

## SPECIAL REPORT

# Influenza Epidemic Signals Holocaust In Advanced Sector

Feb. 28 (IPS) — Massive outbreaks of influenza in North America and Europe signal the entrance of incipient ecological holocaust conditions into the advanced sector, as a direct consequence of the intense austerity implemented over the past months. Only an immediate increase of food supplies and production, together with the expansion of medical, sanitation and other vital services, can prevent the present epidemic from becoming the first in a series of self-feeding plagues.

The influenza, mainly the "Victoria" strain, has been spreading for the past two months, in the past week with tremendous virulence, especially in the regions hit hardest by Wall Street's austerity drives. In debt-ridden New York City, influenza-related deaths from pneumonia rose to 243 for the week ending Feb. 20, a nearly 20 per cent increase in the total death rate, and the highest rate since 1940. Approximately 3 million people, or one third of the city's population, has the flu, according to New York City health officials. In the meantime, the banks have ordered the city to begin instituting a 20 per cent reduction in the hospital budget.

Great Britain's Health Department reported 762 deaths from flu last week, triple the week before and a 15-fold increase over normal levels. This represents a 10 per cent increase in Britain's overall death rate. It is estimated that over one million Britons are now infected. Chancellor of the Exchequer Denis Healey has meanwhile proposed a \$300 million cut in the national health budget to free cash for debt service.

As this "normal" strain of flu rips through populations whose resistance to disease is being destroyed by the deliberate collapse of living standards, the danger from the new "swine flu" strain continues to grow. This new variety, similar to the strain responsible for the deadly 1918 influenza pandemic in which 20 million died worldwide, is potentially a far more deadly variety than the now dominant Victoria strain.

Discovered last week at Fort Dix Army Camp in New Jersey, the swine flu strain has now been found in 67 men in the camp. It is the result of a recombination of flu viruses from human and swine varieties of the disease, and probably came first from Third World areas where humans and animals are forced to inhabit the same living space.

The generation of new flu types, such as the "swine flu," is the inevitable result of the policies of deliberate triage and austerity. Minor changes in flu types occur regularly and are responsible for the annual or semi-annual moderate epidemics. Major changes produce new strains which are not susceptible to immediate immunological control. Such changes result from the recombination of parts of a human flu virus with parts of a flu-type virus found in animals. According to the prestigious journal *Science*, "such new subtypes have generally emerged and will continue to emerge in Asia, where men and animals continue to dwell in

the same buildings." Retaining the capability of attacking human tissues, the new flu virus is so changed that the individual has not previously developed an immunity against it.

According to a spokesman for Walter Reed Hospital, now investigating the current cases at Fort Dix, "There's no question that the new 'swine flu' is transmissible from human to human. As for whether it now exists outside of Fort Dix, you bet it does. The only reason it was picked up first by the military was because we test more frequently for it," than do civilian health services.

Epidemiologists investigating the swine flu insist that the disease must have originated outside Fort Dix, and was discovered there only because of U.S. Army health testing. The real extent of the dangerous strain is at the moment impossible to determine, since the U.S. and other public health authorities have suspended regular epidemiological testing as part of austerity budget cuts!

"Normal" flu continues to rampage throughout Europe and the U.S. Denmark reports that one quarter of its population, one-half million people, is currently ill with the infection. West Germany is seeing huge epidemics in the bankrupt municipalities of the Ruhr region. In the U.S. nearly every state is heavily affected, with 15 states reporting "widespread epidemics." In heavily hit areas health facilities are overwhelmed. In Rochester, N.Y., for instance, Highland Hospital has cancelled all non-emergency surgery, while other hospitals have restricted visiting hours to decrease spread of the infection. Connecticut reports "exceptionally high mortality" associated with the flu.

Nor is the Third World exempt. Mexico City, for example, reports that more than half of its population is infected, overcrowding the already inadequate hospitals.

### Grim Parallel

In 1918, as now, the world was devastated by the consequences of a capitalist breakdown crisis. From the 1913 depression through the chaos and grinding austerity of World War I, living standards had plummeted. Food consumption had dropped to famine levels in Asia and most of Europe. The potato crop, blighted by an earlier disease wave, had failed, spreading hunger through Germany and Eastern Europe. Imperialist blockade was ravaging the infant Soviet Republic. Under such conditions the population's resistance to disease demolished. A precisely similar process, on an even more gigantic scale, is taking place today.

The 1918 flu, or "swine flu," most likely began in Asia as a result of a recombination of human and pig flu viruses, though, like the present "swine flu," it was first picked up in a US army post, Camp Funston in Kansas. Notably, the flu started in March of the year 1918, at the end of the usual winter "flu season," just as the current "swine flu" was first picked up in February at the end of the normal flu season. From Camp Funston, the disease spread rapidly with

enormous mortality rates to dozens of other army bases, prisons, and other crowded institutions around the U.S.

With the first landing of US troops on the French coast it spread directly into Europe. Within two months all parts of Europe had been hit with the disease.

By June the flu had crossed back into Asia, entering China and reaching as far as the Samoan Islands and New Zealand. In India, five million perished, the Hooghly River, flowing from Calcutta to Bengal, was described as being "choked with bodies."

By July-August it had recrossed the Atlantic to infect the civilian populations of the US east coast ports, and thence inland to California and north to Alaska and Canada. By October 1918, the entire US was engulfed in a major epidemic with searing death rates. Emergency tent hospitals were set up. Libraries and other public areas were closed. Even barber shops were shut. The Army Sanitation Corps issued a general advisory to the population that "the universal practice of hand shading should be stopped immediately." All police in Seattle and several other cities were required to wear face masks.

These precautions were to no avail. The New York City death rate from the disease soared to 800 per day; in Pennsylvania, 1000 died per day. By December, 20 million dead worldwide, one half million in the US! In New York State alone, 20,000 had perished.

According to epidemiologists the pattern of flu spread is "extremely unpredictable." By the above description of the 1918 pandemic, a flu pandemic would extend far beyond the winter-spring season.

### Vaccine Panacea

The New York Times and other Wall Street mouthpieces have attempted to quiet the current panic over a possible flu pandemic by assuring their readers that a flu vaccine will be ready in four to six months. But flu vaccines are only 50 to 70 per cent effective, and under present conditions could not be produced and administered on the scale necessary to protect the world's four billion people. Nor can antibiotics be called upon to save those hit with secondary bacterial infections following debilitating bouts of flu.

The extent of the incompetence of a vaccine "solution" proposed in the context of depression collapse is indicated by the obvious inevitable results of cramming millions of people into already overwhelmed health facilities for their shots. While spreading the original disease, such a procedure would encourage the development of new strains, immune to antibiotics, which would spread unchecked through increasingly low-resistant populations.

A worried epidemiologist at the U.S. Public Health Service explained that sample testing of the population at large should be done to get an accurate reading of the present outbreak of flu, "but our federal funding is limited and shrinking, so all we can do is wait for samples to be sent to us from doctors. As you would expect from such a system, we end up with a spotty and inaccurate picture. It's the same situation with plague, encephalitis, you name it."

A massive vaccine program can be effective only in conjunction with a rise in living standards world-wide, stressing the immediate consumption of existing food reserves and the immediate funded expansion of food production. This is the only way to turn back the flu and the score of diseases which will otherwise follow in its wake.