Timeline: Bush/Cheney Ignored Health Warnings

2000

The 75 million flu vaccine shots available during this influenza season were inadequate.

In June, the shut-down of the famed 450-bed D.C. General Hospital dramatized the loss of some 2,000 public hospitals since the 1970s, which has resulted in an inability to handle any surge in need for care.

TOPOFF 1, a Federally coordinated exercise, was conducted in May among health-care workers (dubbed for Top Official), as a simulated emergency of a "flu-like" bio-attack of plague, with the result that local health-care infrastructure (staff, hospitals, etc.) were swamped within 24 hours, and judged overall too inadequate to cope.

The Federal study, *Health Resources and Services Administration, 2000* found severe inadequacies in numbers of epidemiologists in state and territorial agencies, and other public health workers.

Pfizer, the giant drugmaker, exited the flu vaccine industry, following the pattern of drastic reduction in numbers of vaccine manufacturers over the past three decades.

2001

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In May, the U.S. General Accounting Office (GAO) supplied a report, "Flu Vaccine; Supply Problems Heighten Need To Ensure Access for High-Risk People." It stated that delays in flu vaccine over 2000-01 showed "The government and the pharmaceutical industry are unprepared for a flu pandemic or vaccine shortages"; and that, in the event of shortages, "Currently, there is no system to ensure that high-risk people have priority when the supply of vaccine is short."

In November, the Council of the Institute of Medicine called for creation of a National Vaccine Authority to coordinate action to deal with unreliable vaccine supplies and pending crises.

By end of year, Monarch, a significant vaccine producer, announced it was exiting the industry.

Though mild, the influenza season swamped hospitals in many metropolitan areas; the loss of 1,000 hospitals nationwide from 1990-2000 left health infrastructure unable to handle a "normal" peak flu season.

2002

In September, the GAO issued another report, focussing on ways the FDA could "help address the unmet need of a stable and sufficient vaccine supply." These recommendations were ignored.

In October, the National Vaccine Advisory Committee to the Department of Health and Human Services, issued a report on how to have a reliable vaccine supply, recommending setting up a "multidisciplinary group to evaluate the nature of appropriate incentives for manufacturers to sustain the supply of existing vaccines and stimulate development of new vaccines." This was not done.

2003

In March, the Council of State and Territorial Epidemiologists issued a nationwide assessment, finding that, compared to 1992 when there were 1,700 full-time epidemiologists in state and territorial health departments, this number had fallen to 1,400 by 2003.

Also in March, the Institutes of Medicine issued its 400-page, 10-year study, *Microbial Threats to Health; Emergence, Detection, and Response,* stating that vaccine manufacturers could hardly meet demand in 2001 and 2002; that the "public health infrastructure is inadequate"; and the United States and other countries were unprepared, in particular, for the risk of pandemic.

In May, "TOPOFF 2" Homeland Security drills were conducted in Seattle (for a dirty bomb) and Chicago, for a "flu-like" attack, turning out to be plague. The heavily scripted drills, involving 8,500 people, proved again that the drastically reduced hospital bed capacity, and other key ratios, could not cope with major health threats.

In June, an FDA team was deployed to Liverpool, England, to inspect a vaccine facility—at which they found contamination problems—but nevertheless, they subsequently gave the okay to the prospective plant purchaser, Chiron Corp. of California, to use it to supply the United States with 46-48 million flu shots—half the intended 2004-05 supply. The other half would come from Lyons, France-based Aventis Pasteur, manufactured in its Pennsylvania facilities.

Not only was the FDA approval for outsourcing by Chiron given before Chiron owned the British plant, but the Liverpool facility had had a history of contamination problems, and under-investment, during a succession of owners. As of June 2003, the plant's owner—awaiting Chiron's buy-out—was PowderJect, which had acquired it in September 2000 after its then-owner, CellTech, had shut the plant down earlier in the year for producing tainted polio vaccine. Over 2001-03, Lord Paul Drayson, owner of PowderJect, was investigated for flim-flam in brokering lucrative contracts from the British government for TB and smallpox vaccines, and for the timing of huge financial contributions to Tony Blair and the Labour Party.

As of year-end 2003, Wyeth, Merck, and King had exited the U.S. injectable flu vaccine industry, leaving only Chiron and Aventis Pasteur remaining as U.S. suppliers.

2004

On Feb. 3, CDC's Director of Immunization Services, Dr. Lance E. Rodewald, briefed the National Vaccine Advisory Committee that there was "no authority to finance vaccines" for adult inoculation, and no control system—Federal/non-Federal partnership—for assuring that vaccine stocks would reach their targetted recipients in the event of short supplies.

In May, *none of the FY2004 bio-terrorism funding* for public health readiness had been disbursed by the Administration, and Health and Human Services Secretary Tommy Thompson stated the intent to divert for other purposes, funds pledged but not yet disbursed for FY2003 or 2002. State governors released a protest, insisting their public health infrastructure, being severely eroded by lack of state and local funding, could not handle disease outbreaks.

In August, Chiron announced that as many as several million flu vaccination doses might have been contaminated. But the FDA did not send regulatory investigators to Liverpool.

On Sept. 28, the GAO stated in testimony, "Our work has also found that there is no mechanism in place to ensure distribution of flu vaccine to high-risk individuals before others when the vaccine is in short supply. . ."

October, Half of U.S. Flu Vaccines Cancelled

On Oct. 5, Chiron announced it would not deliver any of the 48 million shots of Fluviron vaccine to the United States. Chiron's Liverpool vaccine plant had been de-licensed on Oct. 4 by the British Medicines and Health Care Products Regulatory Agency. Some 6-8 million doses from Chiron, already shipped to the U.S.A., were impounded, and upon subsequent testing by the FDA, were found on Oct. 15 to be irredemiably tainted.

On Oct. 6, U.S. authorities—Health and Human Services, Centers for Disease Control, and sub-agencies—began calling only for "voluntary" re-allocation of the remaining shipments of the total of the Aventis Pasteur production of 50 million doses of flu vaccine for 2004-05. Dr. Julie Gerberding, head of the Centers for Disease Control and Prevention, said, "This is not an emergency."

A mad scramble ensued among the public, vying for scarce shots, and among health agencies of all kinds, to lay hands on anything available or to come. Virginia, Maryland, and other locations had next to no vaccine supplies, since they had relied mostly on Chiron. California had ordered all of its 573,500 dose adult supplies (for the chronically ill and low-income) from Chiron. Mob scenes occurred across the country. On Oct. 13 in California, a 79-year-old woman died, after spending four hours on line for a shot.

On Oct. 13, President Bush sneeringly reaffirmed the Administration's "voluntarism" response, saying, during the third election debate with Kerry, "I haven't got a flu shot, and I don't intend to," in contempt of millions of elderly and the sick, now desperate for the government to handle the situation. Bush excused the crisis in stock phrases, such as the lack of "market forces" in health care being a problem; and "vaccine manufacturers are worried about getting sued. . . . They've backed off" production.

On Oct. 15, HHS Secretary Thompson admitted that 1.5 million shots were available in Canada, but claimed they could not be imported because the company is not licensed for the U.S. vaccine market.

On Oct. 18, Vice President Dick Cheney contemptuously used Enron-omics "market"-babble, when, at a speech in Charleston, West Virginia, a physician asked him about the limited supply of flu vaccine. Cheney replied, "It's a combination of the economics of the business. They produced millions of doses, but if people don't take it, they have to throw it out. The other problem is liability concerns. The problem we have run into, producing vaccine is not a very profitable business."

On Oct. 19, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, in a Fox News interview, gave the Cheney line about commercial vaccine suppliers having "disincentives" to bother with flu. Fauci glibly spoke of how citizens expect to pay a lot for cholesterol or other drugs, but very little for an annual flu shot. Thus, a "bad market' for drug companies.

Also on Oct. 19, HHS Secretary Thompson issued a short, official statement that America was "in a strong position to keep people safe," in reference to the expectation that 60 million flu vaccine doses would be available overall; and antiviral medicines—"enough for more than 40 million people during the flu season"—would be available. Providing no specifics, the presumption from his lack of breakdown of figures, is that Aventis Pasteur may provide an additional 2.6 million shots, over and above their expected 55 million, but the additional shots will come in January or later, potentially past the peak period for flu. Some 2 million Flumist doses are also counted, suitable only for healthy adults under 49. Thompson provided no emergency re-allocation information, and the mob scenes and desperation continued.

A possible 1.5 million shots from Canada are moot, because the Bush/Cheney Administration does not want bad publicity for importing them—against their standing policy of obliging pharmaceutical houses by refusing entry of drugs to the United States from Canada. People from North Dakota, New York, and Washington are crossing the Canadian border seeking shots.

On Oct. 20, Dr. Lester Crawford, Acting head of the FDA, said that the FDA will give "expedited review" to Vancouver-based ID Biomedical, for a possible 1.5 million shots, possibly for import early in 2005.