STAND FOR HEALTH FREEDOM

BIRD FLU: UNDERSTANDING THE FACTS AND COMMON-SENSE POLICIES

February 2025

Risk to humans

Person-to-person spread

No human-to-human transmission has been observed.

Current public health risk

Low risk according to global health agencies, including GAVI.

Human cases

Think critically about the CDC case count:
1. PCR is a disputed method for verification
2. Cases are being found "retroactively"

Deaths in the U.S.

The first death counted by CDC was in an elderly individual with comorbidities who was hospitalized then had a positive H5 PCR test at the time of death.

Bird flu in animals

- Cases reported in **poultry, pigs, cows, and cats.**
- **Factory farm practices** contribute to susceptibility.
- **Sound livestock policies** must include input from small farmers, homesteaders, and producers.
- **Prevention & treatment options for livestock:**
  - H2O2, iodine, UV light, spirulina, proper feed, sunlight exposure, and quercetin.
  - To strengthen genetics: save, cultivate, and breed the survivors of a disease; do not exterminate the specimens with immune systems vibrant enough to overcome the disease.

The Associated Press, February 19, 2025

The bird flu outbreak has prompted the **slaughter of roughly 160 million birds** to help control the virus since the outbreak began in 2022. [...] The federal government has spent nearly $2 billion on the response, including nearly $1.2 billion in payments to farmers to compensate them for their lost birds.

Public health and policy concerns

Stop mass slaughter of animals immediately. It devastates farmers and increases food costs.

Fear-based restrictions on **raw milk, domestic pets, and small farms** impact local food systems.

Bills like Maryland's rooster limit use bird flu as a pretext for excessive regulation.

Global health initiatives like One Health are expanding control over food systems and health policies.

Taxpayer money funds **pharmaceutical R&D, stockpiling, and surveillance,** but little scrutiny is placed on gain-of-function research, and inexpensive common-sense solutions are ignored.

The pandemic playbook

Research (i.e. gain-of-function) manipulates pathogens.

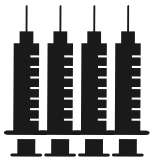
Media-driven fear precedes government action.

Claims of no treatment leads to a push for new pharmaceutical solutions.

PCR testing and digital tracking increase case counts and surveillance. The USDA is using the widely discredited PCR test to proclaim which animals have H5N1.

Restrictions on movement, lockdowns, and quarantine measures disproportionately affect individuals and small businesses.

Push for mass vaccination of animals and humans introduces problems and prevents robust natural herd immunity.



Vaccine concerns and liability shields

- The U.S. government has spent billions on stockpiling pre-pandemic avian flu vaccines.
- Millions have been spent on R&D for mRNA shots.
- The current shots contain dangerous additives (squalene) and have questionable efficacy.
- The PREP Act shields manufacturers and public health officials from liability for injuries and deaths from the “pandemic” products.

Common-sense public health strategies

TRUST THE PEOPLE to make informed decisions based on a robust flow of information.

TRUST THE FARMERS to care for their livestock.

EDUCATE on individual responsibility to strengthen immunity through diet, lifestyle, and hygiene, thereby creating a robust and vibrant food supply and society.

SUPPORT doctor-patient and farmer-veterinary relationships, as well as informed consent.

IMPROVE LIVESTOCK CONDITIONS. Reduce overcrowding, improve feed quality, and increase sunlight exposure, instead of slaughtering healthy animals.

STOP THE PCR FRAUD. Tests must only be used properly and selectively to determine actual infectiousness. The PCR test results in too many false positives and the amplification cycles greatly affect reporting, thereby altering the entire pandemic response.

RECOGNIZE COMMON-SENSE SOLUTIONS such as hygiene technologies that improve air and surface sanitation using UV light, H2O2, HOCL, and proper ventilation.