

# World Health Meeting: British Push Free Trade for Viruses

by Gretchen Small

May 22—“War has hitherto been disappointing” in its capacity to reduce the world’s population, “but perhaps bacteriological war may prove more effective,” Lord Bertrand Russell proposed in 1953, savoring the benefits of spreading “a Black Death ... throughout the world once in every generation.” Russell died, but the apparently still-living British Royal Consort, Prince Philip, keeps repeating that his deepest desire is to be reborn as a deadly virus, “so as to contribute something to solve overpopulation.”

So, British Health Secretary Alan Johnson, a high-school dropout (age 15), turned postman, turned politician for Tony Blair, marched into the opening of the annual meeting of the World Health Organization in Geneva on May 18, and demanded that the WHO *not* declare the new, highly infectious Type A(H1N1) virus a fullscale, Level 6 pandemic. That action would trigger emergency measures globally, including mandating ramping up production of a vaccine against this new influenza strain, which has already spread to 43 countries in the five weeks since it was first identified. Johnson suggested the world wait to see how the virus develops.

That the British elites had already moved to lock up scarce vaccine-manufacturing capacity to produce quantities of future anti-H1N1 vaccines with the (vain) intention of preserving their own “master race,” might spark cynicism in even those fools with short memories who claim that the Anglo-Dutch imperialism is a thing of the past. Three days before Johnson insisted it was too early to really mobilize against the virus, the City of London’s *Financial Times* trumpeted that Britain has signed advance supply agreements reserving sufficient amounts of the world’s scarce, cartel-controlled vaccine-manufacturing capacity, to produce up to 90 million doses of vaccine by the end of the year—for Britain.

Johnson may be an incompetent boob when it comes to science or medicine, but as a postman, he knows how

to deliver a message. His message to the assembled health ministers of the world, channeled from would-be virus incarnate Philip himself, is: Drop dead!

Johnson proposed that the WHO change its criteria for declaring a pandemic, from “mechanistic” geographic criteria (i.e., based on spread), to take into account a virus’s current “severity.” But the one thing certain about influenza viruses, is that they mutate, quickly, and without warning.

Since the first human cases of H5N1 avian influenza were identified in Hong Kong in 1997, competent world authorities have been warning that the world must prepare to battle a potential outbreak of an “Armageddon virus,” such as one which combines the high rates of transmissibility of today’s new H1N1 swine flu virus with the extreme morbidity of that H5N1 virus, which kills 50-60% of those infected.

Armageddon hasn’t happened yet, but virologists are cringing at the possibility that virus recombinations may emerge as the new swine flu virus hits the Southern Hemisphere, and, especially, densely populated Asia.

And even if the virus mutations do not lead to greater lethality, the new virus, which is, so far, apparently relatively mild in more healthy populations, may become tomorrow’s mass killer in poor and weaker populations. WHO deputy director Dr. Keiji Fukuda warned on May 7 that this flu could infect one-third of the world’s 6.7 billion people; that means that very large numbers of people could develop pneumonia and die, he pointed out. French virologist Bruno Lina, a founding member of the European Influenza Surveillance Scheme (IASS), told Lyon’s *Le Progrès* on May 16 that 2 billion infections is “a certitude,” since this is a virus to which no one has developed antibodies.

## Nazi Choices Equal Genocide

Johnson is spreading the “customary British lies,” as part of the revival of Adolf Hitler’s policy of geno-

cide as health care, American statesman Lyndon LaRouche responded. Their policy is to reduce the world's population to 2 billion people or fewer, and they are working on it!

Compare what the British are doing and saying, to what's coming out of France, LaRouche noted. There, researchers following in the tradition of the great Louis Pasteur are warning that the world must prepare for the worst, if a new pandemic, like the 1918-19 Spanish flu which killed at least 40 million people, is not to be repeated.

Both France and India have gone on an emergency mobilization to begin production of a vaccine against this new flu.

LaRouche emphasized that what makes today's situation so dangerous, are the conditions of economic breakdown. What occurred with the 1918 pandemic, was that the economic conditions, brought on by the mass destruction of World War I, created the potential for disease, which was then activated when the biological element was added.

Sane people, knowing this danger, should be grabbing their pitchforks, and demanding that their governments cooperate with other nations to marshal the economic and political resources required to protect not just their own public health, but that of their neighbors, too. If love of humanity isn't sufficient, perhaps the recognition that, while starvation may not be contagious, influenza is, may prove motivating.

Instead, discussion of vaccine production in the face of a flu pandemic, is beginning to sound like those malthusian economics quizzes given to brainwash students in Hitler's Germany, or like the arguments of the behaviorist advocates of Nazi health-care reform in the Obama Administration today.

The argument runs like this:

"Dominated by a handful of pharmaceutical multinationals gripping their patents on feedstocks and manufacturing processes, existing production facilities worldwide can only produce, at best, 5 billion flu vaccine doses within one year—if and when they ever



British Foreign and Commonwealth Office  
*British Health Secretary and Blairite Alan Johnson delivered a message to the annual meeting of the World Health Organization, not to declare the A(H1N1) virus a Level 6 pandemic. In other words: "Drop dead!"*

decide to start producing them. Assuming that two doses per person may be required to achieve immunity, we can only produce sufficient vaccine to protect one-third of the human race, from only one type of flu virus, either from the seasonal flu, or from the new A(H1N1) virus spreading from country to country. Not both.

"You must now choose: Which four and half billion people should be left to die? Shall we start with the poor? Their lives are miserable; maybe not worth living."

Should pandemic policy be made on the basis of that scarce resources/ fixed universe trap, premised on upholding the free-trade system which has looted the world economy into a breakdown crisis, the stated British policy of reducing the world's population to 2 billion people, will result. Perhaps sooner, perhaps later, but under current policies, such genocide is rapidly becoming *inevitable*.

### **Bust Up Pharma Piracy!**

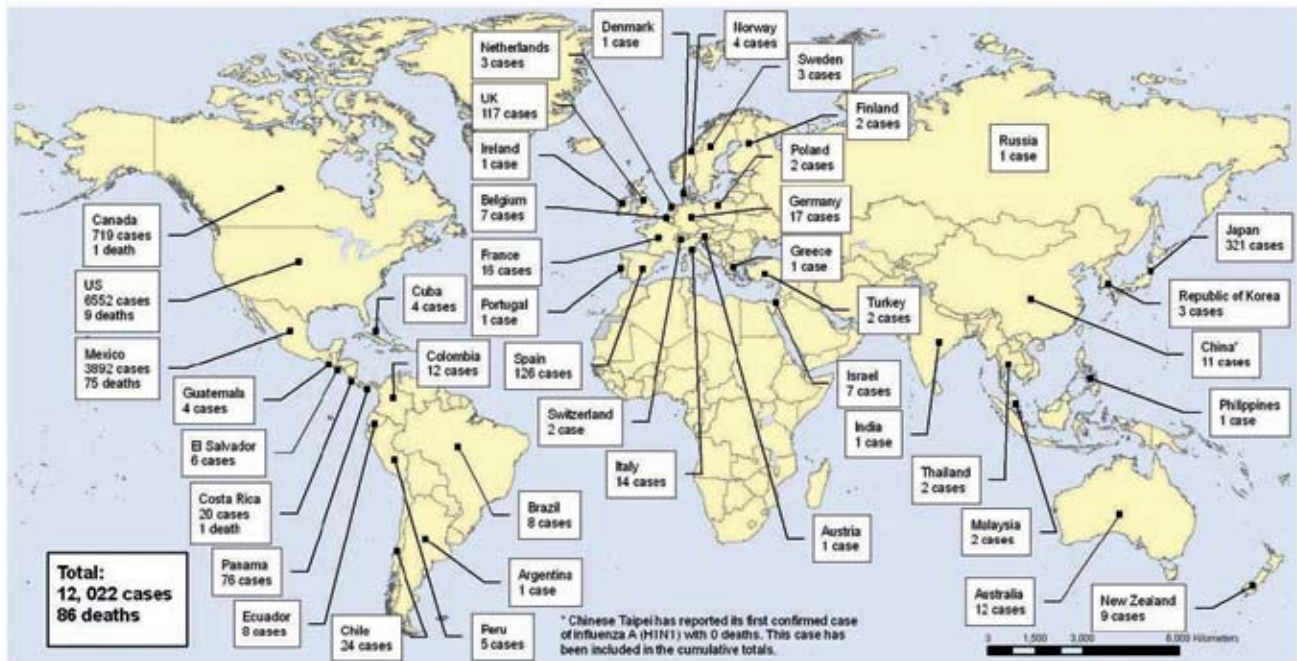
The only sane questions for discussion, are: How shall we mobilize to save the human race? What are currently existing capabilities, globally, for developing and mass producing the various influenza vaccines required, including for avian flu? What capabilities exist for ramping up production of anti-viral medications? What are the global capabilities for diagnosing these viruses as they emerge and mutate?

There is no question that existing capabilities are insufficient. Don't waste precious time asking who and what to triage; ask: How can the bottlenecks to producing what is required to save billions of human lives be most rapidly solved?

Confronting the pandemic now upon us, requires mobilizing emergency training programs and laboratory construction projects in countries where general infrastructure is limited or non-existent. Scientists and skilled lab technicians are not grown in six months, but historical precedents do exist for revolutionary mobilizations of scientific capabilities which overturn apparent fixed limitations, as the work of Lazare

**New Influenza A (H1N1),  
Number of laboratory confirmed cases and deaths as reported to WHO**

**Status as of 23 May 2009  
08:00 GMT**



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: Public Health Information and Geographic Information Systems (GIS)  
World Health Organization



Map produced: 23 May 2009 08:20 GMT

Carnot, Gaspard Monge, and Pasteur, demonstrate.

One thing is clear: The constraints imposed by globalization, with its free trade for cartels, usury, and viruses, must be eliminated, if genocide is to be prevented.

The degree of cartelization of the world pharmaceutical industry today, and the political, financial, and military power deployed to defend it, is one of the greatest injustices existing. Ninety percent of world influenza vaccine capability is in the grip of a highly integrated cartel made up of a handful of companies, busily gobbling each other up: GlaxoSmithKline (U.K.), Sanofi-Pasteur/Aventis (France), AstraZeneca/MedImmune (U.K.), Novartis (Switzerland), CSL Ltd (Australia), and a very few others. This “Big Pharma” cartel also holds patent rights over anti-viral treatments.

Outside the cartel, the small, and not so small (in the case of India and Brazil, in particular) independent capabilities which exist in the developing sector, provide a basis for building capabilities in entire regions of the world which today have no local influenza vaccine production capability at all. The Developing Countries

Vaccine Manufacturing Network (DCVMN), led by representatives of India’s and Brazil’s state-run and non-cartel private companies, can play a critical role in mobilizing the necessary global, space program-type gear-up for spreading scientific and technological capabilities. The Serum Institute of India (SII) has already begun work on an H1N1 vaccine, promising that its vaccine, when ready, “will be the cheapest in the market.” (SII supplies its hepatitis B vaccine to UNICEF at 19 cents a dose, versus the \$5 a dose UNICEF previously had to pay.)

That is the last thing the finance-driven pharmaceutical cartel wants to see happen. The cartel’s International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) acknowledged in a May 2009 release, that “technology transfer would have to expand production capacity many times over to provide rapid global access to vaccines.” A study on pandemic influenza vaccine capacity commissioned by its Influenza Vaccine Supply International Taskforce, concluded that, based on experience with H5N1 (bird flu) viruses, that it would take between 1½ and 4 years to supply the

estimated global requirement of 13.4 billion doses (at two per person) in the event of a pandemic, a task which would require expanding current global capacity by 20 times to provide sufficient doses for the world's population within six months of an outbreak.

IFPMA then baldly declared that "it is inconceivable that this level of transfer could be achieved, or that this scale of production capacity could be sustained," because market supply-and-demand conditions are not capable in many developing countries of sustaining the required "maintenance of high quality manufacturing plants and skilled workforces." Therefore, they argue, resources should be concentrated on capitalizing existing surplus capability—which they control!

The cartel is resorting now to outright piracy against the independents, targeting the Indian pharmaceutical companies in particular, as one of the world's largest producers of active pharmaceutical ingredients (API), they have repeatedly sought to break the cartel's ability to hold the entire world hostage, by providing affordable medicines, and by aiding the development of independent capabilities in other developing sector countries. At least six shipments of Indian medications have been seized in the recent period, when they were briefly in transit in the ports of the Netherlands or Dubai, on their way to other developing countries, based on the lie that these generics were violations of European Union and World Trade Organization intellectual property rights laws against counterfeiting.

### **Public Health Over Private Interest**

The influenza pandemic has renewed the battle against globalization's principle that private interests, such as the pharmaceutical multinationals, have an untouchable "right" to profiteer off drugs and technologies required to save human lives.

At the WHO annual meeting, developing nations asserted instead that the world must operate on the principle that, as Brazilian Health Minister José Gomes Temporão stated in his address to the May 18 opening of that meeting, "public health must take precedence over commercial interests." Thus, Temporão argued, acts such as the Dutch seizure of Indian shipments, are not only "ethically and legally unacceptable"; they threaten the supply of needed drugs to poor countries.

Temporão called for developing nations to be guaranteed access to the technologies required to fight the A(H1N1) virus: diagnostics to identify it, vaccines to

prevent it, and medications to treat it. The benefits of technological progress must be shared by the entire world community, especially in public health emergencies, he emphasized. He offered Brazil's assistance in sharing pharmaceutical technologies with other countries, as is underway in Mozambique, where an antiviral production plant is being set up with Brazilian technology.

Joined by the government of Mexico, and supported by Argentina and other countries, Brazil pressed that all technological advances in diagnostics, treatment, and prevention of A(H1N1) be declared "public goods." Likewise, China and Thailand requested that flu-related patents be broken, so that everyone has access to the inputs required.

President Obama's Special Representative for Avian and Pandemic Influenza, Robert Loftis, took up cudgels for the British free-trade faction, however. He led a fight to limit, if not eliminate altogether, the Standard Material Transfer Agreement (SMTA), a legally binding document which regulates exchange of materials related to viruses and vaccines. Using the same logic used by the Larry Summers-Peter Orszag clique seeking to put through a Nazi health-care program back home, Loftis argued that it is "not appropriate for the WHO to be telling private entities" what to do.

The developing nations hit the roof, because, under globalization, the SMTA is one of their few protections against the pharmaceutical cartel taking the virus samples they send them, and then developing patented vaccines which are sold back to poor countries at exorbitant prices.

When no agreement could be reached, the U.S.A., EU, Japan, and others suggested that everyone simply agree to implement the points already agreed on, leaving the remaining, key issues to be worked out in "smaller, potentially informal meetings."

That maneuver to secure cartel rights through "agreements reached behind closed doors by small groups" was defeated, by a united front of all the African and South American countries, and some Asian countries, organized by Brazil in coordination with Indonesia and India.

The WHO meeting ended, however, without addressing the inescapable necessity of initiating the health mobilization required, replacing the deadly status quo of pharmaceutical cartel domination and free trade with a new nation-centered international credit system in which human life comes first.