

<https://www.bbc.com/future/article/20200918-the-fiasco-of-the-us-swine-flu-affair-of-1976>

**Note the above link leads to a blank page. The original BBC article has been taken down. What follows is the New York Times article which Dr. Kilian had the foresight to grab a copy of.*

The fiasco of the 1976 'swine flu affair'

It began at a US Army training base in New Jersey. In February 1976, several soldiers at Fort Dix fell ill with a previously unrecognised swine flu. None had been in contact with pigs, so human transmission was assumed.

Urgent decisions were needed. Public health officials realised it might be possible to get a vaccine to the public by the end of the year if they acted fast. The pharmaceutical industry had just finished manufacturing vaccines for the normal flu seasons.

In March, President Ford announced a \$137m (£67.5m in 1976) effort to produce a vaccine by the autumn. "Its goal was to immunise every man, woman and child in the US, and thus was the largest and most ambitious immunisation program ever undertaken in the United States,"

With hindsight, it's easy to see that the fears of the time were unfounded. The swine flu strain spotted at Fort Dix was not dangerous, and there would be no pandemic. Later, researchers discovered that benign swine flu strains had been circulating in the US population long before this one was identified at the military base.

Ford did convene a high-profile meeting of scientists to decide if there should be a vaccination programme, but "this was interpreted to be a political event rather than a scientific process"

Still, that's not to say that scientists were neutral in their uncertainties.

Plenty of senior scientists supported the vaccine with pre-existing agendas. Some researchers saw the chance to improve the credentials of their institution or field on the national stage, while others held a "conviction that prevention of disease by vaccination was an achievable perfection of the human condition".

As the US summer arrived, no outbreak had emerged nationally or internationally, but efforts continued nonetheless. Four pharmaceutical companies had begun production, and testing was underway in clinical trials. But in June, there was a problem that would have far-reaching effects for years afterwards.

It began when the industry manufacturers announced that they had been refused liability insurance, effectively downing tools. They asked Congress to indemnify them, but were turned down.

In July, the Ford administration agreed to bear the cost of defending lawsuits and asked Congress to pass legislation. The programme was back on track, but it was too late to reverse the damage to public perception.

While the manufacturers' ultimatum reflected the trend of increased litigiousness in American society, its unintended, unmistakable subliminal message blared "There's something wrong with this vaccine," "This public misperception, warranted or not, ensured that every coincidental health event that occurred in the wake of the swine flu shot would be scrutinised and attributed to the vaccine."

By mid-October, as Imperato was queuing with the photographers for his shot in New York City, the whole enterprise was already well on the way to another crisis, even if leaders did not acknowledge it.

Imperato was deputy health commissioner and the chair of the task force charged with rolling out the programme in the city, so had volunteered to be photographed for the newspapers as he got his shot. The mayor of New York City, when asked, had refused, so Imperato had stepped up. Turnout was strong across the city that morning.

But what was meant to be a ceremonial opening and positive public relations effort would turn sour. That week, the papers had begun reporting troubling news from vaccine clinics in Pittsburgh: three apparently unexplained deaths due to heart attacks.

I remember that day. I remember it vividly," recalls Imperato. "I saw those headlines on the subway. And I said, 'Good God. All hell is breaking loose here.'"

The headlines would get worse.

Lawsuits, side-effects and negative media coverage followed, and the events dented confidence in public health for years to come. What happened might even have laid the foundations for the mistaken anti-vax views and distrust in public health that would spread decades later.

The deaths in Pittsburgh would be the start. While there was no causal evidence linking these deaths to the vaccine, they triggered many people to come forward claiming evidence of ill health, falsely blaming the inoculation. Nine states shut down their programmes.

With such a high-profile roll-out, closely attached to the White House, many journalists unused to covering science reported only what they saw and heard from the public, without interrogating whether it was linked. Tabloid journalists gave few column inches to epidemiological nuance. What they should have looked for was "excess mortality" – deaths that would not have happened otherwise – but the daily emerging tales of unexplained heart attacks, distraught nurses, and political failure won more attention. The events became known in Imperato's team as "the October crisis". Take-up of the vaccine in the following days plummeted as public confidence waned. "Some of those headlines were really terrible. I remember, one of them was 'death toll mounting'," he recalls. "What they were really doing was monitoring the normal pattern of deaths in a population of older people that would have occurred anyway." Blaming the vaccine, he says, was akin to concluding that a man killed by a falling tree limb died because of his red socks.

As the months continued – still with no outbreak – new problems arose. And this time, they were real side-effects. Millions of vaccinations meant dozens of cases of Guillain-Barre syndrome, a rare problem where the body's immune system attacks the nerves. It leads to weakness and tingling in the extremities, and in some cases can be severe, leading to other complications and paralysis.

After months of negative media coverage, the Guillain-Barre reports brought an overdue end to the swine flu affair. Ford's programme was suspended in December 1976 with only some 20% of the US population vaccinated. And since the US government had offered liability coverage to the pharmaceutical manufacturers that summer, **hundreds of compensation claims** from Guillain-Barre claimants followed for years afterward.

While it would be a stretch to suggest that it led directly to the anti-vax movement decades later, the botched decisions of 1976 would remain in the American memory, and would have done little to boost confidence in vaccines and public health advice for years afterwards.

<https://www.nytimes.com/1976/12/21/archives/swine-flu-fiasco.html>

Swine Flu Fiasco

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By Harry Schwartz Dec 21 1976

The sorry debacle of the swine flu vaccine program provides a fitting end point to the misunderstandings and misconceptions that have marked Government approaches to health care during the last eight years, when Washington power has been shared between a Republican White House and a Democratic Congress.

Last February and March, on the flimsiest of evidence, President Ford and the Congress were panicked into believing that the country stood at the threshold of a killer flu epidemic, one that might claim millions of lives as did the much-cited influenza pandemic of 1918-1919.

Today, there is no sign whatsoever of anything approaching a swine flu epidemic; but there is growing apprehension that the millions of dollars of Federal money spent and the vast vaccination program pushed with all of Washington's energies may have resulted in the death of some persons and sickened many more. In short, there seem to have been significant costs without any visible benefits.

Any reasonable effort to assign responsibility for this state of affairs must call attention to at least the following elements:

- The scarcity in the White House and in Congress of officials with sufficient sophistication in medical problems to be able to put biological reality before political expediency. Perhaps the low point in the Washington performance came last summer, when word of the "Legionnaire Disease" deaths in Philadelphia panicked Congress into passing a law forcing the Government to assume primary insurance liability for swine flu vaccination mishaps. By the time it was clear that the "Legionnaire Disease" was not swine flu, the President had signed the bill and the irrelevant vaccination campaign was off and running.

The excessive confidence of the Government medical bureaucracy and its outside experts in urging the vaccination program on the country, while playing down the uncertainties arising from the fact that medical science still knows comparatively little about the origin and spread of influenza epidemics. In a sense, the Public Health Service and the Center for Disease Control reacted as the Pentagon tends to do. Both health agencies assumed the worst that could happen and urged action on that worst assumption, just as the Pentagon traditionally wants to have forces capable of fighting three major wars simultaneously.

- The self-interest of the Government health bureaucracy, which saw in the swine flu threat the ideal chance to impress the nation with the capabilities of saving money and lives by preventing disease. The Center for Disease Control in particular has long wanted to increase the size of its empire and multiply its budget by becoming the Government center for health education and disease prevention. Funds used for that purpose inevitably take money away from those whose job is actually to treat sick people. But the potentials of health education and disease prevention are still unproved—and perhaps only moderate at best.

It is possible, of course, that the country will still have a swine flu epidemic. But more and more expert opinion is shifting to the idea that such an epidemic, if it comes at all, is more likely in late 1977 or late 1978 than in the near future. If that happens, the protection given by this year's mass vaccination campaign will be small or nonexistent. Influenza epidemiologists now point out that there is evidence to support the scare propaganda of last spring predicting a return of the 1918-1919 catastrophe, and tend to blame the news media's taste for sensation as the main villain. Whatever the media's errors, however, responsible officials last winter and spring did not hesitate to take advantage of Washington's panic over this issue.

The danger now is that the whole idea of preventive medicine may be discredited, and the modest contribution it can make to improving the nation's health and to cutting medical costs will be crippled by fears arising from the current fiasco. The blame for such a result will have to fall on the politicians and bureaucrats who formed policy so hastily early this year, scorning the few voices that expressed skepticism and sought to raise questions about the program.