

Feb 11, 2012

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Attn: Secretary Kathleen G. Sebelius

Dear Secretary Sebelius,

Please take a moment to read the following document presented to the New Hampshire Department of Health.

Nine Steps to Deny an Epidemic on a National Level 101

The following **fictional tutorial** was created to assist those in position of authority acting as an autonomous group where its authority is absolute, cannot be challenged and answer only to themselves.

This easily reproduced nine step program is designed to maintain the belief that health authorities have everything under control. This program can be used for any infectious disease when denial is necessary.

1. Produce a two tier antibody testing algorithm where first line screening tests (Elisa) fail to detect 60% of infections. Those patients who do test positive will be allowed the second more sensitive test (Western blot) but design the test with [strict criteria](#) (Case definition) so as to rule out 90% keeping infection numbers artificially low.

Note: Do not consider a false negative Elisa as they [do not exist](#) and remember; Western blot tests are only ordered after a positive Elisa. Disregard any (outside) studies proving [poor testing reliability](#) and certainly do not listen to any [patient complaints](#).

2. Fund only those studies through institutions with researchers that have a bias against persistent infection. It is imperative that these researchers are retained exclusively to continue the peer review process and [publishing](#) of each other's studies. There must be no acceptance of outside studies.

3. Maintain a belief that all stages of infection, acute through late stage are easily cured with a standard two week [treatment guideline](#) and turn the disease into a syndrome when patients complain of [persistent debilitating symptoms](#) after [unsuccessful treatment](#). Insist that persistent infection cannot exist even though antibody tests can only identify at best a past infection.

4. If a [culture test](#) should be developed which is the gold standard for many bacterial infections do not recognize this test and insist it is not [government approved](#).
5. Create a map depicting limited territories where the infection is present. Use an [existing institution](#) with a bias against persistent infection to manage the data. Employ the services of a well known public relations firm to [announce the map](#) so as to maintain the belief that mainstream healthcare has “got everything under control.”
6. Define the disease exclusively as a zoonotic illness and disregard congenital and gestational transfer cases or transfer between [sexually active couples](#).
7. No need to screen the blood supply for this pathogen.
8. [Primate studies](#) proving persistent infection after standard treatment will be ignored.
9. Create a [foundation](#) to promote the disinformation campaign and staff the foundation with the same researchers with a bias against persistent infection.

The nine steps provided should prove useful when the need arises to obscure the truth attributable to any mistakes that may have created the outbreak while eliminating any ownership of the problem.

Caution: There is a real risk however that those who follow the program will be indicted for [fraud against humanity](#).

Again, this is a fictional tutorial as nothing like this could take place in the [United States](#).

Sincerely,

Carl Tuttle
33 David Dr
[Hudson, NH](#) 03051
(603) 479-4927
[Website:](#)

[Petition site:](#)