



*625 people died worldwide in 2003 from conventional terrorist attacks. There were no biological attacks reported. 14.9 million people died in 2002 from communicable diseases.*

# 5

## Health Systems in the Service of Peace

While examining military priorities in regard to germ research, CAE has repeatedly claimed that attention should be focused on the actual crises in global public health, rather than on phantom crises promoted by the military, government, and other institutions that profit by “going along with the gag.” CAE opens this chapter with a brief overview of actual world health problems. Giving exact statistics on the number of deaths from a given disease is difficult, but the reader will get the idea through the approximations below, which we think unequivocally demonstrate that nothing short of a preventable holocaust is occurring. The statistics do vary. That is in part due to the inability of poorer countries to keep accurate records, and in part due to differing systems for counting deaths (e.g., whether deaths due to tuberculosis in AIDS patients are counted as due to tuberculosis or to

AIDS or double counted). With these provisos, it can be said that globally, acute respiratory infections (including pneumonia and influenza) are the leading cause of death due to infectious agents, with over 4 million per year. Diarrheal diseases claim another 3-4 million every year. Epidemic viral diarrhea (mainly rotavirus) accounts for 873,000 per year (even though mortality in developed countries is less than one percent). Shigella causes 654,000 deaths per year; typhoid fever 581,000; intestinal amoebiasis between 40,000 and 110,000; and cholera 20,000. Most of the remainder of deaths due to diarrheal illness is due to certain strains of *E. coli* associated with contaminated water supplies in developing countries. AIDS, if one includes deaths due to tuberculosis in AIDS patients, comes next with 2.5 million. If one includes the combination TB/AIDS deaths, tuberculosis is easily the leading cause of death due to a single organism, with about 2 million every year. Malaria and measles each claim 1 million to 1.5 million per year, while hepatitis B kills between 1 million and 2 million per year. These figures are almost unintelligible because the actual quantity is so far beyond experience.

CAE is not saying that this disaster in world health is due solely to germ warfare programs hogging all the resources. Many of the problems, particularly the diarrheal illnesses, happen primarily because of capitalism's unshakable commitment to the production of poverty. People packed together in ghettos with improper water and sewage treatment is the root cause. The maddening part is that hygiene conditions are easy to change. While developed nations make some effort to alleviate this health problem, they do not do anywhere near enough. The overwhelming majority of diarrheal illness victims are the poorest, most invisible, and most powerless populations

in developing countries. Knowing there will be no resistance or penalty, capitalism does its gruesome work of eliminating these surplus populations by sheer neglect. Having created engines of production that could easily end this level of poverty with a modest redistribution of wealth, the vectors of power simply ignore the issue and focus the engines of capital on producing more wealth for the wealthy and more poverty for most of the world.

To return to the diseases that are significant to this discourse, influenza, malaria, HIV, tuberculosis, and hepatitis B, not one of these top-end killers make the military's A list and, hence, are not of much interest within the scientific community funded by the military or by those researching "profitable" drugs. The problem is that medical research is a zero sum game. Resources are finite. Only so many labs, funds, and personnel capable of doing the research exist. With so many dying every day, no nation can afford to focus its attention on nonrepresentative and improbable health issues. Nor can it focus health services solely on developing the most marketable, profitable, and/or cost effective products, leaving all else as "orphan" products. In pharmaceuticals, for example, psychiatric, erection, and heart drugs should not be the leading categories of drug development. Obviously, they are the most profitable because they are aimed at the needs and desires of the wealthy, but they do nothing to relieve the real global health crises. These are the conditions where we see the truly despotic face of capitalism. No death toll can be high enough to put people before profits.

The U.S. military and government attempt to reassure the public by claiming that benefits for all will spin off military research. We are often treated to disingenuous promissory

rhetoric like the following statement on biodefense from National Institute of Allergy and Infectious Disease (NIAID) Director Anthony Fauci:

*Furthermore, we anticipate that investments in biodefense research will have many positive spin-offs similar to the manner in which HIV/AIDS research has advanced the understanding and treatment of many other diseases. NIAID research on organisms with bioterror potential will almost certainly lead to an enhanced knowledge of other more common and naturally occurring infectious disease that afflict people around the world. In particular, the advancement of knowledge should have enormous positive effects on our ability to diagnose, treat, and prevent major diseases such as malaria, tuberculosis, HIV/AIDS, and a spectrum of emerging and reemerging diseases such as West Nile Virus, dengue, and influenza.*

United States citizens have heard this doubletalk before, but in economic terms. The one lesson learned from the Reagan administration's claim of the "trickle down" effect is that making wealthy people wealthier does not help the poor. The redistribution of wealth in America has favored the wealthy for the past fifty years and only worsens with each administration. The same is true of military research on germs. As long as ebola, smallpox, anthrax, and rabbit fever are at the top of the list, little or nothing of help to the global health crisis will result. Giving the military the benefit of the doubt, suppose a useful spin-off technology was actually to occur. All well and good, but think what might have happened had that money been used for civilian-based medical initiatives to begin with? Could a cure for AIDS be better approached? Bluntly put, there is no war dividend! Civil society will not benefit from this research,

and the only real hope for the poor who primarily suffer the tortures of pestilence is that they somehow fall into the category of being a U.S. “security interest.”

### **What Is to Be Done?**

The foundational answer is quite simple: The military should be banned from any participation in health issues. Health and medical research should be done in the civilian sector, and the military should get the spin-offs. Not another cent should be spent on the military’s wasteful ventures. In matters of public health and public protection, the military is not needed because it does more harm than good.

Sensible plans have been around for years, but they are rejected whenever they emerge. For example, in 1990 a conference was held in Kùlungborn, Germany. At this small but influential conference, Erhard Geissler suggested the idea of “Vaccines for Peace.” The core of this particular idea is flawed. As we saw in chapter 4, stockpiling vaccines against the perceived threat of biological weapons is little more than a wasteful publicity stunt. Vaccines alone would offer only minimal protection from any such bug in the age of transgenics, and not everyone can be vaccinated for all known diseases on a global scale. Be that as it may, the notion of “Vaccines for Peace” has many compelling satellite ideas. First and foremost is that the military should be disinvested of any connection to vaccine research. All vaccine research should be in civilian hands. Geissler reasoned the main advantage that would emerge from this action is that the justified national and international public suspicion that the military is creating offensive capability bioweaponry would dis-

sipate. Vaccine programs in civilian hands would be completely transparent—nothing would be classified or secret. This would in turn strengthen treaty relations and be a first step toward proper verification. (An additional advantage, which Geissler did not argue, is that it would help to keep the military out of civilian agencies such as the National Institutes of Health and the Centers for Disease Control.)

A second key idea linked to the Vaccines for Peace Program is that a vaccination program must function on a global scale. The odious link between militarism and nationalism is a hazard to public health. In the case of germ warfare, the undisputed principle of “defend America first” makes its defense almost impossible. The best way to protect the United States or any other nation against disease is to aggressively eradicate it globally through the use of all means at hand—vaccines, antibiotics, clean water programs, antipoverty initiatives, hospital and clinic proliferation, etc. The smaller the list of potential diseases for weaponization gets, the safer everyone is. Instead of wasting billions each year on useless technology and vaccines earmarked only for disposal and replacement, the United States could functionally use those billions to help those that need it most while at the same time providing for a common defense. To be sure, such an action would not completely eliminate the threat of germ warfare, but progress toward further reducing its likelihood would certainly be made, and the overall health care structure would be better prepared for any type of health crisis.

Even though many scientists rallied to the idea of civilian controlled vaccine programs, the military did not. It didn’t even have to give a reason for why it objected. Biodefense, by definition, is a military operation. The military kept its germs and its

vaccination programs. NATO agreed with the United States, the United Kingdom, and Germany in denouncing Vaccines for Peace, so the initiative went no further. The epilogue is sad. Rather than embracing a significant movement toward peace and health, military programs were expanded, beginning with Clinton pushing the funding for “biological defensive research” into the billions, followed by Bush refusing to sign the verification protocols in the BWC, and the ballooning expansion of the germ warfare program under his administration. Little room exists for anything other than irredeemable pessimism. In contradiction to capital’s stated principles, sane, humanistic policies are rejected in favor of those of waste, uselessness, and sacrifice.

Another visionary promoting civilian control is microbiologist Mark Wheelis of the University of California, Davis. His interest is global epidemiological surveillance. He has proposed a global disease detection network constructed on four layers: a system of reporting, a system for rapid-response lab and field testing, a system for origin analysis, and an open database of medical records in order to maintain a baseline and to extrapolate patterns of disease. While he came to this notion as a means for detecting and distinguishing between natural and hostile disease outbreaks, he quickly came to see that it would better serve a generalized civilian purpose, leaving hostile detection as a small part. Even though his plan originated with military objectives in mind, Wheelis did not fall for the nationalist fallacy. He knew that disease control and biodefense have to be done on an international scale, or they are simply wasted efforts. He suggested that this global disease detection network be run by the United Nations in collaboration with the World Health Organization and the

Food and Agricultural Organization. Will a military-free network such as the one Wheelis suggests ever exist? It seems very unlikely, considering that the BWC couldn't even produce a verification protocol. That convention was the only hope to date for an international monitoring body, to be called the Organization for the Prohibition of Biological Weapons. The calls for such an organization are still being made, yet remain unanswered.

### **Civilian Detection in Action**

While we do not have examples of the deployment of civilian agencies to cope with the fallout from a biological attack, we can examine some real scenarios that approximate a biological attack in the real world (and not as computerized or dramaturgical simulations). The most recent example is Severe Acute Respiratory Syndrome (SARS). The outbreak of SARS nearly rivals smallpox in infectiousness (SARS is not quite as contagious as smallpox). Unlike smallpox, no vaccines or known treatments were available, and the virus had not even been identified at the time of outbreak.

As a new human virus, SARS could be said to have some parallels to an attack with a transgenic bacteria or virus. Civilian agencies responded to SARS as a global civilian health crisis. The success of this response is quite remarkable. The first case of SARS was reported on November 17, 2002 in southern China. SARS became a serious problem by March 2003. On March 12 the World Health Organization issued a global alert about a "new infectious disease." On March 15 the warning was elevated after cases in Singapore and Canada were reported.

A rare emergency travel advisory was added, along with a case definition. On March 17, an international network of laboratories was formed. It had two primary missions: to identify the disease and to develop treatments. By March 24, the Centers for Disease Control presented evidence that SARS was probably a coronavirus. On April 12, Canadian researchers announced that they had sequenced the genome of the coronavirus believed to be SARS. On April 16, the new coronavirus was confirmed as the cause of SARS, according to Koch's postulates. (The germ must be present in every case of the disease; the germ must be isolated from the host with the disease and grown in pure culture; the specific disease must be reproduced when a pure culture of the germ is inoculated into a healthy susceptible host; the germ must be recoverable from the experimentally infected host.) The strategy for controlling the outbreak was to quarantine those who had the disease, or those who were believed to have been exposed to it. By July 8, the crisis was over with minimal loss of life.

No panic ensued, nor did any rushes on hospitals occur. The reason everything went smoothly was that a global generalized health plan was in place for containing infectious disease. Had militarism and nationalism accompanied it, the likelihood of serious outbreak would only have increased: information and treatments would have been classified, for example, precluding international research cooperation and a networked containment strategy. According to the military's logic, an enemy (even if inactive) can never know what is being done to fight a given disease. Research would have been limited to secure U.S. and allied labs. A probability exists that some of the most qualified researchers and medical personnel would not have been able to work on the project because of lack of the proper security

status. The military is only concerned with the best strategy within a given theater of war, rather than with what will save the most people. Often, these two frames of reference are incompatible.

If anyone needs an example of what happens to public health when the military gets involved, one need look no further than the sad story of the Federal Emergency Management Agency (FEMA). Launched in 1979 by the Carter Administration, FEMA was an attempt to unify a number of federal agencies charged with managing a variety of public emergencies. These included natural disasters, nuclear war, enemy attack on U.S. territory, and incidents involving civil unrest. The Reagan Administration decided that FEMA would be most useful if it focused on civil unrest. To this end, the administration appointed former National Guard general and counterinsurgency expert Louis O. Giuffrida to the post of Emergency Czar. He, in turn, appointed more military men who shared his McCarthyist tendencies. The militarization of FEMA reached its peak in 1982 with the publication of "The Civil/Military Alliance in Emergency Management." This document contained the plans to cement the association between FEMA and the military and went on to argue for the countermanding of the constitution by saying that military force can and should be used in cases of domestic disturbances. The Reagan Administration supported this notion with several National Security Decision Directives that not only bonded FEMA to the military, but to the National Security Council as well. During this time, the Civil Security Division of FEMA pursued all kinds of nastiness including organizing military training for police and opening files on United States activists. They collected 12,000 files in all. At this point, FEMA was beginning to crowd other agencies' territories—most notably

those of the FBI. In retaliation, the FBI launched a full-scale investigation of FEMA, exposing the *de facto* nepotism and misappropriation of funds. Giuffrida was forced to resign.

After this point, FEMA fell into relative neglect, and the ties to the military eroded. During this period an “all hazards disaster preparedness” plan emerged, designed so a single plan could be used to accommodate many types of emergencies. FEMA was reborn after its performance in Hurricane Andrew in 1992. The storm was the worst to have ever hit the United States and leveled parts of South Florida. This storm put a scare into both the government and the public, making it abundantly clear that the focus of FEMA should be on natural disasters that were occurring with steady or increasing (depending on who one wants to believe) regularity. In this climate, the Clinton Administration appointed James Lee Witt to be the director of the agency. For the first and only time in its history, FEMA had a director who was a professional emergency manager! Witt committed FEMA to natural disaster preparedness and disaster mitigation—quite a shift from the Reagan/Bush era.

However, this Dr. Jekyll and Mr. Hyde story does not end here. With the 2000 election of the Bush Administration, FEMA went retrograde. The Bush Administration followed through with very little of Witt’s work and appointed cronies with no emergency experience (much like nominating Wolfowitz to head the World Bank even though he has no banking experience, or appointing Bolton as the ambassador to the United Nations even though he has no diplomatic experience). The Bush Administration’s choice for director was Joseph Allbaugh, the former Chief of Staff for Governor Bush and the former national campaign manager for the Bush-Cheney campaign.

Allbaugh resigned in 2003. His buddy and GOP activist Mike Brown, who had been appointed Deputy Director when Allbaugh joined FEMA in 2001, succeeded him. Like Allbaugh, Brown had no experience in emergency management.

After 9/11, the administration decided that FEMA was an anachronism, the duties of which should fall under the new Department of Homeland Security. Public protection from natural disasters once again shifted back toward the military, and the only disaster that garnered government attention in the post 9/11 climate was terrorism. Once again, military paranoia rather than public health became the order of the day. Under Brown, FEMA developed a new “all hazards” plan suitable only for the many types of terrorist attacks that the agency could dream up. Public health emergency equipment was replaced with military first response equipment for WMDs. Given the catastrophe in New Orleans and the Gulf Coast in 2005, the consequences of this shift are clear. An underfunded and unprepared FEMA attempted to manage the greatest natural disaster in United States history. (The scope of the disaster was massive in part due to the diverting of preparedness funds to the war in Iraq, particularly those for infrastructure such as levees). The military was almost completely useless, giving little support until nearly a week after the storm hit. The many casualties were not from the storm, but from the sheer incompetence of the Bush Administration to ensure funding for the necessary precautions against such a disaster, in combination with the inhuman negligence of authorities and the unpreparedness of FEMA. The clear lesson here, once again, is that a militarized relationship to public health serves only to intensify disaster and not to lessen it.

Another scenario about which the Bush Administration and the military often fantasize is the poisoning of the food supply. A terrorist could set loose a fungus that would kill our crops, or a food could be directly infected with *E. coli*, salmonella, or worse. Both of these possibilities are actually common natural threats to public health. Disease management in crops is fairly standard, as it is in animals, and is done quite successfully. Food processing is also a managed situation with many interlocking layers of inspection, and for the most part, such precautions have worked very well in ensuring public safety. The United States has had two public health problems from food in recent years, both stemming from the distribution of tainted hamburger. The first was at a Jack in the Box restaurant in Washington State in 1993 in which approximately 100 people became ill, resulting in one death. The second had to do with a meatpacking incident at the ConAgra distribution plant in Colorado in 2002. *E. coli* 0157:H7 got into the meat as in the Jack in the Box incident, but since this occurred at a major distributor's packing plant it led to the recall of nearly 19 million pounds of ground beef. Of this 19 million pounds, most was consumed rather than returned.

This would seem like a perfect terrorist plot. A single person could get a job at a meat packing plant and poison the meat with naturally occurring bacteria. The meat would then be distributed throughout the United States. No one would even suspect it was terrorism until responsibility was claimed. For that matter, a terrorist cell or network could claim responsibility even if it was a natural occurrence. Although natural in origin, what happened with ConAgra parallels such a situation, and the body count was only one, along with a few dozen illnesses.

The food industry has consistently fought an annual legal battle against any USDA safety control, preferring instead to police itself. The Bush administration has agreed with this policy and rolled back what legislation it could, in addition to stacking the USDA with officers sympathetic to meat and livestock interests. The USDA Secretary for Congressional Relations was a former ConAgra employee, and the chief of staff for the Secretary of Agriculture, Dale Moore, was a former lobbyist for the National Cattleman's Beef Association. Even with these problems, Americans do not seem to be afraid of eating a rare hamburger and should not be. Federal standards are not the only ones in place. State standards also offer protection, in addition to our own ability to spot tainted meat or to thoroughly cook it as many restaurants do. Obviously, food corporations do not want to poison their customers. That is not good for business. They want to be protected against liability if an accident happens. In spite of all its imperfections, the health system as a whole seems to work in regard to food and its distribution.

The point is that whether it is disease or other matters of the organic realm, the civilian sector is better capable of protecting public health than is the military. The politics are simple: The civilian sector has civilian interests at heart; the military has military interests at heart. The interests are not the same.

### **Natural Pressures**

The highest probability of a disaster due to disease is from influenza—not so much the strains of flu that regularly occur during the winter months, but a new form to which humans have little or no immunity. The last time such a flu emerged was in

autumn 1918. The hygienic conditions were perfect, given the cramped and soiled conditions in which soldiers were living at the end of World War I. Add this hygienic problem to a similar one among pigs that were in contact with some of the soldiers (primarily kitchen staff), and the stage was set. In 1918, the flu jumped from pigs to humans. What further fanned the flames of this disaster was the fact that troops and pigs were being moved around on an international scale, so not only was the problem one of environment, but the perfect conditions for vector movement also existed, allowing for maximum efficiency in the distribution of the virus (given the relative scale of mass human movement at that time in history). The result was approximately 25 million deaths worldwide, with close to one million deaths in the United States.

Influenza viruses can mutate at an incredible rate and, on rare occasion, can develop the ability to jump species. The usual path to people is from birds to pigs to humans. If conditions are good, not only can the virus develop the capacity to jump to humans, but it may also develop the capacity to spread from human to human once it completes its species advance. At this point, the disaster begins. Since the virus is one that evolved in birds, human bodies have not interacted with the virus before and hence have no natural immuno-defenses against it. Currently, the primary candidate to repeat the 1918 health crisis is avian flu. This flu has jumped from bird to human, cutting out the middleman (pigs), and has resulted in nearly 100 deaths. Those likely to acquire this disease are people working with poultry in less than sanitary conditions. Whether it will ever spread from human to human is unknown, but the potential is there.

The good news is that unlike a terror attack, authorities can see this problem coming and can begin to specifically prepare for it or at least to include it in an “all hazards disaster preparedness” plan. The bad news is that preparedness of this sort is not likely to happen. One reason is that the military has little interest in this germ, and another is that, as discussed earlier, the Bush administration has little interest in maintaining even the inadequate public healthcare system now in place. On every medical front, the United States and the world are facing increasingly deteriorating health conditions due to the current administration’s recklessness. With regard to catastrophe coming from disease, the United States is failing in every department—research, preparedness, organization, finances, and almost anything else that can be imagined. In every case, the wrong choices are being made at taxpayer expense, and it is because of the military’s overwhelming influence on the decisions being made by the government, as well as the Bush Administration’s propensity for military solutions to crisis situations.

### **A General Strike**

If only the ideal were possible. A general strike of all scientists in the life sciences, unified by the demand that disease research and preparedness should be solely civilian-based would eventually bring the United States and the world to a far less precarious place. A singular scientific technocracy has that kind of power, because its members are necessary and irreplaceable. Unfortunately, money can make the pain of a guilty conscience quite tolerable, leaving the above vision as useless as weaponized germs. A possible resistance in this arena of politics does not have to take an extreme form, but it does have to be ongoing

and popular. For this to happen, the general public must be made aware that even “defensive” germ warfare programs expose individuals to unacceptable dangers instead of making them more secure, and these programs are an obscene waste of tax dollars and public resources. The choice of military interests over public health interests is a sure recipe for disaster, and this is not a fantasy like the terrorist scenario. This view is an undeniable fact demonstrated by the millions who are dying every year and by the historical record on epidemics and military exploits in the public sphere.

Uncontrolled emergent infectious disease is an ongoing nightmare that will only intensify in the future. If a popular front can be constructed around the demand to keep the military out of public health policy, institutions, and initiatives, then activists, cultural producers, and concerned citizens can begin to do the impossible: discourage scientists from working for or with the military; force pharmaceutical companies to make antibiotics and vaccines that combat the diseases that are killing people; remove all germ research from the military and redirect the funds to civilian initiatives; force the signing of verification protocols; and have all disease research declassified so that it can be used in the public interest on a global scale. Once again, people must join together to invert the most vicious and horrific first principle of capital—profits before people must become people before profits.