

# The Plague that Wasn't

## Swine flu sham fizzles

Bob Nirkind

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We might venture to speculate that it was not with deep regret that the Ford Administration finally called an official halt to its embarrassingly disastrous swine flu mass immunization program recently. Most assuredly an unmitigated scam that simply didn't cut it, -the project was put out of our misery with scarcely a raised eyebrow or a whimper in the waning days of 1976—a fitting Bicentennial finale.

A dubious undertaking to begin with, based solely upon the shaky assumption that America was due to be infected this winter by virus strain A/New Jersey/'76, commonly known as swine flu, the Center for Communicable Disease (CDC) in Atlanta, Georgia nonetheless managed to create a sufficiently plausible propaganda campaign to sell first the government, then the American people (some of them at any rate) a \$135 million nationwide inoculation program-. Only the four pharmaceutical companies chosen to manufacture the vaccine—Parke-Davis & Co., Merck, Sharpe and Dohme, Merrell-National Laboratories Inc. and Wyeth Laboratories—appear to have profited.

What the CDC employed from the outset of its media blitz was the fear of death. Swine flu wasn't just another common influenza. It was a fearsome killer. To support its contention, the Center pointed to its first acknowledged victim of A/New Jersey/'76—Pvt. David Lewis, the young soldier at Fort Dix who fell ill, lapsed into a coma and later died after attempting to complete a five mile return march from-the rifle range a year ago January. What wasn't publicized was the fact that Lewis died of viral pneumonia and, in the opinion of the medical officer at Fort Dix, would have survived had he taken the doctor's advice and remained in bed for the next forty-eight hours.

A more chilling contention was that the swine flu virus was-connected with the 1918–1919 flu pandemic which resulted in the deaths of twenty million people worldwide. Actually there was no serious connection whatsoever (see Fifth Estate, November 1976 story “The Year of the Swine”), but it sure sounded convincing and a helluva good argument for getting a flu shot.

### For Whose Benefit?

As we pointed out in our previous article on the swine flu scare, the folks figuring to benefit the most from the mass immunization program were the U.S. Health Department, which was bound to look sharp in the area of preventive medicine; the Ford Administration, which was hoping, but obviously failed in retrospect, to pick up some much-needed brownie points before the then impending presidential election; and the four aforementioned drug manufacturing 'companies, who scored considerably in their \$135 million windfall.

Had it not been for a couple of unexpected variables, the immunization program may Well have been a modest success; modest at best in that there were a surprisingly high number of Americans who simply didn't buy the epidemic story without seeing further proof. As we now know, these variables were the deaths of many older people soon after receiving their vaccinations, and the sudden rise in cases of the relatively rare Guillain-Barre paralysis syndrome.

Although the deaths of more than thirty elderly persons resulted in health officials in thirteen states halting the immunization program last October, the suspended programs all resumed within a week after the CDC contended that there was no evidence to directly link the deaths with the inoculations. The Center did, however, quietly issue new guidelines for administering the vaccinations to elderly persons and those with a history of heart problems.

An attempt was made by the Public Health Department to dismiss the deaths as simply being the normal average, or perhaps just slightly above the normal-average, for any 24-hour period. It was only a coincidence, it insisted, that the deaths occurred on the same day as the vaccination.

With all the media attention paid to the deaths, it appeared the immunization program was on its last legs. Despite the assurances of the CDC and local health officials, people all across the country began having second thoughts about receiving the injection, many taking a decidedly thanks-but-no-thanks attitude. Thus far the preventative had proven deadlier than the disease. By Thanksgiving, the long lines in the designated inoculation centers had diminished to a trickle.

## **Inoculation Program Resumes**

Suddenly, on November 22, just as the program looked doomed, it was enthusiastically announced that the first reported case of swine flu since Pvt. Lewis's death had been confirmed in Concordia, Missouri. Within 24 hours, telephone linesman Larry Hardison had become a national celebrity and the inoculation program was back on its feet again.

In truth, it was never conclusively ascertained that Hardison did actually have swine flu. To begin with, doctors neglected to take an all-important throat swab. Further, although Hardison's blood did show an increase in A/New Jersey traces, it was later discovered that during his military service between 1963 and 1967, America's newest celebrity had received the usual batch of flu shots, including those possessing swine antibodies. The result was that Hardison's blood already had particles of A/New Jersey in it, making it extremely unlikely that a confirmation of his having swine flu was possible without a throat swab.

Whether Larry Hardison had the swine flu or not wasn't really that important anyway. What was, at least in the eyes of the CDC, was that the immunization program was operating at full strength again and people were lining up in droves—the true believers queuing up for the wafer and the wine.

The abrupt increase in cases of Guillain-Barre Syndrome, on the other hand, was something else again. Unlike the deaths of the elderly a couple of months earlier, the correlation between the swine flu inoculations and the creeping paralysis could not easily be explained away, nor was the American public in any mood for such a casual approach.

Briefly, as explained in a recent Associated Press wire service story, "Guillain-Barre is a disease of the peripheral nervous system which starts after a respiratory infection. It affects both sides of the body. Symptoms include numbness of the hands and feet and tingling of the skin."

"It causes degeneration of the peripheral nerve roots and ganglia and may leave residual damage," the explanation continued.

"If a patient recovers from the acute phase, which most patients do, total recovery can be rapid. Otherwise, mortality can be as high as 25 percent."

One prevalent theory is that the Syndrome is caused by chemicals manufactured by the body's immunological system. Since the great majority of its victims experience a cold or flu infection prior to its emergence, it has been theorized that the body, which is fighting the infection, for some unknown reason does not stop manufacturing antibodies after the infection is defeated.

In a rare burst of honesty, federal health officials admitted in mid-December that they weren't really quite sure themselves whether there was any link between the swine flu vaccinations and the rise in cases of Guillain-Barre. Consequently the entire inoculation program was suspended indefinitely on December 16. No further shots were to be administered until an investigation was completed. The shutdown was announced only two days after the CDC insisted there was no connection between the two.

As millions of Americans anxiously awaited the government's findings, the contradictions in statements by local, state and federal health department officials were beyond belief. While a spokesman for the CDC stated that the Guillain-Barre Syndrome "is not a reportable disease and its true prevalence in this country is not known based on limited study," the Public Health Service estimated that there were about 40,000 cases of the paralysis occurring in the U.S. each year, and Dr. David Nolan of the Detroit Health Department cautioned against drawing any conclusions from the present statistics, noting that in one study alone 20,000 cases of the Syndrome per year were estimated.

"If that is true," Nolan added caustically, "it means more than 1,000 per month. We have less than that now, so it could lead you to believe that the flu vaccine actually protects you from it."

## **The Program's Demise**

The swine flu immunization program was, in fact, not resumed. At last count (late December), there had been 223 reported cases of Guillain-Barre nationally and out of those 223, 110 had received swine flu shots. Another 100 had not been vaccinated and the status of the other 13 was unavailable. At least six deaths were reported—none of them since the inoculation program was suspended.

Regardless of the program's demise, there's still a wealth of unanswered questions left behind. In the December 6 issue of the *Village Voice*, in an article entitled "The Missouri Break: How a Bogus Swine Flu Plague Panicked Millions," authors Alexander Cockburn and James Ridgeway repeated some curious rumors that had been passed on to them.

One source revealed that there had been serious side effects to the mandatory inoculation of over 5000 military personnel at Andrews Air Force Base. Although this has been officially denied, to no one's surprise, -informants in the medical community at and around the base insist it's true. One story is that an asthmatic receiving the injection became disoriented and collapsed and was said to be in critical condition. There were even rumors of deaths resulting from the vaccination, though none could be confirmed.

Neither the Philadelphia branch nor Atlanta headquarters of the CDC were willing to discuss the issue, according to Cockburn and Ridgeway. The Atlanta office did, however, take "pains to emphasize that military personnel received twice the normal dosage of flu vaccine."

A more unsettling piece of information surrounds the word that influenza experts are currently engaged in testing a new, more potent live-virus vaccine which could conceivably stamp out flu completely.

"Between 1972 and 1974, one live vaccine was tested on a number of people, including very small children and prisoners," Cockburn and Ridgeway report. "This testing was apparently halted after studies of mice injected with the live vaccine showed it had accelerated the growth of cancerous tumors. Scientists we have spoken to can scarcely believe that humans, including small children in hospitals, would have received this vaccine before it had been carefully tested on laboratory animals."

## **Son of Swine Flu**

This could be the end of our swine flu story, but it isn't. On January 9, Dr. Edwin D. Kilbourne, one of the chief engineers of last year's swine flu immunization program, told the media that he now expects an epidemic to strike, if it strikes at all, in late 1977 or early 1978.

Dr. Kilbourne, professor and chairman of the Department of Microbiology of the Mt. Sinai School of Medicine at City University of New York and a member of the advisory boards to the federal Center for Disease Control and the National Institute of Allergy and Infectious Diseases, the two major agencies to influence President Ford's decision to launch the unprecedented inoculation campaign last October, admitted that he isn't sure whether the unused ninety million doses of the vaccine currently on ice would still be effective if needed.

He explained that flu viruses are extremely unstable, changing characteristics every few years, and that if there is any variant, the present vaccine would be completely useless.

“I’m not writing off the chances of swine flu coming this season until late February,” kilbourne said in closing. “But it’s beginning to look more and more like it’ll come next season. Of course, it may never appear.”

At this point it’s clear that only two groups enjoy the potentiality of coming out ahead on the swine flu program. The pharmaceutical Companies have already, as we’ve previously noted, hit the jackpot to the tune of \$135 million and stand to possibly double that should the government choose to peddle its newest wonder drug in shopping malls again next fall.

The CDC may figure to benefit from the program as well, its reputation hanging in the balance. If the swine strain strikes, it can boast of its preparedness. If it doesn’t, it could possibly get away with pointing out what a stunning paradigm of preventive medicine it was.

Probably the most incisive remark to come out of this whole sordid, absurd swine flu fiasco was issued from a recent page of predictions for 1977 in the *Village Voice*.

Included in its fearless forecasts for November was: “The Communicable Disease Center launches its annual epidemic scare with revelation of new killer strain of headache called ‘swine migraine.’ Vaccination program launched, but soon halted with outbreaks of leprosy. CDC claims leprosy mortalities ‘only slightly above normal for this time of year.’”

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