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POLISH ATTITUDE TOWARDS H1N1 PANDEMIC AND WHO'S CREDIBILITY IN THE CONTEXT OF BIOTERRORIST THREATS

Abstract

The aim of the article is to analyse Polish stance on the H1N1 of 2009 and 2010, which was completely inconsistent with WHO's official guidelines. Faced with a possible bioterrorist threat it is inexpedient to question the credibility of organisations such as WHO. Yet on the other hand, WHO should also develop better understanding and relationships with the governments but most of all strive for the best possible transparency of its actions.

Keywords

National and international security, bioterrorism, international politics

“The problem if bio-terrorism does not have too much effect on the majority of people simply because there has never been any serious situation related to it on a large scale”.

R. James Woolsey

H1N1 IN THE FACE OF BIOTERRORISM THREAT

H1N1 pandemic showed a lot of very important problems in the state of preparedness in case of bioterrorism threat. In both — bioterrorism attack and pandemic, reaction would be in large extent similar. Except of chasing the terrorists who would cause the attack, any other method of dealing with the disease would be very similar in both cases. But the most significant would be the problem of quick and fully trusted information flow after the bioterrorism act would occur. Quick and credible information is so essential, because Bioterrorism is regarded by many as the most dangerous, man-made, security threat in the 21st century. It is hard to predict how the attack could be launched, by what means or what pathogen, and how fast the disease would spread. In such an uncertain situation, it would be best to have general agreement between decision makers about the real threat and about measures to take, clear and quick information available for the people, cooperation and trust between the key departments in the governments. However, the H1N1 pandemic from 2009 and 2010 showed that the current situation is far from ideal. Although it is obligatory to stipulate that during last H1N1 pandemic many actions were launched in right way, in this paper will be brought to light only those aspects which caused confusion and broke the solidarity of the organizations and countries in dealing with the problem.

Only one country which did not comply with WHO (World Health Organization) guidelines and international pressure was Poland. Polish government chose original way of dealing with the pandemic situation which caused diverse consequences.

The aim of this article is to present the reasons of Polish decisions, as the consequences of ambiguity of WHO's actions during the H1N1 pandemic. The paper illustrates how essential is that organizations like WHO are fully reliable and trusted in case of bioterrorist acts and what problems can be caused if there are ambiguities and unclear intentions. In this respect it is important to examine Poland's decisions of choosing its own path of dealing with the pandemic differently than advised by WHO. It may provide a useful example in the face of preparation for a possible bioterrorist attack.

The main failure in the case of H1N1 was the malfunctioning information system. There were a lot of unchecked information which spread in the world with high speed but very few official statements of organizations responsible for health in global sense. Also such organizations (especially World Health Organization WHO) were not enough prominent in all actions during so serious situation. It seems there are no clear rules for the people working for WHO, as to not be hired in the same time in the pharmaceuticals companies which in such cases act as the business firms (which is obvious). So what was most dramatic in this case, it looked like there are no bodies independent from all sides of the H1N1 situation (pharmaceuticals companies, governments, peoples).

The example of H1N1 pandemic situation from 2009 showed that while the reaction of the people was often dubious and suspicious of the possible frauds, in the same time the panic was spreading rapidly producing great losses for the minor companies or threat to other people¹. The panic was often amplified (consciously or unconsciously) by the politicians and governments².

The whole system composed of preparation, reaction and dealing with the consequences of the bioterrorist attack should be built as a strong construction based on the trust to the specialists in this field. The professional management³ and trust, in the information spread by authorised institutions are crucial in case of threat caused by terrorism, but especially in bioterrorism threat situations.

VACCINATION DURING H1N1 PANDEMIC

After the pandemic of the H1N1 (swine flu) was announced, the position of WHO became very much unclear. There were serious doubts about the pressure of the pharmaceuticals companies on the governments to buy huge numbers of vaccines and medicines and the role of WHO which advised to do like the phar-

¹ H. Ashraf, The Phillips Report on BSE and vCJD, *The Lancet* 356, 2000, p. 1579–1580. This article illustrates how heavy losses can be met if the proper information politic is not provided. Only the popular name of the pandemic “swine flu” caused huge problems for the farmers and minor companies.

² L.H. Kahn, *Who’s in Charge? Leadership during Epidemics, Bioterror Attacks, and other Public Health Crises*, Santa Barbara, Denver, Oxford 2009, p. 90–91.

³ S. Orton, K. Umble, M.V. Davis, J.E. Porter, *Disasters and Bioterrorism: does management training develop readiness?*, *Public Health Reports* 6, Nov.–Dec. 2002, p. 596–598.

maceutics companies required. The only country which refused to buy those vaccines was Poland⁴. This decision was not easy as Polish political opposition used WHO's statement to attack the government's position. At the same time Germany, France, Italy, Great Britain, USA, Canada and many other countries bought a huge number of those medicaments — especially vaccines — and started to treat people from so-called risk groups. the role of WHO and the

Of course more and more information appeared about the number of the infected but the tendency showed that it did not increase so much as the pandemic situation would suggest⁵. Time showed that not much changed and people were sick and recovered even without vaccines. Moreover, the number of people infected or even dead in case of swine flu and seasonal flu was similar. In Germany the government tried to emphasize that it was so because they had treated the risk groups and that is why the pandemic was not spreading any further. But one country which made the exception by not buying those vaccines (i.e. Poland) was not fitting to this context. When we look at the numbers, which cannot lie, we can see that e.g. on 7th December 2009 there were 53.12 cases of swine flu per million citizens in Poland, but in the same time in Germany there were 2,705.87cases, in France 76.88, in the UK 461.69 and in the USA — 375.79⁶.

INVESTIGATION IN CASE OF NECESSITY OF BUYING VACCINES

Because of those ambiguities, some governments⁷, journalists⁸ and even European Union⁹ agencies started their independent investigations. The results

⁴ V. Gera, Poland Refuses Swine Flu Vaccine, *Drug Discovery & Development*, January 18, 2010.

⁵ M. Fox, Swine flu death rate similar to seasonal flu: expert, *Health and Science Editor*, Reuters Washington 16.09.2009. <http://www.reuters.com/article/2009/09/16/us-flu-deaths-idUSTRE58E6NZ20090916>.

⁶ FluCount.org.

⁷ W. Engdahl, WHO 'Swine Flu Pope' under investigation for gross conflict of interest, December 8, 2009. http://www.oilgeopolitics.net/Swine_Flu/Flu_Pope/flu_pope.html.

⁸ D. Cohen, Conflicts of Interest, WHO and the pandemic flu "conspiracies", *BMC (British Medical Association)* 2010; 340:c2912.

⁹ R. Watson Council of Europe launches investigation into H1N1 pandemic *BMJ (British Medical Association)* 2010; 340:c641.

of those investigations suggested that some group of health care specialists tried to exploit the hysteria when it occurred¹⁰.

According to a report by the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe (PACE) the way WHO tried to solve the situation with the H1N1 virus by calling it a pandemic in cooperation with the majority of the national governments led to a “waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public”¹¹. Paul Flynn, the author of the report, told the committee that: “this was a pandemic that never really was”, and pointed out that the vaccination programme acted as “placebo medicine on a large scale”¹².

Another detailed investigation disclosed individual involvement of WHO employees or people related to it in pharmaceutical companies who were responsible for preparing the vaccines and other medicines and thus earned large sums of money because of the pandemic¹³. It again put this organisation into bad light as it suggested that it was a great business although there is no proof there was a real danger to the people at the same time.

The response from WHO determined that the threat was not as large as they were accused to announce:

“WHO has consistently assessed the impact of the current influenza pandemic as moderate. WHO has consistently reminded the medical community, public, and media that the overwhelming majority of patients experience mild influenza-like illness and recover fully within a week, even without any form of medical treatment”¹⁴.

¹⁰W. Engdahl, WHO ‘Swine Flu Pope’ under investigation for gross conflict of interest, 8 December 2009. http://www.oilgeopolitics.net/Swine_Flu/Flu_Pope/flu_pope.html.

¹¹P. Flynn The handling of the H1N1 pandemic: more transparency needed, Social Health and Family Affairs Committee Report, June 04, 2010; http://assembly.coe.int/CommitteeDocs/2010/20100604_H1N1_pandemic_e.pdf.

¹²PACE Health Committee denounces ‘unjustified scare’ of Swine Flu, waste of public money, Press release 455(2010) Strasbourg, June 04, 2010.

¹³R. Ramesh, Report condemns swine flu experts’ ties to big pharma, The Guardian, June 04, 2010.

¹⁴WHO use of advisory bodies in responding to the influenza pandemic, Pandemic (H1N1) 2009 briefing note 19, 03.12.2009; http://www.who.int/csr/disease/swineflu/notes/briefing_20091203/en/index.html.

But even one of the weekly reports of Strategic Advisory Group of Experts (SAGE)¹⁵ of WHO showed that half a year before the situation had been much more complex. Many passages from this report suggest real danger. We can guess how serious the situation was when we look at the numbers of the vaccines produced. The authors of the report state that the number of vaccines “has been revised down from 4.5 billion to 3 billion doses of pandemic (H1N1) 2009 vaccine during the next 12 months”. If we bear in mind that most of the patients needed to get just one dose of the vaccine, the numbers gives the great impression as their target was almost half of the world population. Of course this production was not only preventive but there were contracts with the governments as well. All this shows quite a different picture than the one shown in the WHO’s response.

INVESTIGATION EFFECTS

Those examples could imply that not everything was so clear, especially that similar problems had occurred also in the past¹⁶. Moreover, it is impossible to find in the WHO’s responses any detailed description of the connections between the WHO experts, pharmaceutical industry and the governments. As the aim of this paper is not to conduct another investigation against WHO, these examples are sufficient to show that not everything was as comprehensible as it seemed. In this case the most significant problem is the reliability of the organisation whose responsibility lies in alerting the whole world about the real health threats. The European Council also found this problem crucial for the world security¹⁷, but it was not raised in the public discussion with enough emphasis.

Taking into consideration the credibility of the organization which is crucial for the bioterrorism warning, in such a situation like pandemic in 2009 it

¹⁵Weekly epidemiological record *Relevé épidémiologique hebdomadaire*, 4 december 2009, 84th year / 4 décembre 2009, 84e année. 49, 2009, 84, p. 505–516.

¹⁶E. Sciolino, Anthrax vaccination program is failing, Pentagon admits, *New York Times*, July 13, 2000; H.W. Cohen, R.M. Gould, V.W. Sidel, *Bioterrorism “Preparedness”: Dual Use or Poor Excuse?* *Public Health Reports*, 9–10.2000 (I 15).

¹⁷P. Flynn, *The handling of the H1N1 pandemic: more transparency needed*, Social Health and Family Affairs Committee Report, 04.06.2010, in paragraph A, draft resolution 2. http://assembly.coe.int/CommitteeDocs/2010/20100604_H1N1pandemic_e.pdf.

is not enough just to say that “the influenza pandemic policies and responses recommended and taken by the WHO were not improperly influenced by the pharmaceutical industry”, as Dr Keiji Fukuda, WHO Special Advisor on the Pandemic Influenza, did when he was trying to reject accusations levelled at WHO¹⁸.

As bioterrorism involves the intentional release or dissemination of biological agents (e.g. viruses), we can consider such natural spread diseases as a kind of test of the readiness for bioterrorist attack. It must be remembered that people need some authority in many medical cases. Medical doctors can inform their patients but medical information on the mass scale should come from reliable sources. To be reliable they need to be not only honest but also visible. There are numbers of possible actions which can be taken during threat situations to help people and to give them feeling that WHO cares about them. The discussion about vaccines and other medicaments does not seem enough to enhance credibility for the organization. However, there are some easy ideas how to do it without generating great costs for both WHO and patients. First of all, information flow could be directed to the health centres and hospitals. There could be some well prepared leaflets sent via the Internet to all health care institutions around the world. The leaflets may provide instructions e.g. how to organize the admission of patients with H1N1 and other diseases. Even if such an action was not really needed and only aimed at raising the feeling of security, it would be appreciated very highly. About such actions we could hear in some countries but it was done from their own initiatives. In addition, there should be more information explaining the reasons for taking the WHO’s actions targeted to all the people, not only the specialists. Those and many other actions would not generate many costs, but would give much better impression than the struggle for buying vaccines. The actions that were to increase the WHO’s visibility were not sufficient from the perspective of an ordinary patient.

REASONS OF POLISH DECISIONS

What is important in perspective of possibility of bioterrorist attack is that Polish stance to some extent questioned the reliability of WHO and pharma-

¹⁸“WHO rejects Council of Europe H1N1 accusations”, 26.01.2011; <http://www.euronews.net>.

ceutical companies. If Polish decisions had been just to save money, the bad effects for the safety in case of bioterrorism would be unpredictable. But if it had been from some significant reasons, then the change in the WHO's acting would have been necessary.

In this case it is crucial to examine what influenced Polish decision making process. We have to stress how difficult the situation of Polish authorities was.

The most important for this paper are the consequences of the government's reaction mode in case of biological terrorism attack. While considering this matter we have to be careful not to go into any of extremities. The main thing is to find the "golden mean" as Aristotle expounded¹⁹. On the one hand, Poland saved large amount of money, but on the other, some people can accuse the government of creating unnecessary risk for the society.

We have a lot of information what were the bases of Polish decisions, if they did not want to evoke panic and the risk was calculated, or there were some reasons to believe that risk was not so high as the investigators had suggested. The reasons of the actions taken by Polish government were not only the budget matters. There were also problems with the tests on those vaccines. According to Polish Health Minister Ewa Kopacz, "The A/H1N1 vaccine is being produced by three companies, none of which has been able to assess its long-term effects"²⁰. Even after European Commission clearance and WHO recommendations for the vaccines it was not enough to change her and Polish Prime Minister's mind.

Polish Ministry of Health said, as the explanation of Polish decision of not buying the vaccines, that one of the main reasons was the offer of a contract between pharmaceutical companies and Polish government, in which the responsibility for the long term effects would be only on the side of Polish authorities²¹. She stated that it was a precedent that the company which produced medicines did not want to take responsibility for their product. In this case it seems that such a contract should not be the matter of business relations only.

¹⁹ Aristotle, *Nicomachean Ethics*.

²⁰ M. Olik, Poland and the H1N1 Flu: Calm and Unvaccinated, A/H1N1 in Poland, *Global Research*, November 15, 2009. <http://www.globalresearch.ca/>.

²¹ Ministry Ewa Kopacz repeated it many times in the interviews and parliament speeches, i.e. http://www.flu-treatments.com/h1n1_vaccine.html; <http://www.youtube.com/watch?v=yn3EloqND0&feature=related>.

In the same time Poland was fighting with the global crisis and its choices were different from most of the countries in the world. In this case Polish way was success, what even American economists noticed and appreciated very high²². This could be one of the reasons, that when in the face of very difficult and unclear situation during the H1N1 pandemic, Polish government again chose its own way.

It is necessary also to consider what would have happened if it had been in fact a bioterrorist attack. Of course if the government would not have reacted because of the budget matters — just to save the money, we could call it a crime against the citizens as it could have caused a lot of victims. Exposing their own society to such a danger could be a serious charge but what is interesting, nobody accused Ministry of Health or the government of Poland of such a thing. Maybe the risk was not so great and it can be assumed that it only depended on the international pressure which Polish authorities could cope with.

The best in this situation would be if the talks would be mediated by the WHO officials who should share the responsibility with the pharmaceutical companies. Such would be the role of WHO — mediator or even organiser of the transaction as the specialists of the global sense. From the perspective of coordination and credibility in the face of possible bioterrorism threat it would be best if WHO would take such a burden on its shoulders.

REAL AND POSSIBLE EFFECTS OF POLISH POSITION

Half a year later “The council’s Committee on Social, Health and Family Affairs said that the Health Ministry’s decision not to order any A/H1N1 vaccines, in spite of pressure from pharmaceutical companies and health organizations, was correct”²³. Of course such statement cannot be the proof that Polish authorities were in fact right in their actions. This is only one of the voices in the ongoing discussion, but we can hardly find anyone who openly criticize Polish authorities. Most of such critics can be found in Poland and we can surely accept that it is only political fight and not a real opposition.

²² Polish economics, The Washington Times, April 23, 2009.

²³ Poland praised for anti-swine flu strategy, The news.pl from March 31, 2010. http://www.beyondconformity.co.nz/_literature_85235/Influenza_Poland_no_vaccine.

Situation of Poland was even more complicated because of Ukrainian problems with H1N1²⁴. In that country in the second half of 2009 there were many cases of people infected and. It put a special pressure as the borders between these two countries are also external borders of the European Union. That situation made Poland responsible for the pandemic spread from the east. It came out quickly that the preventive measures taken by Ukrainian authorities were ones of the strongest in Europe. It is also necessary to know internal Ukrainian relation to examine news flow from that country. Presidential elections in that time made many reporters find the size of the panic as artificially enforced by the politicians. Some of them wanted just to show some radical actions toward “rescuing of the citizens” which they expected would help in the elections²⁵. In that case the border between European Union and Ukraine was closed for some time, but there was nothing more about it as Polish authorities knew well the internal relations in the neighbouring country.

What is also important in this situation is that even if we treat Polish resignation from buying vaccines for H1N1 as the right decision, not everything can be regarded as the correct policy. Especially in the cases of bioterrorism risk, not only the real security of the people is important, but also their subjective feeling of being secure. In this case there were many things which authorities could have done better. Moreover there were the same mistakes as for WHO’s officials: lack of compact and clear information and messages to the health care institutions across the country. It would in the first row inform the medical personnel about the situation, some special methods of treatment or the prognosis for the future. It would also give the feeling that authorities are not disregard the problem even if their opinion is different then this of WHO.

CONCLUSIONS

If we take bioterrorism readiness into consideration, such organisations as WHO should be the sources of most solutions during the crisis. Without credibility their actions would be much more complicated. Since 2009 the problem

²⁴M. Olik, Poland and the H1N1 Flu: Calm and Unvaccinated, A/H1N1 in Poland, Global Research, November 15, 2009. <http://www.globalresearch.ca/>.

²⁵S. Dorosh, Panic in Ukraine over swine flu BBC Ukrainian Service, Kiev, 3 November 2009, <http://news.bbc.co.uk/2/hi/8338835.stm>. Accessed April 20, 2011

of buying vaccines in a real threat situation has started to be not only medical but also political. Here is the part of the six points showing main “Bioterrorism and emerging infections curriculum goals:

1. Be able to provide a basic knowledge of the characteristics of bioterrorism agents.
2. Be able to recognize red flags and symptom complexes that could represent outbreaks.
3. Be able to treat victims.
4. Be able to protect yourself and other health care workers.
5. Be able to understand the public health system and its interactions with clinicians.
6. Be able to keep current with bioterrorism and emerging infections information”²⁶.

Those curriculum points to be fulfilled need a good visibility and full involvement into any international processes which are running on the scene. It is obvious that quick reaction is needed in case of bioterrorist attack. But especially these ordinary patients have to believe that in this case vaccines are crucial and there is no area for doubts. They have to be sure that nobody is playing political games and what is said by the officials is the one and the only solution even if they have to e.g. leave their houses or wait for help at home. Such situations are very difficult as many people with different characters and political sympathies have to work together.

For the bioterrorism prevention we need a highly respected agency whose main task in such a case would be to warn people²⁷. We can be almost sure that when it comes to the situation in which such a warning is needed, not the politicians would be the right people to explain what is happening. Even if they were, they would have to indicate the source and minister of health as one of the politicians will be the right source to some extent. However, in case of pandemic caused by bioterrorists all over the world, there would be a need

²⁶M. Cassoobhoy, S.F. Wetterhall, D.F. Collins, P.T. Cantej, Development of an Interactive Bioterrorism and Emerging Infections Curriculum for Medical Students and Internal Medicine Residents, Public Health Report, 120, 2005, p. 60.

²⁷E. Johnson Avery, S. Kim, Anticipating or Precipitating Crisis? Health Agencies May Not Be Heeding Best Practice Advice in Avian Flu Press Releases, Journal of Public Relations Research 21(2), 2009, p. 187–197.

for an organization which is respected globally. And such is WHO. For that reason it is crucial for such agencies as the World Health Organisation to stay the most trusted and not infected by the politicians' "electoral" rhetoric. As a main guideline we can add the strong need of cooperation between WHO, pharmaceuticals companies and countries' governments. In the presented situations the discrepancies between the statement were too huge to suppose that this cooperation was on some reasonable level. If we can find the answers, they are not clear in all points or does not answer to all points. WHO should play the role of mediator between governments, international organisations and pharmaceutical companies and others involved in the main processes during the bioterrorism threat situations.

We have to use our experience in fighting against the pandemics or epidemics which occurred in the history. The nowadays situations where diseases happens can be our only chance to prepare properly and to build the reliable security system against the bioterrorism threat. The lesson-learned have to be carefully studied and the conclusions by the academic circles should be discussed as detailed as possible because the stake is to high and the risk is too big.

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POSTAWA POLSKI WOBEC PANDEMII H1N1 I WIARYGODNOŚĆ WHO W KONTEKŚCIE ZAGROŻENIA BIOTERRORYZMEM

Streszczenie

Artykuł przedstawia problem wiarygodności WHO — jednej z najważniejszych organizacji globalnych odpowiedzialnych za informowanie i udzielanie wskazówek oraz rekomendacji w przypadku zagrożenia epidemiami, pandemiemi czy możliwością wystąpienia ataku bioterrorystycznego. W związku z wyjątkową specyfiką zagrożenia bioterroryzmem jest szczególnie istotne, aby tego typu organizacja pozostawała poza wszelkimi podejrzeniami. Niestety podejście do problemu H1N1 z lat 2009–2010 spowodowało ogromny deficyt zaufania do tej organizacji, zarówno wśród społeczeństw, jak i w kręgach rządzących. Komisja Europejska przeprowadziła śledztwo w sprawie zasadności kupowania leków mających tę pandemię powstrzymać. Najważniejsze, co ustaliła, to związki wielu doradców, którzy w tym czasie znaleźli się przy rządzących państwami, z firmami farmaceutycznymi, co bezpośrednio wpływało na podejmowa-

nie decyzji o kupnie przez państwo leków przeciw pandemii. WHO wielokrotnie zalecała kupowanie szczepionek i podawanie ich całym populacjom krajów. Te wszystkie aspekty powodują, że wiarygodność WHO jest dziś na znacznie niższym poziomie niż wcześniej. Dzieje się tak w sytuacji, gdy bioterroryzm uznany został za największe zagrożenie ludzkości w najbliższej przyszłości. Z tej perspektywy stanowisko rządu polskiego, stanowczo sprzeciwiającego się presji zakupów, jest warte szczegółowej analizy. Wydaje się, że decyzja ta była podyktowana nie tylko względami finansowymi, ale przede wszystkim racjonalną oceną sytuacji. Jednocześnie WHO powinna zmienić zasady postępowania w tego typu sytuacjach, stając się podmiotem biorącym odpowiedzialność za rekomendowane rozwiązania, a nie tylko doradzającym.

