

etc., through cartels and companies such as Enron. In the realm of chemicals, pharmaceuticals, and seedstocks, consolidation of control over supplies has reached an extreme stage.

The *Wall Street Journal* spoke explicitly on behalf of the Synarchist cartels, in an Oct. 12 editorial, "Healthcare Showdown," claiming, "Healthcare is a scarce good like any other and can't escape the laws of economics. As such it will be 'rationed' one way or another. The only question is whether that is done through prices and individual choice, or through the brute political force of government."

It is time to defeat any form of this thinking and control. What is required is a shift back to the traditional American System form of general-welfare healthcare policy, restoring a delivery system of adequate ratios of hospitals, drug supplies, staff, public health services, etc. based on both private and non-profit collaboration, as worked for decades before the neo-conservative, free-trade disaster.

In particular, measures to ensure adequate supplies of flu vaccine—and other needed public health vaccines of all kinds—in the near-future, include the once-traditional *regulatory* government procedures: commissioning a number of suppliers; becoming either the upfront bulk-purchaser for redistribution through private and public channels, or buyer-of-last resort of unused quantities; granting tax benefits for producers and researchers of priority vaccines; partnering with private operations for research and production, etc.

Cartels Threaten Public Health

On Oct. 5, Chiron Corp., the Emeryville, California-based supplier of nearly half (48 million doses) of the United States' anticipated influenza vaccine supply for this season (and for

2003), announced that its total shipment of vaccine was cancelled, its Liverpool, England plant de-licensed, because of contamination issues. The British Medicines and Healthcare Products Regulatory Agency suspended Chiron's license to sell vaccine for three months, and cancelled all of its vaccine while it investigated its facility for contamination.

In August, Chiron had told the U.S. Food and Drug Administration (FDA) that delivery of some shipments of its vaccine, Fluvirin, would be delayed because some lots were contaminated with *Serratia marcescens* bacterium, which can cause severe, even fatal infections in humans. When U.S. regulators inspected Chiron's manufacturing plant in Liverpool in 2003, they found evidence of contamination problems then.

Since the October announcement, followed quickly by emergency Congressional hearings on the crisis, charges have erupted that the FDA knew as early as September 2004 that *all* the 48 million doses were endangered. On Oct. 11, Lester M. Crawford of the FDA denied this. On Oct. 13, it was made known that a grand jury has been convened to investigate the circumstances and timing of the Chiron cancellation. Lost in the banter of "who knew what, when" crisscrossing the Atlantic, are two larger issues regarding vaccines.

First, it was knowable and manifest that the globalized, cartelized pharmaceutical industry is a menace to public health, Chiron's English facility in particular. Secondly, squadrons of Administration top health officials also knew that an influenza pandemic is "overdue"—they have stated so publicly—yet they accepted a reliance on a risky set-up of only two sources for this season's flu vaccine supplies.

Could Avian Flu Cause A New Pandemic?

Influenza originally from birds has killed 30 of the 42 people infected with it in Southeast Asia over the last year. This particular flu virus has been mainly transmitted from birds to humans; but recently, in Thailand, there is a probable case of human-to-human transmission, which has experts quite worried about a new flu pandemic.

The concern about a new pandemic is justified, based on several scientific considerations. First, this avian flu virus has shown a very high lethality in people who contract it, and this may be due to a very limited human immune system resistance to the virus. Second, there is no vaccine currently available that can protect the human population from this virus. And lastly, if the virus does acquire the ability to spread from person to person,

effectively jumping the species barrier, it will be very difficult to contain.

1997 Epidemic Warning

Influenza viruses that infect people come from two groups, A and B, and are further categorized into subtypes based on the surface antigens *hemagglutinin* (H) and *neuraminidase* (N). The current avian flu now spreading in Asia is influenza A, subtype H5N1, which originally came from ducks and geese in China.

The 1997 Hong Kong outbreak of avian flu that killed six people was the first time this subtype H5N1 was found to be able to infect humans. The H5N1 flu virus is present in a large number of ducks and geese in southern China; most of these birds do not display any symptoms of illness, and the disease is not lethal. But when this same H5N1 virus was transmitted to chickens, the infection was found very often to be lethal.

The 1997 Hong Kong outbreak of avian flu was contained by a massive quarantine and slaughter of all poultry

Consider the simple fact that the CDC itself has recommended that 185 million vaccinations would be the optimum way to minimize flu in the U.S. population; but vaccine production is wholly at the discretion of private pharmaceutical companies. It was they who decided that only 100 million doses, based on “market demand,” not the medical needs of the population, were to be produced.

Not only infectious disease experts, but even the government’s own General Accountability Office (GAO), issued warnings in 2003 and 2004, that the potential exists for a world-wide virulent influenza outbreak imminently, perhaps *this year*—a pandemic that would far exceed our immunization, public health, and hospital infrastructure capability. But no action has been taken accordingly.

As of mid-October, about half of local health departments in the United States had no flu vaccine, according to a survey of 150 local health departments by the National Association of County and City Health Officials. County and city health departments and medical professionals in many states had ordered vaccine exclusively with Chiron. Those regions include the nation’s capital—Virginia, Maryland, and the District of Columbia all depended on Chiron for vaccine.

This year’s shortage is the fifth time in six years that the United States has experienced disruption in availability of flu vaccine. Yet, the Federal government has had no remedial plan, other than “market” rationing. The CDC issued a hastily revised set of guidelines for who should get vaccinated, and called for voluntary re-distribution of the Fluzone vaccine produced by Aventis Pasteur. This recourse to “voluntary” action

in the province. The problem now facing Asia, is that the natural reservoir of the virus in the ducks and geese, has allowed the virus to mutate into an increasingly pathogenic form that can infect mammals.

In an experimental study published in May 2004, researchers in China isolated 21 different H5N1 virus types from apparently healthy ducks over the period 1999-2002, and then analyzed their ability to infect mice. What they found was that over this period, the H5N1 virus progressively gained the ability to more easily infect mice, and cause increasingly damaging and lethal disease in them.

How the virus is genetically reassorting itself to be able to infect mammals, or if it is picking up genes from another flu virus in another mammal, such as the pig, is not yet known. If this H5N1 virus does acquire the ability to infect humans, and spread from person to person, it could represent a threat equaled only by the 1918-19 flu pandemic known as the “Spanish Flu,” that killed, not hundreds of thousands as in normal flu seasons, but 20 million people.

—Colin Lowry

by the top health officials, was defended on Oct. 11 in Congressional testimony and national broadcasts by Antony Fauci, Director for Infectious Diseases at the National Institutes of Health, using *Wall Street Journal* double-speak. Fauci said things may be a “bit random” around the country, in the “redistribution phenomena.”

The CDC’s original priority target population amounts to 100 million *in toto*, which of course, is not possible to immunize now. In mid-October, there were an estimated 22 million remaining Fluzone dosages at various stages of distribution around the country. Otherwise, some 1-2 million doses of the inhalable FluMist exist, but are appropriate for use only by healthy adults under 49 years of age, because a live-virus formulation is used.

The vast majority of Aventis’ vaccine is in private hands—like supermarkets. That list is proprietary; Aventis won’t disclose their names. CDC chief Dr. Julie Gerberding wants a “voluntary” redistribution of vaccine because a government action would be “too disruptive.”

Gerberding said Oct. 12 that she was “sorry” for the situation, and called on healthy adults to forego vaccination. She termed them, “health heroes.”

Administration Knew About Chiron

The oft-heard Wall Street term for the disappearance of flu vaccine suppliers and supplies, is “fragility in the vaccine industry”—the words of Dr. Fauci on Oct. 13 to paper over the Administration’s responsibility. Fauci spoke of needing to “incentivize” drug companies to make vaccines. In reality, the government has a role to play to guarantee needed medications; but it has abdicated under deregulation, and some cartel companies have made out like bandits, while shortages have become the norm. Simply based on the record from press accounts, and Chiron’s corporate reports, there are strong grounds to question the Administration’s actions.

Chiron: Chiron Corporation, a global biotech company, was founded in 1981, is headquartered in Emeryville, California, and operates vaccine-producing facilities in Canada, Italy, Germany, and India as well as the U.S.A. and England.

In 2003, Chiron acquired the PowderJect Pharmaceuticals plant in Liverpool, U.K. for nearly \$1 billion, despite that facility’s record of contamination problems. Operations at this plant were intended by its new owners to produce enough of its Fluviron, for half of the U.S. flu vaccination supply for the 2004-05 influenza season. Before PowderJect had acquired the plant in September 2000, the plant had been owned by Celltech, which earlier that year had been ordered by British health authorities to withdraw an oral polio vaccine because of concerns about contamination *in that factory*. It was well known that the succession of owners had long under-invested in the Liverpool plant, according to A.G. Edwards analyst