

**DIRECTORS'/ORGANIZATIONAL AGENDA
ADDENDUM**

Monday, October 19, 2020

I. CONSTITUENT CORRESPONDENCE

1. 2nd wave nonsense - Robert Borer
2. The ill-logic of the Lincoln Mayor - Robert Borer
3. The ill-logic of the Lincoln Mayor - Joy Annette
4. Unlawful land use - Sue Ubben
5. Pete Ricketts lied to the citizens of Nebraska - Robert Borer

Angela M. Birkett

From: Robert Borer <robert.borer@doane.edu>
Sent: Thursday, October 15, 2020 4:30 PM
To: Council Packet; Mayor; pete.ricketts@nebraska.gov; Commish; Terry T. Wagner
Subject: State and Local Officials Abuse Emergency Powers; 2nd Wave Nonsense

[CAUTION] This email comes from a sender outside your organization.

Notice to all Fellow Nebraska Citizens-

Our state and local (Lincoln) elected and appointed officials swore an oath to support our U.S. and State Constitutions. (You know, the documents that articulate our inherent rights and liberties.)

They have since utterly disregarded that oath and grossly abused their power via the emergency proclamation provisions in our laws.

Emergency proclamations were designed to *recognize* imminent and actual states of emergency—not *create* them, and thus transfer legislative power to the executive branch for short periods for efficiency purposes in mitigating the emergency.

If an anticipated emergency never materializes, the proclamation must be terminated. If not by the executive, then by the legislative branch. To fail to do so is to make a mockery of the idea and definition of an emergency. If the proclamation involved the suspension of essential rights and liberties, then a failure to terminate could well mean the infliction of unnecessary harm.

Did the emergency proclaimed by Ricketts and Baird materialize? No. Not by any stretch. Not if we are using the term "emergency" as defined in state statute.

I've addressed it numerous times. The numbers aren't there. They are no where close. There were no mass casualties. Local resources were never overwhelmed.

Did these respective officials terminate their proclamations? Did they reconsider? No. They doubled-down. "A second wave is coming"—when we never had a first wave! Don't get me wrong, a wave may very well be coming, but it won't be from COVID. Rather, it will be a direct function of the unhealthy lives they pushed people into living as a result of their fearmongering. People have isolated themselves from loving social interaction. They've gotten less fresh air, less sunshine, less exercise, less fresh food, etc.

A health emergency in the State of Nebraska, as defined by statute, simply does not exist. What is being perpetrated is fraud. COVID-19 is not a contagious disease. If it were, everyone "diagnosed" would get clinically sick, and that's been far from the case. Our elected officials refuse to acknowledge that. Calling our current conditions a "health state of emergency" is Orwellian newspeak.

What does exist, however, is an economic emergency, and the reason it exists is because they *created*, by their preemptive and hyper-extended emergency proclamations and, ironically, directed "health" measures.

They have literally destroyed businesses and livelihoods. This economic devastation has dire consequences for every other aspect of life—including health.

Our elected officials literally brought on a cure that was worse than the disease. Their alleged emergency was all hype. It might not have been obvious in the beginning, but they should have figured it out well before now. Such willful ignorance should be regarded as a violation of their oath. To deprive We the People of basic rights for months on end for no obvious reason, to continue to perpetrate a false health emergency using false positives, to continue to perpetrate the economic harms (and subsequent ones) is indeed criminal.

The members of both our executive and legislative branches should be regarded as oath breakers, and held accountable.

Government's role is not to protect us from our own stupidity (and certainly not from our liberties), but to protect us from well-defined, objective, observable, clinical, serious, substantial and imminent danger that is outside of ourselves and *within an affected area*.

Robert J. Borer

P.S. The U.S. Constitution states that: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; **or the right of the people to peaceably assemble...**"

Nebraska State Constitution Article I-3 states that: "No person shall be deprived of life, liberty, or property, **without due process of law...**"

Nebraska Revised Statute 81-829.50 states that: "A local emergency may be declared only by the principal executive officer of a local government who finds that conditions defined as a disaster or an emergency **[actually] exist ...**"

An "emergency" is implicitly defined in Nebraska Statutes as the **imminent danger** of suffering from a natural disaster or other event...including other occurrences which will **seriously and substantially endanger** the health, safety, welfare or property of the citizens.

Lincoln Municipal Code 2.06.040 states that: "The Mayor is authorized to declare a state of emergency when he finds that the city or any part thereof **is suffering or is in imminent danger of suffering** from a natural disaster or other event, including floods, tornadoes, or other occurrences which will **seriously and substantially endanger** the health, safety, welfare or property of the citizens of the City of Lincoln."

An all cause mortality comparison for the first 36 weeks shows nothing unusual this year in Nebraska:
2014-10893
2015-11828 (up by 935)
2016-11155 (down by 673)
2017-11827 (up by 672)
2018-11906 (up by 79)
2019-11790 (down by 116)
2020-12277 (up by 487)

For the record, no health director should ever be able to quarantine anyone but a clinically sick person (and one proven to have a communicable disease, at that). Moreover, no health director should ever be able to shut down a business over a definition of disease and/or a positive lab test that doesn't inherently involve observable/clinical signs of illness. Nor should he/she be able to impose unproven and arbitrary medical interventions on the general public or business employees.

Angela M. Birkett

From: Robert Borer <robert.borer@doane.edu>
Sent: Friday, October 16, 2020 1:00 PM
To: Council Packet; Mayor; pete.ricketts@nebraska.gov; Commish; Terry T. Wagner
Subject: The *ill-logic of the Lincoln mayor (mad queen) and the refusal of Lincoln's lapdog Council to rein her in

[CAUTION] This email comes from a sender outside your organization.

State/Local Officials and Fellow Citizens-

The "contagions," accidents, misfortunes, risks, and acts of God, ordinarily and inevitably associated with the human condition and with our everyday social experiences, are simply too various for the standard of **reducing risk** to supply any meaningful limitation upon the exercise of power. (See our mad queen's use of that vague/nebulous term—risk, as well as vague/nebulous adjectives she attaches to it, in her tyrannical DHM: "significant risk," "increased risk," "unacceptable risk." Other vague terms used are "minimize" and "reduce" ... <https://lincoln.ne.gov/city/covid19/pdf/directed-health-measures-2020-09.pdf>)

In other words, she has no metrics! She has no goal! She's simply tormenting us!

Again, it is elementary that life and property may be threatened by a virtually unlimited array of conduct, circumstances, and serendipitous occurrences. A person driving on the road instead of staying inside at home, for example, may fairly be understood as posing a threat to life and property because there is perpetual "risk" that he or she will be involved in an automobile accident. Our mad queen, then, using her ill-logic, may find that an order prohibiting a person from driving is warranted merely on the basis of **reducing risk**.

Reducing risk is all our mad queen's mandates are purportedly designed to do. But how much risk reduction is required?? No one knows. We don't even have a definition for risk reduction. Do we define it as a reduction in "case" numbers?? Upon what basis? There's no correlation between a case and risk. Just because a person becomes a "case" doesn't mean they are at risk. Yet she wields sweeping power to **reduce risk**," both with regard to the subjects covered, and the power exercised over those subjects. Indeed, they rest on an assertion of power to reorder social life and to limit, if not altogether displace, the livelihoods of many residents across the city.

Her restrictions on the right to assemble and the right to carry on otherwise lawful business activities involves the suspension of constitutional liberties of the people. Even more grievous to We the People and the Constitution is her refusal—and our Council's, to allow us to participate in the debate about how to handle this scamdemic.

The principal function of the separation of powers is to protect individual liberty. The accumulation of all powers, legislative, executive, and judiciary, in the same hands may justly be pronounced the very definition of tyranny. When the legislative and executive powers are united in the same person, there can be no liberty.

Every eighth-grade civics student learns (or should learn) about the separation of powers and checks and balances—design features of our government to prevent one branch from accumulating too much power. At the same time, every student also learns that these “design features” both define the distinctive authorities of the three branches of our government and empower each of these branches to “check and balance” the authorities of the others. These students learn that these “design features” have operated throughout our nation’s history to

maintain a stable, limited, and representative form of government. The logical proposition that just as no branch may act to breach the authority of another, so too may no branch act to breach its own authority by relinquishing it to another branch.

Almost certainly, no individual in the history of this state has ever been vested with as much concentrated and standardless power to regulate the lives of our people, free of the inconvenience of having to act in accord with other accountable branches of government and free of any need to subject her decisions to the ordinary interplay of our system of separated powers and checks and balances, with even the ending date of this exercise of power reposing exclusively in her own judgment and discretion, as this mad queen.

Our Lincoln City Council has refused to rein in our executive-gone-tyrant. That makes them an accessory. They unlawfully surrendered much of their legislative power to the mad queen "without specification or definition of means or ends all the powers." An emergency proclamation does not abrogate the Constitution. An emergency does not create power. Emergencies do not increase granted power or remove or diminish the restrictions imposed upon power granted or reserved.

Our laws are designed to protect us from others, not ourselves. Right now, no one is protecting us from this mad queen.

She has suspended living for many people in the name of **reducing risk**. And it is criminal. Someone needs to stop her!

Three institutions can do that at the drop of the hat, if they have the will: our Council, our Governor, and our Legislature.

Who's going to do it????? And what are you waiting for????? For the courts to render a huge judgment that the taxpayer will have to cough up????

We the People deserve better from our public servants!

Robert J. Borer

cc: Legislature and beyond

Credit to the MI decision for some of the language.

Angela M. Birkett

From: Joy Annette <hhjj1966@gmail.com>
Sent: Friday, October 16, 2020 1:05 PM
To: Robert Borer
Cc: Mayor; Commish; Council Packet; pete.ricketts@nebraska.gov; Terry T. Wagner
Subject: Re: The *ill-logic of the Lincoln mayor (mad queen) and the refusal of Lincoln's lapdog Council to rein her in

[CAUTION] This email comes from a sender outside your organization.

Well said! usI voted today!

On Fri, Oct 16, 2020 at 12:59 PM Robert Borer <robert.borer@doane.edu> wrote:
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Robert J. Borer

cc: Legislature and beyond

Credit to the MI decision for some of the language.

Angela M. Birkett

From: Sue Ubben <sueubben@gmail.com>
Sent: Friday, October 16, 2020 1:55 PM
To: cblahak@ci.lincoln.ne.us; Council Packet
Subject: Unlawful land use

[CAUTION] This email comes from a sender outside your organization.

Mr. Blahak and City Council

I am challenging the City's determination that 2223 B Street is a legal triplex. This parcel has not been used as a triplex since 2007, well beyond the 2 year limit, Zoning Ordinance

#27.61.030. This property just changed ownership on 7-30-2020. The former owners told me they were selling because there weren't enough bedrooms for their family of 6. No

one outside of their family has lived in the home for the last 7 years. A younger sister of the owners lived in the basement and helped with child care the last few years, helping care

for four children under the age of 8. I assume someone gave incorrect information to the City for the use as a triplex. It was either the former owners, Acorn Properties (We Buy

Houses), or both. Does the City do any verifications?

I am also challenging the land use as a halfway house for recovering alcoholics. In a little over one block radius we have two other state licensed assisted living facilities. Those are

the Bel-Air Home at 2328 A Street, a 21-bed facility, and Our Home at 2144 Washington Street, a 15-bed facility. I believe 2223 B Street is used as an 11-bed facility. It is hard to

tell with so many people coming and going, but one of the tenants told me 11, 2 per bedroom he said. They pay \$110 per week. 47 beds within a little over a block is too many for

any neighborhood.

I would like these issues corrected. I don't want you to just declare the parcel as a non-conforming use. Someone misled you for their financial gain and the detriment of our

neighborhood You're killing us for quality of life and for any future resale. We can't make it so easy for these profiteers to decimate the neighborhoods of Lincoln. They also

chopped up a fine older home to create more bedrooms. I hated to see that fine oak trim going out the door. Consider what your neighborhood would be like if you would have 47

institutionalized persons living within a little over a block. My fellow neighbors are not happy with this injustice either.

Please reply to me within 30 days to inform me of your actions to correct these unlawful land uses.

Thank you.

Ed Ubben
2219 B Street
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ed.ubben@outlook.com

Angela M. Birkett

From: Robert Borer <robert.borer@doane.edu>
Sent: Monday, October 19, 2020 10:39 AM
To: Council Packet; Mayor; pete.ricketts@nebraska.gov; Commish; Terry T. Wagner; jscheer@leg.ne.gov; jalbrecht@leg.ne.gov; jarch@leg.ne.gov; Carol Blood; Kate Bolz; bostelman@leg.ne.gov; tbrandt@leg.ne.gov; tbrewer@leg.ne.gov; tbriese@leg.ne.gov; mcavanaugh@leg.ne.gov; echambers@leg.ne.gov; rclements@leg.ne.gov; Sue Crawford; wdeboer@leg.ne.gov; mdorn@leg.ne.gov; Steve Erdman; cfriesen@leg.ne.gov; Suzanne Geist; Mike Groene; shalloran@leg.ne.gov; bhansen@leg.ne.gov; mhansen@leg.ne.gov; mhilgers@leg.ne.gov; rhilkemann@leg.ne.gov; Sara Howard; Dan Hughes; mhunt@leg.ne.gov; rkolowski@leg.ne.gov; mkolterman@leg.ne.gov; alagrone@leg.ne.gov; slathrop@leg.ne.gov; blindstrom@leg.ne.gov; llinehan@leg.ne.gov; John Lowe; jmccollister@leg.ne.gov; mmcdonnell@leg.ne.gov; mmoser@leg.ne.gov; dmurman@leg.ne.gov; ppansingbrooks@leg.ne.gov; dquick@leg.ne.gov; jslama@leg.ne.gov; jstinner@leg.ne.gov; tvargas@leg.ne.gov; jwayne@leg.ne.gov; lwalz@leg.ne.gov; mwilliams@leg.ne.gov; James M. Bowers; Richard W. Meginnis; Jane Raybould; Tammy J. Ward; Sandra J. Washington; Roy A. Christensen; Bennie R. Shobe; Sean H. Flowerday; Christa G. Yoakum; Deb E. Schorr; Roma B. Amundson; Rick W. Vest; Miller, Jackie; Jenifer T. Holloway; Adelle L. Burk; Pat D. Lopez; Dan Wiles; bill.schammert@1011now.com
Subject: Pete Ricketts lied to the Citizens of Nebraska (Democrats, here's your chance!)
Attachments: Harvard Medical School and the U.S. Public Health Service could prove Spanish Flu contagious.pdf

[CAUTION] This email comes from a sender outside your organization.

Officials and Citizens (Bcc'd) of Nebraska-

On March 13th, Pete Ricketts, the RINO Governor of Nebraska, LIED to us.

He issued an emergency proclamation wherein he stated that an "emergency exists" when, in fact, one **DID NOT** exist. Not at that time, and not at any time since. Not in Nebraska.

Quoting:

"Under the provisions of Neb. Rev. Stat. §81-829.40, which confers emergency responsibilities and powers upon the Governor, I, Pete Ricketts, as Governor of the State of Nebraska do here declare that a state of emergency exists within the State of Nebraska..."

By no rational definition of an emergency can it be said that we have had a health emergency at any time over the last seven months that required or requires depriving We the People of our rights and liberties to live and move freely and normally.

Ricketts' proclamation has done nothing but wreak havoc, division and medical tyranny across the state ever since.

Havoc that, ironically (albeit, not to those who can think clearly and logically), includes **making people sick**. The isolation and mask-wearing mandates of the directed "health" measures, instead of keeping people well, have actually contributed, and significantly so, to making them sick and sicker. Locking down healthy people is

nonsensical enough, but locking down sick people is even more nonsensical. Health requires fresh air, sunshine, fresh food and caring touch. The allopathic model is extremely defective.

A group is suing Tulsa Mayor G.T. Bynum and Tulsa Health Department Executive Director Bruce Dart, saying the city's mask mandate is harmful to healthy people. The group includes business owners and two doctors who are asking the city to immediately repeal the mask mandate which was passed by city council last month.

At a press conference, James Meehan, MD warned that mask wearing has "well-known risks that have been well-studied and they're not being discussed in the risk analysis. I'm seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise."

In 1919, Harvard Medical School and the U.S. Public Health Service tried to prove the Spanish Flu was contagious. They could not (see attachment and/or link below). And no one can prove that "COVID" is contagious today. People get sick from common unhealthy lifestyle choices, and getting well is a simple matter reversing and correcting those choices. It's common sense, common sense that's been lost in the modern medical system.

I've refused to comply in the slightest with Ricketts' ridiculous directed **UNHEALTHY** measures, and at 61, I continue to retain all the vitality I had before this thing started. I haven't had so much as a sniffle yet this year.

Robert J. Borer

<https://jamanetwork.com/jour.../jama/article-abstract/221687>

Milton Joseph Rosenau, MD, Harvard Medical School professor of preventive medicine and hygiene, conducted some experiments at the time.

The following was extracted from JAMA Volume 73, Number 5, Aug. 2, 1919.

<https://jamanetwork.com/jour.../jama/article-abstract/221687>

EXPERIMENTS TO DETERMINE MODE OF SPREAD OF INFLUENZA

MILTON J. ROSENAU, M.D.

BOSTON

The experiments here described were performed on an island in Boston Harbor, on volunteers obtained from the Navy. The work was conducted by a group of officers detailed for that purpose, 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; and cooperating with those medical officers, was a group also detailed for this purpose on the part of the U.S. Navy, consisting of Dr. J. J. Keegan, Dr. De Wayne Richey and myself.

The work itself was conducted at Gallops Island, which is the quarantine station of the Port of Boston, and peculiarly well fitted for operations of this kind, serving adequately for the purposes of isolation, observations, and maintenance of the large group of volunteers and personnel necessary to take care of them.

The volunteers were all of the most susceptible age, mostly between 18 and 25, only a few of them around 30 years old; and all were in good physical condition. None of these volunteers, 100 all told in number, had "influenza;" that is, from the most careful histories that we could elicit, they gave no account of a febrile attack of any kind during the winter, except a few who were purposely selected, as having shown a typical attack of influenza, in order to test questions of immunity, and for the purpose of control.

Now, we proceeded rather cautiously at first by administering a pure culture of bacillus of influenza, Pfeiffer's bacillus, in a rather moderate amount, into the nostrils of a few of these volunteers.

These early experiments I will not stop to relate, but I will go at once to what I may call our Experiment 1.

EXPERIMENTS AT GALLOPS ISLAND

As the preliminary trials proved negative, we became bolder, and selecting nineteen of our volunteers, gave each one of them a very large quantity of a mixture of thirteen different strains of the Pfeiffer bacillus, some of them obtained recently from the lungs at necropsy; others were subcultures of varying age, and each of the thirteen had, of course, a different history. Suspensions of these organisms were sprayed with an atomizer into the nose and into the eyes, and back into the throat, while the volunteers were breathing in. We used some billions of these organisms, according to our estimated counts, on each one of the volunteers, but none of them took sick.

Then we proceeded to transfer the virus obtained from cases of the disease; that is, we collected the material and mucous secretions of the mouth and nose and throat and bronchi from cases of the disease and transferred this to our volunteers. We always obtained this material in the same way: The patient with fever, in bed, has a large, shallow, traylike arrangement before him or her, and we washed out one nostril with some sterile salt solution, using perhaps 5 c.c., which is allowed to run into this tray; and that nostril is blown vigorously into the tray. This is repeated with the other nostril. The patient then gargles with some of the solution. Next we obtain some bronchial mucus through coughing, and then we swab the mucous surface of each nares and also the mucous membrane of the throat. We place these swabs with the material in a bottle with glass beads, and add all the material obtained in the tray. This is the stuff we transfer to our volunteers. In this particular experiment, in which we used ten volunteers, each of them received a comparatively small quantity of this, about 1 c.c. sprayed into each nostril and into the throat, while inspiring, and on the eye.

None of these took sick. Some of the same material was filtered and instilled into other volunteers but produced no results.

Now, I may mention at this point that the donors were all patients with influenza in Boston hospitals; sometimes at the U.S. Naval Hospital at Chelsea, sometimes at the Peter Bent Brigham Hospital, where we had access to suitable cases. We always kept in mind the fact that we have no criterion of influenza; therefore I would like to emphasize the fact that we never took an isolated case of fever, but selected our donors from a distinct focus or outbreak of the disease, sometimes an epidemic in a school with 100 cases, from which we would select four or five typical cases, in order to prevent mistakes in diagnosis of influenza.

Now, thinking that perhaps the failure to reproduce the disease in the experiments that I have described was due to the fact that we obtained the material in the hospitals in Boston, and then took it down the bay to Gallops Island, which sometimes required four hours before our volunteers received the material, and believing that the virus was perhaps very frail, and could not stand this exposure, we planned another experiment, in which we obtained a large amount of material, and by special arrangements, rushed it down to Gallops Island; so that the interval between taking the material from the donors and giving it to our volunteers was only one hour and forty minutes, all told. Each one of these volunteers in this experiment, ten in number, received 6 c.c. of the mixed stuff that I have described. They received it into each nostril; received it in the throat, and on the eye; and when you think that 6 c.c. in all was used, you will understand that some of it was swallowed. None of them took sick.

Then, thinking perhaps it was not only the time that was causing our failures, but also the salt solution—for it is possible that the salt solution might be inimical to the virus—we planned another experiment, to eliminate both the time factor and the salt solution, and all other outside influences. In this experiment we had little cotton swabs on the end of sticks, and we transferred the material directly from nose to nose and from throat to throat, using a West tube for the throat culture, so as to get the material not only from the tonsils, but also from the posterior nasopharynx.

We used nineteen volunteers for this experiment, and it was during the time of the outbreak, when we had a choice of many donors. A few of the donors were in the first day of the disease. Others were in the second or third day of the disease. None of these volunteers who received the material thus directly transferred from cases took sick in any way. When I say none of them took sick in any way, I mean that after receiving the material they were then isolated on Gallops Island. Their temperature was taken three times a day and carefully examined, of course, and under constant medical supervision they were held for one full week before they were released, and perhaps used again for some other experiment. All of the volunteers received at least two, and some of them three "shots" as they expressed it.

Our next experiment consisted in injections of blood. We took five donors, five cases of influenza in the febrile stage, some of them again quite early in the disease. We drew 20 c.c. from the arm vein of each, making a total of 100 c.c, which was mixed and treated with 1 percent, of sodium citrate. Ten c.c. of the citrated whole blood were injected into each of the ten volunteers. None of them took sick in any way. Then we collected a lot of mucous material from the upper respiratory tract, and filtered it through Mandler filters. While these filters will hold back the bacteria of ordinary size, they will allow "ultramicroscopic" organisms to pass. This filtrate was injected into ten volunteers, each one receiving 3.5 c.c. subcutaneously, and none of these took sick in any way.

The next experiment was designed to imitate the natural way in which influenza spreads, at least the way in which we believe influenza spreads, and I have no doubt it does—by human contact. This experiment consisted in bringing ten of our volunteers from Gallops Island to the U.S. Naval Hospital at Chelsea, into a ward having thirty beds, all filled with influenza.

We had previously selected ten of these patients to be the donors; and now, if you will follow me with one of our volunteers in this ward, and remember that the other nine were at the same time doing the same thing,

we shall have a picture of just what was happening in this experiment:

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. They did it with a high idealism. They were inspired with the thought that they might help others. They went through the program in a splendid spirit. 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.

EXPERIMENTS AT PORTSMOUTH

At that point, the holidays came, our material was exhausted, and we temporarily suspended our work. In fact, we felt rather surprised and somewhat perplexed, and were not sure as to the next way to turn, and we felt it would be better to take a little breathing spell and a rest.

We started another set of experiments in February that lasted into March, again using fifty volunteers carefully selected from the Deer Island Naval Training Station. These experiments I will not give in detail. They would take too long. They were simply designed and the program was carefully planned, but the way matters turned out became very confusing and perplexing. I will give two instances to explain what I mean by that; and I give them because they are exceedingly instructive and very interesting.

In February and March, the epidemic was on the wane. We had difficulty in finding donors. We were not sure of our diagnosis, having no criterion of influenza. We therefore felt very fortunate when we learned of an outbreak that was taking place at the Portsmouth Naval Prison, only a few hours north of Boston. We at once loaded a couple of automobiles filled with our volunteers, and rushed up to Portsmouth, and there repeated many things that I have described in our first set of experiments. At Portsmouth, out of a large number of cases, we made our selections carefully, taking the typical cases for donors, and transferring the material directly to our volunteers. In about thirty-six hours, half of the number we exposed came down with fever and sore throat, with hemolytic streptococci present, and doubtless as the causal agent. All the clinicians who saw these cases in consultation agreed with us that they were ordinary cases of sore throat.

Another incident: One of our officers, Dr. L., who had been in intimate contact with the disease from early in October, collected material from six healthy men at the Portsmouth Navy Yard who were thought might be in the period of incubation of the disease—we were trying to get material as early as possible, because all the evidence seems to indicate that the infection is transmittable early in the disease. None of the six men came down with influenza, but Dr. L. came down in thirty-six hours, with a clinical attack of influenza, although he had escaped all the rest of the outbreak.

CONCLUSION

I think we must be very careful not to draw any positive conclusions from negative results of this kind. Many factors must be considered. Our volunteers may not have been susceptible. They may have been immune. They had been exposed as all the rest of the people had been exposed to the disease, although they gave no clinical history of an attack.

Dr. McCoy, who with Dr. Richey, did a similar series of experiments on Goat Island, San Francisco, used volunteers who, so far as known, had not been exposed to the outbreak at all, also had negative results, that is, they were unable to reproduce the disease. Perhaps there are factors, or a factor, in the transmission of influenza that we do not know.

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.