# H1N1 Surges in Northern Hemisphere; Surge of Economic Measures Needed

by Marcia Merry Baker

Oct. 31—The H1N1/09 pandemic is advancing in the Northern Hemisphere, in various patterns forecast by epidemiologists for the Fall/Winter flu season: rapid transmission in North America; new surges in Europe; a sharp upturn in China; and many new "hot spots" across Eurasia, e.g., Ukraine. In the Southern Hemisphere, there is a continued "background" occurrence of non-flu-season cases of H1N1/09, especially in Africa.

The United States is fully into the expected Autumn "peak phase" of rate of infection, which in some locations is overwhelming the downsized intensive care infrastructure required for severe cases. This peak may prove to be the pandemic's height for U.S. transmission, or the infection rate may yet subside, only to surge again in early 2010. This is unpredictable, according to the most experienced virologists. The latest best guess is that the United States has had 5.7 million people infected by the novel flu strain, from April to the present, according to the Centers for Disease Control and Prevention (CDC); the disease will continue to rack up millions more.

The profile of the pandemic virus infection so far remains the same for its victims: Most people experience mild symptoms; but a small fraction of persons is hit very hard, mostly in the age range below 45 years, including, particularly, pregnant women, and such cohorts as those with underlying health problems, and native peoples (e.g., of Canada, Australia, New Zealand, and Mexico, who have poor living conditions).

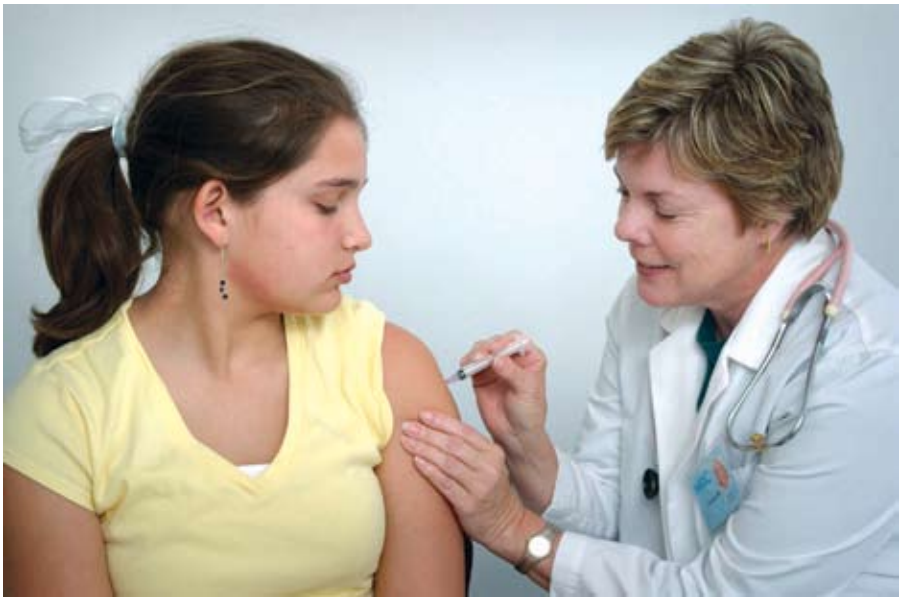
What stands out from the H1N1/09 pandemic—the first since 1968—is that a surge is needed worldwide in bio-science R&D, medical and public health infrastructure, and a massive upgrade in the physical conditions of life and work. This perspective is inherent in the drive by Lyndon LaRouche and associated efforts for initiating a new world credit system, by the Four Powers of China, Russia, India, and the United States, for halting the current crash process, and restoring national economic functioning. This objective, by definition, requires the assertion of national sovereignty, on behalf of the health and welfare of citizens everywhere.

In turn, this means ending anti-nation-state, anti-development "world markets" thinking, which created the conditions for physical breakdown, multiple pandemics, and biological holocaust. Our mission today is *not humanity versus "nature" and disease, but, humanity versus the evil of globalization.*

## Obama Lies

In the United States, an outstanding feature of the pandemic, is the lying by President Obama and the White House. In April, when the H1N1/09 virus first showed up in Mexico, California, New York City, and elsewhere, it posed an automatic problem for the new Administration, which was bent on implementing a Nazi-style health-care "reform" to cut U.S. medical treatment. The specifics of the Obamacare campaign come from London, in service of the same financial interests behind the Tony Blair government's 1999 innovations of Hitlerian medical rationing by the death board, NICE (National Institute for Health and Clinical Excellence).

The arrival and spread of the new flu required measures that ran counter to London's evil policy: expansion of health-care facilities, research, gearing up inoculation capacity, etc., to care for people and save lives. However, President Obama remained in firm opposition to such national interest policies, and stood alongside his advisor-controllers, especially Budget Director Peter Orzsag and the Emanuel brothers, to demand cutting/"reforming" medical treatment, no matter what. The White House, and associated Congressional flunkies such as Senate Finance Committee chair Max Baucus (D-Mont.) and Speaker of the House



James Gathany

*As the H1N1/09 flu pandemic surges in the Northern Hemisphere, the medical infrastructure, including availability of vaccine, is way below what is needed—and the White House is lying and pushing Nazi-style health-care "reform."*

Nancy Pelosi (D-Calif.), continue to assert that there is "overutilization" of U.S. medical infrastructure, flu or no flu!

Two lines of lies were spun out from Washington, to maintain a pretense of action on the new flu, while still serving London, especially after the World Health Organization (WHO) officially classified the outbreak as a pandemic,in May:

• First, that "coordination" among Federal, state, and local agencies would provide for "readiness" to cope with the Fall pandemic surge. Kathleen Sebelius, Health and Social Services Secretary, has repeated this almost weekly, deliberately denying the glaring facts of the shrunken U.S. hospital base, and sweeping loss of public health staff. You can't "coordinate" what doesn't exist. In 2008, an estimated 12,000 state and territorial public health jobs were eliminated; and another 8,000 so far this year.

Even during the U.S. outbreaks of H1N1/09 in the Spring—relatively limited compared to now—local hospital and public health services capacities were almost overwhelmed.

President Obama's response? On Oct. 24 he declared an official national pandemic emergency, whose purpose was simply to release hospitals and other care systems from any Federal constraint on how they triage and ration scarce care delivery!

• Second, it was a lie all along that mass flu vaccination could be adequate and timely in the United States, to successfully protect against the worst impact of the pandemic. This lie deliberately denied the glaring fact that vaccine production and availability now depend on the very limited, and proprietary facilities and willingness of a tight cartel of private manufacturers. The former reserves of national and collaborative international vaccine capacities have been eliminated, in fact and in commitment.

In addition, it was known to the Administration that the lead-time for vaccine production, even in the best of circumstances, was running behind the pace of the spread of the pandemic, and the expected surge.

Nevertheless, Sebelius said this Summer, that sufficient vaccine doses for the Fall would be provided from orders she had placed with the Big Five manufacturers: Medimmune/AstraZeneca, Sanofi-Aventis, CSL, GlaxoSmithKline, and Novartis.

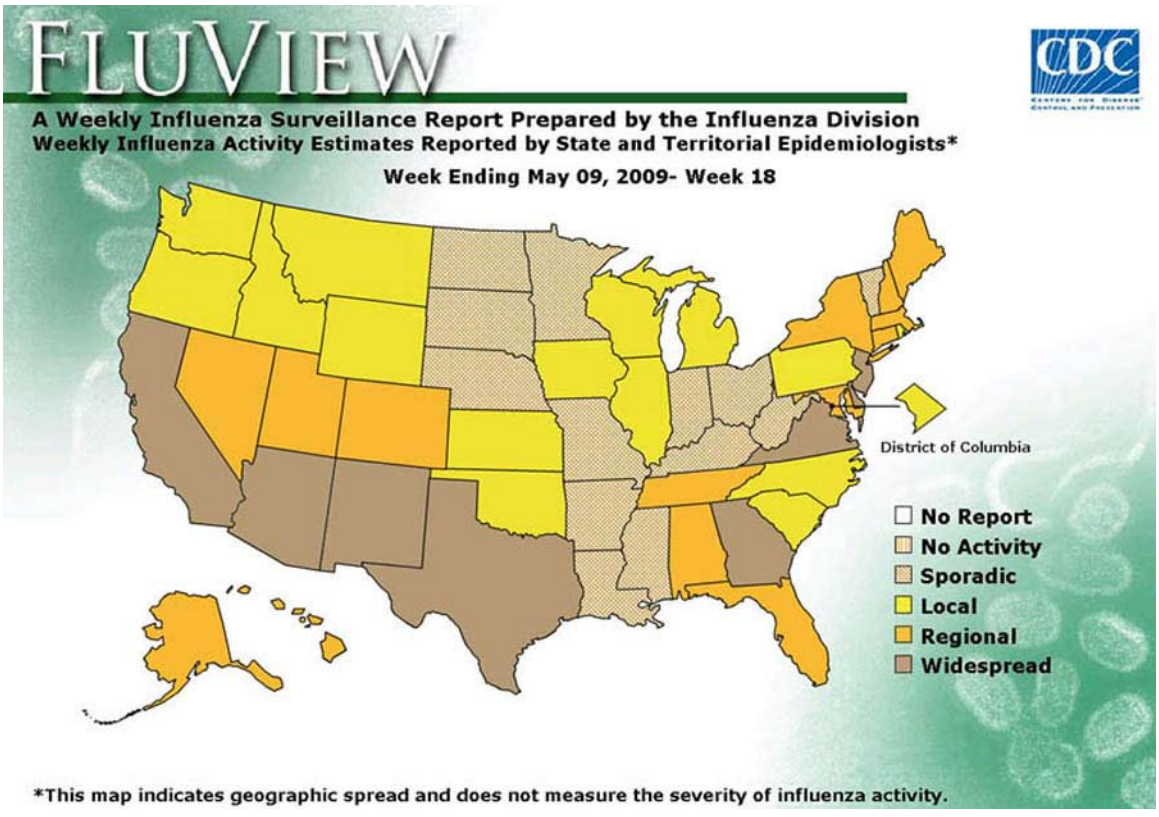
But, by late October, the lie was exposed. Instead of the 40-80 million doses (cumulatively) predicted for delivery, barely 26.6 million doses have arrived.

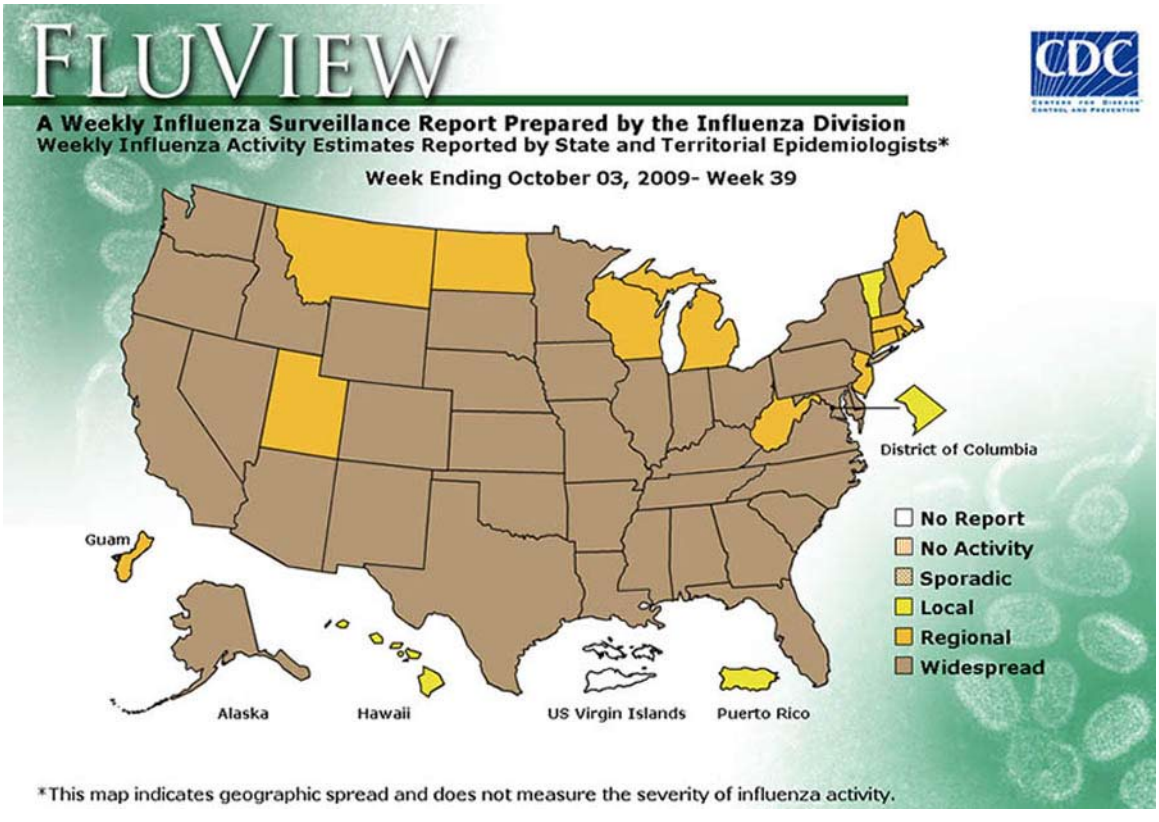
Thus, on all counts, reality has struck, exposing the lies and spotlighting the intent behind them to allow, or even force, people to die. It certainly raises the question: Was the Administration ever serious at all, about doing something to prevent mass deaths?

It is worth looking at aspects of the lying more closely, not simply as an internal U.S. problem of non-readiness to cope with the disease, but in order to understand and mobilize to end the Obama/Congress/Washington blockage of the Four Powers initiative needed at large.

## The Vantage Point of Science

Among the voices, all along, to warn against taking the H1N1/09 pandemic lightly, was that of Dr. Michael Osterholm, director of the Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota, who also chairs the National Institutes of Health panel that tracks emerging influenza infections.


FLUVIEW
A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*
Week Ending May 09, 2009- Week 18
CDC
District of Columbia
No Report
No Activity
Sporadic
Local
Regional
Widespread
*This map indicates geographic spread and does not measure the severity of influenza activity.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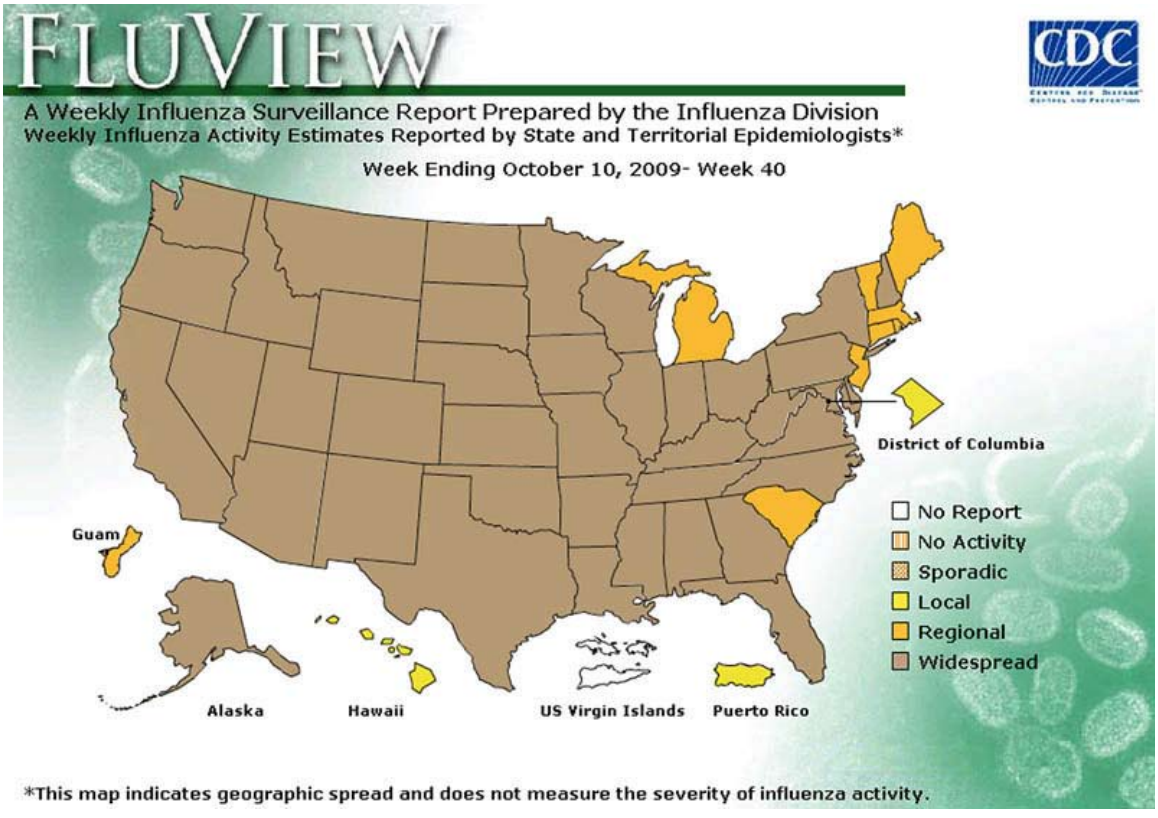


To begin with, Osterholm warned in mid-September, that the U.S. national flu vaccination campaign, even if everything went perfectly, *would be too late for the flu peak.* Speaking at a Pandemic Summit in Minnesota on Sept. 15, he said, "I still believe, and I wish I was wrong, and I hope everybody proves me wrong on this … but I'm afraid too little vaccine is going to get here before the peak really hits.… I honestly believe that the next six to eight weeks will be the peak. By early to mid-October, I think we're going to see the peak in the Northern Hemisphere."

Six weeks later, when his concerns were borne out, Osterholm told the *Minneapolis Post* (Oct. 23), "Well, I wish I were wrong, but I have been concerned from the beginning about over-promising and under-delivering on this issue. Just knowing this vaccine and what it takes, when they put the 140-million-dose estimate out that would be here in mid-October, I just knew that that was going to be a great overreach.…

"Go to 'flu.gov' and they have a flu vaccine locator sitting right on the front page. You go to that and it's a dead end everywhere you go. And that's because there is no place that has vaccine. When I say, 'no place,' it's coming out in dribbles."

Osterholm expained the lead-time necessary for the vaccine: "It's a lot like planting corn in Iowa. You can't harvest until it is ready to go. They were predicting, 'If we did early silage, what could we get?' versus, 'what could we get if we had to pick it when it was dried and ready to go.' It's not hung up on anything that is administrative or a mess-up; it just takes this long. I'm not the only one that just said, 'That time is not realistic.' And so I'm not surprised, and I find no fault at all—in fact I find it remarkable that we have as much as we do as early as we do, given the timeline. Like I said, any time you have a vaccine now that literally takes as long to make as it does to plant and harvest corn in Iowa, then you know you've got a problem with your vaccine."

There are direct questions of science and R&D raised by today's lag-time on the pandemic vaccine, and the task of how to enhance immunity. Osterholm states bluntly that we are resorting to antiquated, 1950s-era vaccine production methods; and that our understanding of resistance to infection is primitive. He included these considerations in a recent keynote address to a National Institutes of Health vaccine research conference, and spoke of them in his Oct. 23 *Minneapolis*

*Post* interview with Dr. Craig Bowron.

Osterholm said, "It's as simple as, 'You know, we don't have a clue what protects you in a flu vaccine.' So we measure hemagglutinin [the 'H' in H1N1] using outdated measures for antigen [a molecule on the surface of a virus that our immune system uses to key in on it], but we don't really know."

Dr. Bowron explained, "There are two basic ways to destroy an infection: with antibodies, which act as bullets, or by what's termed 'cellular immunity,' wherein certain white blood cells identify, engulf and kill the virus. Current testing involves only antibody testing, which, as Osterholm explains, doesn't leave us with a good sense of how effective and protective a vaccine might be."

Bowron's interview continues with Osterholm's explanation: "When the CDC did their sero-survey looking for hemagglutinin antibody to novel H1N1 in the elderly, they found about 30 percent of them having pretty good titers to the H1N1 virus. But the bottom line is, the protection we're seeing in the 65 and older age population far exceeds 30 percent, and the point of it is that there is probably a huge part of cellular immmunity that's tied to protection with the flu vaccine, and that's something we don't even understand."

"So it's something as simple as people think we know what it is in the flu vaccine that protects you, that we don't even really know. I can give you a whole laundry list of things people would be surprised at," Osterholm added.

These are the open questions that a crash R&D program should now be taking up. The issue of vaccine safety as such, is not a science question—there are 30 years of experience behind how to make a safe flu vaccine. It is, of course, a manufacturing-competence question, which then rightly raises the alarm of cartel control over pharmaceuticals and vaccines.

## Spreading, on Course

The H1N1/09 virus is spreading across the Northern Hemisphere as anticipated. A few highlights indicate the pattern:

In **China**, the number of cases in Beijing alone rose by 60% in one week, according to an Oct. 29 announcement by the municipal health bureau, during which time 1,299 new cases were recorded; a 20-year-old student died in the city. Cases in Shanghai are steadily rising, and thousands more cases are going unrecorded in other locations.

China's State Council (Cabinet), on Oct. 28, ordered government departments at all levels to take all possible measures to impede the transmission of the infection, and also ordered that drug manufacturers speed up vaccine production. Beijing and Shanghai have begun giving free vaccinations to students, teachers, medical personnel, police, and others. Although 400,000 people have been vaccinated so far, top epidemiologist Zeng Guang warns that people must be inoculated *now*, to avoid "endless troubles" and major challenges to the country's health infrastructure in the near future.

In **Europe**, there are varying patterns. The rate of spread appears fastest at this time in Italy and Spain. Italy leads the European countries, with 230,000 officially reported cases. Three of the four people who died over the past 24 hours were from Naples, where health and sanitation services are poor. In France, the number of people showing up at physicians' offices with flu-like symptoms jumped up 55% the third week of October, over the prior week.

In Scandanavia, 13 people have died from swine flu in Norway, many more than in Sweden and Denmark.

In the United Kingdom, during the past week, the number of patients being treated in intensive-care wards rose by more than 50%, while the total number of recorded cases rose from 58,000 to 78,000. Very few people have received the H1N1 vaccine, and mass vaccinations aren't scheduled to begin until December.

There are many hot spots developing, from Finland to points south. In Ukraine, a state of emergency has been declared by Health Minister Vasyl Knyazevych, after 33 people died recently from a flu virus (non-lab-confirmed for H1N1/09) near the Polish border. Schools are shut; cinemas are closed for three weeks; political rallies cancelled. There is near panic by the public, trying to buy up anti-viral medications, masks, and drugs. Ukrainian hospitals are being stormed, and medical students may be enlisted to help. Ukrainian Prime Minister Yulia Tymoshenko said on Oct. 30 that she will impose a quarantine on nine regions, to curb the spread of the virus.

In **North America**, Mexico is very hard hit by the second wave this year. The new flu virus is now infecting more children under the age of ten. In Mexico City, the Health Secretary has increased the level of alert from green to yellow, noting that many more young children are falling ill. Shipments of H1N1 vaccine aren't scheduled to arrive before mid-November. A

desperate Health Minister José de Cordova has warned that Mexico can't tolerate one penny more of cuts to the health budget (4 billion pesos were cut from the 2010 budget), or it will be unable to deal with the crisis.

In Canada, the virus transmission is relentless, and medics and the public fear the lack of intensive care facilities. Today in Calgary, five vaccination clinics had to stop accepting patients by 9 a.m., the lines of people waiting—some since 2 a.m.—were so long.

## United States: Infrastructure Lacking

As of Halloween, flu activity is reported as widespread in 48 of the 50 states. Under the non-policy of just hoping-and-praying that clusters of severe cases do not occur in close proximity at the same time—needing intensive care units (ICUs) and other resources that do not exist in depth—hospitals and local public health services are trying to cope as best they can.

A study released by *The New England Journal of Medicine* on Oct. 8, reported finding that, from an analysis of the Southern Hemisphere H1N1/09 season, almost two-thirds of severe cases needing hospitalization, need mechanical ventilation; the average duration of this breathing assistance is eight days. Under the last 40 years of globalization, no country in the world has this kind of in-depth infrastructure as a modern standard, which it could and should be.

On Oct. 27, the ABC news service did a survey of 60 hospitals in many states, to show the difficulties involved in meeting what they called "an anatomy of the surge."

In California, the Emergency Department at Children's Hospital of Central California near Fresno, reports that the H1N1/09 infection is straining their caseload. "Compared to last year, we're up about 25 percent from last October. Most of that is due to flu-related illness," reported medical director Dr. Larry Satkowiak.

In contrast, the University of California Hospital in San Diego, 300 miles away, while standing ready for a surge, did not yet have it. It could come overnight.

The situation is similar cross-country. The danger is the overload points. Central Ohio is an example: The associate executive director of Ohio State University Hospital system in Columbus, Richard Davis, said that, as of Oct. 27, they had only 3 spare ICU beds out of a total of 38. He warned, "That's a pretty fine margin, frankly. We, like others, have a very thin excess when it comes down to ICU capacity."