

# WHO Summit: Pandemic Coming, Vaccine Production a 'National Security Matter'

by Linda Everett

If the world were to face a global pandemic influenza outbreak today, infectious disease experts internationally have one message for you: "We are not ready for it." The World Health Organization (WHO) held an unprecedented two-day (Nov. 10-11) influenza summit in Geneva, with WHO officials, vaccine manufacturers, national licensing agencies, and governmental representatives, to define and address the crisis. The world has no vaccine to combat such a deadly threat today, but could have one if months of concentrated work with the support of governments begins now, and a huge increase in world vaccine production is aimed for. The summit was called because the H5N1 type-A avian influenza virus is again sweeping Asian countries; it has killed 32 people this year (20 in Vietnam, 12 in Thailand),

Unlike the recent and current—so far—flu seasons in which infection may or may not reach epidemic proportion in a few regions or countries, a flu *pandemic* involves the epidemic spread through many countries simultaneously, often of a new and deadly variant, as in 1918-20, and in 1957.

The imminent threat is that the extremely contagious bird flu, now in Asian poultry flocks and circulating in wild waterfowl worldwide, may mutate or recombine with another, mammalian virus and introduce a new influenza type to which the human population has widespread susceptibility, thereby unleashing a deadly pandemic. In the past three years, there have been a series of alerts involving avian viruses called H5, H7, and H9. In February, Canadian epidemiologists confirmed an outbreak of highly pathogenic avian influenza A-type H7N3 infection in two people in British Columbia. As Dr. Klaus Stohr, who is the coordinator of the Global Influenza Program for WHO, said, "We have had three influenza pandemics in the last century, and many, many before. There is no reason to believe that there will not be one this century." Right now, Dr. Stohr reiterated in a teleconference following the WHO meeting, "We have a unique window of opportunity to develop a pandemic flu vaccine."

The meeting was characterized as "consciousness raising" about the need for building greater momentum among countries to fund the development of a vaccine, and its clinical testing. To that end, Dr. Arlene King of the Public Health Agency of Canada pointed out that pandemic influenza will be a national health security issue. "It will be the biggest

public-health infectious-disease emergency that we ever face, both globally and within our border."

Stohr has warned in speeches and press conferences leading up to the summit that nations face the daunting challenge of increasing world influenza vaccine production—now at about 300 million doses a year, primarily in Europe—nearly tenfold, to 2.5 billion doses annually.

## Pharmaceuticals' Not-Too-Encouraging Word

One of the meeting's concrete steps described by Dr. Stohr was the establishment of groups with specific tasks—such as one that would pin down a clear regulatory pathway between North America, Europe, and Asia so that vaccine manufacturers would know what vaccines should be tested. Another key group will concentrate on the coordination of clinical trials, collecting data on pre-clinical and clinical tests, and discussing what vaccine formulations are needed.

Stohr described the need for a public-private partnership to change the current non-momentum in vaccine development, along with a very strong international need to increase funding. Dr. Luc Hessel, executive director of Medical and Public Affairs in Europe for Aventis-Pasteur—one of eleven vaccine manufacturers at the WHO meeting—also spoke of the need for shared responsibilities; otherwise, he said, companies will have limited capacity to develop extensive research and development activities in the field. Hessel told reporters that most of the vaccine manufacturers, as an industry, already have plans to develop a pandemic influenza vaccine, but that there are internal challenges they face, such as how to be prepared to switch—and to accelerate plans for switching rapidly—from production of vaccines for the (current) epidemic period, to the inter-pandemic period, to the pandemic period.

While Hessel said that "there is a lot of commitment and effort from the industry to face the current challenge," he also said that the reason there are only two companies close to clinical testing a vaccine, is that its development is a very intense and expensive effort.

## Don't Leave It to 'Market Forces'

"Normally," Dr. Stohr said on Nov. 11, "market forces typically regulate which products are going to be available

for public health emergencies or for normal medical interventions. The market forces have not brought companies into pandemic vaccine development. This is something that has been clearly recognized.” He says it is the responsibility of health authorities to seek ways to support pandemic vaccine development if they consider vaccines to be a public health good.” Some companies have invested into the first stages of testing or into development of a small amount of vaccine, but that’s a risky investment that too few companies are willing to make, Stohr says. He calls on governments to intervene by waiving fees and by tax alleviation.

So far, the United States has invested in testing two different pandemic vaccines, produced by Aventis and by Chiron—the same pharmaceutical company that had to dump nearly half of this season’s flu vaccine supply for the United States, due to contamination in its Liverpool plant. Japan is also working with four companies, investing in clinical testing of new vaccines. But, Stohr said, the expression of interest by governments must be expressed by putting up financial support.

In the area where the majority of influenza pandemic production capacity is currently located, Europe, there is no support for development.

But, what happens when governments provide substantial financial aid to develop/test a vaccine? Will history replay itself? Will vaccine makers hold a government hostage—by holding out for more lucrative deals or more investment into their plants? This happened just four years after Pennsylvania-based Wyeth Labs was licensed to produce the adenovirus vaccine for use among U.S. military recruits. When Wyeth couldn’t get the Department of Defense (the only purchaser) to pay for \$3 million in plant upgrades required by the Food and Drug Administration, the company stopped producing the vaccine. Now, epidemics of the adenovirus and respiratory complications it causes rage regularly through U.S. military bases—at considerable expense to the military and to the sickened recruits (some of whom die).

The WHO summit’s call to action is still a far cry from what physical economist Lyndon LaRouche says must be a “military mobilization” to take on this looming emergency. At no time during the press briefing was the recent decades’ takedown of most, if not all countries’ public health infrastructure, mentioned. *EIR* has demonstrated the erosion of U.S. public health funding, and the loss of epidemiologists, staff, hospitals, and hospital beds. Over the last decade, 1,000 U.S. hospital emergency rooms have closed. The situation is no better in Canada, where highly contagious *Clostridium difficile* bacterium is raging through at least five hospitals in Montreal and 25 teaching hospitals throughout Canada. In Quebec alone, from April 2003-April 2004, there were 7,000 infections and 600 deaths from it.

Basic public health conditions went out the window in Canada when hospital budgets were slashed. Hospital clean-

ing staff were cut or told to spend only 36 seconds cleaning toilets. Whole hospital wards of 40 patients have the use of two bathrooms; the lack of quarantine beds meant infected patients were placed next to uninfected patients. And the current spread of *Clostridium* is a localized epidemic, not a pandemic. How will nations put in place the public health infrastructure and protocols necessary to protect their populations from a mutant flu pandemic, without national governments making credit available—as LaRouche has demanded—to restore fallen public health investment around the globe?

### What of the Developing Countries?

About 90% of pandemic vaccine production exists in countries where only 10-12% of the world’s population lives. “We consider vaccine production a task for developed countries. Developing countries have no capacities,” Dr. Stohr told reporters. “And, there is no sign that the vaccine produced in these [developed] countries is going to go anywhere else until the domestic market might be saturated.” That means that the pandemic and whatever other disease or virus spin-offs it proliferates will be allowed to rage in the Third World, where, Stohr said, the majority of people lack good transit access and electricity.

Conference participants are counting on foundations to pay for vaccines for these countries. Unbelievably, it was suggested that the World Bank—the international institution that is most responsible for implementing genocidal economic policies in these countries—could help make the case for these international initiatives!

LaRouche warned in his Nov. 9 international webcast, that in the current floating-exchange-rate financial system, predators called bankers, or financiers who own bankers, tell countries, “Behave yourself and you might get a cookie.” LaRouche warned again of the policy expressed by Henry Kissinger in his 1975 National Security Study Memorandum 200 (NSSM200). That policy memo targeted the growing population of Africa and 12 other lesser developed countries as being national security risk to the United States—because they are using raw materials the United States wanted to control. Kissinger proposed to use food as a weapon to coerce these countries to cut their birthrates. As Kissinger wrote: “Is the U.S. prepared to accept food rationing to help people who can’t/won’t control their population growth?”

By calling in the World Bank, might we not see such coercion again—“be good,” pay your debt, implement this genocidal policy, or, you don’t get pandemic vaccine. To follow such a policy for the majority of peoples in this world in a pandemic, would mean unleashing unknown biological catastrophes on the rest.

LaRouche emphasized that in contrast, for any nation to win against a pandemic, it must invoke the spirit of the 1648 Treaty of Westphalia which Kissinger hates, to, “Consider itself indebted to promote the advantage of other nations.”