To Meet New Pandemic Threats, Reverse Policies Creating Public-Health Crisis

The Lyndon LaRouche Political Action Committee delivered this testimony which was placed in the record of the House Committee on Government Reform's Nov. 17 hearings on "The Nation's Flu Shot Shortage: Where Are We Today, and How Prepared Are We for Tomorrow?" A slightly altered version of the same testimony was placed in the record of the Nov. 18 hearings of the House Energy and Commerce subcommittees on Health, and on Oversight and Investigations. Those hearings were entitled "Flu Vaccine: Protecting High-Risk Individuals and Strengthening the Market." The testimony was prepared for both hearings by EIR *economics editor Marcia Merry Baker.*

To Committee Chairman Rep. Tom Davis; Rep. Henry Waxman; and Committee Members:

In recent weeks, members of this Committee have rightly undertaken a necessary line of investigation into the current U.S. flu shot supply shortage, namely: How did it come about, that the U.S. 2004-05 flu vaccine was to come from only two suppliers, including one company reliant on an off-shore facility with a known history of risk?

Throwing a spotlight on this question is important. But in terms of government oversight, we want with this testimony to bring attention to the broadest context within which to judge government responsibility:

First, what is the full scope and nature of the disease threat faced today by this nation and internationally—going beyond even pandemic influenza?

Second, from that vantage point, what are the public-health and other actions called for in the immediate situation, and what must be done to reverse the policies that created the crises in the first place?

The particulars of the various dramatic episodes in recent years, including the anthrax attack (2001), SARS (2003), Mad Cow Disease in North America, etc., illustrate the point that it is the takedown of public-health infrastructure, along with globalization practices in agriculture and throughout the economy, that are themselves causing increased likelihood of harm.

Forewarning was given decades ago by American economist and Democratic Party leader Lyndon LaRouche, who in 1973, commissioned a task force on the prospects for a "biological holocaust," if policies of de-industrialization and free trade were to prevail, and to create "points of congruity and interaction of economic and biological processes," leading to the spread of disease. In July 1985, the task force published the *EIR* Special Report *Economic Breakdown and the Threat of Global Pandemics.*

Unfortunately, LaRouche's warnings have been borne out. We are now seeing dramatic, deadly proof of how new and re-emerging diseases are associated with practices of outsourcing, lack of sanitation and pest eradication, monoculture in agriculture, and all the other hallmarks of so-called "competitive global sourcing and markets."

Moreover, bad as this free-trade era was when it "worked," it is now simply breaking down.

Lyndon LaRouche, on July 30 of this year, addressed the issue of the public-health crisis, and the general collapse process in the economy, at a Boston press conference following the end of the Democratic Party Convention; there, he announced the formation of the political action committee Lyndon LaRouche PAC, to fight for emergency measures to restore a functioning *physical economy.*

During September and thereafter, LaRouche PAC put out 800,000 copies of a mass pamphlet on that very point, *It's the Physical Economy, Stupid!*

During October, LaRouche PAC put out 1.5 million mass leaflets on the flu vaccine debacle, to jolt the public and lawmakers alike into facing what responsible government should be doing, instead of writing off the sick and poor.

LaRouche stressed on July 30, that people don't look at what's right in front of them. "You see a country that is being destroyed while people are talking about prosperity and improvement of conditions of life. In fact, when you look at the physical reality, per county, across the entirety of the United States; look at the standard of living; the capital investment; the infrastructure; per county, across the United States. You see a nation which has been physically destroyed, in which those who consider themselves wealthy are in the upper 20% of family-income brackets, and more and more concentrated in a few areas." There are bubbles of housing real-estate values and the like,

while manufacturing, health care, and necessities of life are collapsing.

". . .The physical reality of the condition of the United States has to be brought to the consciousness of people, who see this, but they look at it as if they didn't see it. They say, 'But we see, the report is that the economy is getting better.' Look at the reality: The economy is getting worse."

That's what lies behind the government malfeasance in failing to see to flu shots, and failing to provide for medical care.

Threat of Flu Pandemic, Other Diseases

For years, epidemiologists and livestock and other experts have sounded alarms about growing disease threats. Three recent sources make the necessary points about the scale of danger today, beginning with influenza.

Pandemic Flu

On Oct. 28, Dmitri Lvov, director of the Ivanovsky Virology Institute and Academician of the Russian Academy of Medical Sciences, held a press conference (source: RIA-Novosti News Agency), warning of the threat of avian flu becoming transmissible from human to human. "Up to 1 billion people could die around the whole world in six months. We are half a step away from a worldwide pandemic catastrophe."

The World Health Organization, the Pan American Health Organization, the International Vaccine Institute based in Seoul, South Korea, and many other agencies, are likewise warning of flu pandemic.

On Sept. 25, 2004, a report given to the Pan American Health Organization conference warned of a potential "new influenza strain" saying that the "sudden and marked change in Influenza virus A [in Asia] should be considered one of the greatest public-health concerns" in the Americas. The report said, "Recent episodes of animal strains causing disease in humans, support experts' views that a new pandemic is inevitable. . . . Epidemiological studies project that another pandemic is most likely to result in . . . 280,000 to 650,000 deaths in less than two years—in industrialized countries alone."

New and Re-Emerging Diseases

Apart from influenza, there are threats from other new and re-emerging infectious diseases. A September 2004 report by the Government Accountability Office (GAO), "Emerging Infectious Diseases," reviewed how well state and Federal surveillance systems are set up to monitor disease incidence. Provided at the request of Sen. Norm Coleman, Chairman of the Permanent Subcommittee on Investigations of the Senate Committee on Governmental Affairs, the study took place over the past year, and the report includes a world map showing many of the "Selected Emerging Infectious Diseases, 1996-2004."

On the flu, the GAO report stressed: "The Centers for Disease Control and Prevention (CDC) estimates that if an influenza pandemic were to occur in the United States, it could cause an estimated 314,000 to 734,000 hospitalizations and 89,000 to 207,000 deaths, with associated costs ranging from $71 to $167 billion." (From the CDC, *Fiscal Year 2005, Justification of Estimates for Appropriations Committees*, p. 172.)

On disease threats generally, the GAO report states, "More than 36 newly emerging infectious diseases were identified between 1973 and 2003, and new emerging infectious diseases continue to be identified."

Microbial Threats

The U.S. crude death rate from infectious diseases, declining for 80 years, is now on the rise! The National Institutes of Medicine, which surveys rates of infectious diseases every 10 years, released its 400-page report in 2003—*Microbial Threats to Health; Emergence, Detection and Response*—and stressed at the outset that in the United States, the crude death rate per 100,000 persons from infectious diseases has increased from 1980-1999, from under 40 deaths to over 50; and this is before the death toll from HIV/AIDS is added in. With that included, *the U.S. death rate from infectious diseases has risen from 40 per 100,000 in 1980, to over 60 by the turn of the century!*

Why? The Institutes of Medicine faults the head-in-the-sand policies of the past 20 years, in which the public and lawmakers discontinued base-line public-health policies, perhaps under the delusion that disease threats had somehow come to an end! "As a result of this apparent reprieve from infectious diseases, the United States Government moved research funding away from infectious disease toward the 'new dimensions' of public health—noncommunicable disorders such as heart disease and lung cancer. The government closed 'virtually every tropical and infectious disease outpost run by the U.S. military and Public Health Service' [quote is from a 1989 study by Garrett]. Infectious disease surveillance and control activities were de-emphasized. Research, development, and production of new antibiotics and vaccines declined. The potentially devastating impact of infectious diseases was either relegated to the memory of previous generations or left to the imagination of science fiction enthusiasts."

All kinds of infectious diseases are on the rise—not simply recent and exotic varieties such as the West Nile virus, or Lyme Disease. Two cases in point: whooping cough and food-borne illnesses.

• Whooping cough, or pertussis. The seventh-ranked killer infection globally, this is making a comeback in the United States, due to lack of vaccination, poverty, immigration, and general neglect. Thirteen children died in 2003 due to pertussis, which can also cause pneumonia and inflammation of the

brain. In 2004, the CDC reported that North Dakota has had one of the largest outbreaks, with 693 cases in 2004, up from just six in 2003.

• Hepatitis A. In October-November 2003, the largest-ever U.S. outbreak from a single source took place near Pittsburgh, in Beaver Valley, Pennsylvania. At least 650 got sick; 100 were hospitalized; three died, two men (aged 38 and 46) and a 51-year-old woman. The source was contaminated scallions, imported from a cheap-labor farm operation in Mexico. Another incident may occur at any time. During the winter months, up to 70% of the fresh fruits and vegetables consumed in the U.S. are imported; the average annual rate is 25-35% and rising. Harmful pathogens are more than three times as likely from low-infrastructure sources in Mexico, Guatemala, the Philippines, and elsewhere; including *salmonella*, *E. coli*, and *shigella.*

Zoonotics and Botanicals

Beyond basic sanitation and pathogens, risks of disease are increasing, simply because of the common patterns of plant-life and livestock-raising under globalized agriculture, and lack of public-health infrastructure under borderless "free trade" generally.

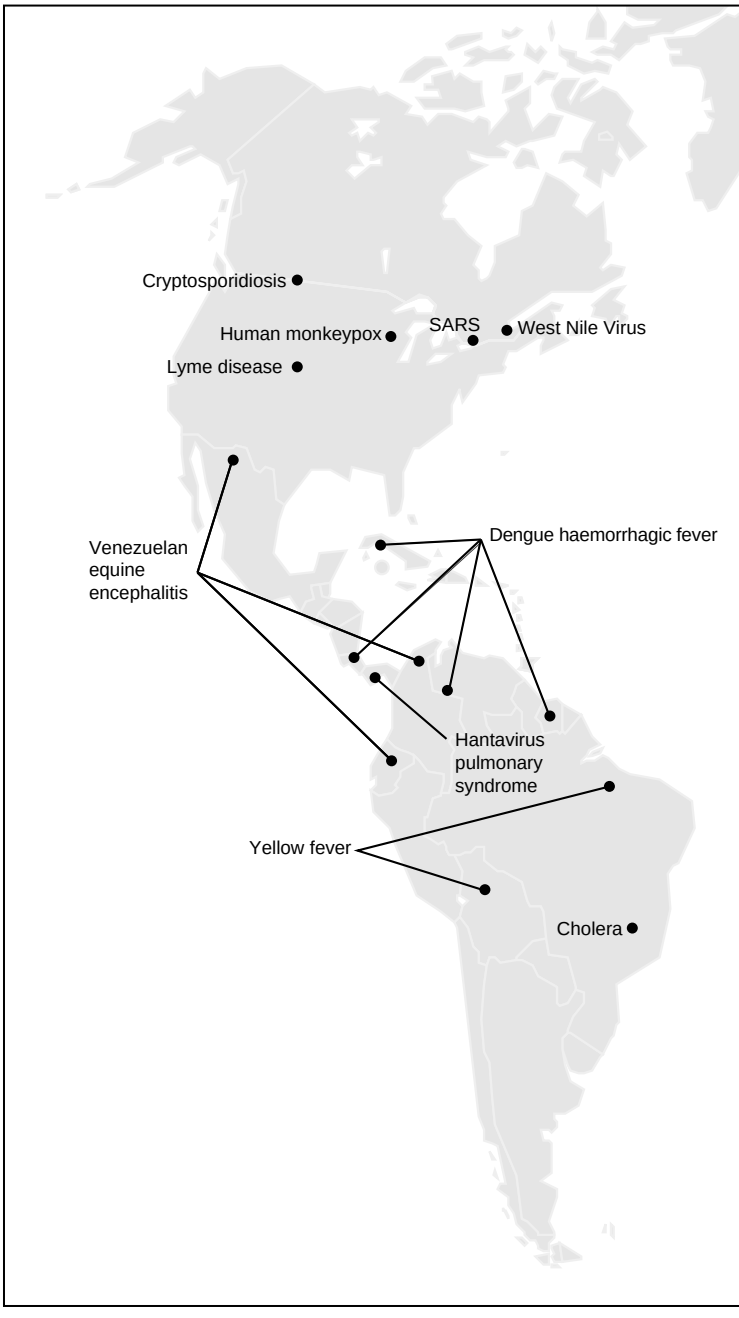
The threat comes from the fact that the last 40 years have been characterized by ever-increasing monoculture in crops and livestock; increasing reliance on a few varietals of plants and animals; and dangerous animal husbandry practices. Therefore, vulnerability and extent of damage are maximized, in the case of any mutation, outbreak, species-jump, etc.

One recent case of plant disease, and magnified harm from monoculture, is the arrival this fall of soybean rust, a fungus, in the United States for the first time (confirmed Nov. 10 by the U.S. Department of Agriculture). The blight, of the species *Phakopsora pachyrhizi*, was identified in Louisiana. It can cut yields significantly. The same fungus—entrenched in Asia—arrived in South America in 2001, and has spread since, reaching Argentina in 2003.

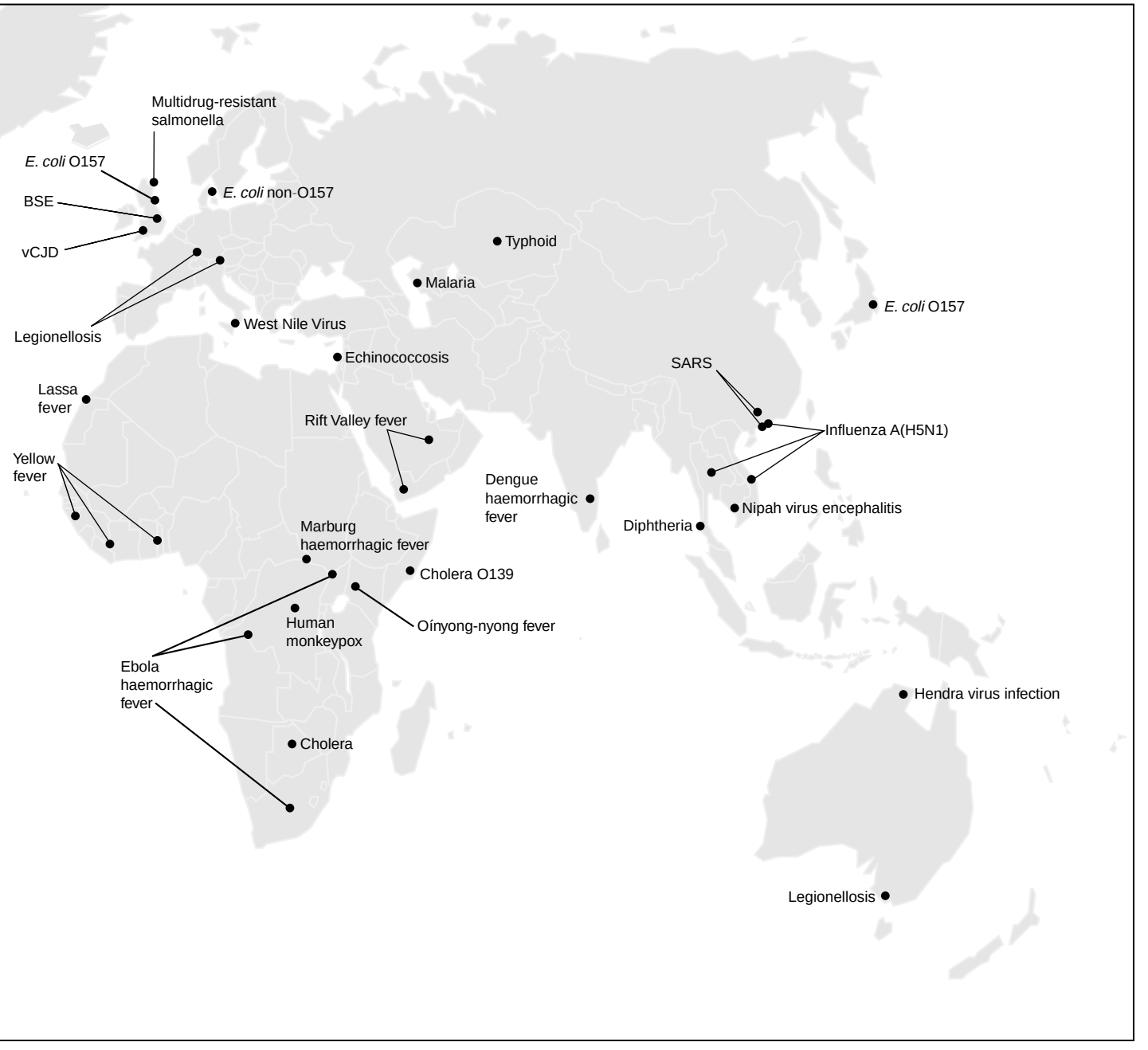
The salient point about this pest, is that food cartel-imposed policies have led to a situation of such concentration, that only three countries of the Americas—the United States, Brazil, and Argentina—together account for 188 million metric tons, which is over 80% of all world annual soy production (229 million metric tons), and those three account for over 90% of all soybean exports. There is no redundancy and no reserves.

The cartel companies (ADM, Cargill, Monsanto, Smithfield, et al.) imposing extreme concentrations of food processing, factory-farm-production monoculture, and trading, have been extensively documented by Prof. William Heffernan, of the University of Missouri.

Animal sources of diseases are equally serious, both for risk of direct transmission, and as "mixing bowls" for mutations of pathogens that can then become human-to-human transmissible. The GAO September report summarized, "According to CDC, nearly 70% of emerging infectious disease episodes during the past 10 years have been zoonotic diseases, which are diseases transmitted from animals to humans. The West Nile virus, which was first diagnosed in the United States in 1999, is an example of a zoonotic disease. The West Nile virus can cause encephalitis, or inflammation of the brain. . . . Other zoonotic diseases include SARS, avian influenza, human monkeypox, and variant Creutzfeldt-Jakob diseases (vCJD), which scientists believe



Source: World Health Organization and Centers for Disease Control and Prevention



is linked to eating beef from cattle infected with bovine spongiform encephalopathy (BSE) and is often called mad cow disease."

Look at the record of the period of origins and spread of BSE in Britain, under Prime Minister Margaret Thatcher, the quintessential free-marketeer government (1980-90).

After the 1970s, studies by the U.S. Department of Agriculture and others were finding risks of "transmissible dementias" between species; the strong recommendation was made in September 1979, that hygiene standards be tightened for animal feeds in Britain, where a large outbreak of sheep scrapie was underway (TSE, transmissible spongiform encephalopathy). The British Royal Commission on Environmental Pollution wanted tight licensing for processing animal proteins—especially sheep parts—back into the feed and food chain, especially the chain destined for cows.

Thatcher and her Agriculture Minister, Lord Peter Walker, refused, on grounds that this violated the privatiza-

tion principle of "self-regulation" of farm and health industries; they loosened rules on cycling animal wastes back into feed; and on exporting animals. By 1986, BSE was identified; by 1996, some 162,000 cases of BSE cows were officially reported in the U.K., and the epidemic had been exported.

Government Responsibility

These kinds of ideologies must be stopped cold, and public-health principles re-established as the basis for government action. The current U.S. flu shot debacle underscores that very point.

What needs to be done in the short term is straightforward, generally falling into two categories: vaccines, and medical treatment contingencies.

Vaccines: Both for the 2005-06 "normal" flu season, and for the threat of a killer flu pandemic, the United States government must take domestic actions, and collaborate internationally, to see to a ramping-up of vaccine production capacity, and to back the best science and production of a potentially useful avian flu vaccine. Currently, two companies are tasked to make some 2.4 million shots of an experimental vaccine. *It is of the utmost importance to evaluate and vastly expand that program.*

The Nov. 11-12 unprecedented "Flu Summit" of 50 government leaders and 16 vaccine manufacturers in Switzerland, has created an institutional forum through which a crash program of vaccine production can take place, if the United States and collaborating nations act on this.

The "Flu Protection Act," sponsored by Senators Evan Bayh and Larry Craig, and many others, has been introduced into Congress, and includes the initiatives essential to ensuring the needed volumes of vaccine. The measures contained in this bill have been endorsed by the American Public Health Association, the American Lung Association, and many other organizations.

Medical Treatment Contingencies: Also in the short term, Federal intervention is required to aid states and localities to provide contingency plans for hospital emergency rooms and beds, anti-viral medicines, staff, and so on, to handle any surge of patients caused by the fact that in this 2004-05 season, the United States lacks half the needed flu shots.

The need for contingency logistics has in fact been heightened, because Federal authorities did not take timely action immediately after Oct. 6—the day of the announcement of the delicensing of the Chiron plant in Liverpool—to collect and re-allocate scarce flu shots. Thus closed a window of opportunity for at least mitigating the chaos, and that means that harm will now be inevitable.

The takedown of the U.S. hospital system, Veterans Administration hospitals, and public-health agencies has been so drastic over the past three decades of the "managed care" ideological era, that even a mild flu season, with plentiful vaccine, has seen hospitals overwhelmed. The Homeland Security fund infusions of 2002-04 have in no way reversed the net decline of the U.S. health system.

On Oct. 18, the American College of Emergency Physicians, an organization of 22,000 doctors, meeting in San Francisco issued a plea for Federal action and resources to be able to handle the coming wave of patients.

Return to the 'Hill-Burton' Principle

The principle to guide both short-term contingency medical arrangements, and the restoration of the U.S. health system, is the traditional American health-care policy known historically as the "Hill-Burton" principle. This refers to the 1946 bipartisan law, "The Hospital Survey and Construction Act." This simple, nine-page law mandated that every county in the nation must provide hospital facilities on a ratio of licensed beds per 1,000 residents, based on modern medical standards of treatment. During the years from the late '40s through the mid-1970s, this policy led to the successful provision of hospital beds in nearly all 3,069 U.S. counties, at a ratio of 5.5 beds per 1,000 in rural areas, and 4.5 per 1,000 in urban areas (where transportation was easier).

During the 1950s and '60s, the same "Hill-Burton spirit" governed the aggressive efforts to defeat poliomyelitis and other diseases, as a matter of principle.

Then came the dismantling of this system, and the thinking behind it, with the passage in 1973 of the first HMO furtherance act, the subsequent deregulation of health care, and the concept of "managing" care, instead of combatting disease.

Today's flu vaccine fiasco in the United States underscores the point that generally, the *economic system itself* is now breaking down; along with it, the ideologies that rationalized the economic takedown all along, are disgraced. We face the opportunity and the necessity to return to the principles and tasks of restoring the physical economy—in particular, health care.

This is a bipartisan duty of the highest level. Sen. Harold Burton was a Republican from Ohio; Sen. Lister Hill, a Democrat from Alabama. Both were advocates of industry, agriculture, and public-serving infrastructure, as well as health care in particular.

Your leadership on this Committee, on the particular matter of flu vaccine, can provide a needed impetus across the board to bring about the collaborative steps necessary to restore the health-care system, and the economy itself.

On Oct. 6, Lyndon LaRouche, asked about the significance of the 50-million-flu-shot cancellation, during an international webcast in Washington, D.C., said, "To put the human race at risk in this way, was a mistake! We have to adopt a policy of correcting that mistake, by reversing the policies which led to that mistake. . . . Do whatever it takes."