

TIME Global Health Summit
How Do We Prepare for the Next Plague?
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Why do new diseases come from the developing world? If Ebola or Marburg become less virulent, they will spread more and faster. SARS and avian bird flu have taught us that disease knows no borders. What have we learned that can help prevent the next pandemic?

Speakers:

Dr. Stephen Blount, Director, Office of Global Health, U.S. Centers for Disease Control and Prevention
Dr. Michael J. Ryan, Director, Epidemic and Pandemic Alert and Response Department, World Health Organization

Moderator:

Cynthia McFadden, Co-anchor "Primetime Live" and Senior Legal Correspondent, ABC News

At the TIME Global Health Summit, held in New York Nov. 1-3, TIME magazine convened leaders in medicine, government, business, public policy and the arts to develop actions and solutions to the world's health crises.

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UNIDENTIFIED PARTICIPANT: Once again, Ladies and Gentlemen, please take your seats. The program is going to begin.

Ladies and Gentlemen, please welcome legal correspondent, ABC News, Cynthia McFadden.

CYNTHIA MCFADDEN, LEGAL CORRESPONDENT, ABC NEWS: Hi. Hello everyone. Thanks for being here. I'm honored to be here as an observer and as a participant to at least as you some of the questions. I certainly can't answer them today.

We're here to talk about a subject which is clearly on the world's agenda, the avian flu. And as of yesterday, clearly on this country's agenda was President Bush's announcement of the America strategy.

As you know, the avian flu has spread like wildfire. And if and when a strain of H5N1 is able to make the leap, if it is able to make the leap from bird to human transmission, to human to human transition there's going to be a lot to talk about.

So are we prepared and if we're not prepared how can we get prepared? How serious is this as a potential pandemic? Is it already...

(AUDIO GAP)

UNIDENTIFIED PARTICIPANT: ... susceptible and so the death rate could soar.

CYNTHIA MCFADDEN: Well, it's a serious question. How serious is the problem? And let's go right to the panel.

We have 36 minutes and 25 seconds and they say they're holding us to every second. So let's not waste any time.

Dr. Hayman, let me start with you. How widely spread around the world at this moment is the avian flu?

DR. HAYMAN: The avian flu is in poultry flocks throughout Asia and also in Eastern Europe. And it's also been identified in migrating birds as they travel on their winter summer routes.

So it's pretty widespread. But so far it's not been identified in the United States or in...

CYNTHIA MCFADDEN: If that's the case, one of the concerns I understand is that these birds, which you've studied their migration patterns, are heading toward Africa. Is that correct?

DR. HAYMAN: Well, certainly migratory birds from Northern Russia, Siberia, the Arctic are moving now currently into Africa through the Middle East and into Africa. Some started arriving really probably six or eight weeks ago, the early migrants.

We don't know that all of those birds are infected. Chances are very slim. The ones we've tested, the prevalence or the percentage that are positive was very low.

So it gets into risk factors about what's the chance, what are the – what's the probability of an infected bird that's actually shedding the virus, comes into contact with a susceptible – another susceptible bird.

CYNTHIA MCFADDEN: As we sit here today, yesterday confirmed ten rural cities in Russia have had tested positive for the virus. Yesterday the 20th case in Thailand.

How many countries, to the best of our knowledge, are – have cases of infected birds at this point and people infected?

DR. HAYMAN: Well, the infection today is still an infection which is (INAUDIBLE) infection. It is an infection that reaches that barrier between the animal kingdom and humans and causes disease and it causes very serious disease.

And that disease is occurring mainly only in Asia. It started first back in 1997 in Hong Kong and since then it's been working it's way in human populations, but only occasionally in Vietnam and Cambodia and Indonesia.

CYNTHIA MCFADDEN: Well, there are those who would say this disease has been around since 1997, only a couple of dozen people dead. Are we overreacting to this as a threat with so many massive epidemics killing real people as we sit here today from around the world.

HIV Aids one good example. Are we overreacting to this? Is this a fair critique, Dr. (INAUDIBLE)?

UNIDENTIFIED PARTICIPANT: It's really hard to say how much we should be fearful or not fearful of avian flu and the H5N1. Yes, it's been around, but we also know that it has the capability of transforming itself into something that could be quite lethal to the human species if it makes that jump, mutates, or (INAUDIBLE) in such a way that allows that inter human transmission.

This whole notion though of risk of a disaster or catastrophe like this, whether we're talking about when will the levees give way and the (INAUDIBLE) or when will we get the big one in San Francisco become matters that we really cannot even give a percentage idea to in terms of when or how or if they'll actually occur.

I think the key point here is that we just simply cannot afford to make a mistake on this and not be prepared for the eventuality that we will in fact get that inevitable pandemic flu sometime probably soon.

CYNTHIA MCFADDEN: When the public hears numbers like over a billion could die are those (INAUDIBLE) numbers or are those a fair projection?

UNIDENTIFIED PARTICIPANT: Nobody today can really say how many people might die if this virus does mutate into a more severe form or keeps it severity now and becomes transmissible from human to human. No one can say. It's an unknown.

(INAUDIBLE) emerging infectious disease. The worry is what's not known, not what is known. And is this disease we know very little. All we know is that this disease has never been a disease that's spread in human populations before.

CYNTHIA MCFADDEN: You know, there are also many who say look, SARS, we were all worried about SARS. And SARS turned out that it went to 30 countries and six continents in a very rapid way. SARS was contained.

You were involved in that. Talk to us about that.

UNIDENTIFIED PARTICIPANT: SARS was contained and it was contained by a worldwide effort of countries that had seen the value of working together in an international public health. There was some fortunate events though in SARS and one of those is that the virus did not get into Africa.

Had it gotten into Africa it might have become a disease of animals or a disease of humans or a disease that couldn't be stopped. So there were some – there was good fortunate in the SARS outbreak that it didn't get into Africa.

CYNTHIA MCFADDEN: Dr. (INAUDIBLE)?

UNIDENTIFIED PARTICIPANT: Yes. Avian influenza this H5N1, this strain that we're talking is already a huge problem. And we're certainly worried that it will become a human pandemic. But it's already a panzootic. So we're talking about millions of birds are being killed, endangered and threatened wild birds are already dying, and people's livelihoods are completely disrupted, global trade is disrupted.

SARS didn't kill many people but the estimates are \$50 billion lost in global economic activity. So the disease like Avian is driving people in the poorest countries in the world into deeper poverty and it only creates problems.

CYNTHIA MCFADDEN: Dr. (INAUDIBLE), I understand that researchers were alarmed to discover that the disease is now in pigs. Why does that so...

UNIDENTIFIED PARTICIPANT: Because genetic with pigs being mammals are – have more relationship with humans.

CYNTHIA MCFADDEN: (INAUDIBLE).

UNIDENTIFIED PARTICIPANT: And I would – (INAUDIBLE).

CYNTHIA MCFADDEN: I'm (INAUDIBLE).

UNIDENTIFIED PARTICIPANT: I think it's safe here. But pigs, you know, genetically are more similar now (INAUDIBLE)...

CYNTHIA MCFADDEN: (INAUDIBLE)...

UNIDENTIFIED PARTICIPANT: ... are more pig like than I am bird like. So we do have to kind of worry about as it moves. But every time it changes it means it has the ability to affect new species and that could affect us.

CYNTHIA MCFADDEN: Dr. Hayman, does it matter of (INAUDIBLE) logical prediction, how likely is it to – being able to be transferred from person to person? Can you give us an idea?

DR. HAYMAN: You know, when a new virus getting into the human populations it has a choice of doing many things. It cannot transmit to other humans but cause serious illness. It can transmit to other people, cause serious illness, and can continue to transmit. Or it can transmit to a human, transmit to two or three others and by that time be so weak that it can't continue to transmit or cause disease.

No one knows what this virus will do.

CYNTHIA MCFADDEN: By the way, we're so happy you're here because several of your colleagues at the World Health Organization couldn't attend to summarize over (INAUDIBLE) because they had the flu. (INAUDIBLE).

(INAUDIBLE) President's plan and what we heard yesterday because I think that it gives us an opportunity to look at many of the issues more closely.

Detection, we heard President Bush yesterday say that he was (INAUDIBLE) for \$251 million. "That the U.S.," and I'm quoting, "must be prepared to detect outbreaks everywhere in the world." Who could argue with that but how practical is it?

Anybody?

UNIDENTIFIED PARTICIPANT: It's very practical if there's surveillance around the world that's detecting infectious disease. It's (INAUDIBLE)...

CYNTHIA MCFADDEN: (INAUDIBLE) right now?

UNIDENTIFIED PARTICIPANT: Right now there is not sufficient surveillance to detect all cases of avian influenza in humans or in animals. It's very weak in many parts of the world and this must be strengthened.

So anything that U.S. can do does two things. It provides resources and it also sets an example for other donor countries to do the same. (INAUDIBLE)...

CYNTHIA MCFADDEN: As I understand it, if there is an outbreak somewhere in the middle of China, essentially you have 20 to 21 days to contain that, unless it spreads more broadly. You know, one can imagine that it is pretty hard to persuade farmers with infected or potentially infected chickens to kill all their livestock. And one of the things that is not addressed in the president's plan is the whole bird culture in Southeast Asia. Want to respond to that?

UNIDENTIFIED PARTICIPANT: I'm hoping that some of the wording in the announcement that came out yesterday, in reading through it, it really is – there is a good emphasis on surveillance and then it is up to many of us to determine what that means. But I think I'm taking it in the broadest sense that we need to know what's going on in wild birds all over the world, all the time, not just right now. We need to know what is going on in domestic poultry, chickens and ducks, all the time. And the concepts for those and the approach to that is well developed but it has never really been fully funded. (INAUDIBLE) hard to shift over.

UNIDENTIFIED PARTICIPANT: As I said, no one could argue with the goal but it seems to me, what I'm hearing you say, is we're pretty far from actually having a detection system operating globally as we sit here today.

UNIDENTIFIED PARTICIPANT: The thing is I don't think there is any problem or challenge requiring more international collaboration, real deep collaboration, than the issue of emerging infections and things like the H5N1 virus. We're dependent upon, literally, for survival a very close interactive dynamic among all the countries of the world. That means not only do we want every single country to be fully capable in terms of surveillance and early detection and effective response, but we also need collaboration on the science part of new technologies, new developments in vaccines, new anti-viral medications. All of this needs an extremely open book that everyone –

UNIDENTIFIED PARTICIPANT: But how do you – you know, right – the policy is great but how do you enforce it? How do you patrol it? How do you, you know, where countries sometimes aren't speaking to one another, have different ideas about what surveillance means, don't want to have foreign nationals from other countries in there?

UNIDENTIFIED PARTICIPANT: There are today several global surveillance system, which involve laboratories and which involve expertise paired north/south. Examples are the influenza network, which is 120 laboratories in over 80 countries, constantly sharing influenza viruses and giving us the information needed for each epidemic year so a new vaccine can be made. There is also the polio network, looking at polio viruses around the world. There is the measles network.

All of these networks are beginning now to talk about how they might synergize with each other and work together. But they still don't cover the world. And they can't be enforced in countries that don't want to do this.

UNIDENTIFIED PARTICIPANT: Your call (INAUDIBLE) in the World Health Organization was quoted as saying no human intervention in history has ever stopped a pandemic once it starts. That's pretty scary.

UNIDENTIFIED PARTICIPANT: That's pretty scary, but these pandemics – the fortunate thing is that eventually in the past they become viruses which cause less and less serious disease as they pass from person to person. And in fact, the virus which entered populations in 1918 remained in populations. There was one that was a re-assessment virus that occurred in 1957 when a new avian influenza virus entered humans.

UNIDENTIFIED PARTICIPANT: Because I work in television and long to be superficial, give me --

(LAUGHTER)

That was a joke. Give me, if you would, a sort of grade. We understand as a goal probably nothing – would we all agree? – nothing would be more important than detection, making sure it works around the world? Is that a --

UNIDENTIFIED PARTICIPANT: It's key.

UNIDENTIFIED PARTICIPANT: Good point.

UNIDENTIFIED PARTICIPANT: Where are we, A to F, on our ability detect right now? I know you are a tough grader, professor.

UNIDENTIFIED PARTICIPANT: I'll grade the preparedness part. Let him grade the surveillance part.

UNIDENTIFIED PARTICIPANT: All right. Doctor?

UNIDENTIFIED PARTICIPANT: The surveillance activities, if you want to put a grade on them, that grade depends on the country. In many countries it's good. In many countries it's not good. In some countries it is not even a sentinel surveillance, which is detecting them in hospital.

UNIDENTIFIED PARTICIPANT: What is the planet's grade?

(LAUGHTER)

UNIDENTIFIED PARTICIPANT: Yes, the whole place?

(CROSS TALK)

UNIDENTIFIED PARTICIPANT: The planet is a C, minus or a D.

UNIDENTIFIED PARTICIPANT: Because in a sense it doesn't matter if the surveillance is good in some places, right? Isn't that a sort of zero-sum game?

UNIDENTIFIED PARTICIPANT: What's going on in the world is not only official surveillance. Health Canada, for example, the ministry of health in Canada, has a system called the Global Public Health Intelligence Network. The computer application which searches the worldwide web in seven languages looking for events of infectious disease reported in newspapers. That was the key instrument in detecting the SARS outbreak. That is an informal system which links with all these formal systems and which, if you would, serves as a tool to convince governments to report.

UNIDENTIFIED PARTICIPANT: Dr. Farish, from your perspective?

DR. FARISH: I would agree and there are a lot of informal systems or non-governmental systems in place. I have a group of – called the Veterinary Specialist Group, with the World Conservation Unit and have about 350 wildlife health experts scattered around the world and exchanging information everyday and we share that with WHO and SAO and CDC. There's other systems that are also in place. I think there is – I would agree with you, in some places there is just great surveillance and monitoring going on and in some places is it just non-existent. How do we bring everybody up to speed?

UNIDENTIFIED PARTICIPANT: Let's talk about vaccines. The president said yesterday, in his address to the nation, it was, quote, "difficult to develop a vaccine before the pandemic has actually struck." Am I wrong or is this "difficult" not hard enough, isn't it impossible to develop a vaccine until you actually have the disease?

UNIDENTIFIED PARTICIPANT: There are influenza vaccines that are available today and these influenza vaccines, each year substitute mutated viruses in that vaccine. There is a procedure which is set up to license a new vaccine each year in a period of six months for production. The problem is that the production capacity for these influenza vaccines each year is about 300 million. And they have --

UNIDENTIFIED PARTICIPANT: Three hundred million?

UNIDENTIFIED PARTICIPANT: Three hundred million.

UNIDENTIFIED PARTICIPANT: For the whole world.

UNIDENTIFIED PARTICIPANT: For the world. And WHO has been trying to get countries to increase demand on vaccines by vaccinating their entire populations for flu with will help in decreasing absenteeism from schools and other parts, and also increase demand. And again, Canada is at the forefront of this, in Ontario they are recommending vaccines for all ages to increase the demand and the production capacity.

UNIDENTIFIED PARTICIPANT: The whole problem here has been a dependence on technology for vaccine manufacturing that is antiquated. It is incredibly antiquated.

(CROSS TALK)

UNIDENTIFIED PARTICIPANT: 1950s technology?

UNIDENTIFIED PARTICIPANT: Yes, we're using chicken eggs and we need millions of them handled in a certain way. This is the basis of the manufacturing process. There are at least two other technologies, though that are being explored right now, very actively some of which are in clinical trials. Which include growing the vaccine on cell cultures, human and other animal cell cultures, and also DNA based vaccine productions. All of which would greatly shorten the length of time, simplify the manufacturing process and could put us in a place where we could in fact respond much more quickly and effectively and massively to whatever the new emerging infection is.

But there is a problem here which is a process that should have started three years ago, five years ago, at the level of intensity being called for yesterday. So we have this time lag that we have to worry about.

UNIDENTIFIED PARTICIPANT: Because in fact, as I understand it, from those who know, we are not months, but years away from having the kind of cell vaccine development process that is desired. Is that not fair?

UNIDENTIFIED PARTICIPANT: That's right. But with the infusion of money that the United States will be putting into vaccines, both to push vaccine manufacturers and to pull the vaccine out of those manufacturing agencies, we will see your vaccine. And if there is an H5M1 vaccine that is developed and is not harmful to humans the new pandemic virus, if there is one, could be substituted very easily into that vaccine.

UNIDENTIFIED PARTICIPANT: The president said yesterday, if the technology is developed and the pandemic hits – two big “ifs” –

UNIDENTIFIED PARTICIPANT: “Ifs”.

UNIDENTIFIED PARTICIPANT: that we could have vaccine within six months. Six months?

UNIDENTIFIED PARTICIPANT: We have influenza vaccine --

UNIDENTIFIED PARTICIPANT: Paint a picture for me of what the world looks like after the pandemic strikes?

UNIDENTIFIED PARTICIPANT: We have influenza vaccines today. These are epidemic vaccines, though some production lines would be needed to make the new vaccine. And in a six month period it is possible that there could be, in the world, 300 million doses of vaccine. But I can't say that there will be more.

UNIDENTIFIED PARTICIPANT: That's --

UNIDENTIFIED PARTICIPANT: Your point is that if we get a pandemic and it has 20 or 25 percent attack rate of people just getting infected, and then somewhere between 1.5 and 3 percent of those people do not survive. That's – those 180 days to get the vaccine will be unfortunately very, very difficult because people will die while we're waiting for the vaccine. Is that your point?

UNIDENTIFIED PARTICIPANT: That was my point.

UNIDENTIFIED PARTICIPANT: So, that's why I think my biggest concern about the president's announcement – all the words were fine, it is just that I wish we, you know, turn back the clock a couple years. But I think what I'm concerned about, what is so little attention being paid, monetarily and otherwise, to the functionality of the public health and healthcare systems. Because until we get the vaccine or the anti-virals up to speed, we're going to be dependent on nothing but the healthcare system and right now it is a fragile mess, at least in this country.

UNIDENTIFIED PARTICIPANT: So, Dr. Farish?

UNIDENTIFIED PARTICIPANT: And I would say that points to the importance of getting (INAUDIBLE) out. Are people being scared needlessly? Are we worried – you know, can't figure out how many people will die?

UNIDENTIFIED PARTICIPANT: Are they?

UNIDENTIFIED PARTICIPANT: Well, I think anything that is invested in this now is going to protect us for a long time. The public health system has to be supported. It has to be brought up to speed. Surveillance – I'm hoping that we never need a vaccine. That would be the biggest dream, right? And that we can stop it before, so this is about working upstream. Can we get to countries where this disease might happen and change behavioral practices? Can we modify the poultry industry? Thailand has done a great job in working with their poultry industry to stop this disease from growing – upstream, it's not just influenza, it's e-bola, the same with SARS, probably linked to the animal trade and moving animals around. HIV-AIDS linked to consumption of wildlife, there is this constant interaction of human and animals disease have been going on. If we can start to modify how we move animals around, how we use animals, basic sanitation, we can prevent a lot of these things from happening.

UNIDENTIFIED PARTICIPANT: I don't want to use the word “good” in relationship to this avian flu, but in some ways, what you are suggesting is there may be a benefit to the alarm and concern.

UNIDENTIFIED PARTICIPANT: We can't lose by investing in preparedness.

UNIDENTIFIED PARTICIPANT: So right now vaccines around the world, are we passing? We're pretty – failing?

UNIDENTIFIED PARTICIPANT: You know, vaccine is the bottom line in this epidemic. That is the way to stop a pandemic should it occur. It is the bottom line. You know if you look at this virus, the influenza virus is very, very easily transmitted from human to human. If you look on a scale of 100 the SARS virus would have been down at 20 to 30 percent --

UNIDENTIFIED PARTICIPANT: Hard to pass.

UNIDENTIFIED PARTICIPANT: And influenza is way up at 99, 100 percent. So what worked for some outbreaks such as SARS would not work for outbreaks such as influenza.

UNIDENTIFIED PARTICIPANT: Which brings us to the anti-virals. There is so much talk about Tamiflu and I think let's add to it a little bit. I'm sort of embarrassed to say, I have my Tamiflu, which I understand is a matter of public policy is a bad thing. We can talk a little bit about that and the hoarding that is going on. Is there any reason to believe, with certainty, that Tamiflu even would work against the avian flu?

UNIDENTIFIED PARTICIPANT: You know – go ahead.

UNIDENTIFIED PARTICIPANT: Tamiflu works reasonably well in controlling symptoms and if you give it early it will have somewhere between 70 and 80 percent chance of reducing the likelihood that you'll not make it, basically. That's my understanding. However, what changes in the virus, we don't know what the eventual effectiveness might be. So there is Tamiflu, Influenza, and there are some other new products in the wings. But the point is we don't have much option right now and I think it makes sense for us to be focusing on what we do have, which is – and try to beef up the manufacture so there is sufficient ability of countries to stockpile Tamiflu when its needed.

UNIDENTIFIED PARTICIPANT: The president yesterday said \$1 billion, he was asking Congress for \$1 billion to add to the US's stockpile. I mean, as you all, the three of you know better than I – many months ago, what public health – knowledgeable people in public health were telling many people, if you can get Tamiflu, get it. That is no longer the recommendation, because we are in a limited situation now; 2 million doses. The World Health Organization suggests that each country should have stockpiles of 10 percent of their population.

UNIDENTIFIED PARTICIPANT: The WHO maintains its own stockpile of 3 million doses. And that would be used in an attempt –

UNIDENTIFIED PARTICIPANT: Courses or doses?

UNIDENTIFIED PARTICIPANT: Doses, sir. Courses.

UNIDENTIFIED PARTICIPANT: Courses, yes. OK.

UNIDENTIFIED PARTICIPANT: And that would be used in an attempt to stop an outbreak when it was occurring if it were detected early enough to use. And if that medication could be used to stop the spread of the virus. So that is why WHO maintains its own stockpiles. It is a country decision as to whether they'll maintain the stockpile or not. And this depends on what their other public health issues are and what other diseases they have, like malaria, like AIDS, like TB, where they have to put in resources as well.

UNIDENTIFIED PARTICIPANT: Other nations around the world have a far greater stockpile than the U.S. France, for example, with a population of 60 million has 13 million doses. Some European countries have an average of 25 – enough doses for 25 percent of their populations. This is perhaps an unanswerable question, but what happened in the U.S. ? Any takers?

UNIDENTIFIED PARTICIPANT: Yes, there is a taker. And the taker says that we waited too long to get ourselves in gear. That people were not sufficiently attentive to this unbelievable looming large, important threat. And we waited too long. We were asleep at the wheel, or the switch, whatever you are supposed to be asleep at when you don't pay attention to things. And this is the biological version of not fixing the levees in New Orleans. That's all there is to it. We should have been doing the vaccine development technology. We should have been doing the Tamiflu stockpiling. And we didn't do it. So yesterday was about catch up and hopefully we'll do the catch up before we get caught by the virus. That's it.

UNIDENTIFIED PARTICIPANT: Some people yesterday were waiting to hear the president call and ask to declare a national emergency in regards to the production of Tamiflu, which as I understand it would have meant that Roche would have had to have stepped back as other generic forms of the drug were manufactured. It would have both reduced price and upped supply. We didn't hear the call for emergency – a national emergency yesterday. Should we?

UNIDENTIFIED PARTICIPANT: Well, I guess – I think that this is a national emergency. I think we're way behind. I think the way out of this is to be very creative and innovative, to work with the manufacturers, Roche and the others, and see what it is that we're going to do so we can accelerate the capacity to produce sufficient antiviral medication. So whatever it take globally or nationally to gear ourselves up to handle this with proper dispatch I think would be appropriate.

UNIDENTIFIED PARTICIPANT: And will individuals ask you as individuals, "Doctor, should I if I can get a dose – the treatment course of Tamiflu for myself and my family?" Your answer would be?

UNIDENTIFIED PARTICIPANT: My answer would be understand what the limitations are and the use limits of that medication is, talk it over with your medical providers and make the decision together. It's not a personal decision that someone should make. It's a – it's a – it's a decision that requires knowledge and understanding and work with others who understand the issues.

UNIDENTIFIED PARTICIPANT: Come on, Doc, better than that.

UNIDENTIFIED PARTICIPANT: She must not (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Do you have it?

UNIDENTIFIED PARTICIPANT: I won't answer that question.

UNIDENTIFIED PARTICIPANT: Yes, I have it, too. So (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: And I don't (ph).

UNIDENTIFIED PARTICIPANT: Thank you. (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: No, I don't. (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: And show a hand – in the audience, everybody have Tamiflu out there? Some.

UNIDENTIFIED PARTICIPANT: Not many.

UNIDENTIFIED PARTICIPANT: Some – various (ph) people (INAUDIBLE) put your hands up because of – you know, I do understand that as a matter of public policy now, you know, it's sort of – this is not a popular position.

UNIDENTIFIED PARTICIPANT: Yes, you know, what's the alternative, trust the government to deliver (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Well,

UNIDENTIFIED PARTICIPANT: Yes.

UNIDENTIFIED PARTICIPANT: But on the other hand misuse of this drug can make resistance (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Well, that is a concern. I've just come back from India. We're doing a series for Nightline on HIV-AIDS in India. Where, as you know, because so many of the drugs are available across the country they've used and it's creating highly resistant strains of the disease. So –

UNIDENTIFIED PARTICIPANT: Yes. I don't think it's a bad thing to have. And indicate. Just a month before last I was actually cutting up birds that had this virus and we were handling them.

UNIDENTIFIED PARTICIPANT: You were wearing gloves, right?

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) Wearing gloves and wearing a mask and washing your hands afterwards. So it's the same thing with the flu every year, you know, wash your hands, be careful what you touch, and don't – you know, don't put your hands on your face.

UNIDENTIFIED PARTICIPANT: And there is good news. You know, in Hong Kong in 1997 when the virus was found in chickens, Margaret Chan, who now heads the program at WHO, called all the chickens in Hong Kong and they stopped the outbreak. And there was an outbreak last year in the Netherlands of another avian influenza virus in turkey. It spread to one person who was very seriously ill and then it spread to others in the area. But by calling their chickens in good common public health sense they stopped the outbreak.

UNIDENTIFIED PARTICIPANT: We're going to (INAUDIBLE) one more subject and open it up to your questions. So be thinking what you'd like to ask if you would like to ask something. I want to talk about quarantine. Not a word that was mentioned yesterday in the president's speech. It is alluded to, however, in the – in the actual plan itself. It says where appropriate the use of government authorities to limit non-essential – this is really good government stuff – non-essential (INAUDIBLE) in the people, goods and services into and out of areas where an outbreak occurred. I take it that is a governmental way of saying we would be prepared to consider quarantine.

UNIDENTIFIED PARTICIPANT: Well, that's what was done in SARS. Looking at the information as it became available it was decided that certain areas were risky and that people should avoid those areas voluntarily, and they were told to do that. That has an important impact because if an authority tells the world stop traveling they'll stop, and if they say start traveling they'll start. And the disorder will be at a minimum rather than pandemonium.

UNIDENTIFIED PARTICIPANT: Instead of voluntary quarantines, though, I'm hearing the suggestion that maybe there will be enforced quarantine. Possible? Necessary? (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Well, a few weeks ago the president mentioned in a press conference the potential of using U.S. military forces on – in American cities to enforce a quarantine. And some of us reacted strongly to that because the notion – first of all, it's not legal to have enforcement of domestic policies or laws by the U.S. military under the command of the president of the United States. And, second of all, the idea of – any of you who live in American cities, the idea of armed U.S. military forces trying to enforce in our inner cities in particular, or anywhere actually, a quarantine would be so socially disruptive that it would really have some great fears about some overriding concerns of social breakdown that I would not like to even imagine.

UNIDENTIFIED PARTICIPANT: But, you know, let's play this out a little bit. Obviously we all hope that it doesn't make the jump and that we don't have an outbreak of the avian flu. But let's for a moment imagine hypothetically New York City ...

UNIDENTIFIED PARTICIPANT: Right.

UNIDENTIFIED PARTICIPANT: ... you're deeply involved in emergency preparedness in this city. One, two, 10, 100 cases of avian flu in New York City. A thousand, 10,000. At some point are people stopped from leaving the city, at some point are people prohibited from coming in?

UNIDENTIFIED PARTICIPANT: Yes, sure, they will be. They will be. And it's a question of whether the U.S. military under a decision made by the president will be the – people incur – directing, enforcing and managing that situation.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: The quarantine is ...

UNIDENTIFIED PARTICIPANT: Doctors and (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) local officials, NYPD. I mean, just – we have to understand that if we're talking about a catastrophic situation that there will be all sorts of things tried. By the way, I'm not sure if quarantine would work very well under these circumstances.

UNIDENTIFIED PARTICIPANT: The risk – the risk of quarantine is that it gives people a false sense of security that these diseases are under lock and key and they won't spread. Quarantines have never been 100 percent effective.

UNIDENTIFIED PARTICIPANT: I mean, it does sound like sort of a giant leper colony.

UNIDENTIFIED PARTICIPANT: And what it does enforce is everything underground and ...

UNIDENTIFIED PARTICIPANT: Yes.

UNIDENTIFIED PARTICIPANT: ... people are traveling and moving the virus around as people are sitting back saying we've done our job.

UNIDENTIFIED PARTICIPANT: And people are saying ...

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: ... denying they have the disease, denying relatives have it because they don't want to be – the scarlet A on their door.

UNIDENTIFIED PARTICIPANT: That's right.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) medically.

UNIDENTIFIED PARTICIPANT: One other point, if I could make this about this about this. The bigger problem is that we have 45 million people who don't have health insurance in the country. And relevant here because those people when they get the early symptom, when we want them to be detected in the beginning of the disease process, now when they're so sick that they have to be admitted to an ICU, those people who don't have access to the health care system right now in the country will in effect potentially become 45 million carriers who are not in – who are not accessible to the system that will allow the early detection that we want. So we have some fundamental underlying problems in the health system of the United States, including lack of capacity to even admit enough people and take care of them. And I'm worried about that (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Could we – we haven't spoken at all about the underlying structures. And the president addressed briefly respirators, hospital beds, personnel, enough first-time responders, enough vaccine for them, all of those issues. There's a lot to discuss. I just want to make sure I understand. In a situation where in fact the disease is a pandemic you can't imagine the situation in which they say no more planes in and out of Kennedy Airport or LaGuardia? You can't imagine a situation in which they say no more trucks coming over the bridge or going out?

UNIDENTIFIED PARTICIPANT: I can imagine that. Sure.

UNIDENTIFIED PARTICIPANT: You can.

UNIDENTIFIED PARTICIPANT: It's happened in some countries in the past.

UNIDENTIFIED PARTICIPANT: And that it will be not a perfect way, a desirable way for all the reasons we all were saying. But perhaps enough to say elements (ph) the only ones that –

UNIDENTIFIED PARTICIPANT: It probably wouldn't be necessary to stop the planes. They would probably stop for economy because no one would travel. It's not an issue of forcing airlines. People do have common sense and if they're told by ...

UNIDENTIFIED PARTICIPANT: Right. Well, people with common sense ...

UNIDENTIFIED PARTICIPANT: ... (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: ... are going to be telling them to get out of town, which (INAUDIBLE) may not be possible under these circumstances.

UNIDENTIFIED PARTICIPANT: That's right. If there are no planes coming in there may not be planes going out.

UNIDENTIFIED PARTICIPANT: Yes, there may not (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: They may not have a place to land.

UNIDENTIFIED PARTICIPANT: I was going to say. You know, (INAUDIBLE) may not be too excited about receiving us. (INAUDIBLE) talk about that. I just want to – if you had the power to change one thing tomorrow – let me ask all three of you – what would that one thing be, what's most important in your mind?

UNIDENTIFIED PARTICIPANT: I'm thinking upstream. And if we can eliminate this disease in poultry and get it under control, you know, we're half way to being a lot safer. And it's the easy thing to do, and if we don't get under control in poultry, every year it's going to get back into wild birds, every year it's going to spread around again and we'll never get this thing under control.

UNIDENTIFIED PARTICIPANT: So start with the bird.

UNIDENTIFIED PARTICIPANT: Go upstream.

UNIDENTIFIED PARTICIPANT: Doctor?

UNIDENTIFIED PARTICIPANT: I'd then go to the vaccine and make sure that there's production capacity for influenza vaccine that would be sufficient to deal with the problem, not just in one country but throughout the world.

UNIDENTIFIED PARTICIPANT: I'd be on the vaccine side also. That would – that would be my magic wand wish, that we would have the technology right now to mass produce vaccine in a timely fashion.

UNIDENTIFIED PARTICIPANT: We have three minutes to let you ask your questions so if you can keep them brief. Gentleman in the middle.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Hold it. The microphone is coming. There you go. Sorry.

DEAN MASON, ALBERT SABIN VACCINE INSTITUTE: I'm sorry. Dean Mason, Albert Sabin Vaccine Institute. The question of litigation, United States liability, if that is not adequately addressed we can forget production capacity. Would you not agree?

UNIDENTIFIED PARTICIPANT: Yes.

DEAN MASON: And then the second part of this is the issues or experience we had New Orleans and the failure of the political department, for example, to stick around, what would you say about the issue of how willing are the health care workers and the people who would be put at risk because of constant exposure? What assurances can we put in place, if any, that they're going to be around to deliver to the public?

UNIDENTIFIED PARTICIPANT: Well, the colleagues of mine at the (INAUDIBLE) School of Public Health actually did a study looking at hospital workers and whether would actually come to work or stay at work in the event of various types of disaster scenarios. And the results showed the following, that 20 to 50 percent of hospital workers would not go to work in the event of certain scenarios, and particularly pandemic, if they're not protected. Now, there's ways to mitigate that. If you take care of them first, if you make sure they've gotten the prophylactics or the vaccines, and make sure their kids are taken care of and other things, you can fix that. But, Dr. Robin Gershon (ph) and others have looked at that point.

UNIDENTIFIED PARTICIPANT: OK. Let's try to get two more questions in briefly.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) New York Academy of Sciences. I'd like to ask Dr. Iman (ph). I'm a little – I like the idea of going upstream and I don't like the idea of depending on traditional methods or even computers to figure out what's being said in the press. Because as you know very well, and you mentioned the SARS virus, that was going on in the fall of 2002 and Wang Zhan (ph) and it wasn't until February, some day, in Hong Kong when somebody died that it was finally in the press. (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: And your question is?

UNIDENTIFIED PARTICIPANT: So the question is what can we do about using things like the cell phone technology the Chinese were using amongst themselves to be – to let people be our early warning system?

UNIDENTIFIED PARTICIPANT: You know, the capacities today are unlimited for information sharing and they have to be applied. And it's a very good idea. Cell phone technologies, any kind of technology which will get the message out and around is important. So, yes, cell phones are very important and it may be that cell phone companies could play a role in this by telling their subscribers, for example, to report any unusual event occurring that looks like influenza. There are many possibilities.

UNIDENTIFIED PARTICIPANT: Would the fear of getting in big trouble (INAUDIBLE) go ahead.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) Berkley, International Aids Vaccine Initiative. The reason we have problems with old vaccines is it was a commodity vaccine and there wasn't money to invest in the new technologies. You talked about that. How are we going to move to innovative new vaccines, for example on conserved regions that many companies, small companies are working on now that show promise but take years to move through the system. How can we accelerate progress on this – and this is important for all of the diseases we're talking –

UNIDENTIFIED PARTICIPANT: Money and liability protection.

UNIDENTIFIED PARTICIPANT: Right.

UNIDENTIFIED PARTICIPANT: Agreed.

UNIDENTIFIED PARTICIPANT: Agreed.

UNIDENTIFIED PARTICIPANT: All right. Well, we're only 18 seconds over. Let's have one more question. I'll be bold. Go.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) Harvard School of Public Health. There was a discussion about culling the flocks in Hong Kong and in Holland to control the avian flu there, but those are very wealthy nations.

What is being done to invest money in – incentivizing farmers to be forthcoming with – when their flocks are infected?

UNIDENTIFIED PARTICIPANT: The UN system under a coordinator here in New York is attempting to set up a fund which would reimburse the cullers, because culling is very expensive. We heard over 140 birds have been culled. And people don't want to cull. But it's more than that. These birds are also just individual small flocks in back yards which can't be even identified to cull. So it's a very difficult and complex situation.

UNIDENTIFIED PARTICIPANT: I know that many of you have other good questions. But you know what? Now we're a minute over and we're going to cut into Deborah Roberts time, which wouldn't be nice. So I'm going to call it a day, thank the panel. They will be there – yes, so thank the panel. Great job, gentlemen. The panel – for those of you in the media, the panel is now going to go back to the press room on this very floor. For the rest of you (INAUDIBLE) exit. So if you have other questions. And I say anybody could be a member of the press. I'd now like to welcome my distinguished colleague, Ms. Deborah Roberts.,

DEBORAH ROBERTS: Hi. How are you?

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

DEBORAH ROBERTS: I will, thank you. Nice to meet you.

UNIDENTIFIED PARTICIPANT: Hi, thank you very much (INAUDIBLE)

DEBORAH ROBERTS: Thank you, Cynthia (ph). I guess I'll forgive you for going over in time. I'll talk to them, exactly. Well, thank you all so much for hanging around. And while we get set up for our next panel discussion, everybody please come on in and we're going to take a look at a brief clip from Prescription For Survival.

VIDEO

UNIDENTIFIED PARTICIPANT: : The claims were stunning. A study by a maverick ophthalmologist seemed to indicate that a two-cent nutritional supplement might save the lives of millions of poor children around the world. But health experts were skeptical to say the least.

UNIDENTIFIED PARTICIPANT: It was just too good to be true. Here's this ophthalmologist. He may know about eyes but what's he know about children and their lives?

UNIDENTIFIED PARTICIPANT: Alfred Sommer is indeed an eye doctor who has spent much of his career helping people survive the worst conditions of the developing world.

ALFRED SOMMER: I knew I always wanted to be a doctor, although I wasn't interested in practicing traditional medicine.

UNIDENTIFIED PARTICIPANT: What he was interested in was saving vision, especially for the thousands of children he encountered with a condition known as night blindness.

ALFRED SOMMER: Well, a child who's night blind literally can't fend for him or herself. They are sort of enclosed by this. If the deficiency is not treated, then the eye is permanently lost, there's nothing you can do about it.

UNIDENTIFIED PARTICIPANT: As he explored ways to cure this terrible affliction, Alfred Sommer began to notice something remarkable in his data.

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