enough to halt this pandemic, should changes in the viral genome cause it to turn more deadly. Under generalized pandemic conditions, vaccinations, which must be prepared months in advance, may prove ineffective against a rapidly mutating and reassorting virus. They are an essential part of the defense arsenal, but not a sure bet against a fast-changing flu virus.

Disease is now becoming the most evident symptom of the long-term physical economic decay. Under present collapse conditions, the rate of generation of new diseases is beginning to outstrip the capacity of the physical economy to deal with them. The reduced conditions of nutrition and general immune levels of the world population have produced a breeding ground for influenza, and all manner of other pandemic diseases. Add to that, the fact, that, at best, 20% of the world's population could be protected by presently existing vacccine manufacturing facilities, and you see that the present virus might better become popularly known as the Greenspan flu. (Not all pigs, but certain ones in particular, should be given credit for their actions.)

British Caught

In Great Britain, attempts to minimize or ignore the seriousness of the flu danger were called up short today, as the London *Times,* newspaper of record, was forced to acknowledge that parts of Britain now have so many cases of swine flu that it cannot be contained.

Not surprisingly, Britain has been playing the leading role in the world in stalling and obstructing efforts to fight the flu. A month ago, at the annual conference of the WHO, Britain had demanded that it not declare a Level 6 alert, stalling mobilization against the pandemic. Next, the British government was caught seriously under-reporting the number of H1N1 cases, and faced serious criticism from France and the WHO Director-General Margaret Chan. British Health Secretary Andy Burnham had also been under fire from the Scottish Health Minister, Nicola Sturgeon. Facing a spreading pandemic in Glasgow, Sturgeon said Scotland would break from the containment-only policy and pursue active measures to halt the spread of the flu.

Today's admission by the *Times* might evoke, for some, images of Edgar Allan Poe's classic treatment of the black plague. Not even blue blood will halt the contagion of which the current rapid and unseasonal spread of the H1N1 virus is a harbinger. Can anyone say that the flu virus shall not come to visit His Royal Virus Prince Philip before he himself is reincarnated?

Obama Flu Policy: Go F** Yourself!

by Marcia Merry Baker

June 26—What is outstanding about the Obama Administration's policy towards the new A/H1N1 flu, before and since the World Health Organization's announcement June 11 of the highest level of world pandemic alert (Stage 6), is its deliberate sound-good-but-do-nothing response. There is next to no mobilization for reserve hospital capacity, vaccination production, expanding ranks of public-health staff, and other measures called for.

The Administration's stance is thus in service of the stated de-population drive by the likes of HMV Prince Philip Mountbatten—Her Majesty's Virus—who said in 1988: "In the event that I am reincarnated, I would like to return as a deadly virus, in order to contribute something to solve overpopulation…." (*Deutsche Press Agentur*, August 1988).

U.S. funding for bio-defense against the new influenza has been obstructed or minimized every step of the way by the White House. To begin with, in February, the entire authorization for state and local public health capacity—$700 million—originally intended to compensate for capabilities hit by the crash—was stripped out of the American Recovery and Reinvestment Act of 2009. On April 27, the day the WHO announced a Level 4 pandemic alert, President Obama called for special funding, but only a measly $1.5 billion—not even enough to begin to restore state and local preparedness, let alone what is required over and above that for urgent Federal-level programs of vaccine and anti-viral R&D, bio-surveillance, and other tasks.

For example, the Association of State and Territorial Health Officials (ASTHO) estimates that $15 billion is needed simply for a nationwide A/H1N1 vaccination campaign (figuring 600 million doses, 2 per person, at $10 a dose for the vaccine, and $15 per dose to administer).

Finally, the first week in June, as the flu spread, and deaths increased, Obama upped his request to Congress to $4 billion, but to come, in significant part, from di-

White House/Pete Souza

Kathleen Sebelius, HHS chief, is a outspoken advocate for Obama's Nazi health-care "reform," while ignoring the threat of a flu pandemic: "I don't know anything about hospitals," she delcared dismissively. Standing behind her: Obama, and White House health czar Nancy-Ann DeParle.

verting resources from pre-existing disease-fighting programs such as Bio-Shield. Congress balked, and in mid-June, approved $7.65 billion in new anti-pandemic funding. (It came out from a House/Senate compromise measure, included in final passage of the $106 billion military supplemental spending bill.) However, only $1.5 billion of that is to be deployed in FY2009, in deference to the White House go-slow policy; the other $5.8 billion is in "contingent emergency appropriations" for the Health and Human Services Department and the Centers for Disease Control. The non-emergency funds amount to *ten times less* than what is needed to carry out an effective vaccination program, not to speak of other urgent needs.

The Obama cabinet member in charge of the U.S. response, HHS Secretary Kathleen Sebelius, is spending most of her time deploying as spokesman for the Obama Nazi-medicine health "reform," while advocating worse than nothing to deal with the pandemic. This is in line with British attempts in May to delay or prevent the WHO from declaring a pandemic Level 6 alert.

On June 11, the day of the WHO declaration, Sebelius and Department of Homeland Security head Janet Napolitano issued a three-paragraph statement saying, "Today's decision by the WHO was expected and doesn't change what we have been doing here in the United States to prepare for and respond to the public health challenge." Sebelius showed what she meant the next day by presiding over a health-care "reform" event in Omaha, Neb., in her business-as-usual pitch for cuts in health care. On June 14, she was the spokesman on the Sunday morning CNN and ABC blab shows, peddling the line that there was "over-utilization" of health-care infrastructure in the United States. Sebelius gives a weekly video update on the progress towards health-care "reform" on the website, www.healthreform.gov, but only occasional comments on the pandemic.

Over the last several weeks, only two press releases appeared on her HHS website on the A/H1N1 threat, apart from the June 11 statement. One, on May 22, reported on a Sesame Street TV advertising campaign aimed at children, telling them to "cover their coughs," and take other self-protections. Another, on the same day, reported on the limited U.S. effort to work with vaccine producers. Sebelius has stated that Federal orders will be given on priority lists of who will get the vaccine. All other matters—the lack of hospitals, licensed beds, staff, and so on—are either not mentioned or are sloughed over, by saying that Federal agencies will "cooperate with state and local" governments.

In reality, state and local governments are financially in ruins, with shortages worsening by the day. But in the United States, mention of hospitals and ratios of infrastructure has been almost taboo, under the pall of the Obama Nazi-medicine "reform" campaign. Nationwide, there is now a ratio of barely 2.7 beds per thousand persons; this is falling, and is even below that, in dozens of U.S. counties and cities.

But, at a May 28 media briefing, advocating poverty clinics, Sebelius said, "I don't know anything about hospitals," in reply to a question from *EIR* about the dangerous trend of U.S. hospitals shutting down. Her remark is especially venal, given that, as governor in Kansas—her position before joining the Obama Administration—she was the subject of a scandal for presiding over a takedown of hundreds of specialized psychiatric beds in Kansas hospitals. Also, many rural counties throughout the Plains states now have no community hospital at all.

For example, on June 10, Larned, Kansas Mayor

Robert C. Pivonka issued an "Open Letter to the Community of Larned and Pawnee Counties," saying, "This morning, June 10, 2009, [he was told that state agencies would] close our hospital, St. Joseph Memorial Hospital. We were told the doors will close in 90 days and there is no appeal.... We were not expecting this...." He said that his goal is to reinstate a "free standing, independent, community hospital, with emergency room services, 10-15 acute care beds, lab and x-ray, a CT Scanner, and professional staff...." But, as of Oct. 10, there will be no hospital at all. This is happening all across the nation.

The sabotage of health infrastructure in the U.S. stands in dramatic contrast to the discussion that has broken out in France, Italy, and other nations, about what ought to be the scale of response to combat the pandemic.

U.S. Bio-Defense Infrastructure Crisis

The following are a few of the indicative parameters of the takedown of bio-defense infrastructure in the U.S., now supported by the Obama Administration.

• Bio-science surveillance, research, and development: In February, the U.S. Association of Public Health Laboratories reported that 80% of the labs they surveyed have cut back their operations since January 2008, because of funding reductions. The critical cadre of state lab workers is being reduced, ranging from epidemiologists, to technicians and other staff. There is no federally backed, crash virology R&D drive.

• State and local preparedness programs for disasters such as an influenza epidemic, have experienced funding cuts of 25% since 2005, despite all the talk about "pandemic preparation" since the 2005 avian flu outbreak. (Source: April 27 warning by Robert Petronk, executive director of the National Association of City and County Health Officials.) Eleven states and the District of Columbia cut funding for public-health services in FY 2008. In California, the Health Department is already implementing a 10% budget cut, with additional cuts now in the works. The Obama Administration's "American Recovery and Reinvestment Act" slashed $700 million from its original plan for public-health services.

• The U.S. lost over 12,000 health-care workers in 2008, and is losing them this year at the same rate. This comes on top of an already shrunken base. In 2000, the total U.S. public-health workforce numbered 448,000, which was 50,000 fewer than in 1980. In 1980, there were 220 public-health workers per 100,000 U.S. residents; by 2000, this had fallen to 158 per 100,000. Now it is worse. A paper released in December 2008, by the Association of Schools of Public Health (www.asph.org), "Confronting the Public Health Workforce Crisis," points out that many of the remaining workers are at retirement age.

Dr. Paul Jarris, executive director of the Association of State and Territorial Health Officials, told Congress April 28, "We don't have a preparedness force ready and waiting." Instead, "the regular workforce" has to kick into action, when there is an emergency, but that force is being undermined. He said, "We don't even have what we had two years ago.... We're at a critical resource and workforce point." Again, on May 20, Jarris appealed for help, as did health officials from Missouri, Ohio, and New York, who said they don't have the staff to cope with the oncoming pandemic. "The unknown is coming this Fall," said Ohio's Cuyahoga County Health Commissioner Terry Allan, referring to the second wave of influenza. He explained, "We know what to do, we just don't have the horses to do it over an extended period of time." Resources are too stretched.

• The rate of shutdown of hospitals and related facilities—the frontline defense of the population—is at the stage of a public-health emergency. The number of community hospitals in the U.S. fell from a peak of 5,904 in 1980, down to barely 5,000 in 1999, and today, stands at 4,897. The ratio of licensed hospital beds per 1,000 citizens has dropped from 4.5 in the late 1970s, down to 2.7 today. The situation in New Jersey is typical: In February, the New Jersey Hospital Association released the results of a survey over the past two months, reporting that, of the 37 of the state's 74 acute-care hospitals that responded to the survey, 27% had a drop in cash reserves, and were making drastic cuts in staff and services. Clinics associated with hospitals are being cut. Nationwide, hospital emergency departments have decreased by 15% from 1992 to 2003, while over the same time period, millions more people have been seeking emergency room medicine.

Hundreds of counties have widespread shortages of doctors, nurses, and equipment. The hallmark features of modern health care—nuclear medicine units, screening services, and others—are in decline. For example, in 2008, the number of mammograms given in the U.S. was 16% lower than in 2000.

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