

A 1918-19 bacterial vaccine experiment at Ft. Riley killed approximately 100 million people



Soldiers from Fort Riley, Kansas, ill with Spanish influenza at a hospital ward at Camp Funston.
by [Kevin Barry, President First Freedoms, Inc.](#) Condensed by Nat

- Modern technology has not been able to pinpoint the killer influenza strain from this pandemic because influenza was not the killer.
- More soldiers died during WWI from disease than from anything else.
- The pandemic was not flu. An estimated 95% (or higher) of the deaths were caused by bacterial pneumonia, not influenza/a virus.
- The pandemic was not Spanish. The first cases of bacterial pneumonia in 1918 trace back to a military base in Fort Riley, Kansas.
- From January 21 – June 4, 1918, an experimental bacterial meningitis vaccine cultured in horses by the Rockefeller Institute for Medical Research in New York was injected into soldiers at Fort Riley.

- During the remainder of 1918, those soldiers spread bacteria at every stop between Kansas and the frontline trenches in France.
- One study describes soldiers “with active infections (who) were aerosolizing the bacteria that colonized their noses and throats, while others—often, in the same “breathing spaces”—were profoundly susceptible to invasion of and rapid spread through their lungs by their own or others’ colonizing bacteria.” (1)
- The “Spanish Flu” (bacterial pneumonia) attacked healthy people in their prime. Flu attacks the immunocompromised, the young & the old.
- When WW1 ended (11/11/18) soldiers returned home spreading the killer bacterial pneumonia worldwide.
- During WW1, the Rockefeller Institute also sent the antimeningococcal serum to England, France, Belgium, Italy and other countries, helping spread the epidemic worldwide.

In 1918, “influenza” or flu was a catchall term for disease of unknown origin. It didn’t carry the specific meaning it does today. Medieval Latin “influential” in an astrological sense, meaning a visitation under the influence of the stars.

In the late 19th century, New York built a system to bring clean water to the city from the Catskills. New York City also built over 6000 miles of sewer to take away and treat waste, which combats infectious diseases.

In the late 19th century through the early 20th century, New York built a power grid and wired the city so power was available in every home. Electricity allows for refrigeration protecting the public from potential infectious diseases.

US Mortality Rates data from the turn of the 20th century to 1965 clearly indicates that clean water, flushing toilets, effective sewer systems and refrigerated foods all combined to effectively reduce mortality from infectious diseases BEFORE vaccines for those diseases became available. Sandhogs, plumbers, electricians and engineers deserve our thanks, rather than Big Pharma.

The first cases of “Spanish Flu” occurred at Fort Riley, Kansas in 1918. Why “Spanish”? Spain was one of a few countries not involved in WW I. Free from censorship concerns, the earliest press reports of people dying from disease in large numbers came from Spain. Soldiers on all sides would be asked to cross no man’s land into machine gun fire, which was frightening enough without knowing that the trenches were a disease breeding ground. The warring countries did not want to additionally frighten the troops, so they were content to scapegoat Spain.

It's long past time to drop "Spanish" from this pandemic. The "flu" started at a United States military base in Kansas. But if the origin of the pandemic involved a vaccine experiment on US soldiers, then why wouldn't the US prefer calling it Spanish Flu? Additionally, it would be much more difficult to maintain the marketing mantra of "vaccines save lives" if a vaccine experiment originating in the United States during the years of primitive manufacturing caused the deaths of 100 million people.

Thousands of autopsies confirm that the killer was not a "flu" but bacterial. According to a 2008 National Institute of Health paper, bacterial pneumonia was the killer in a minimum of 92.7% of the 1918-19 autopsies reviewed. It is likely higher than 92.7%. The researchers looked at more than 9000 autopsies, and "there were no negative (bacterial) lung culture results." "... In the **68 higher-quality autopsy series**, in which the possibility of unreported negative cultures could be excluded, 92.7% of autopsy lung cultures were positive for ≥ 1 bacterium. ... in one study of approximately 9000 subjects who were followed from clinical presentation with influenza to resolution or autopsy, researchers obtained, with sterile technique, cultures of either pneumococci or streptococci from 164 of 167 lung tissue samples. There were 89 pure cultures of pneumococci; 19 cultures from which only streptococci were recovered; 34 that yielded mixtures of pneumococci and/or streptococci; 22 that yielded a mixture of pneumococci, streptococci, and other organisms (prominently pneumococci and nonhemolytic streptococci); and 3 that yielded nonhemolytic streptococci alone. There were no negative lung culture results." (3) Pneumococci or streptococci were found in "164 of (the) 167 lung tissue samples" autopsied. That is 98.2%. Bacteria was the killer.

When the United States declared war in April 1917, the fledgling Pharmaceutical industry had something they had never had before – 6,000,000 human test subjects from the US military's first draft. The Rockefeller Institute for Medical Research took advantage of this new pool of human guinea pigs to conduct vaccine experiments. Check this out:

A REPORT ON ANTIMENINGITIS VACCINATION AND OBSERVATIONS ON AGGLUTININS IN THE BLOOD OF CHRONIC MENINGOCOCCUS

CARRIERS by Frederick L. Gates

From the Base Hospital, Fort Riley, Kansas, and The Rockefeller Institute for Medical Research, New York. Received 1918 Jul 20

(Author note: **read the Fort Riley paper** in its entirety so you can appreciate the carelessness of the experiments conducted on these troops.)

Between January 21st and June 4th of 1918, Dr. Gates reports on an experiment where 4,792 soldiers were vaccinated with 1 dose; 4,257 got the 2nd dose (down 11%), and only 3702 received all three doses (down 22.7%). A total of 1,090 men were not there for the 3rd dose. What happened to these soldiers? Gates began his experiments in January 1918. By March of that year, “100 men a day” were entering the infirmary at Fort Riley! On Monday, March 11, Company cook Albert Gitchell reported to the camp infirmary with complaints of a “bad cold.” Right behind him came Corporal Lee W. Drake voicing similar complaints. By noon, camp surgeon Edward R. Schreiner had **over 100 sick men** on his hands, all apparently suffering from the same malady...” (5)

Gates does report that several of the men in the experiment had contagious, flu-like symptoms: coughs, vomiting and diarrhea after receiving the vaccine. For soldiers crowded into barracks, into trains, onto ships, and into trenches, this could only result in a disaster!

From Dr. Gates’ report: “Reactions.— ... Several cases of looseness of the bowels or transient diarrhea were noted. This symptom had not been encountered before. Careful inquiry in individual cases often elicited the information that men who complained of the effects of vaccination were suffering from mild coryza, bronchitis, etc., at the time of injection.” “Sometimes the reaction was initiated by a chill or chilly sensation, and a number of men complained of fever or feverish sensations during the following night. Next in frequency came nausea (occasionally vomiting), dizziness, and general “aches and pains” in the joints and muscles, which in a few instances were especially localized in the neck or lumbar region, causing stiff neck or stiff back. A few injections were followed by diarrhea. The reactions, therefore, occasionally simulated the onset of epidemic meningitis and several vaccinated men were sent as suspects to the Base Hospital for diagnosis.”(4)

According to Gates, they injected random dosages of an experimental bacterial meningitis vaccine into soldiers. Afterwards, some of the soldiers had symptoms which “simulated” meningitis, but Dr. Gates advances the fantastical claim that it wasn’t actual meningitis.

The soldiers developed flu-like symptoms. Bacterial meningitis, then and now, is known to **mimic flu-like symptoms**. (6) Perhaps the similarity of early symptoms of bacterial meningitis and bacterial pneumonia to symptoms of flu is why the vaccine experiments at Fort Riley have been able to escape scrutiny as a potential cause of the Spanish Flu for 100 years and counting.

WWI ended only 10 months after the first injections. Unfortunately for the 50-100 million who died, those soldiers injected with horse-infused bacteria moved quickly during those 10 months.

An article from 2008 on the CDC's website describes how sick WWI soldiers could pass along the bacteria to others by becoming "cloud adults." "Finally, for brief periods and to varying degrees, affected hosts became "cloud adults" who increased the aerosolization of colonizing strains of bacteria, particularly pneumococci, hemolytic streptococci, H. influenzae, and S. aureus. For several days during local epidemics—particularly in crowded settings such as hospital wards, military camps, troop ships, and mines (and trenches)—some persons were immunologically susceptible to, infected with, or recovering from infections with influenza virus. Persons with active infections were aerosolizing the bacteria that colonized their noses and throats, while others—often, in the same "breathing spaces"—were profoundly susceptible to invasion of and rapid spread through their lungs by their own or others' colonizing bacteria." (1)

Three times in his report on the Fort Riley vaccine experiment, Dr. Gates states that some soldiers had a "severe reaction" indicating "an unusual individual susceptibility to the vaccine".

While the vaccine made many sick, it only killed those who were susceptible to it. Those who became sick and survived became "cloud adults" who spread the bacteria to others, which created more cloud adults, spreading to others where it killed the susceptible, repeating the cycle until there were no longer wartime unsanitary conditions, and there were no longer millions of soldiers to experiment on.

The toll on US troops was enormous and it is well documented. Dr. Carol Byerly describes how the "influenza" traveled like wildfire through the US military. (substitute "bacteria" for Dr. Byerly's "influenza" or "virus"):
"... Fourteen of the largest training camps had reported influenza outbreaks in March, April, or May, and some of the infected troops carried the virus with them aboard ships to France ...

As soldiers in the trenches became sick, the military evacuated them from the front lines and replaced them with healthy men. This process continuously brought the virus into contact with new hosts—young, healthy soldiers in which it could adapt, reproduce, and become extremely virulent without danger of burning out. ... Before any travel ban could be imposed, a contingent of replacement troops departed Camp Devens (outside of Boston) for Camp Upton, Long Island, the Army's debarkation point for France, and took influenza with them. Medical officers at Upton said it arrived "abruptly" on September 13, 1918, with 38 hospital admissions,

followed by 86 the next day, and 193 the next. Hospital admissions peaked on October 4 with 483, and within 40 days, Camp Upton sent 6,131 men to the hospital for influenza. Some developed pneumonia so quickly that physicians diagnosed it simply by observing the patient rather than listening to the lungs..." (7)

The United States was not the only country in possession of the Rockefeller Institute's experimental bacterial vaccine. A 1919 report from the Institute states: "Reference should be made that before the United States entered the war (in April 1917) the Institute had resumed the preparation of antimeningococcic serum, in order to meet the requests of England, France, Belgium Italy and other countries." The same report states: "In order to meet the suddenly increased demand for the curative serums worked out at the Institute, a special stable for horses was quickly erected ..." (8)

An experimental antimeningococcic serum made in horses and injected into soldiers who would be entering the cramped and unsanitary living conditions of war ... what could possibly go wrong?

The Institute says it distributed the bacterial serum to England, France, Belgium, Italy and other countries during WWI. Not enough is known about how these countries experimented on their soldiers.

The vaccine industry is always looking for human test subjects. They have the most success when they are able to find vulnerable populations who not in a position to refuse: Soldiers (9), orphans, new-born, the disabled, prisoners, mentally retarded, those in developing nations. "The question is whether we are to have experiments performed on fully functioning adults and on children who are potentially contributors to society or to perform initial studies in children and adults who are human in form but not in social potential."

[Please watch the horrifying video clip.](#) (10)

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Dr. Stanley Plotkin, "human in form", re: experiments on orphans/mentally retarded/prisoners

Watch later

Medical ethics (the Universal Declaration on Bioethics and Human Rights) require the right to informed consent to preventative medical procedures like vaccination.

Article 3 – Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.
2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice. (11)

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Dr. Andrew Moulden: Every Vaccine Produces Harm



eBook – Available for immediate download.

Canadian physician Dr. Andrew Moulden provided clear scientific evidence to prove that every dose of vaccine given to a child or an adult produces harm. The truth that he uncovered was rejected by the conventional medical system and the pharmaceutical industry. Nevertheless, his warning and his message to America remains as a solid legacy of the man who stood up against big pharma and their program to vaccinate every person on the Earth.

Dr. Moulden died unexpectedly in November of 2013 at age 49.

Because of the strong opposition from big pharma concerning Dr. Moulden's research, we became concerned that the name of this brilliant researcher and his life's work had nearly been deleted from the internet. His reputation was being disparaged, and his message of warning and hope was being distorted and buried without a tombstone. This book summarizes his teaching and is a must-read for everyone who wants to learn the "other-side" of the vaccine debate that the mainstream media routinely censors. Read *Dr. Andrew Moulden: Every Vaccine Produces Harm* on your mobile device or computer by ordering the eBook!