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SARS Quiz: Test Your Level of Intelligence

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Author of the national bestselling book: Emerging Viruses: AIDS & Ebola-Nature, Accident or Intentional?

Level 1:

It is April, have we not been fools?

Last year, didn't more than 36,000 people die of the flu in the U.S.?

Weren't they, almost all, elderly or very young?

Weren't these victims, almost all, immune compromised?

Had not the major source of their weakened immunity been drug side effects and vaccine-induced toxicity and autoimmunity?

Why was there nearly no mention about this widespread mortality from flu in previous years, compared to SARS this year, which to date (April 16, 2003) has killed no one in America?

Alternatively, with zero deaths in the U.S. from SARS thus far, why has so much media attention focused on this newest microscopic menace?

Why hasn't the mainstream media asked these simple questions?

Level 2:

Why are SARS "cases" and SARS mortality rates grossly overstated and mixed-up in the press?

For instance, why are "confirmed" and "suspected" SARS cases grouped together in most news reports, when the majority of "suspected" "cases" turn out to be something other than SARS?

Why would public health officials, who know better, go along with the false and misleading 4% death rate from SARS errantly established on this inappropriate summing of "confirmed" and "suspected" SARS "cases?"

Why would epidemiologically trained public health officials completely disregard the thousands, if not millions, of other people who got SARS-people who never reported their illness and naturally healed without quarantine, hospitalization, or expensive drugs?

Wouldn't an honest projection of the SARS mortality rate seem miniscule and irrelevant?

Wouldn't that make the economic incentive from SARS seem miniscule and irrelevant?

Would SARS's irrelevance help or harm newspaper sales?

Would miniscule mortality rates help or harm health officials attempting to justify their existence and increase their budgets?

Speaking of money, if contraindications and side effects of ribavirin abound, and it has never been tested against the SARS-strain of coronavirus to begin with, then why has it been recommended and prescribed by those claiming "authority" since the beginning of the SARS scare?

Level 3:

Is it true that conservatively 10 percent of Americans are psychologically and/or pharmacologically predisposed to developing debilitating phobias with potentially deadly social dysfunctions resulting from their frights?

Is this mentally challenged population placed at highest risk from mass-mediated fear campaigns?

Is it likely that more of these 27 million people in the U.S. alone have suffered horribly from the SARS fright than those who have gotten SARS?

Is it likely far more of these people have died from phobia-induced avoidance behaviors, like avoiding outside (i.e., social) contacts, including life-saving services, in the wake of SARS coverage by the media?

Don't public health officials realize this as they "surf the SARS wave to international fame?"

Likewise, does this SARS fright reflect irresponsible journalism?

Level 4:

Is there a specialty field of science in public health and journalism known as "risk communication?"

Does a Google search on the Internet reveal about 2,780,000 "risk communication" references with recommendations as to how to communicate risks most efficiently without: a) harming the public; b) creating phobias, and c) reinforcing irrational fears?

Doesn't every public health official learn about this field of science known as "risk communication" during their professional training?

Doesn't risk communication in public health, such as applied in the field of AIDS education, seek to reduce irrational fears?

Hasn't every public health professional with media spokesperson responsibilities been made keenly aware of the need to communicate health risks honestly and appropriately with this

being the intended outcome?

Haven't experts in behavioral science and public health developed "risk communication" protocols to assure the public is able to accurately assess risks to their personal health from infectious diseases among other threats?

Why has the entire field of "risk communication" in public health, along with full honest disclosure, been completely neglected in-so-far-as SARS is concerned?

Level 5: Genius Level

If far more than 99.99% of people infected with SARS get well on their own, how did they manage to do that without government involvement?

If these people's healthy immune systems are primarily responsible for their speedy recoveries, with all the warnings issued regarding SARS, why haven't our officials published a variety of practical immune boosting recommendations?

Is it true that both fear and stress reduces natural immunity to infectious diseases like SARS?

Is it true that herbal cures for coronavirus infections were published in the scientific literature in 1995?

Is it true that government authorities have neglected to mention this fact?

Logically, then, if government health experts know all of the above, are fueling fears while neglecting practical solutions, doesn't it seem as though they are actively increasing public risks and death rates?

Given the above, doesn't "criminal negligence" and "public health malpractice" best describe government officials' actions in response to SARS, thus far?

Does less than 3% of America's annual health budget go to prevention?

Does a "stitch in time save nine?"

"Is there a fox in the henhouse?"

Is the third leading cause of death in the U.S. prescribed by doctors and hospital staff?

Aren't these the first people you think of seeing when you get sick?

If yes, are you mentally ill?

Answers: All "Yes" or "No" questions (except for the last two) are definitively affirmative. If you got them correct, then there's hope for you. For the other questions, your guess is as good as mine . . . April fools.

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