

US health care workers spurn Bush smallpox vaccination plan

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The vast majority of the health care workers who were to be inoculated against smallpox over the past month, under plans linked to the Bush administration's preparations for war with Iraq, have declined the vaccine. By February 24, one month into the program, just over 7,300 volunteers have been inoculated, compared to projections by federal officials of 450,000 to 500,000.

There is growing and increasingly vocal opposition to the vaccination plan, despite the attempts of the White House and the Department of Health and Human Services to manufacture a crisis atmosphere over the supposed threat of a germ warfare attack from Iraq or Al Qaeda. Some criticism focuses on the administration's refusal to provide compensation for those who suffer from the well-known side effects of the vaccine.

More fundamental, however, is the widespread suspicion that the threat of smallpox has been deliberately exaggerated by the administration to scare the public and win support for its policy of war against Iraq. With the United States on the brink of war, the mass rejection of smallpox vaccination by health care workers is tantamount to a vote of no confidence. It gives a far truer indication of the popular attitude towards the government's war plans than those opinion polls which claim majority support for bombing and invading Iraq.

The administration has presented no evidence that Iraq possesses the smallpox virus, let alone the ability to use it as a weapon against the American people. Smallpox is the only communicable disease to have been completely eradicated on a worldwide scale, through aggressive public health and vaccination programs in the post-World War II period. The last case internationally was reported in 1978, the last case in the US dates back more than 50 years. Two laboratories—the federal Centers for Disease Control in Atlanta, and a Russian government facility in Siberia—are the only remaining repositories of the virus.

It is a historical fact that only one country is known to have seriously considered the use of smallpox as a weapon of war in the twentieth century—the United States, which contemplated using it in Vietnam. The US Army considered

sowing smallpox on the Ho Chi Minh Trail in 1966, but eventually discarded the idea. (There is also the sordid history of the selling of smallpox-infected blankets to Indian tribes in colonial America, a primitive form of germ warfare. European colonists were immune from the disease because of childhood exposure, but native Americans were not. Many tribes were entirely wiped out in this way.)

The Bush administration's sudden shift on smallpox inoculation underscores that the campaign is politically motivated. As recently as last June—more than nine months after the September 11 terrorist attacks—federal health authorities disclaimed any intention of pushing for mass inoculations. An advisory panel proposed at that time to limit inoculations to 20,000 medical personnel who were most likely to come into contact with victims of the disease.

In October, however, in conjunction with the Bush administration's drive to win authorization from Congress for war with Iraq, federal health officials reversed themselves and proposed a much wider program, beginning with 500,000 health care workers, expanding to 10 million emergency responders (police, fire, rescue) and then the bulk of the American population as early as 2004.

This would entail colossal risks from side effects of the vaccine. Published estimates have put the number of deaths arising from the vaccination of 200 million Americans at between 200 and 482—more than in any terrorist attack except September 11 itself—with 3,000 people suffering life-threatening complications, and 160,000 suffering serious side effects, ranging from blindness in one or both eyes to skin conditions so severe they would amount to disfigurement.

Even these numbers are likely gross underestimates, because of significant changes both in the supply of vaccine and in the underlying health of the American people. Much of the vaccine being administered now is the frozen leftover of vaccines used in the mass inoculation campaigns of the 1950s and 1960s. Whether the vaccine will have the same effectiveness or carry the same risks as 40 years ago is unknown.

The smallpox vaccine has particularly devastating effects on those who suffer from preexisting skin conditions like eczema, or from immune deficiencies, either from diseases like HIV/AIDS, lupus and rheumatoid arthritis, or as a byproduct of chemotherapy and drug treatment for cancer or organ transplants. Immuno-deficient patients exposed to the vaccine can contract a condition called progressive vaccinia, in which the sore normally produced by vaccination grows uncontrollably, causing systemic infection. There is no cure for progressive vaccinia and the death rate, 36 percent, is comparable to that of smallpox itself.

The number of such potential victims of the vaccine is in the tens of millions today, because of the spread of HIV and the advances in cancer treatment and organ transplant techniques. Any vaccination program would have to locate these individuals and exclude them from inoculation—a task fraught with difficulties ranging from privacy concerns to simple ignorance and human error.

There is also great concern in the medical community because inoculated health care workers frequently come into contact with immuno-compromised individuals in the course of their daily work. They can become a source of infection because the smallpox vaccine is based on a live virus.

The Bush administration has carried out mass inoculations rapidly in the armed forces, with more than 100,000 military personnel receiving the vaccine with only a handful of reported serious complications and no deaths. Far different results could be expected when the program shifts from a group selected for youth and good health to the general population.

There have been two dozen cases of serious complications from the first inoculations among health care workers, but only fragmentary reports are as yet available. Federal health officials announced February 27 that three serious adverse reactions had been observed in Florida alone, including one case of generalized vaccinia that could lead to permanent scarring.

The Bush administration clearly anticipated a significant toll from the side effects of the vaccine. Only days after the announcement of the vaccination plan, congressional Republicans slipped new language into the bill establishing the Department of Homeland Security providing immunity from liability for drug companies that manufacture the vaccine and for hospitals and doctors who administer it. At the same time, the administration rejected calls to establish a fund to compensate those who suffered severe side effects from receiving the vaccine.

This grotesque double standard—one law for giant corporations and another for ordinary people—is characteristic of the administration's policies in virtually every sphere. There were soon protests, however, from

organizations representing health care workers who were to be the first guinea pigs for the mass vaccination plan.

The Service Employees International Union and the American Federation of State, County and Municipal Employees urged their members not to be vaccinated. The American Nurses' Association expressed reservations, and numerous state branches, including California, Texas, Massachusetts, Rhode Island and Connecticut, urged nurses not to participate.

Hundreds of hospitals have refused to inoculate their employees, mainly because of concerns over possible secondary infections for immune-deficient patients. Two state governments—Michigan and Arizona—and the New York City Health Department have all declined to begin vaccinations until a compensation program is put into place for those suffering side effects.

Spokesmen for the medical community have criticized the administration for pouring tens of millions of dollars into a nonexistent crisis while ignoring genuine health care needs. Dr. Paul Offitt of Children's Hospital in Philadelphia, the only member of Bush administration's advisory panel to vote against the vaccination plan, said, "Flu will kill 20,000 people this year, mostly less than four years old—and we have a vaccine. It's too bad that Saddam Hussein's not behind influenza. We'd be doing a better job."

The credibility of the Bush administration's warnings of impending attack is also being questioned. Dr. William Schaffner, chairman of preventive medicine at Vanderbilt University Medical Center in Nashville, Tennessee, told the *Washington Post*, "It is not enough for someone—whether it is the president or the secretary of state—to say, 'I'm worried about this; trust me.' We need more than that today as a profession and as a society."



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