

Can You Really Catch the Flu from Someone?

A fresh look at the “Spanish Flu Pandemic” of 1918

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After the “Spanish Flu” epidemic of 1918, which had nothing to do with Spanish people—nor was an influenza virus ever proved to have been responsible—an experiment was done with 62 healthy Navy volunteers in a Boston harbour prison on Gallops Island. The goal was to try to understand flu “transmission” better, but the researchers were in for a shock. According to author Arthur Firstenberg the “outbreak” actually began in the United States, at the Naval Radio School of Cambridge, Massachusetts, with 400 initial cases—these were men highly exposed to radio waves, a point we will revisit later.

The transmission study was conducted by a group of officers from the U. S. Navy and the U. S. Public Health Service, consisting of Dr. G. W. McCoy, director of the Hygienic Library, Dr. Joseph Goldberger, Dr. Leake, and Dr. Lake, all on the part of the U. S. Public Health Service; The US Navy supplied Dr. J. J. Keegan, Dr. De Wayne Richey and the study’s author Dr Milton J. Rosenau.

Most of the volunteers were between 18 and 25, only a few of them around 30 years old; all were in good physical condition. Preliminary trials involved inoculation of what was then imagined as “a culture of bacillus of influenza” (the notion of the “flu virus” had yet to take hold) into the nostrils of a few of these volunteers – but the results were negative: no one got sick.

Rosenau and colleagues became bolder, subsequently using 13 different cultures of so-called “bacillus of influenza” to infect a further 19 volunteers with. Again no one got sick.

The idea then was to try to infect the healthy sailors by contaminating them with secretions *directly* from men who had severe cases of the flu, sourced from different areas or “outbreaks.”

This revolting experiment involved collecting mucous secretions from noses and throats of the sick men and swabbing it in volunteers’ noses, or *spraying* mucus into the healthy men’s noses and throats—or even using a dropper to deliver it *directly* into their eyes. The men were held on the Island for a full week and closely monitored for symptoms associated with flu, but *none were detected*. All sailors received at least 2 rounds of such treatment (sometimes 3) as many were used in one trial, then another.

Then Rosenau and friends tried direct blood transfusions: 10 cc’s from flu patients were injected into 10 healthy volunteers. Infection attempts surely could not get more invasive than this, and yet, in Rosenau’s own words: “None of them took sick in any way.”

Next they tried injecting 3.5 cc mucus samples into 10 more volunteers: again, no sickness resulted.

For good measure, 10 of the sailors/inmates were taken to the U. S. Naval Hospital at Chelsea and into a ward full of men dying with flu symptoms. They drew near to them, sucked their breath directly into their own lungs, spent 5 minutes chatting with the dying man face-to-face, and, finally, **the flu sufferer coughed right in the volunteer’s face 5 consecutive times.**

Rosenau details the protocol:

The volunteer was led up to the bedside of the patient; he was introduced. He sat down alongside the bed of the patient. They shook hands, and, by instructions, he got as close as he conveniently could, and they talked for five minutes. At the end of the five minutes, the patient breathed out as hard as he could, while the volunteer, muzzle to muzzle (in accordance with his instructions, about 2 inches between the two), received this expired breath, and at the same time was breathing in as the patient breathed out. This they repeated five times, and they did it fairly faithfully in almost all of the instances.

After they had done this for five times, the patient coughed directly into the face of the volunteer, face to face, five different times. I may say that the volunteers were perfectly splendid about carrying out the technic of these experiments...After our volunteer had had this sort of contact with the patient, talking and chatting and shaking hands with him for five minutes, and receiving his breath five times, and then his cough five times directly in his face, he moved to the next patient whom we had selected, and repeated this, and so on, until this volunteer had had that sort of contact with ten different cases of influenza, in different stages of the disease, mostly fresh cases, none of them more than three days old.

We will remember that each one of the ten volunteers had that sort of intimate contact with each one of the ten different influenza patients. They were watched carefully for seven days—and none of them took sick in any way.ⁱ

Each healthy sailor/volunteer—all 10 of them—underwent this process with no less than **10 different dying flu sufferers**.

If we were going to find a way to deliberately “contract” the flu from someone, surely this experiment was it—right?

Sounds reasonable enough. What else could they have done to mimic—and exacerbate—normal modes of supposed “transmission” between people?

The only problem was that NOT ONE of the volunteers got sick. All 62 were completely unaffected.ⁱⁱ

The doctors had to do some hard thinking about what it means to “have the flu.”ⁱⁱⁱ

In fact, **this style of experiment was repeated** by Drs McCoy and Richey on Goat Island in San Francisco with 50 different imprisoned sailors. The doctors were once again left scratching their heads: **None** of the 50 men took ill, despite their best efforts trying. The scientists could only wonder what was causing the influenza disease: how did people ACTUALLY develop it if person-to-person contact and swapping of bodily fluids wasn’t doing it?

Rosenau: “As a matter of fact, we entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that **we are not quite sure what we know** about the disease.”^{iv}

Could it have been environmental sources of toxicity and stress that wrecked these men’s health? We now know that a number of conditions that used to be thought of as “contagious” were actually the result of poisoning—often our symptoms aren’t caused by what we might think.

For example, as the authors of *Virus Mania* tell us, in 1878 neurologist Alfred Vulpian discovered that **dogs poisoned by lead suffered the same symptoms as human polio victims**. Five years later in 1883, Russian researcher Miezeyeski Popow showed the **same paralysis could be produced with arsenic poisoning**. In Massachusetts in 1894 a spate of polio cases emerged which was traced back to the introduction of the **pesticide lead arsenate** two years earlier in the area—lead arsenate also contains heavy metals.

Dr Charles Caverly who was running tests at the time stated categorically what was happening was clearly not a contagious disease. A toxin was the obvious culprit.^v

Proving the point, in 1951 Erwin Eskwith successfully treated a child suffering from bulbar paralysis—a particularly severe form of polio—using dimercaprol, a detoxification substance that binds heavy metals like arsenic and lead.^{vi}

And so, to return to the flu experiments of Rosenau and colleagues, the explanation—once we wipe the superstition of infectious viruses from our minds—becomes increasingly obvious: influenza is not the result of infectious microbes passing between people. If we understand that stress and toxicity are almost always the root cause of illness, what caused the 1918 “Spanish flu outbreak”?

Put briefly, by 1918 WWI had been raging for four years. The stress, hardship, and privation it caused in that time was incalculable. Conditions for soldiers in the trenches, say in France, were woeful. The American army bore the brunt of the flu, with over 1 million soldiers impacted—26% of their forces. The Germans, for their part, recorded over 700,000 cases.

But wartime conditions were but one aspect of the stress load on millions of people at the time. Another factor was the mass-poisoning of servicemen through vaccination—and no one was more heavily vaccinated than US servicemen: “all soldiers received a number of vaccines against a variety of diseases they were thought likely to encounter [including rabies, typhoid, diphtheria, and smallpox]...Another contributory factor was the ‘medicines’ with which the ill and wounded were treated.”^{vii}

As the prolific vaccine and medical researcher Eleanora McBean wrote in *Swine Flu Exposé* (1977):

It was a common expression during the war that “*more soldiers were killed by vaccine shots than by shots from enemy guns.*” The vaccines, in addition to the poison drugs given in the hospitals, made healing impossible in too many cases. If the men had not been young and healthy to begin with, they would all have succumbed to the mass poisoning in the Army.^{viii}

Additionally, as troops were killed they needed to be replaced. Eventually entry requirement standards had to be dropped to find enough men to keep numbers up. As co-authors of the epic *What Really Makes You Ill?* Dawn Lester and David Parker point out, the lower standards meant that newer recruits would have been less healthy and robust, and therefore more vulnerable to the synergistic stressors of toxic vaccines and medicines, as well as the appalling conditions of the battlefield.^{ix}

This is to say nothing of one very important factor rarely mentioned in medical discussion of history’s so-called pandemics, and that is: the crucial role played by psychological distress and trauma in undermining the harmonious functioning of the human mind-body complex.

World Wars have a way of creating emotional distress and raw survival fear on a scale that is virtually unrivalled—with commensurate biochemical dis-ease ensuing.

It is irrefutable that the psyche massively impacts the body and is more than capable of creating disease symptoms seemingly *ex nihilo* (out of nothing). The psychologist Adler was perhaps the first to grasp this fact where even Freud only made it half way there. And this truth is never clearer than it is in the science of German New Medicine—the current pinnacle of mind-body understanding.

It is worth noting, if only to revive our ever-so-selective collective memory, that, through the 1918-1919 influenza-pneumonia pandemic, “there were great numbers of cases of mumps, of measles, of typhoid fever, of sleeping sickness, and more cases of colds than influenza,” as Dr Herbert Shelton informs us.^x

It seems likely that a massive amount of illness was simply brought under the rubric of “influenza” and miscategorised, exactly as hundreds of thousands of cases of illness and death have been wrongly attributed to “covid-19” some 80 years later, as a recently censored Johns Hopkins study confirmed.^{xi} A recent CDC publication confirms the new (well established) strategy of grouping conditions together to artificially inflate numbers (this has been done with flu before): now the CDC is counting PIC hospitalisation and mortality, PIC being short for Pneumonia, Influenza, and Covid, thus counting cases of pneumonia and influenza as “covid” to artificially boost hospitalisation and mortality numbers.^{xii}

The last thing the medical establishment was going to do was admit their role in any of the carnage, of course (some things never change).

As Dr. John Tilden, a “reformed physician,” said, “You cannot have a very severe round of typhoid fever unless you have a ‘first-class’ physician to give it strength to down you.”^{xiii}

Invoking the imaginary “infectious influenza bacillus” and later the flu “virus” (under the ever-mutating dogma of Germ Theory) was a convenient way for the quacks to deflect attention from their very significant role in creating mass-iatrogenesis on a scale that beggars belief. People forget that when doctors go on strike, patient death rates in hospitals typically *drop*.

There were many cases of typhoid fever in military men—an embarrassing factoid the medical men preferred to dodge, given that ALL those sick men had received the typhoid vaccine. Undoubtedly, many of these cases were likely to have been labelled as “flu”, just as many cases of vaccine-induced polio were categorised under other less incriminating medical names such as AFP, Guillain Barre, etc.

And this isn’t all! There was also the bizarre episode of “sleepy sickness” a.k.a. lethargic encephalitis (LE), an epidemic of which occurred from 1916 to 1930—a singular event with no precedent and which has never happened since. Is it mere coincidence that this novel condition erupted during the flu outbreak while the war was on?^{xiv}

It is reported that LE affected millions of people, primarily in Europe and North America, and caused hundreds of thousands of fatalities. When chlorpromazine was developed and deployed in the 1950s as the first neuroleptic drug (trade name Thorazine) it was noticed, Dr Peter Breggin tells us, by French psychiatrists Delay and Denicker that “small doses produced a neurological disease” similar

to the anomalous LE^{xv} (which was erroneously believed by Germ Theorists to be caused by a microbe), reminding us that toxicity is the real culprit here, not infectious microbes.

As Annie Riley Hale reported in her well researched book *The Medical Voodoo* (1935),

In the *British Journal of Experimental Pathology*, August 1926, two well-known London medical professors, Drs. Turnbull and McIntosh, reported several cases of *encephalitis lethargica*—"sleeping sickness"—following vaccination which had come under their observation. This led to the appointment of two Commissions...to investigate the extent of such happenings in England and Wales. Their reports published in 1928 revealed 231 cases and 93 deaths.

Similar investigations yielded more or less similar results in all the war-scourged countries. The Holland Government, when 139 cases with 41 deaths were reported there, suspended its vaccination law which had been in vogue for nearly a century. Even the United States Public Health Bureau—extremely reticent in such matters—admits "85 cases of probable or proven post-vaccination encephalitis for the period of 1922-31."

Incidentally it is worthy of note that the majority—if not all—of the post-vaccinal cases of encephalitis reported—and there were numberless cases, of course, which were never reported—followed the typhoid vaccination for which such flamboyant claims have been made.^{xvi}

However, the typhoid vaccine was not the only problem: the smallpox jab also was linked to cases of encephalitis,^{xvii} as various of today's "safe and effective" vaccines continue to be. As Köhnlein and Engelbrecht tell us in *Virus Mania*, another excellent resource, internal bleeding of the lungs was a frequently observed symptom of Spanish flu circa 1918—"a phenomenon that was also described as a result of smallpox vaccinations."^{xviii}

Eleanora McBean's family lived through the 1918 "pandemic" and were unscathed. Her firsthand report bears quoting at length:

All the doctors and people who were living at the time of the 1918 Spanish Influenza epidemic say it was the most terrible disease the world has ever had. Strong men, hale and hearty, one day would be dead the next. The disease had the characteristics of the black death added to typhoid, diphtheria, pneumonia, smallpox, paralysis and all the diseases the people had been vaccinated with immediately following World War 1. Practically the entire population had been injected "seeded" with a dozen or more diseases — or toxic serums. When all those doctor-made diseases started breaking out all at once it was tragic.

That pandemic dragged on for two years, kept alive with the addition of more poison drugs administered by the doctors who tried to suppress the symptoms. As far as I could find out, **the flu hit only the vaccinated. Those who had refused the shots escaped the flu.** My family had refused all the vaccinations so we remained well all the time. We knew from the health teachings of Graham, Trail, Tilden and others, that people cannot contaminate the body with poisons without causing disease.

When the flu was at its peak, all the stores were closed as well as the schools, businesses—even the hospital, as the doctors and nurses had been vaccinated too and were down with the flu. No one was on the streets. It was like a ghost town. We seemed to be the only family which didn't get the flu; so my parents went from house to house doing what they could to look after the sick, as it was impossible to get a doctor then. **If it were possible for germs, bacteria, virus, or bacilli to cause disease, they had plenty of opportunity to attack my parents when they were spending many hours a day in the sick rooms. But they didn't get**

the flu and they didn't bring any germs home to attack us children and cause anything. None of our family had the flu—not even a sniffle—and it was in the winter with deep snow on the ground.

When I see people cringe when someone near them sneezes or coughs, I wonder how long it will take them to find out that they can't catch it — whatever it is. **The only way they can get a disease is to develop it themselves by wrong eating, drinking, smoking or doing some other things which cause internal poisoning and lowered vitality.** All diseases are preventable and most of them are cureable with the right methods, not known to medical doctors, and not all drugless doctors know them either.

It has been said that the 1918 flu epidemic killed 20,000,000 people throughout the world. But, actually, **the doctors killed them with their crude and deadly treatments and drugs.** This is a harsh accusation but it is nevertheless true, judging by the success of the drugless doctors in comparison with that of the medical doctors.

While the medical men and medical hospitals were losing 33% of their flu cases, the nonmedical hospitals such as BATTLE CREEK, KELLOGG and MACFADDEN'S HEALTHRESTORIUM were getting almost 100% healings with their water cure, baths, enemas, etc., fasting and certain other simple healing methods, followed by carefully worked out diets of natural foods. One health doctor didn't lose a patient in eight years...**If the medical doctors had been as advanced as the drugless doctors, there would not have been those 20 million deaths from the medical flu treatment.**

There **was seven times more disease among the vaccinated soldiers than among the unvaccinated civilians, and the diseases were those they had been vaccinated against.** One soldier who had returned from overseas in 1912 told me that the army hospitals were filled with cases of infantile paralysis and he wondered why grown men should have an infant disease. Now, we know that **paralysis is a common after-effect of vaccine poisoning.** Those at home didn't get the paralysis until after the world-wide vaccination campaign in 1918.^{xix} (Emphasis added)

While the Cult of Jabism deludes itself that today's vaccines are much safer than those of yesteryear, the evidence suggests otherwise. In 2003 a study by a Dr Rosenow was published in the Mayo Collected Papers which detailed that the vaccinated guinea pigs "primarily suffered severe damage in their lungs—a typical symptom of tuberculosis and other diseases of the Spanish flu."^{xx}

Have we learnt anything yet? This is the tip of the iceberg proving vaccine harm, but a thorough documentation would fill volumes. There are now over 1,000 studies demonstrating vaccine harm. Moreover, the UK government recently put an "urgent" call out for AI software to help track the expected large volume of covid vaccine abreactions! (Repeat after me: safe and effective, safe and effective...)

Annie Hale again:

As everyone knows, the world has never witnessed such an orgy of vaccination and inoculation of every description as was inflicted by army-camp doctors upon the soldiers of the World War. Join with this the fact that the amazing disease and death toll among them occurred among "the picked men of the nation"—supposedly the most robust, resistant class of all, who presumably brought to the service each a good pair of lungs, since they must have passed a rigid physical examination by competent medical men. Add to these the

further fact, **that the highest death-rate from tuberculosis, and the greatest discharge from the army because of tuberculosis, were among American troops in the camps at home who never got across the seas and whose disabilities could not therefore be chargeable to gas-bombs and trench war-fare**—and the case against the "immunizing" hypodermic as the author of their woes is pretty complete.^{xxi} (Emphasis added)

While the Virus Hunters would have us all fixate on their chosen fetish of (utterly unproved) "infectious microbes" as the culprits behind the masses of illness and death through the World War, an honest appraisal of the evidence yields a different conclusion: the 1918 "Spanish flu" was the result of a panoply of factors having nothing at all to do with supposedly infectious viruses. These included:

- Stress and trauma
- Massive use of toxic medications
- Mass vaccination
- Awful and stressful living conditions, including malnourishment in the arenas of battle. Many soldiers also smoked and their diets were low quality
- Damage to airways resulting from rubbing the throat with antiseptic preparations, or inhaling antibacterial substances^{xxii}
- Chemical exposure to chlorine and other toxic chlorine-based gases such as phosgene and mustard gas. Joe Thornton tells us elemental chlorine debuted in 1915 at Ypres and was followed over the next two years by the latter two gases which were used at Verdun and Ypres. Nitroglycerin was also used liberally during WW1 and also caused respiratory problems, as well as headaches, weakness, nausea, drowsiness, and vomiting, according to Dr Claudia Miller and Dr Nicholas Ashford
- Wartime demand for machinery and weapons meant more welding exposure: welding and galvanized metal resulted in zinc oxide fumes being inhaled and leading to a flu-like condition featuring headaches, nausea, weakness, myalgia, coughing, breathing difficulties, and fever.^{xxiii}
- Radio waves and EMF pollution: "This epidemic spread across England and then across the western world, and then gradually stabilized, until the armies equipped themselves with various high-powered radio transmitters towards the end of the First World War – triggering (as we have seen) the Spanish flu pandemic in 1918, which actually began in the United States, at the Naval Radio School of Cambridge, Massachusetts, with 400 initial cases. This epidemic rapidly spread to 1,127 soldiers at Funston Camp (Kansas), where wireless connections had been installed. What intrigued the doctors was that while 15% of the civilian population were suffering from nosebleeds, 40% of the Navy suffered from them. Other bleeding also occurred, and a third of those who died did so due to internal hemorrhaging of the lungs or brain. In fact, it was the composition of the blood that had been altered, as the measured coagulation time was more than twice as long as normal. These symptoms are incompatible with the effects of the influenza respiratory viruses, but totally consistent with the devastating effects of electricity. Another incongruity was that two-thirds of the victims were healthy young people. A further atypical flu symptom was that the pulse slowed to rates of between 36 and 48, whereas this is a common result of exposure to electromagnetic fields. In addition, it was possible to successfully treat some sufferers with massive doses of calcium.
- The military physician Dr George A. Soper testified that the virus was spreading faster than the speed of movement of people. Various experiments were conducted attempting to infect subjects either by direct close contact or by inoculation with mucus or blood – but the experimenters were unable to demonstrate any infection by this means.

- It can be seen that each new influenza pandemic corresponds to a new advance in electrical technology, such as the Asian flu of 1957-58, following the installation of a powerful radar surveillance system, and the outbreak of Hong Kong flu from July 1968 onwards, following the commissioning of 28 military satellites for space surveillance at the altitude of the Van Allen belts, which protect us from cosmic radiation.^{xxiv}

There is simply no need to invoke the idea of contagious bacteria or infectious viruses to account for the various illnesses and deaths that were misleadingly categorised as “Spanish flu victims.” Medical negligence, ignorance, and arrogance was far more to blame—and who knows the true impact of EMF pollution? I remind the reader that Koch’s postulates remain utterly unfulfilled by all so-called viruses.

The viral component of Germ Theory is not a medical model so much as a medical superstition. Let us be done with it. You cannot “catch” the flu from someone, you can only create it from the inside out, through stress, toxicity, and internal psycho-biological conflict. The cellular components that have been dubbed “viruses” are actually understood now as a response to these stressors, seen more as part of the “cleanup crew” and cellular signalling system (exosomes, etc.). In other words, they are *symptoms and reactions*, not causes, just as firefighters do not start the fires we find them at, but are in fact helping to get it under control.

Rosenau’s and colleagues’ experiments proved a full century ago that the most intimate contact was not enough to “transmit” influenza between people, no matter how sick the flu patients were. Isn’t it time we listened?

Isn’t that what science is for?—progress?

Only dogmas don’t change. So when did Germ Theory and medicine become religion?

The best science and medicine – from now down to that which was suppressed since the 1800s – invites us to stop scapegoating mythical viruses and take responsibility for our health, to stop outsourcing it to corrupt medical authorities under the venal thumb of Big Pharma, and to stop pointing the finger at others and blaming them for the state of our health.

Wearing a mask can no more shield you from a cold or flu than wearing a helmet can stop you getting cancer. There is no correlation.

Disease and health are inside jobs. You can’t conjure them by wearing certain costumes, stage props or decorations.

They are the result of your relationship with your environment, starting with your psyche, and your general lifestyle habits.

Asking the government to make you healthy is asking the impossible. And besides, they are in the business of population control, not health optimization.

Mask off, brain on.

About Brendan

A Truth Addict and Freedom Hacker for the better part of two decades now, Brendan D. Murphy has been a stalwart advocate of humanity in the war on consciousness, as he has helped educate, awaken, and inspire thousands of people around the world. He is the author of the monumental "masterpiece" (as dubbed by several readers) bridging modern science and spirituality "The Grand Illusion - Book 1", and co-founder of the censorship-free Facebook alternative Trooth.network. Book 2 of The Grand Illusion is slated for release in 2021. To order his book/s, head to brendandmurphy.com. Find him on social media: @BrendanDMurphyOfficial

Endnotes and Citations

ⁱ Rosenau, Experiments to Determine Mode of Spread of Influenza, *Journal of the AMA*, Vol. 73, No. 5, August 2, 1919.

ⁱⁱ Ibid.

ⁱⁱⁱ Also see Engelbrecht and Köhnlein, *Virus Mania*, 226-7.

^{iv} Rosenau, op. cit.

^v Engelbrecht and Köhnlein, 62.

^{vi} Ibid.

^{vii} See Lester and Parker, *What Really Makes You Ill?*, 134-5.

^{viii} Eleanora McBean, *Swine Flu Exposé* (part of a larger book called *Vaccination Condemned by Competent Doctors*).

^{ix} Lester and Parker, 136.

^x Quoted in Lester and Parker, 137.

^{xi} See Brendan D. Murphy, *Censored Study: Covid Had No Effect on Death Rates in America – Total Deaths Normal in 2020*, <https://brendandmurphy.com/censored-study-covid-had-no-effect-on-death-rates-in-america-total-deaths-normal-in-2020/>

^{xii} www.cdc.gov – see “Covid-19”

^{xiii} Quoted in McBean, *Swine Flu Expose*.

^{xiv} Lester and Parker, 137..

^{xv} Ibid., 138.

^{xvi} Annie Riley Hale, *The Medical Voodoo* (PDF)

^{xvii} Lester and Parker, 138.

^{xviii} Köhnlein and Engelbrecht, *Virus Mania*, 228.

^{xix} McBean, *Swine Flu Expose*, chapter 2.

^{xx} Köhnlein and Engelbrecht, 232.

^{xxi} Hale, *The Medical Voodoo*.

^{xxii} Köhnlein and Engelbrecht, 228.

^{xxiii} Cited in Lester and Parker, 140.

^{xxiv} Robert D. Steele reviewing Arthur Firstenberg’s book *The Invisible Rainbow*, <https://phibetaiota.net/2020/02/arthur-firstenberg-the-invisible-rainbow-a-history-of-electricity-and-life-radiation-sickness-explains-all-past-and-present-flu-outbreaks-including-wuhan-virus-and-radiation-sickness-on-cruise-shi/>