

Possible flu pandemic: US government plans to treat sick people “like potential enemies”

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The Bush administration’s emergency plan for a possible flu pandemic involves essentially police-state methods that have nothing to do with effectively combating the illness.

This was the finding of a report released by the American Civil Liberties Union (ACLU) January 14 that criticized the government’s preparations for a pandemic. The study outlined how federal agencies have been adopting an increasingly heavy-handed approach toward what should be considered a public health problem.

The report was presented at the National Press Club in Washington, D.C. followed by a panel discussion with three top experts: George Annas and Wendy K. Mariner of Boston University School of Public Health and Wendy E. Parmet of Northeastern Law School. Each condemned the government’s lack of preparedness on this critical health issue and explained how its insistence on treating everyone like a potential flu carrier was extremely counterproductive, to say the least.

The panel also discussed the fact that the current policies heavily emphasize the need for coerced vaccinations and military-enforced quarantines. “History shows that treating sick people like potential enemies only spurs them to avoid the authorities and exacerbates the spread of disease,” said Parmet.

In broad terms, the plans concern the ever-greater likelihood that the avian influenza, dubbed the “bird flu,” will reach the United States on a scale not seen since the worldwide influenza pandemic of 1918, which killed an estimated 50 to 100 million people. The avian flu is a highly pathogenic virus that has already killed tens of millions of birds; millions more have been slaughtered in an effort to contain the disease. Although the virus is not easily transferable to humans, at least 216 people have died from the avian flu, according to the World Health Organization (WHO). Nearly all of the deaths have occurred in Asian countries.

The avian flu is by nature a communicable disease, therefore to stop the spread of the virus by calling for “individual responsibility” is absurd. A rational plan would involve a large-scale collective effort to prepare and coordinate all emergency services possible in the event of such a disaster.

In 2003, when the province of Ontario in Canada faced a SARS outbreak, the government provided income assistance for people to stay home if they were sick. The fact that the US

government must openly rely upon more draconian measures points to the dilapidated state of the health infrastructure in America.

When the avian flu was first raised as an issue in 2005, George W. Bush proposed using the military to quarantine infected sections of the country, a violation of the Posse Comitatus Act which prohibits the armed forces from acting as a police force within the United States, except in cases of “insurrection.”

The ACLU report explains that shortly after 9/11, the Centers for Disease Control and Prevention (CDC) supported a Model State Emergency Health Powers Act, which greatly increased the powers of state governments during a “public health emergency.” Among its many provisions was a proposal authorizing mandatory medical examinations and testing. Section 504 of the Act would punish those who refused to be vaccinated:

“Individuals refusing to be vaccinated or treated shall be liable for a misdemeanor. [The refusing person] may be subject to isolation or quarantine... An order of the public health authority given to effectuate the purposes of this Section shall be immediately enforceable by any peace officer.”

Thus, citizens would be treated not as patients but as criminals. The proposed act also included provisions that would have exempted public health officials and their underlings from prosecution if their vaccine killed the patient.

These provisions were removed after a public outcry, but that did not stop the state of Florida from enacting the measure. Nor has it stopped the Bush Administration from encouraging state governments to “update” their laws to include forced vaccinations, mandatory surveillance, isolation and quarantine.

However, these measures would only tend to increase the general population’s distrust of the state’s health system, causing those who were sick and infected to avoid public institutions altogether. This would only make the threat of a full-blown pandemic that much greater.

The report cited the well-known case of Andrew Speaker, an attorney from Atlanta. In the spring of 2007, the CDC diagnosed Speaker with multi-drug resistant tuberculosis (MDR-TB). He was planning to receive specialized treatment in Denver after his impending honeymoon in Italy. Health

officials recommended that he not travel abroad, but did not forbid his doing so.

While in Italy, the CDC diagnosed Speaker's TB as the more dangerous and highly contagious strain (XDR-TB); at this point he was told to stay in Europe. He was even placed on the infamous No-fly list, reserved for suspected terrorists, by Homeland Security and left to fend for himself. Abandoned, Speaker then flew to Canada where he "illegally" crossed the border into New York State. Once he was in America, Speaker turned himself in, and after undergoing treatment it was discovered that he carried the less dangerous MDR-TB after all.

Given the circumstances, Speaker's actions were completely understandable, but what if he had carried the more dangerous XDR-TB? In that scenario, he would have boarded a transnational flight where dozens more people risked infection. Therefore, the CDC's actions, far from allowing Speaker to receive the help and treatment he needed, increased the likelihood of the disease spreading by treating him like a wanted man and forcing him to evade the authorities.

Nevertheless, the media and the political establishment seized upon this incident as proof that it was far too easy for an "infected" person to enter the country and demanded further restrictions on international travel.

The report also cited the case of Robert Daniels, a 27-year old TB patient who was held in quarantine against his will in Phoenix, Arizona. In July 2006, Maricopa County health officials ordered Daniels to wear a face mask in public at all times, even though on occasion he admitted that he did not do so.

Instead of approaching this health risk in a rational manner, such as having him stay in a hospital, health officials turned him over to the sheriff, where he remained in solitary confinement in a jail cell for almost a year. He was not allowed access to showers or hot water and was kept under constant surveillance.

Eventually ACLU lawyers filed suit protesting the cruel and inhumane treatment he was subjected to. Upon further examination, doctors discovered that Daniels had a less contagious TB after all.

In the event of an avian flu pandemic, the government agencies responsible for the public's health and safety have demonstrated a willingness to use the last-resort options, such as forced vaccinations and military quarantines, as the their first line of defense.

As evidenced by Hurricane Katrina, the government's approach leaves thousands of working-class people at the mercy of any disaster.

Current pandemic plans emphasize the need for "individual responsibility." Department of Health and Human Services (HHS) Secretary Michael Leavitt was reported to have said, "Communities that fail to prepare, expecting the federal government to come to the rescue, will be tragically mistaken."

Such contempt for large numbers of people could mean a

potential nightmare scenario for lower-income people, as well as the sick and elderly. Xenophobia could also rear its ugly head, with calls for tougher immigration enforcement and quarantines directed at disease-carrying "aliens." This issue has already come into play in the Southwest, where ultra-right nationalists accuse undocumented Mexican nationals of carrying diseases such as tuberculosis into the United States.

The "Pandemic Influenza Plan" of the HHS includes containment measures such as, "bans on large public gatherings, isolation of symptomatic individuals, prophylaxis of the entire community with antiviral drugs, and various forms of movement restrictions—possibly even including a quarantine."

Also, the ACLU commented on an October 18, 2007 presidential directive on "Public Health and Medical Preparedness." This directive is aimed at coordinating the activities of the Department of Homeland Security with those of the Department of Health and Human Services in an effort to brief non-health officials and state governors on "the risks to public health posed by relevant threats and catastrophic health events (including attacks involving weapons of mass destruction)," and "ensure that full use is made of Department of Defense expertise and resources."

The directive also calls for building a national "biosurveillance" program, utilizing public health information systems to collect information on unspecified diseases, as well as individual health conditions. If implemented it would bear strong resemblance to the National Security Agency's data-mining procedures, only with medical files instead of phone-tapping. It would be overseen by the Epidemiologic Surveillance Federal Advisory Committee, established by the Secretary of Health and Human Services, in cooperation with the Secretaries of Defense, Veterans Affairs, and Homeland Security.



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