

IT'S NOT JUST FLU

Weakening U.S. 'Herd Immunity' Means More Infectious Threat

by Marcia Merry Baker

For several years running, health experts internationally have warned that the world is overdue for another influenza pandemic; that is, we should be expecting a new mutant strain of flu to come along, that will hit on the scale of one of the three 20th-Century global flu pandemics—1918, 1957, and 1968. Ignoring these warnings, the U.S. government has not only allowed the takedown of medical care delivery infrastructure as such—hospitals, public health staff, reserves of vaccines, etc.—but in the course of that policy, has contributed to the declining “herd immunity” of the U.S. population at large.

For example, there is now resurgent tuberculosis—much of it drug-resistant—West Nile virus morbidity in all 48 continental states, extensive hepatitis of various kinds, and AIDS/HIV. All of these microbial disease patterns exist in addition to the categories of known vulnerabilities to annual “normal” influenza; namely, among the very young, very old, and those with chronic illnesses and impaired immune systems (cancer, diabetes, asthma, surgery patients, etc). These account for a large number of the 60,000 or more pneumonia deaths annually, in particular among the elderly.

From place to place, the varying presence of persistent and new infectious diseases means that even if the United States sees only a “mild” flu strain this season, and even if this year’s trivalent flu vaccine shot hits the right strains, *America is guaranteed thousands of needless deaths and widespread illness* from the shortage of flu vaccinations, and the refusal to re-direct scarce supplies by the pre-election Bush-Cheney “Go Flu Yourself” attitude.

In the latest manifestation of the Bush/Cheney do-nothing policy, the Centers for Disease Control and Prevention announced, in the last week in October, the formation of a new,

permanent panel of ethicists to help decide who will get the flu vaccine. This is another Bushism, another mockery à la his favorite sound-bite pledge to “put none of our people in harm’s way.”

Map of Vulnerabilities

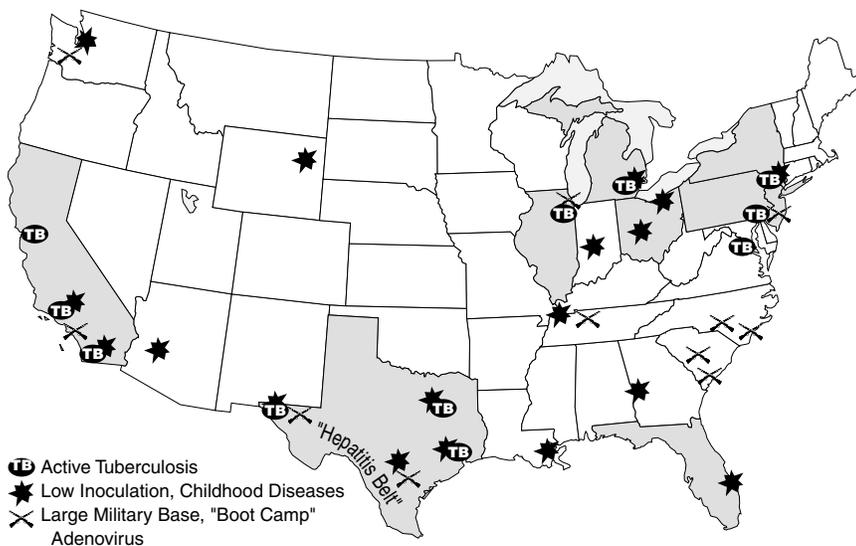
The map shown here illustrates the principle involved in the decline of American “herd immunity”; namely, that more sub-groups and locations of the overall population are needlessly subject to an increasing number of infectious diseases.

In fact, the death rate in the United States from infectious diseases of all kinds has been rising over the past 20 years, after falling for the previous eight decades. Even excluding deaths from the “new” viral disease of AIDS/HIV, the United States’ crude death rate from infectious diseases reached 57 per 100,000 people in 1999, way up from 41 in 1980. Add to that, deaths from AIDS/HIV, and the crude death rate reached 61 per 100,000 in 2002. These figures are from the 2003 report, *Microbial Threats to Health: Emergency, Detection and Response*, published by the Institute of Medicine of the National Academies of Science.

In **Figure 1**, the base map shows the nine states with the largest absolute numbers of people over 65. (Other states may have a higher ratio of over-65 population, but smaller absolute numbers.) The United States had 38 million people 65 or over as of 2003. The nine states shown have just under 10% of these citizens; over 17% of Florida’s residents are 65 or older.

Superimposed on the pattern of where many older citizens live, are three selected features of infectious disease outbreak threats, among many of those present in the United States

FIGURE 1
**Infectious Disease Clusters of Outbreaks and Potentials;
 States with Large 65-and-Over Populations**



Source: Centers for Disease Control and Prevention; *EIR*.

today. Mapped are: 1) clusters of current tuberculosis cases; 2) locations of low inoculation rates of children for childhood diseases; and 3) sites of large military bases, potentially subject to various “barracks bugs,” that pose a threat to the population at large. (It was from and through the domestic military barracks that the devastating killer flu of 1918, known as Spanish Flu, first spread.)

The Hepatitis Belt: In addition, the Mexico-United States border region is denoted as the “Hepatitis Belt,” a term used by health workers since the first Bush Administration, to sound the alarm about the lack of safe water and sanitation in this zone. There are high rates of *E. coli*, fecal coliform contamination, hepatitis, and even *Vibrio cholera* (as of 1992).

Tuberculosis: The TB symbol on the map locates the cities and counties with the highest number of current tuberculosis cases, including the metropolitan regions of Los Angeles and San Francisco, New York City, Washington, D.C., Detroit, and others. The Center for Disease Control’s (CDC’s) 2003 TB Surveillance System data show that in certain regions of the United States, rather than a decline in number of new TB cases per 100,000 people, the numbers have increased over the past three years, after falling since a Federal anti-TB intervention was launched in 1992 to combat what was then a dangerous resurgence of the disease.

California, New York, and Texas, which have 29% of the nation’s population, have 42.4% of the nation’s TB cases, and their numbers are rising. Whereas the national average rate

per 100,000 people for TB in the United States is at 5.1, in California it is 9.1; in New York, 7.7; in Texas, 7.2; and above the national average in Florida, Georgia, Louisiana, and New Jersey.

The CDC data also show that the rate per 100,000 for African Americans was 9.1, well above the national average; and with 3,041 of the 14,871 new cases in 2003, they constituted 20% of the cases nationally.

Low inoculation rate for childhood diseases: The Bush Administration boasts of a rising national “average” vaccination rate for childhood diseases (diphtheria-tetanus-pertussis, measles, mumps, rubella; also small-pox); but it is the singularity of regions where vaccination rates are perilously low, that is the jumping-off point for disease outbreaks.

The map locates many of the counties with the lowest rates, as reported by the CDC in 2003. The pattern reflects the influx of immigrants, and poverty areas, with Texas in the lead, and

including California, Florida, New York, and Louisiana. Chicago, Atlanta, Detroit, and other cities are in this category; now Cleveland and other points in Ohio have fallen into it.

‘Boot-Camp Bug’

For reference, Connecticut represents a decent vaccination rate of 89.1% for the most comprehensive (and essential) vaccination regime, for children 19-35 months of age, according to the CDC. The worst state is Dick Cheney’s Wyoming, where only 56.8% of children are vaccinated with the full regimen. A childhood vaccination rate below 70% is considered seriously low.

The following are the low rates shown at some of the sites on the map: Texas—Houston County (63.3%), Dallas County (67%); Arizona—Maricopa County (69.3%); Louisiana—Orleans Parish (68.4%); Michigan—Detroit (64.1%); Ohio—Cuyahoga County/Cleveland (65.9%); Indiana—Marion County (65.9%); Tennessee—Shelby County (68.9%).

‘Boot Camp Bug’/Adenovirus: The adenovirus, a respiratory illness presenting flu-like symptoms, has many mild forms, but to ward off certain deadly strains, an oral vaccine was developed 35 years ago. Starting in 1971, the Department of Defense used the vaccine routinely among recruits. The illness is called “Boot Camp Virus,” because of easy contagion under the confined conditions of the barracks, the stress among new recruits, etc. But beginning in 1996, the vaccine

was phased out in the military, only for cost-cutting reasons.

According to an analysis of military health-care records by investigative reporter, Michael J. Berens, in the *Seattle Times* on Oct. 14, "The respiratory virus now infects up to 2,500 service members monthly—a staggering 1 in 10 recruits—in the nation's eight basic-training centers."

The military symbol on the map locates several basic training centers, and other large bases. Internal military reports obtained by the *Seattle Times* record that at least six recruits have died from illness associated with the virus—four within the last year. A Defense Department decision had been made to resume the vaccine, but efforts to ramp up production are going so haltingly that its first use may be in 2007 to 2009. Berens reports, "Military foot-dragging

and high turnover of procurement officers have caused the replacement vaccine to fall behind schedule."

Boot camp virus spreading beyond military personnel, and is a general threat. Physicians at the Madigan Army Medical Center, Tacoma, Washington, reported six children of military staff diagnosed with the virus last Winter.

'Still Unprepared'

The U.S. map of clusters of incidence or potential, for just these four disease-types, underlines the general point about the entire spectrum of much-increased microbial threats to health today. In the face of this—and the annual lack of sufficient supplies of the common vaccines in recent years—the Administration's refusal to take required Federal

LaRouche on Health Policy: 'Enron-Type Dereliction'

Lyndon LaRouche was interviewed on Oct. 22 on Cincinnati radio, by talk show host Mike McConnell; the topic of preparedness to handle disease came up in the discussion of national security.

McConnell: Subject here will revolve largely around the lack of flu vaccine and who might be responsible for this. . . . Now, you make a point that you believe, this is according to the *Executive Intelligence Review*, that the lack of flu vaccine here falls—that the responsibility falls into the lap of President Bush.

LaRouche: It does, in many respects. First of all, he was very defiant in excusing himself in the third debate, which is hurting him badly, especially with people over 50 or 60 years of age, right now. But the problem goes more deeply on this, on the problem itself. But it goes to his philosophy of government, that the proper way to handle this problem is to put the responsibility on this program of—to the National Institutes of Health, and to have the government take the responsibility for the research and then, under government contracts, contract the production of the supply of vaccines as needed. There are other areas of health care which are in the same category of research, division between research and pioneering, and actually the follow-up by other agencies.

And what's happened in health care in schools—that is, immunization in schools—what's happened in the takedown of all of our Federal and related capabilities under Bush, is really a tragedy. And that's where the problem lies with Bush. The hard issue is, of course, the immediate flu vaccine shortage, an Enron-type case,

but the longer-term—

McConnell: Now, just step back. How do you compare this to Enron?

LaRouche: Well, the Chiron case. This is a case in which we should have had—we probably have 30% of the capacity to produce what we need for flu vaccine this year. We have also an incalculable situation, which is partly increased by the lack of vaccination in schools. Therefore, we have a "herd immunity" factor which gives us an incalculable risk on this kind of thing. Nobody knows what the risk is on this thing, but the point is—

McConnell: But, I mean, we haven't had successful flu vaccines for that long. We didn't even get good at this till about 1995. . . . Somehow our ancestors made it to this point in time, putting up with the flu on a regular basis.

LaRouche: Well, we remember 1918, and Ohio in particular. My mother was an Ohio resident at the time, and she was knocked in the hospital and near death in 1918, along with many others. The vaccine—there's a myth about vaccination, which is dangerous. People believe that a vaccination protects you against the infection. It does not. It helps you build up your immunity against the infection, and many people take risks, assuming they're protected by vaccination. Therefore, vaccines get a bad name because people have an unrealistic expectation of their benefit. They are simply ways of trying to moderate and control the spread of, the intensity and spread of, dangerous infections.

McConnell: Even in the best of times, those who produce vaccines don't believe they can get it 100% accurate. They believe that they can hit it about 85-90% of the time.

LaRouche: Absolutely, but that's the point. And the effect, the benefit to the population of those kinds of numbers, is great. We actually have the potential ability to

emergency measures is criminal.

In the past two issues of *EIR* (Oct. 22 and Oct. 29), we have presented the parameters of the decades-long takedown of America's public health system, and the record of non-feasance by the Bush-Cheney Administration to allow this season's flu vaccine production to depend on only two suppliers, one known to be using an offshore facility with a risky history of contamination problems.

A new summary picture of the lack of readiness to handle bio-threats was issued in October, by the Democratic Staff of the House Select Committee on Homeland Security. The 30-page report, titled, "Bioterrorism: America Still Unprepared," surveyed officials from 100 state and local health departments (including such major locations as New York City, New

Orleans, and St. Louis, as well as rural areas). Reductions in Federal funding assistance have undermined preparedness, according to the majority of state and local health officials contacted. The report notes that Federal funding for public health preparedness has declined by 18% since Fiscal Year 2003, with another 11% cut proposed by President Bush for Fiscal Year 2005.

The report notes that the Department of Health and Human Services would *not* release preparedness information to the Committee, leading the staff to conduct its own survey. "We must do all we can, as fast as we can, to protect the United States from . . . the outbreak of a pandemic influenza," declared Rep. Jim Turner (D-Tex.), Ranking Member of the House Homeland Security Committee.

prevent the kind of effect we had in the 1918 flu epidemic. We can't stop the infection, but we can moderate the effect within the population, so the spread is not as intense and the levels reached are not generally as high.

McConnell: Well, I'm sure if we expected to have something along the lines of the Spanish flu—which is what circled the globe in 1918, killing more people than died in World War I, which had recently ended—if we knew it was something of that intensity, we certainly would've geared up to make sure *every American* was immunized against the flu. . . . There's every reason to believe this is a mild flu season, so what's the problem?

LaRouche: No, it is not a mild flu season. The expectations are of a much more severe case, because the herd-immunity factor in the United States is down, because of economic factors, because of the loss of vaccination and so forth, in schools—because children are one of the key vectors in this process. Many other factors. So there was a *totally irresponsible behavior* on the part of the present Administration in dealing with this problem—or, we say, irresponsible, but maybe they didn't know what was going on, maybe they weren't capable of knowing what was going on, but they goofed. . . .

McConnell: What immunizations are we not giving in schools?

LaRouche: For all kinds of things, childhood diseases, things of that sort.

McConnell: We never got those at school. My daughter never got those at school. You went to the doctor for that.

LaRouche: Well, the same thing. This was in the school, period. You had a relationship between the private physician and the school, that the children coming into the school were vaccinated. And that program has been

downsized. . . . We're very negligent these days. . . . It's like national defense. It's a different kind of national defense. We are supposed to have an institution, various institutions—of the Surgeon General, for example, such as the NIH [National Institutes of Health]—or institutions which are responsible for Federal overview of these things, and to report to the Congress and others, as well as through the Administration, on what these problems are, and what we should do about them.

McConnell: Yeah, but when it comes to a kid not being vaccinated for school, that's a local School Board issue, not a Pennsylvania Avenue issue.

LaRouche: It is implicitly—ultimately, the buck stops at the top. And the Federal government, all the way down. All our good systems work that way. If the Federal government took its responsibility, whether at the executive level or at the level of Congress. . . . We made enabling legislation which provided means for cooperation with states and local communities and private facilities to handle problems. We had an intelligence responsibility—that is, the Federal government has an intelligence responsibility for advising various aspects of the institutions on what the problems are, because no local institution has that ability, that power.

Therefore, the Federal government has a defense responsibility for defense of the General Welfare, which it can not solve entirely by itself, but it can not abandon that responsibility.

McConnell: Does this Administration have a policy of saying kids do not have to be vaccinated to go to school anymore?

LaRouche: Their policy is much different. The policy is like the Enron policy. The policy is, we want our friends to make a lot of money. And we will overlook a few things which may stand in the way of what's called free trade.