books, back to the 1930s, and those things should be observed. I think it's totally disrespectful.

EIR: What is your view of what the timetable is going to be now?

Owens: The best way I can put it, is that the train has left the station and it's moving at high speed. It's up to the citizens of the District of Columbia, as well as the workers at the PBC, to stand together. There will be a meeting over at Eastern High School on Dec. 6, where we're calling everyone together. Mildred King is the one who's spearheading this, and we support her 100%. When I say we, I mean Local 1033, and I don't have any reason to believe that the other unions that are in the hospital and in the clinic are not supporting her. I believe that they all support her.

EIR: Have you had more layoffs, since the 200 employees and 96 contract nurses announced in late September?

Owens: Other than the layoffs that have gone forth from the management, not yet. We've had people quit. The hospital has lost approximately 15 nurses. People are resigning all the time. That creates vacancies, and they say they're not going to fill those vacancies. The D.C. appropriation bill has now been passed by the Congress, and in that bill, it's stated that what Julius Hobson [Chairman of the PBC Board] said to them on Aug. 25, is what they're going by. One of the things that he had stated, was that there would be 500 layoffs, without replacement by contractors.

We just don't have that many positions that they can get rid of. The hospital is already short. They are making tremendous amounts of overtime in areas such as the ER [emergency room], in the lab, respiratory therapy, medical records. They're making overtime everywhere, because they're short-staffed. I don't know why the decision-makers won't come out and see exactly what's going on.

They keep talking about, there are too many employees for the number of in-patients that we have. But this hospital doesn't just service in-patients. If they really checked, they'll see that we service out-patients. There are out-patient areas all throughout this hospital. I happen to be working in one. I work in the HIV center. In our center, we have approximately 2,000 visits a year. I look at the medical clinic, the dental clinic. I'm told in the dental clinic, they may see anywhere from 75 to 100 people a day. In the medical clinic, there are always lines of people.

If these clinics are seeing all of these people, why aren't they really telling the full story. It's not just a question of beds that are filled in this hospital. It's a question of patients, the clients that we see on a daily basis. If they really took the numbers, they would go to supervisors, and stop going to these people who don't work in these clinics, and get the actual numbers. Every single patient who comes into every single clinic must sign in. I don't know where these people are getting these outrageous figures from.

No Flu Shots Yet: U.S. Unready for Epidemic

by Linda Everett

When tens of thousands of Americans die this winter after contracting influenza, recognize what the real killer was. It was not the flu that killed them—the killer was the "free-market," managed-care system that deregulated the entirety of the nation's health care system, and cast off the public health needs of the nation. The killer was the same "just-in-time inventory" disease that has destroyed our manufacturing and industrial sectors—and now, our vaccine manufacturers, that work only to generate profit, not produce for the public welfare.

Flu victims will have been killed by the national public health leaders and government officials who made the political decision to abdicate their responsibilities to adequately safeguard the nation's public health against an influenza epidemic which, this year, scientists warn, may actually be a global pandemic.

The crisis is critical for several reasons. More adults and children will be susceptible to this season's flu strain, N1H1, which has not surfaced for the last five years. Over that time, the immunity of adults previously exposed to that strain wanes, while children under age five have not been exposed to it, and thus have no immunity. Also, the seed virus provided to vaccine manufacturers by the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, for purposes of manufacturing the vaccine, did not produce a high yield, causing both an unacceptable shortage, and the delay of delivery of vaccine supplies until mid-December—which will already be at the peak of the flu season in some parts of the country.

'An Excess of Mortality'

The nation experienced "an excess of mortality" for the last four years in a row, because of influenza, according to the CDC. Despite this, and despite the threat of a pandemic, Federal public health officials did not stockpile vaccines for the emergency, and did not mandate universal inoculation for the entire nation (as, for example, the Canadian Province of Ontario did for its entire population). Rather, this year, officials have reacted to the vaccine shortage by simply revising downward their recommendations as to which populations should receive the vaccine, experimenting with half-dose vaccinations, and telling the general public to delay

getting their shots—a dangerous approach! And indeed, millions of Americans have had no choice but to do so, because flu shots have simply been unavailable, even from doctors' practices.

If one simply adds up the number of people whom the CDC recommends receive the vaccine (such as the elderly and chronically ill), it's immediately clear that far too few doses of vaccine were produced and distributed, in any recent year, to adequately vaccinate the nation's population (especially after the Congress passed the Balanced Budget Act of 1997, which shut down thousands of hospital clinic and community outreach programs, leaving the poor without access to vaccines).

There are 40 million elderly (age 65 and older), and some 93 million people with chronic illnesses. Chronic disease, which accounts for one-third of the man-years of potential life lost before age 65, includes cardiovascular diseases (57 million people), diabetes (16 million), asthma (15 million), HIV-AIDS (1 million), and hepatitis C (4 million). Eliminating the estimated overlap between the two categories, the elderly and those with chronic diseases account for about 100 million people.

The CDC first recommended universal immunization for everyone over age 50, an estimated 65.7 million Americans, according to the latest U.S. Census figures. But, the amount of vaccine produced this year is just 75 million doses (the same as last year). This would have left little more than 9 million doses for the rest of the population. When the vaccine shortage became apparent, the CDC then called for only those over 65, and the chronically ill, to get shots. It also recommended that health care workers, including nurses, physicians, and nursing home or hospital staff, be vaccinated. This critical part of the country's health care infrastructure includes about 11.3 million people (and does *not* include the important categories of police, fire, and rescue workers and volunteers).

So, the total estimated number of dosages needed to cover just those whom the CDC recommends be vaccinated, is about 111 million—with 75 million doses available, and much of that arriving critically late, that means some 35 million elderly, chronically ill, and health workers, and about 165 million Americans overall, are left with no access to vaccine.

More Flu Deaths

The CDC claims that in an average year, influenza is associated with more than 20,000 deaths nationwide and more than 100,000 hospitalizations. But, according to Dr. Paul Glezen of the Influenza Research Lab of Baylor School of Medicine in Texas, that average is based on old data from 1972 to 1992. In fact, Dr. Glezen told *EIR,* the average number of deaths before 1984 was about 15,000 per year; the post-1985 deaths due to influenza were 30,000 per year. But, the most recent years' average number of deaths due to flu was 46,000.

The *Journal of Infectious Disease,* according to Dr. Glezen, states that hospitalization due to pneumonia increased 50% during 1985-98—while there was an overall trend of 32% *decrease* in hospitalizations and an astounding collapse in our health care and nurse infrastructure.

The catastrophe is hitting every economic sector in the country. For example, in Loudoun County, in the middle of Virginia's horse country, one of the most well-to-do and fastest growing counties in the nation, the vaccine is so scarce, that even the County Fire and Rescue team cannot find flu shots, even at premium prices, before December. Their fleet of 30 ambulances may be useless, if their staff and volunteers, exposed repeatedly to influenza and pneumonia cases, become infected.

Loudoun ambulance and rescue team members have told *EIR* that, given the known shortage of hospital beds and nursing staff in the county, they "are preparing for a disaster" during the 2000-01 flu season. Despite the explosive population growth in Northern Virginia (the population has doubled since 1970), no new hospitals have opened (one, with 154 beds, closed). Sixteen facilities in the region, in the six months between December 1999 and June 2000, were forced to close their doors an estimated 685 times to the critically ill, emergency patients, and ambulances. It's not unusual to have eight or ten hospitals in the region on "reroute": that is, when the lack of hospital beds, nurses, monitors, or emergency room capacity forces hospitals to tell Emergency Medical Service to transport patients to other, sometimes distant hospitals. The normal transport time of two hours increases to three or four hours, when ambulances are diverted out of the county, thus also leaving larger gaps in the county's EMS coverage. No matter how wealthy an emergency patient may be, the lack of a ready ambulance at such times could cause an unnecessary death.

The Loudoun County Fire-Rescue Commission, EMS Council, and Loudoun Hospital, in an attempt to avert the "reroute" disasters of the last flu season, are petitioning the state to give the Virginia Commissioner of Health the power to allow state hospitals to bypass current state regulatory procedures and bring new hospital beds on-line, in order to quickly set up "temporary" beds to serve patients throughout the flu season.

While the county mayors set up a commission to "study" the issue in mid-November, the nation's first flu outbreak began, with influenza cases being recorded in Austin, Texas.

But, the crisis of how ill-equipped the country's health care system is to deal with the flu epidemic is a *national* calamity. Let a national mandate go out to immunize everyone against influenza, the nation, with its current collapsed health care system, couldn't carry it out without a massive build-up of public health resources, along the line of the Federal 1946 Hill-Burton mandate that assured every community met its medical needs.