects have prompted governments to do something that is almost unprecedented in human history: urge people to avoid having children. El Salvador has called for a voluntary moratorium on pregnancies until at least 2018. Brazil and Colombia, both Catholic countries, are asking women to wait at least several months, or perhaps in-

definitely, before becoming pregnant. The United Nations has insisted that all bans on both contraceptives and legal abortions must be lifted immediately. Some have gone so far as to argue that lifting those bans in Catholic countries should be a prerequisite for the delivery of aid and support in dealing with the epidemic.

At this point, it is impossible to know definitively what is responsible for the Zika epidemic. There is a strong scientific and empirical argument to suggest that Oxitec's actions are at least partially responsible. But were they willful? Again, impossible to know now.

### LaRouche's Forecast

As early as 1974, Lyndon LaRouche forewarned of the reality of an impending biological holocaust as a result of enforced primitive economic conditions imposed on the world's poorest nations by institutions like the IMF. He then set up a task force to study the biological-ecological breakdown and emergency of new diseases, and more virulent forms of old diseases, that were sure to ensue if the zero growth economic policies then being imposed were maintained. By the 1980s, such consequences were already unfolding.

On July 1, 1985, LaRouche's Biological Holocaust

Task Force released an *EIR* Special Report titled, *Economic Breakdown and the Threat of Global Pandemics*, presenting handbook-style documentation of microbial disease threats. It detailed the scenario of a potential "biological holocaust," of new and re-emerging human, animal, and plant diseases, if economic growth policies were not restored. HIV/AIDS, then newly identified, was in the forefront. Today, almost 80% of the world's HIV/AIDS victims are in Africa.

Two years ago, the Ebola outbreak once again asserted this reality as it ravaged Africa's poorest nations, nations with no public health systems to speak of and only minimal modern infrastructure.

So, while many questions remain as to what accounts for this most recent epidemic, what is unquestionable is that it is being used to enforce policies of population reduction long advocated by the British monarchy and other elements of the Anglo-American financial establishment. Also unquestionable is the fact that the current rapidly escalating breakdown of the global financial system brings with it the spread of horrendous economic conditions and, unless it is immediately reversed, will result in waves of deadly, and in some cases, species threatening epidemics.

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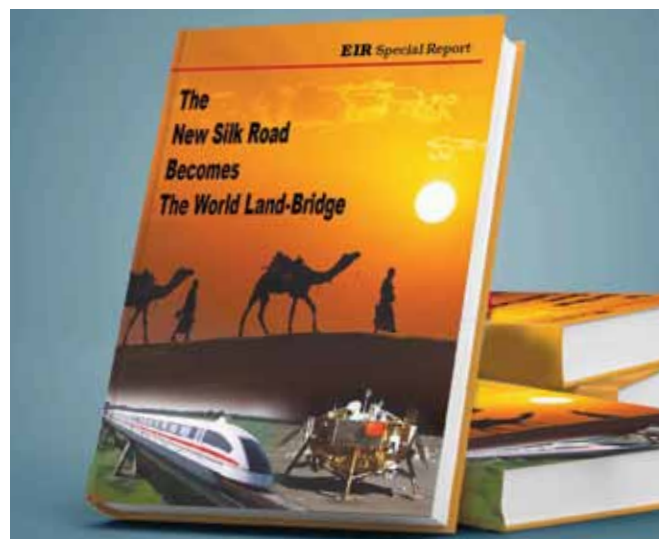
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