Fall Flu Pandemic Engulfs Obama's Nazi Health-Care 'Reform' Drive

by Marcia Merry Baker

Aug. 21—The Obama Nazi health-care "reform" drive is not being swept away only by the public's revulsion, but now, by the arrival of the Fall flu season, which focusses sharp attention on the nation's deadly infrastructure deficit for health-care delivery, along with a deficit in all other essential infrastructure and agro-industrial capacity. Although the U.S. flu wave has hardly begun, multiple counties in several states are in unofficial "crisis management mode" because they have hundreds of stricken children; and their local health departments, pediatricians, hospitals, and other agencies are swamped. So much for the lying premise of the Obama "reform" plan, that the U.S. health care system is suffering from *"overutilization"* of medical infrastructure!

It was predictable that certain "hot spots" of the new flu would show up in mid-August, from the combined effect of the pattern of the coast-to-coast presence of the virus over the Summer, and then, the advent of school-associated mass social contact. Now, many new local flu outbreaks are occurring, especially in the Southern states of Alabama, Kentucky, Louisiana, Mississippi, and Florida.

'A Roller Coaster Ride'

For example, the Southeastern Alabama Medical Center, in mid-August, reports a 25% increase in emergency department traffic over this time last year, because of the flu. In Tuskegee, the Macon County School District, with 2,648 pupils, shut its schools from Aug. 20-24 because of A-strain flu.

In Maury County, Tenn., during the first week of school, 1,000 students were out sick by the fourth school day, mostly with flu-like symptoms. Local doctors' offices are all booked. One middle school has 25% of its students out. "We're on a roller coaster ride; and where it peaks and when it peaks we do not know," was the description given to a Nashville TV station Aug. 20 by the county school director Eddie Hickman.

In Kentucky, school districts in Letcher, Boyle, and Oldham counties are hit hard, with some schools having closed.

In Louisiana, 20 members of the Baton Rouge Central High School football team—one-fifth of the players—came down with swine flu, even before school started Aug. 17.

In Seminole County, Fla., all football practice was cancelled before school formally opened, because of flu cases.

In Mississippi, a few new "A-type" flu cases are being watched for their spread-potential in schools in Pearl River and Lee counties. "Ole Miss" canceled its traditional "Meet the Rebels Day" football get-acquainted ritual, to reduce flu exposure.

"This is a novel virus. We don't have a vaccine. Expect to have sick people; expect hospitalizations; and expect deaths. It acts differently. There is growing activity in different states. It's mutable," was the succinct warning by Mark B. Horton, M.D., MSPH, director of the California Department of Public Health, to the House of Representatives Homeland Security Committee hearing July 29, on national flu preparedness. Horton called for Federal public-health aid and gear-up of physical logistics for this Fall. But the Administration witnesses on preparedness did not even have the courtesy to remain at the hearing long enough to listen.

Last year, states cut 12,000 public-health workers, and made other critical medical-care reductions, due to the economic crash. Now, states and localities are in the throes of still further cuts in their public-health and medical-care capacities, with the budget slashing underway since the start of the new fiscal year July 1, under impossible conditions of revenue collapse.

It's a cruel farce to speak of "pandemic readiness"

under these conditions, yet the Administration's official position is that "the recovery" is nigh.

The situation in Erie County, Pa.—a state with no budget yet—typifies the general crisis. As reported in the Aug. 20 *Erie Times*: "Rich Knecht, R.N., is ready to implement Erie County's plan to distribute swine-flu vaccine. There are only two problems: no vaccine, and no money to hire the people needed to give the shots. . . .

"Said Knecht, director of public-health preparedness for the Erie County Health Department, 'I can't get money out of the state because of the budget impasse, so I can't make any deals with subcontractors to give the vaccinations.'

"Knecht also doesn't know when he will get any vaccine. The U.S. Department of Health and Human Services said Monday [Aug. 17] that only 45 million doses of vaccine will be available by mid-October, instead of the 120 million doses it promised. Packaging and other problems will delay vaccine shipments, the Associated Press reported. The full shipment of 195 million doses is expected to be delivered by December. The vaccine has been eagerly anticipated because few people have any immunity to the H1N1 virus, and it's not known if and when a full-fledged outbreak will happen in the United States."

CDC/James Gathany

Federal authorities placed orders from Big Pharma for the 195 million doses of flu vaccine needed by October. Now they say only 45 million will be available by the middle of that month. Here, a young boy gets a vaccination in 2006.

White House: Denial, Denigration

The White House pandemic response all along has been to offer a pretense of action, while, in reality, denying that there is any inadequacy of physical care readiness, and even denigrating those who demand emergency measures. Health and Human Services (HHS) Secretary Kathleen Sebelius and Homeland Security (DHS) Secretary Janet Napolitano are issuing guidelines and stressing collaboration among various levels of government and other agencies (necessary, but not sufficient), while stiffing the physical logistics of preparedness—the most essential policy matter of all.

On Aug. 7, four top Obama Administration officials (the secretaries of Education, HHS, DHS, and the director of the Centers for Disease Control and Prevention) issued an official guidance to states and localities, recommending that their schools stay open, except in "rare" incidents where many students and staff might simultaneously fall sick with A/H1N1. The common theme among the three documents, was a King Canute stance that the flu will be mild and tractable, when 55 million students and 7 million staff return to classrooms in over 130,000 public and private schools. "It is now clear, closure of schools is rarely indicated," said Thomas R. Frieden, the CDC director.

One hopes that the impending surge of A/H1N1 will be mild and sparse, but that is not knowable epidemiologically. To act on that *hope as policy* is insane.

So far, only eye-dropper amounts of Federal funding are going to state and local health-care systems for stand-by hospital and other facilities (pediatric ventilators, masks, stockpiles of antiviral medications) to cope with the surge of flu cases that can really be expected. A measly $1.5 billion was announced by President Obama in the Spring, for fighting the pandemic. Of that, $1.1 billion was for vaccine-related development, and advance orders for mass dosages from the Big Pharma manufacturers; and $350 million was offered in July as grants for states, localities, and hospitals for flu-readiness arrangements. In mid-August,

HHS announced another $248 million for states and localities.

All the while, the White House has continued its pre-pandemic Obama health-care "reform" lies about how hospitals "over-treat," surgeons do too many operations, and infrastructure is "over-utilized," etc.

No Mobilization

One indication of the Administration's inaction on basic physical preparedness is its promotion of the prospect of the A/H1N1 vaccine as a kind of "magic bullet" in its anti-flu arsenal. While it is true that the rapid development and deployment of a safe and effective vaccine is a priority part of a range of defenses against the flu, what is required is a crash effort to make it happen—especially international collaboration, which has not been undertaken. There is no mobilization.

Firstly, the volume of production of the vaccine has been presumed to be constrained by the commercial capacity under the control of the Big Pharma cartel specializing in vaccine manufacturing, especially the Big Five—CSL Ltd, Sanofi-Aventis SA, GlaxoSmithKline Plc, AstraZeneca Plc, and Baxter International. These companies account for up to 80% of the world's vaccine production capacity at present; and if fully deployed, they still could not produce enough doses for even a third of the world's population.

What the cartel is now doing, is producing to meet the forward-purchases from those nations with the money to pay the price. Other nations and peoples are left out. The World Health Organization wrangled a commitment from several of the cartel firms to donate for free, or at reduced prices, some 150 million doses for global charity. That's it.

U.S. Federal authorities placed orders for 195 million doses of A/H1N1 vaccine from five drugmakers—all off-shore—earlier this Summer. The target time for delivery was October, for HHS/DHS plans to inoculate 97 million persons, in a priority list of categories (at two doses each).

Now that schedule will be delayed. On Aug. 18, Federal officials said that only 45 million doses of vaccine will be delivered by mid-October, then 20 million doses a week are to arrive from the five manufacturers, until the full order of 195 million is received.

One factor is that CSL Ltd, the Melbourne, Australia firm that is to provide 20% of the U.S. vaccine order, will delay shipment. On Aug. 19, a company official said that "CSL's first commitment is to Australia," where the flu has been bad, and there is a pressing need at home.

Instead of this global scramble for vaccine, there was a time, as recently as the 1960s, when the U.S. and other nations maintained national vaccine laboratories and manufacturing capacities as public-health assets. These were phased out, in favor of "private market" production. Today's pandemic poses the necessity to, once again, work to develop vaccine capacities sufficient for national and international needs, and not to rely on "market" determination of public health security.

Secondly, the ability to carry out a mass immunization program needs substantial resources to administer the vaccine, not just mandates and "guidelines." In the past, special inoculation programs were carried out largely by various levels of public health systems. Not so today. For example, only 10% of the yearly seasonal flu shots in California are administered through the state's public-health system; 90% are deployed through commercial channels. Preventing a morass over the prospective A/H1N1 vaccine administration—in which school systems are to play a big role as the point-of-delivery of shots—demands government leadership and funding. But it is not forthcoming.

Even if all were to go well, in the terms set out this week by HHS/DHS for pending inoculation, the first portions of the population to receive immunity to the new flu will not acquire it before the end of November, long after schools are in session. The course of vaccination will probably require two shots over a three-week interval, and another two weeks after the second shot, for the body to produce sufficient antibodies, notes an Aug. 7 HHS report.

WHO: Flu 'Explosion' Expected

World Health Organization officials, at an Aug. 21 meeting of health and infection experts in Beijing, addressed what is to be expected globally from the A/H1N1 virus. "At a certain point, there will seem to be an explosion in case numbers. It is certain there will be more cases and more deaths," said Shin Young-soo, the Western Pacific director of WHO. The rate of spread will see flu cases doubling every three to four days for several months, until peak transmission is reached, Shin said. He focussed his concern on poor countries, underequipped to deal with the infection, or any of the other pandemics-in-the-making, unless the global economic collapse is reversed.