

## Epidemic Preparedness 'Worst It's Ever Been'

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*He was interviewed on Nov. 8, 2004, by Marcia Merry Baker.*



**EIR:** Local and state officials are scrambling to try to deal with the flu vaccine shortage.

**Ginaitt:** I think that this is another example of where the leadership that most of this nation—the very slim majority of this nation—feel that this President and this Administration have taken us. This is, in the world of emergency preparedness, putting all of your eggs in two baskets. We just found out, it demonstrates the fact that instead of 30,000, potentially *multiples of 30,000 shall perish due to the flu*. This is wrong. This is poor planning. And anybody in the CDC under the leadership of this President, should have known that you need contingencies and constant monitoring to make sure that this doesn't happen.

This is an abomination, is the best word that I can use, for the planning of an annual event—this isn't a single event where we were caught off guard—this is an annual event, that our citizens look forward to having the protections availed by government on them, and being prepared. Just a very, very, very poor plan. And no back-up, obviously, no back-up at all.

I'm a firefighter by trade. I'm being told that I'm not even a priority patient, as an EMT para-med. I am not a priority patient to be immunized. So the threat—while I feel confident that I'll take all the measures not to become ill—the threat is extended back to my family. Back to my elderly mother, who lives with me in my home. And so I'm not just risking myself, I am risking everybody I come in contact with.

**EIR:** Right. And the people you don't get to take care of—you being an emergency person—if they are in trouble.

**Ginaitt:** Absolutely. If I pick up an elderly woman with a fractured ankle, or a broken hip, she now could potentially be faced with me actually transferring something to her. So I just think: All in all, a very poor plan, and just another example

of where this Administration has gone.

**EIR:** It's from your state that Senator Reed, along with Senator Kennedy, had a Federal bill this year to head off the situation we're in now. Sen. Reed also had proposals a few years earlier for making sure of flu vaccine supplies. This represents the kind of thinking that you are talking about on contingencies?

**Ginaitt:** Well, absolutely. And I am not trying to cast stones on the other states in the country, but there are other states that generally carry a red color, that have a tendency to stick their heads in the sand. And I am not casting any aspersions on a constituency of another state that may have thought that this President was the best choice amongst the two. But when it comes to health; and unfortunately, I don't believe that these other states—and I also can fault Presidential candidate Senator Kerry, because I think that people really needed to sit back and truly think about their own well-being.

We can talk about what is happening overseas, but we will face—I mean, pandemic flu. It happens on the average of every 30 years. In the case of Rhode Island, we are at 37 years since we've had a major outbreak. We are just absolutely sitting here—not only are we ripe statistically, but we have now insulted that by having people who are not properly protected.

**EIR:** You have been, for some time, active on your state legislature's committee for health?

**Ginaitt:** Yes, I've been, for the vast majority of my 14, or 15 years in the legislature, on the Committee of Health, Education and Welfare.

**EIR:** So even if the vaccine were available, and all the eggs in just the two baskets worked for this flu year, you have been around to see first-hand that in general, both cross-country and in New England, we don't have reserve capacity for surges in medical care, and certainly not for a pandemic.

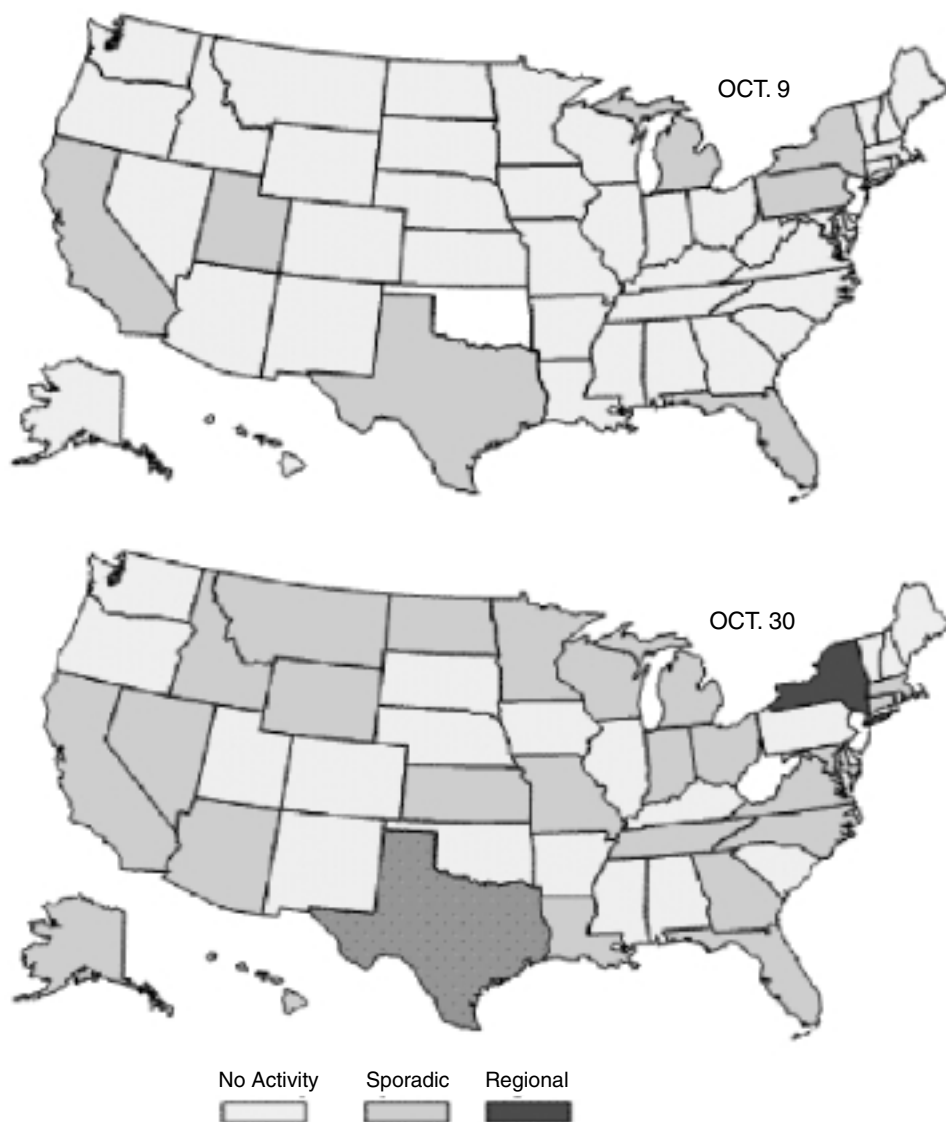
**Ginaitt:** We are so—this nation is trying to prepare for surge capacity. We have an unbelievable problem nationally with a shortage of nursing. We could have the best surge capacity plan known to man; *if we don't have the personnel in all of our institutions of health care, to follow up with the care of these patients, it doesn't matter.*

**EIR:** The hospital beds, the emergency facilities—diagnostics, logistics, etc. are short?

**Ginaitt:** The beds are falling apart around us. The infrastructure of hospitals are at the weakest point they've ever been. Reimbursements from insurance companies have been the lowest in history. In-patient days have dropped. And people are getting sicker.

For some reason, there is no formula here. It has not followed anything. And we are creeping—probably just like the economy is—we are creeping and lurching right towards a disastrous situation, that we, I think, "get through." I think

## Influenza Activity, Weeks Ending Oct. 9 and Oct. 30, 2004



Source: U.S. Centers for Disease Control and Prevention.

*The Oct. 9 map was the first weekly picture issued by the Centers for Disease Control, based on reports by state and territorial epidemiologists. By Oct. 30, sporadic flu incidence was seen in 28 states, and New York showed regional incidence. Though, compared to other years, this may be considered slow, the danger lies in acute lack of vaccines, and inability of hospitals to cope with any surge in sick people. On Nov. 7, Dr. Julie Gerberding, head of the CDC, played down the flu situation to the American Public Health Association, saying, "We're not getting off to a fast start."*

every year, everybody holds their breath, and we "get through" another year. It is a matter—just statistically—it is a matter of time before some major event, whether it be just a pandemic flu, whether it be avian flu—which is 70% mortality. It's a huge killer. And, you know, people say, "It can't hit us. It can't come to the United States."

I only have to refer back to Sept. 11, to show that we are vulnerable, whether it be from attack, or from unintentional

outbreak; which could have the same devastating effects, if not worse, than a terrorist attack. . . .

**EIR:** So we see a public denial here?

**Ginaitt:** Well, there's an artificial sense of safety. We have a good safety net. We have good health care. We do. We do. And we manage to get by. And the hospitals do—we probably have the best health care in the world. But that doesn't mean that if we have an influx of 200,000 avian flu patients, or pandemic flu, or influenza among the elderly, and the sick, and the infants and the young, who are just so at high risk of mortality, what would we be able to do?

So, it's not doom and gloom—I will tell you that—at least from my perspective. But there has been a tremendous, I think, almost a malfeasance on the President's behalf, and on the entire operation—whether it be the Centers for Disease Control, or any other group for that matter.

I would like to think that these good people have made recommendations to the Administration. And my gut feeling is that they probably have fallen on deaf ears.

**EIR:** You identified the phase of today's problem in terms of knowingly having the risk of vaccine supplies dependent on only two sources; and secondly, once it did become known in October—whatever

the circumstances leading up to it—that supplies would be cut in half, the record of the Federal government shows inaction to re-acquire and re-allocate vaccine, and take other contingency arrangements, in an orderly way. Working with state and local officials, and so on. What do you think?

**Ginaitt:** I hear stories, and I am not sure how true they are, but I hear stories of doctors in my own state who have eight and nine hundred doses under lock and key.

## HHS 'Pulls an Enron'

The same Health and Human Services Dept. (HHS) which would not interfere with the "private vaccine market" in the flu vaccine crisis, on Nov. 4 threw nearly \$1 billion at Vax-Gen Corp., a financially troubled, and accounting-challenged California-based company, in a straight Federal government purchase of 75 million doses of a completely untested experimental anthrax vaccine. The FDA has not even reviewed the vaccine for safety or effectiveness, let alone licensed it; yet HHS is paying Vax-Gen \$877 million for it, for a "strategic stockpile" against anthrax (the product has a shelf life of only two years, according to Vax-Gen CEO Lance Gordon).

Earlier, the Pentagon had bought another experimental

anthrax vaccine, Lansing, Michigan-based BioPort Corp.'s BioThrax. That vaccine also wasn't tested by FDA, but was forced upon U.S. Army soldiers until lawsuits got a Federal judge to order the Army to stop anthrax shots, at the end of October.

This, while world health experts warn of an global mutant flu pandemic requiring *billions* of flu vaccine doses, and while the Bush Administration and Congressional Republican leadership continue to reject the Bayh-Emanuel Flu Response Act of 2004. That would authorize about \$400 million—less than half of the Vax-Gen bailout—to bring new manufacturers into flu vaccine production and to make the government purchaser of last resort of a reserve of unsold flu vaccine each year. The HHS/Vax-Gen deal was taken under the BioShield Act of 2002, which the Bush Administration has refused calls to use in the flu vaccine crisis.

It's hearsay, but there has been no official recall [of vaccine from] any of the people who are on record as having it. Because I think all the distributors know who has what.

Is this the time? *This is the time right now. In fact, I think we're beyond the time.* The time really was October, the beginning of October. We will start to see the fallout of flu happening as early, I believe, as the end of November, early December.

And it doesn't matter: if you have the flu, and then somebody comes to you with the vaccine, that's water over the dam. Don't waste that injection. Give it to somebody who is still healthy.

**EIR:** Well, the best opinion of the epidemiologists right now says exactly what you are saying. There was a couple-weeks window of opportunity to take tight, coordinated centralized action, and do all possible to mitigate what will ensue, but it was not done. The word given out by Tommy Thompson and the CDC was that, "it's proprietary. We can't ask for where the vaccine is, and intervene."

**Ginaitt:** I just think that if you did say to a physician—you know, no physician out there wants to give up medication willy-nilly, because there is really no guidance. If you said to them, "We're going to increase the guidance, and we're going to improve it, and we're going to urge you to get rid of your 900 doses. We don't want them back, but make sure the right people get them."

I mean, I get phone calls all the time from people who say to me, "Peter, you know the inroads; you work at a hospital, can you get me a vaccine?" And some of these people are 35 years old and healthy, so I say, No. Number one, I can't do that. But number two, just use good practice. And wash your hands repeatedly.

But your mother, who's 75, or your baby, who's two, are at much higher risk, and those are the ones you should be looking out for.

What's going to happen is hysteria. We've reached a point of hysteria now, where people who are very vulnerable will stand in line for five hours at a clinic, six hours outside. So if they didn't have the flu when they started the six-hour wait in 30° or 40° weather, they're certainly—

**EIR:** They're going to have something!

**Ginaitt:** They're going to have something.

**EIR:** Just what you say is happening everywhere. In Olympia, Washington last Saturday, hundreds were in line in the wee hours, for 2800 shots; the medics rushed to the clinic to open early, and give shots out fast, in order to try to get the sick and old people off the lines and out of the elements. The national papers are not covering the scope of this desperation. But locally, it's everywhere.

**Ginaitt:** It's unfortunate that, I am certain that the Administration has witnessed this, and they're watching it. And our Centers for Disease Control is second to none. We have got a phenomenal CDC, the Health Research Services Administration, HRSA, we've got some very good people doing what needs to be done. And I am certain, as God is my judge, that these people have made recommendations that have fallen on deaf ears.

Certainly I am not casting a stone on any one of the agencies, because I think their—like I said, their epidemiologists are not disputing any of this. They are in total agreement, and probably in total disgust. And probably when they walked in and voted, they were almost unanimously in favor of the gentleman who lost.