AS DISNEYLAND MEASLES OUTBREAK RAGES IN CALIFORNIA, PAKISTANI FATHER ARRESTED AFTER UNVACCINATED SON CONTRACTS POLIO

There is very interesting news out of Pakistan today that the father of a child who has developed polio has been arrested because he refused to allow his son to be vaccinated:

> After a polio case was detected here on Thursday, the Kohat administration arrested the father of the affected child because he had refused to get his child vaccinated against polio when vaccinators visited his home. Two health supervisors and a patwari have also been taken into custody for showing negligence in performing their duty.
>
> Three-year-old Mohammad is the second victim of polio in Dhodha area of Kohat district this year.
>
> Deputy Commissioner of Kohat Riaz Khan Mehsud told Dawn on telephone that he issued orders for arrest after an inquiry revealed that the father of the affected child, Mullah Mohammad Yousuf, had not allowed vaccinators to give polio drops to his son.

But Yousuf is not the only parent who has been arrested:

> He said 56 people had so far been arrested this year for refusing to get their children vaccinated against polio.

> Also on Thursday, two men were arrested in Kohat for not allowing vaccinators to give polio drops to their children. They were identified as Amir Khan and Hassan Khan.

Islamic extremist groups in Pakistan agitate against polio vaccines, spreading conspiracy theories that the vaccines are Western attempts to kill or dominate Muslims. They even attack health workers and in 2014, those attacks killed more people administering vaccines than the disease itself killed.

But of course, in a civilized country like the United States, there couldn't be misguided attempts to prevent vaccination despite the solid scientific basis of the public health benefits of vaccines, could there? Sadly, the mass delusion that has led far too many parents to leave their children unvaccinated due to unfounded fears of autism is having the very predictable result of outbreaks of viral diseases previously under control. Here's the latest on the current outbreak of measles that epidemiologists have traced to Disneyland. Unfortunately, we are learning that because of the reckless behavior of not vaccinating children, even those who have been vaccinated are now developing the disease because of the increased exposure from the outbreak:

> As the measles outbreak that started at Disneyland grew to at least 70 cases Wednesday, much of the attention has focused on how the vast majority of patients were not vaccinated for the highly contagious disease.
>
> But some medical experts also have expressed concern about the five patients who contracted measles despite being fully vaccinated.
>
> Their cases point to a lesser-known aspect of the measles vaccine: That even those who get the shots have a small

> risk of getting sick, especially older people who were immunized in the 1960s, ’70s and ’80s.

In 1989, the vaccination program for measles was changed from one dose to two, and that had an effect on how frequently vaccinated patients got the disease:

> There’s a 5% chance of vaccine failure in people who have had only one dose of measles vaccine, and a less than 1% chance in people with both doses, experts said.

But the expanding pool of unvaccinated people means much more exposure for those who have been vaccinated. Here are the numbers from the current outbreak:

> The measles cases spread at Disneyland a week before Christmas. Experts have said the theme park was a perfect incubator because it attracts visitors from all over the world, such as places in Europe and Asia where measles is still a large problem.
>
> Since then, the disease has continued to spread, mostly through people who were not vaccinated. Health officials have immunization records of 43 measles patients; 37 were unimmunized, one had only one shot, and five were fully immunized.

In the US, those who choose to leave their children unvaccinated are acting out of a misinformed belief that vaccines lead to autism. Sadly, science has clearly debunked that idea, so the parents making that choice are just as illogical as the ones in Pakistan giving in to Islamic extremists.

A good layperson discussion of the science of autism and vaccines can be found here. Perhaps

the most authoritative study on vaccines and autism was this one by the Institute of Medicine, published in 2004, which stated clearly:

> This eighth and final report of the Immunization Safety Review Committee examines the hypothesis that vaccines, specifically the measles-mumps-rubella (MMR) vaccine and thimerosal-containing vaccines, are causally associated with autism. The committee reviewed the extant published and unpublished epidemiological studies regarding causality and studies of potential biologic mechanisms by which these immunizations might cause autism. The committee concludes that the body of epidemiological evidence favors rejection of a causal relationship between the MMR vaccine and autism. The committee also concludes that the body of epidemiological evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism. The committee further finds that potential biological mechanisms for vaccine-induced autism that have been generated to date are theoretical only.

A strong reason that the data don’t support a causal relationship between vaccines and autism is that there is instead a strong genetic component related to developing autism:

> Scientists have discovered that one of the most common genetic alterations in autism – deletion of a 27-gene cluster on chromosome 16 – causes autism-like features. By generating mouse models of autism using a technique known as chromosome engineering, researchers provide the first functional evidence that inheriting fewer copies of these genes leads to features resembling those used to diagnose children with autism.

In that study, scientists found that by reproducing the chromosomal change that is found most commonly in autism patients (autism spectrum should be considered a group of related diseases which can have differing causes) in mice, behavior very similar to autism was seen:

> “Mice with the deletion acted completely different from normal mice,” explains Guy Horev, a Postdoctoral Fellow in the Mills laboratory and first author of the study. These mice had a number of behaviors characteristic of autism: hyperactivity, difficulty adapting to a new environment, sleeping deficits, and restricted, repetitive behaviors.

As if that’s not enough, consider this study from Japan, where it was found that in an area where the MMR vaccine was discontinued, autism rates did not go down:

> The MMR vaccination rate in the city of Yokohama declined significantly in the birth cohorts of years 1988 through 1992, and not a single vaccination was administered in 1993 or thereafter. In contrast, cumulative incidence of ASD up to age seven increased significantly in the birth cohorts of years 1988 through 1996 and most notably rose dramatically beginning with the birth cohort of 1993.
>
> The significance of this finding is that MMR vaccination is most unlikely to be a main cause of ASD, that it cannot explain the rise over time in the incidence of ASD, and that withdrawal of MMR in countries where it is still being used cannot be expected to lead to a reduction in the incidence of ASD.

So, as global autism (ASD = autism spectrum disease) rates were increasing in the late 1980’s through mid 1990’s, that increase was not affected in Yokohama by the termination of the

measles vaccine.

Finally, a more detailed study published in August 2013 (pdf) found that there was no correlation between autism and the number of vaccines administered or the total number of antigens in vaccines that a child received.

Perhaps the Pakistani practice of arresting parents who refuse to vaccinate their children is something to be considered here in the US. The decision to leave a child unvaccinated creates an unacceptable risk for that child. And as we are seeing in the current outbreak, the growing pool of unvaccinated people means that individual cases of the disease are capable of growing into an outbreak large enough to infect even properly vaccinated patients. The LA Times article linked above notes that about one fourth of the infected California patients required hospitalization, so their disease was relatively severe. Irresponsible parents who choose not to vaccinate endanger their children and all of those with whom they interact. If reason won't work with them, it's time to determine what will bring them to their senses.

WHY THE 2016 SENATE ELECTION IS SURE TO BE ABOUT OBAMACARE, AGAIN

Mitch McConnell already announced how the GOP plans to retain the Senate in 2016: ObamaCare.

Again.

In his press conference today, he said that one tweak they'll make to ObamaCare will be to eliminate the individual mandate, which is one of the least popular parts of the law. That will

pass immediately, probably before the first January snowfall. It'll probably, on that first go-around, even get a few Democratic votes.

Obama will then veto the bill.

Then the GOP will take it up – probably in the Senate – for an override vote.

Democrats will be faced with the choice of voting to uphold Obama's veto. Or making the politically far more popular vote, helping the GOP to override Obama's veto.

One way or another it's a huge win for the GOP. If they override the veto, the Executive will have to jump through major hoops to make insurance attractive and affordable enough (ha) to keep enrollment high enough it works for insurers. If they don't override the veto – meaning fewer than 12 Democrats vote to override it – then retention of the very unpopular mandate will be the issue the GOP runs on in every Senate race next cycle.

There are currently expected to be 10 Democratic seats up for reelection in 2016, so technically the Dems could free those 10 to vote with the GOP to help them avoid a very unpopular vote. But that doesn't include several of the Democrats who are most likely to vote with the GOP on the mandate in any case (people like Jon Tester, for example).

In any case, it's an obvious play for Mitch to do, and one with huge upsides for the GOP whichever way it turns out.

Mind you, by 2016, the benefits of ObamaCare will also finally be more evident (and if the GOP overturns Medicaid in states where it has vastly expanded coverage, especially KY and AR, that'll be a huge issue for Republicans to defend against). But the GOP clearly intends to continue to make it an electoral problem for the Democrats.

CHRISTIE'S QUARANTINE OVER-REACTION IGNORES HOW EBOLA IS TRANSMITTED

It's really difficult to say which poor response to Ebola has done more damage to the public health system in the United States. First, we had the series of unforgivable errors at Texas Health Presbyterian Dallas that resulted in Thomas Duncan being sent home with Tylenol and antibiotics when he first presented with Ebola symptoms. This was followed up after he was admitted by Nina Pham and Amber Vinson coming down with the disease after they treated him. Now, we have Kaci Hickox, who treated Ebola patients in West Africa, confined to an unheated tent in a New Jersey hospital for 21 days even though she is asymptomatic and has tested negative for Ebola. Twice.

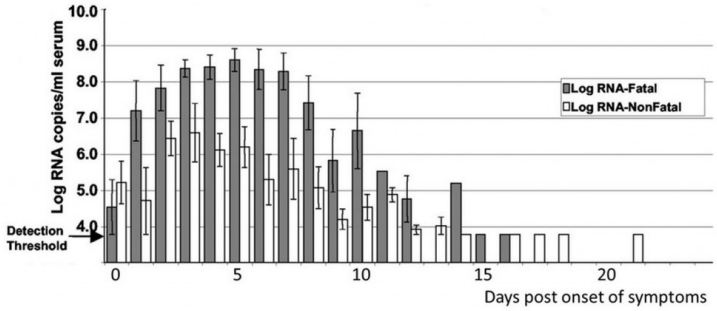
The hysteria over retracing the steps of Craig Spencer in New York City just before he developed his fever illustrates the way the US press has misled the public about when and where Ebola risk exists. Abundant evidence from this and previous Ebola outbreaks demonstrates clearly that there simply is no risk of transmission from asymptomatic patients and that transmission risk grows through the course of the infection.

We see that principle demonstrated very clearly in Duncan's case history. See this terrific ABC timeline for relevant dates quoted below. Duncan arrived in Dallas September 20. No passengers on any of the flights he took have developed Ebola. The incubation period has elapsed, so we know that no transmission of the virus occurred during any of his flights. Duncan had symptoms on his first hospital visit on September 26 but

was sent home. He was later admitted on September 28. No patients or personnel from the hospital became infected from his visit September 26. The incubation period has expired, so we know for certain that transmission did not occur for anyone near Duncan that day. Similarly, even though they were in the apartment with him for days after he developed symptoms, none of the residents of or visitors to the apartment where Duncan was staying in Dallas became infected. The incubation period for that exposure also has expired. From this timeline developed by the New York Times, it appears that Pham and Vinson treated Duncan on the day before he died, which would be at the time when the amount of virus being produced by his body was nearing its maximum.

The load of virus in a patient's blood over the course of Ebola infection has been studied. In this CDC review, we have a graph showing the amount of virus over time:

Figure 1. Ebola virus RNA copy levels in sera over time from 45 Ebola Virus Disease (EVD) patients (27 fatal, 18 non-fatal)[14]



On first glance, one might think that this graph doesn't show much difference between the viral load at the onset of symptoms and the maximum output of virus. But if we look at the vertical axis of the graph, we see that what is plotted is the log (or logarithm) of the number of copies of RNA (the virus genetic content) per milliliter (mL) of of blood serum. That means that the number on that axis tells us how many zeros are on the number of virus particles. The axis begins at "4", which means 10,000 virus particles per mL, which is also noted as the lower level of detection for the way the measurement was carried out. So from this graph,

we see that on day 0 (which would be before symptoms are shown), the viral load ranges from undectectable to around the tens of thousands of particles per mL. Once symptoms develop, that load jumps dramatically, to tens of millions per mL. That represents a jump of around three logs, or a factor of 1000 times more virus in the blood. A few days later into the infection, we see the load approaching a billion viral particles per mL, about a hundred fold higher than on the first day of symptoms.

That Duncan's family and friends, even though they were around him well into the time after he developed symptoms and yet did not contract the virus illustrates pointlessness of quarantining Hickox or any other returning health care worker who treated Ebola patients. Before they become extremely ill, Ebola patients appear to be virtually incapable of transmitting the disease. To calm public hysteria that has been whipped up by the sensationalist reporting surrounding these cases, I can agree with calls for health care workers like Hickox to be kept in voluntary home isolation with monitoring twice a day for a fever. These are health professionals with a vested interest in detecting any symptoms once they develop (odds of survival appear to be better the earlier treatment is started), so self-monitoring of temperature should be enough, but if states want to waste precious health-care dollars sending someone out to take those temperatures, so be it. But an actual quarantine serves no purpose and creates a real barrier to those noble souls contemplating spending time on the front lines treating this horrible disease in an area where many of the health care providers have already succumbed due to the shortage of suitable facilities, equipment and supplies.

Fortunately, New York Governor Andrew Cuomo, who had originally gone along with Christie in implementing the quarantine policy for returning "high risk" individuals, relented last night and went with a more rational policy. Other states may well take some time and a few legal

proceedings before sanity sets in.

The folly of the quarantine policy will be highlighted further once a few more incubation periods have elapsed. For example, we are 14 days into the 21 day incubation period since the October 13 flights Amber Vinson took back to Dallas once her fever was beginning to develop. There was much hysteria about people “exposed” on those flights. I will stick my neck out here and predict that we will see precisely zero people infected from being on those flights with her. Similarly, the hysteria around the Uber car, the bowling alley and the meatball shop visited by Craig Spencer just before he came down with symptoms will need another 17 days to be proven baseless once we see that he didn’t infect anyone, either.

Ebola is deadly, but we simply must use what we know about it in applying our resources to fighting it.

Update: It appears that while I was writing this post, Christie is already beginning to admit his error because Hickox is now likely to be released.

NEW CDC HOSPITAL EBOLA GUIDELINES FALL SHORT OF WHO GUIDANCE ON PERSONNEL FLOW

I’m either a lone voice in the wilderness or just another angry old man shouting at clouds on this, but, to me, the issue of personnel flow inside a facility treating a patient for Ebola is critical. Texas Health Presbyterian Dallas got that issue terribly wrong in the case of

Thomas Duncan, and now, although they provide very good guidance on the issue of personal protective equipment and its use, new guidelines just released by CDC sadly fall short of correcting the problem I have highlighted.

The issue is simple and can even be explained on a semantic level. If a patient is being treated in an isolation ward, that isolation should apply not only to the patient but also to the staff caring for the patient. As I explained previously, National Nurses United complained that health care workers at Texas Health Presbyterian Dallas treated Duncan and then continued “taking care of other patients”.

Allowing care providers to go back to treating the general patient population after caring for an isolated patient is in direct contradiction to one of the basic recommendations by WHO in a document (pdf) providing guidance for treatment of hemorrhagic fever (HF, includes Ebola):

> Exclusively assign clinical and non-clinical personnel to HF patient care areas.

By exclusively assigning personnel to care of the isolated patient, then the isolation is more complete.

The new CDC guidelines, released on Monday, offer updated recommendations on the types of personal protective equipment (PPE) to be used and how it is to be used. The guidelines also stress the importance of training on effective PPE use prior to beginning treatment of an Ebola patient. Unfortunately, though, the guidelines still leave open the possibility of health care workers moving between the isolation area and the general patient population.

In the preparations before treatment of an Ebola patient commences, the guidelines state:

> Identify critical patient care functions and essential healthcare workers for care of Ebola patients, for collection

> of laboratory specimens, and for management of the environment and waste ahead of time.

And then once treatment begins, we have this:

> Identify and isolate the Ebola patient in a single patient room with a closed door and a private bathroom as soon as possible.
>
> Limit the number of healthcare workers who come into contact with the Ebola patient (e.g., avoid short shifts), and restrict non-essential personnel and visitors from the patient care area.

So the facility is advised to identify the "essential" workers who will provide care to an Ebola patient and to limit the number of personnel coming into contact with the patient. And even though the patient is to be in an isolated room, the guidelines still fall short of the WHO measure of calling for the Ebola treatment staff to be exclusively assigned. Precautions for safely removing the PPE are described, but once removed, the workers presumably are free to go back to mixing with the general patient population. Hospitals are cautioned against allowing large numbers of care providers into the room and to avoid "short shifts", but there still is no recommendation for workers to be exclusively assigned to the isolation area.

The first thing that comes to mind in this regard is to question whether the CDC recommendations fall short of the WHO call for exclusive assignment in order to allow US hospitals avoid the perceived expense of dedicating a handful of personnel to treatment of a single patient. Is the ever-constant push to reduce personnel costs responsible for this difference between CDC and WHO guidelines? In the US healthcare system, it appears once again that MBA's can carry more weight than MD's on

critical issues.

NO, WE AREN'T ALL GOING TO DIE BECAUSE EBOLA PATIENTS ARE COMING TO US FOR TREATMENT

With the death toll now over 700 in an Ebola outbreak that has been building since February, Americans are suddenly up in arms about the virus, but only because it was announced yesterday that up to two Americans infected with the virus may be transported to Atlanta for treatment. Yes, the virus is especially deadly, with a death rate of 70-90% of infected patients, but the virus does not spread particularly efficiently and is not airborne. Writing at CNN.com, biologist Laurie Garrett points out a disaster scenario for the virus. Rather than an outbreak in the US, which seems extremely unlikely, Garrett outlines how the virus could spread in the much more densely populated Nigeria rather than the more remote areas of Guinea, Sierra Leone and Liberia where it is now concentrated.

Before getting into the details of the current outbreak and its possible spread to Nigeria, a little background on the virus. From the World Health Organization, we have this information on how the virus spreads:

> Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. In Africa, infection has been documented through the handling of infected

> chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead or in the rainforest.
>
> Ebola then spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids. Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.

Of particular relevance to the two patients who may be transported to Atlanta for treatment (they work for Samaritan's Purse, an aid organization) and the tragic death of Sheik Umar Khan, Sierra Leone's top Ebola doctor, the information from WHO continues:

> Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

The fact that these health care givers become infected because standard infection control precautions are not strictly practiced in no way should suggest that they are uninformed or careless. Instead, Garrett points out in her article the stark realities facing health care providers in the three countries where the outbreak rages:

> To show how ill-equipped these nations are to battle disease, per capita

> spending on health care, combining personal and governmental, amounts to only $171 a year in Sierra Leone, $88 a year in Liberia and $67 a year in Guinea, according to the Kaiser Foundation.

For those who want more detail on the virus, this succinct summary of the structure of the Filovirus family of viruses and their mode of operation is very informative.

For the panic-motivated hypochondriacs among us, initial symptoms of this virus mimic the onset of most other viral infections.

The most recent update from WHO on the outbreak can be read here. The update summarizes the assistance that is being provided to the countries where the outbreak is ongoing. Significantly, WHO is not advocating travel restrictions at this time.

Returning to Garrett's article, she points out the factors that would lead to chaos should Ebola spread in Nigeria:

> Were Ebola to take hold in that country [Nigeria], spreading from person-to-person in a densely populated, chaotic city such as Lagos, the worldwide response would swiftly spin into uncharted political and global health territory.
>
> Consider the following: Nigerian physicians are on strike nationwide; hundreds of girls have been kidnapped from their schools and villages over the past six months by Boko Haram Islamist militants – and none has been successfully freed from their captors by the Abuja government.
>
> Nigeria is in the midst of national election campaigning. President Goodluck Jonathan's government is, at best, weak. The nation is torn apart by religious

> tension, pitting the Muslim north against the Christian south. Islamists in the north have long distrusted Western medicine. They have opposed polio vaccination and have kidnapped and assaulted central government health providers.

Garrett's plea is for an already-planned African summit on Monday to be used to develop a coordinated plan for dealing with the virus:

> One way or another, Obama must take advantage of Monday's Africa summit to press the case for calm and appropriate responses. These would include specific post-Ebola financial commitments to Liberia, Sierra Leone and Guinea.
>
> The possibility that the epidemic might take hold in Nigeria must be confronted, and plans of action must be considered. The world cannot afford to make decisions in the heat of panic about such things as international airport closures, withdrawal of foreign oil workers, negotiations for outbreak responses with northern imams, hospital and clinic infection control training across thousands of Nigerian health facilities, deployment of international assistance teams for rapid diagnostics and lab assistance and countless other contingencies.

Sadly, Garrett points out important information on the damage that has already been done in this outbreak:

> When this Ebola epidemic eventually ends, the health budgets of these nations [Liberia, Sierra Leone and Guinea] will have been bankrupted, and many of their most skilled and courageous physicians, nurses, Red Cross volunteers and hospital workers will

> have perished.

Let’s hope that Monday sees the beginning of stronger coordination to put more resources where they are needed to halt the spread of this ongoing disaster.

CIA, PAKISTAN TALIBAN BRING FIGHTERS TO SYRIA…AND A GLOBAL POLIO EMERGENCY

Recall that last fall, Barack Obama spent some time altering the public record on when CIA-trained death squads first entered Syria to move the date from just before the Ghouta sarin attack to just after (while also trying to shrink the size of those first groups). But the US was a month behind Pakistan’s Taliban, who also sent fighters to Syria, ostensibly on the same side as us this time, to fight pro-Assad forces. But while these efforts on the same side in Syria are having little success as Assad remains in power and might even be gaining the upper hand, the work of the CIA and Taliban on opposite sides in Pakistan has produced a devastating result, with the World Health Organization announcing yesterday that it has declared a Public Health Emergency of International Concern over the spread of polio to countries where it previously had been eradicated:

> After discussion and deliberation on the information provided, and in the context of the global polio eradication initiative, the Committee advised that the international spread of polio to date in 2014 constitutes an

> ‘extraordinary event’ and a public health risk to other States for which a coordinated international response is essential. The current situation stands in stark contrast to the near-cessation of international spread of wild poliovirus from January 2012 through the 2013 low transmission season for this disease (i.e. January to April). If unchecked, this situation could result in failure to eradicate globally one of the world’s most serious vaccine preventable diseases. It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met.

Although fundamentalist Islamic groups have long accused vaccination campaigns, and especially polio vaccinations, of being efforts by the West to sterilize Muslims, the very high profile case of Dr. Shakeel Afridi carrying out a hepatitis vaccination ruse on on behalf of the CIA in an effort to obtain blood samples from Osama bin Laden’s compound in Abbottabad provided a refreshed incentive for attacks on vaccine programs.

Marcy pointed out the stupidity of Leon Panetta’s confirmation that Afridi worked with the CIA in the ruse the day before Panetta’s 60 Minutes segment ran:

> Not only does this presumably put more pressure on Pakistan to convict Afridi of treason (he remains in custody), but it exacerbates the problem of having used a vaccination campaign as cover in the first place, confirming on the record that similar campaigns in poor countries might be no more than a CIA front.
>
> I presume someone in the White House gave Panetta permission to go blab this on 60 Minutes; I assume he’s in no more

> legal jeopardy than Dick Cheney was when he insta-declassified Valerie Plame's identity.
>
> But shit like this discredits every single claim national security experts make about the need for secrecy. I mean, how are CIA officers ever going to recruit any more assets when the assets know that the CIA director may, at some time in the future that's politically convenient, go on 60 Minutes and confirm the relationship?

Afridi was eventually sentenced to 30 years imprisonment, not on treason but on other dubious charges and in a shopped venue. And the fallout in Pakistan's tribal areas from US confirmation of the vaccination ruse was exactly as might be expected: multiple deadly attacks on polio vaccine workers and many new cases of paralyzed children.

While the polio virus circulating in Syria doesn't appear to have come directly with the Taliban fighters sent from Pakistan, it is indeed a strain from Pakistan's tribal areas that is in Syria now:

> Thirteen cases of wild poliovirus type 1 (WPV1) have been confirmed in the Syrian Arab Republic. Genetic sequencing indicates that the isolated viruses are most closely linked to virus detected in environmental samples in Egypt in December 2012 (which in turn had been linked to wild poliovirus circulating in Pakistan).

WHO is recommending drastic measures, primarily calling for all travelers from Pakistan, Cameroon and Syria to be vaccinated for polio, preferably at least four weeks prior to international travel, but at least at departure if it hasn't been done earlier. WHO is also calling for increased efforts in vaccinations in

countries (Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia and Nigeria) where the virus is known to be present but from which transmission has not been seen.

So the fears from two years ago on the impact of the CIA's actions on polio eradication are now met. But keep in mind that it's not just vaccine programs that were put at risk by this incredibly stupid move. A large alliance of humanitarian groups complained directly to the CIA that all humanitarian groups were put at risk by the move, since the CIA ruse was carried out under cover of a humanitarian organization. Will John Brennan be able to heed this advice?

BADLY BROKEN: WE ARE WALTER WHITE

I'll bet tonight's blog traffic will drop sharply, and explode on Twitter – and at 9:00 p.m. EDT exactly. That's when the last episode of AMC's Breaking Bad will air, following a 61-hour marathon of all preceding episodes from the last five years.

A friend expressed concern and astonishment at the public's investment in this cable TV program, versus the Intergovernmental Panel on Climate Change's Fifth Assessment Report published Friday, expressing heightened confidence in anthropogenic climate change:

> “The report increases the degree of certainty that human activities are driving the warming the world has experienced, from “very likely” or 90% confidence in 2007, to “extremely likely” or 95% confidence now.” [source]

He’s right; we’ll be utterly absorbed by the conclusion of former high school chemistry teacher and cancer patient Walter White’s tale. We’ll have spent a fraction of intellectual energy on our own existential threat, in comparison to the mental wattage we’ll expend on a fictional character’s programming mortality.

But perhaps Breaking Bad’s very nature offers clues to our state of mind. Viewers are addicted to a program that upends perspectives and forces greater examination.

– The entire story of Walter White, a middle class white guy with a good education whose cancer threatens his life and his family’s long-term financial well-being, would not be viable were it not for the dismal state of health care in America. There are no Walter Whites in Canada, for example; the U.S. has become little better than a third world narco-state, our health and shelter dependent on ugly choices like crime because our system of governance cannot respond appropriately under pressure for corporate profitability.

We cling to White, though he has become the very thing we pay our law enforcement to battle, because he is us – morally conflicted, trying to safeguard our lives and our families in a deeply corrupt system. At the end of each Breaking Bad episode the distortion of our values is evident in viewers’ failure to reject a criminal character depicting a drug lord manufacturing and selling a controlled substance, while guilty of conspiracy, murder, and racketeering in the process.

In the background as we watch this program, we permit corporate-owned congresspersons to shut

down our government in a fit of pique over the illusion of better health care for all.

– Like White, the existential threats we face are ignored once we reach a degree of stasis. White gets treatment for cancer, which goes into remission. But he has become hooked on the money, the power, the rush that comes with this new dark world he has entered. No day is the same, unlike that of the meek, mild-mannered chemistry teacher's world he once inhabited. With this addiction comes new existential threats that in turn increase the likelihood the original cancer will return. The meth White began to cook to resolve his cancer has become a new cancer in itself.

We are in similar straits: though we've been informed for decades that our consumption and incumbent pollution is problematic, we have become addicted to newer, better, faster anything, adopting a culture of disposability, if we can just have our next new fix whether it's a car, a computer, a cellphone, pick it, it's all ultimately petroleum and rare minerals assembled using the sweat and blood of the poor. We'll keep consuming in spite of the fact that our consumption is threatening our way of life.

We are become Death, the destroyer of worlds.

Well, this one in particular. We toy with the notion of expanding our empire to the moon and Mars.

– White does this for his family, he says all along. So do we; we stay in our narrow grooves, consuming as we travel forward, telling ourselves we are making jobs, increasing productivity, improving standards of living for ourselves and our loved ones. Yet the truth is quite the opposite. What we are doing within our well-worn track in the rat race is as destructive as it is clueless. We are not happier; we are sicker; we are less well-off.

Because family, we say. And better living through chemistry.

Ultimately, as we peer into our own black monolithic mirrors tonight, watching Walter White or tweeting about him, we see our addicted selves, our troubled families, our malignant government, our sickened world. Art imitates life – it's a very ugly piece of work reflected in Breaking Bad, were we to see past the superficial bread and circuses to the truth within.

[*Pssst…Netflix prepared a Spoiler Foiler tool to filter Breaking Bad spoilers out your Twitter timeline.*]

WHO, BILL GATES AND ISLAMIC SCHOLARS ALL PUSH FOR POLIO VACCINATION IN PROVINCE NOW GOVERNED BY KHAN'S PTI

There are public calls on a remarkable number of different fronts for a renewed commitment to polio vaccination in the Khyber Pakhtunkhwa province of Pakistan, which is now governed by Imran Khan's PTI party. Direct appeals to Khan are coming from the World Health Organization and from Bill Gates. A major conference of Islamic scholars also came out with a statement backing polio immunization and providing push-back against the view that immunization campaigns aim to sterilize Muslims or are run by Western intelligence agencies.

Dawn gives us the details of the WHO push:

> World Health Organisation, Pakistan

> polio chief Dr Elias Durry on Thursday apprised Pakistan Tehreek-i-Insaf chairman Imran Khan in Lahore of the threat to the health of Khyber Pakhtunkhwa children due to non-vaccination, it is learned. PTI, which has the most seats in the Khyber Pakhtunkhwa Assembly, leads a coalition government in the province.
>
> According to the relevant officials, the meeting has coincided with the confirmation of three fresh polio cases from Federally Administered Tribal Areas by National Institute of Health.
>
> They said Fata had reported five, Khyber Pakhtunkhwa four and Sindh two of this year's 13 countrywide polio cases.

Khan is eager to help in the campaign and has taken part in promoting immunization before his party was elected to govern KP:

> The officials said WHO had publicly recorded its reservations about polio eradication efforts in Khyber Pakhtunkhwa, especially in Peshawar.
>
> They said the PTI chairman, who had inaugurated various polio campaigns in the country's several cities, apprised the WHO, Pakistan polio chief of his eagerness to see fight against polio succeed.
>
> The officials said Imran Khan carefully listened to Dr Elias Durry's concerns about Khyber Pakhtunkhwa children's vaccination and assured him that he would convey them to the PTI-led provincial government for necessary action on emergency basis.
>
> "Imran Khan said he would issue special instructions to the provincial chief minister (who belongs to PTI) to ensure vaccination of all children under five

> as ensuring better health care in the province is his government's top priority," an official said.

Also joining the push for immunization is Bill Gates, as we learn from the Express Tribune:

> Famous American business magnate Bill Gates has sought Imran Khan's cooperation to eradicate polio in Khyber-Pakhtunkhwa, as the province apparently failed to provide security to polio workers.
>
> Gates sent a personal letter through his emissary to chairman Pakistan Tehreek-e-Insaf (PT) Imran Khan asking for his party's cooperation in furthering the anti polio vaccination programme in Khyber Pakhtunkhwa, said an official statement.
>
> Imran Khan is scheduled to speak to him on the phone to discuss modalities of moving against polio which takes the lives of so many children in Pakistan especially in Khyber Pakhtunkhwa.

Especially welcome news comes from a meeting held by Islamic scholars who produced a statement in favor of immunization and condemning the killing of vaccination workers. They also condemned Dr. Shakil Afridi and any other participation of intelligence agencies in vaccination programs:

> Declaring the killing of polio workers 'un-Islamic' and 'inhumane', speakers at the Ulema conference on Thursday also held Dr Shakeel Afridi responsible for the murder of polio workers and for depriving 260,000 children of polio drops.
>
> /snip/
>
> They declared Dr Afridi a traitor and urged the government to pursue

> litigation against him for causing irreparable damage to the polio vaccination programme, particularly in the FATA region.
>
> The scholars also strongly condemned the brutal killings and urged the government to investigate into the matter, find the culprits behind the killing of polio workers and compensate the families of the victims.
>
> Pakistan Ulema Council chairman Maulana Tahir Ashrafi read out the Islamabad Declaration – a pledge to ensure a healthy future for the Muslim children.
>
> On behalf of all the participating scholars, Ashrafi expressed concern over the reported cases of polio in certain parts of Pakistan.

Gosh, if only there were a call here in the US for litigation against Leon Panetta for leaking Afridi's involvement in the vaccination ruse to match the Pakistani call for litigation against Afridi.

Especially important is the call for local religious leaders to urge cooperation with the vaccinations:

> Dr Atta Ur Rehman, president of the Inter-Faith Religious Council, Quetta, read the second part of the declaration stating that all efforts would be made to convey a strong and effective message to parents to vaccinate their children.
>
> The participation of religious leaders at district and union council levels will be ensured to support anti-polio drives and they will be motivated to play an active role in disseminating the message.

These are very welcome developments that are essential if polio is to be eradicated from

Pakistan.

SAD VICTORY FOR PAKISTAN'S TALIBAN: CHILD DIAGNOSED WITH POLIO IN REGION WHERE VACCINATIONS WERE DENIED

While much attention is appropriately focused on the horrific and brutal attacks by Pakistan's Taliban on secular political parties as the country approaches elections in its first-ever transition from one civilian government to another, we have news today of a sad triumph by the Taliban as a child in North Waziristan has been diagnosed with polio after the Taliban successfully shut down polio immunizations there last summer.

Health workers are on the cusp of making polio the second disease after smallpox to be completely eradicated from the planet. The latest plan forecasts eradication by 2018, but a huge barrier is that conservative Islamic groups view Western vaccination programs as attempts to sterilize Muslims. In addition, the participation by Dr. Shakeel Afridi in a bogus vaccination program set up by the CIA to obtain DNA samples from Osama bin Laden's compound added fresh fuel to the belief that vaccination programs also are used to spy on Muslims. Just under a month ago, a policeman protecting workers administering polio vaccine was shot and killed:

> The latest attack took place in the afternoon in the Par Hoti neighborhood of the Mardan district in Khyber-

> Pakhtunkhwa Province. The policemen, Raj Wali and Mohammad Ishfaq, were accompanying two female workers on the second day of a three-day anti-polio drive, said Wajid Ali, a local police official.
>
> The policemen were standing guard in the street as the health workers administered drops inside a house when an unidentified gunman, who appeared to be in his early 20s, walked up to them and opened fire. Mr. Wali was killed and Mr. Ishfaq was wounded, Mr. Ali said in a telephone interview. The gunman escaped.

That killing followed the deaths of eight vaccine workers last December and the violence has led to a significant interruption in the distribution of the vaccine:

> In December, at least eight people engaged in polio vaccinations were shot dead in Karachi and the north-west, and in January and February two police officers were killed in similar attacks.
>
> The UN said last month that some 240,000 children have missed vaccinations since July in parts of Pakistan's tribal region, the main sanctuary for Islamic militants, because of security concerns.

And it is from the tribal area of Waziristan where we have today's sad news of a child being diagnosed with polio:

> A child has contracted polio for the first time in Pakistan's militant-infested tribal belt since the Taliban banned vaccinations a year ago, a UN official said Monday.
>
> "The new case has been detected in North Waziristan where we had been denied access in June last year," the World

> Health Organization's (WHO) senior coordinator for polio eradication in Pakistan, Elias Durry, told AFP.

Durry fears that this case is not likely to be isolated:

> "We are worried because this new case comes as an example of a bigger impending outbreak of disease in the region," the WHO official said.

In addition to making vaccination drives shorter and lower profile while working closely with security, the executive summary (pdf) for the new polio eradication plan has a key step of outreach to religious groups:

> 4. Religious leaders' advocacy: markedly step up advocacy by international, national and local Islamic leaders to build ownership and solidarity for polio eradication across the Islamic world, including for the protection ofchildren against polio, the sanctity of health workers and the neutrality of health services.

Unfortunately, I don't see an open call in the plan for bringing about an end to intelligence agencies undertaking new vaccination ruses, although "the neutrality of health services" would seem to touch on it. Meanwhile, Afridi has started a hunger strike in a desperate attempt to keep his name in the headlines.

NO, ARKANSAS, MEDICAID IS NOT AN

“ENTITLEMENT.” IT’S A GIANT WALMART SUBSIDY

Arkansas, the home state of WalMart, just passed a law that will require “individuals” (by which it appears to mean biological humans) registering for Medicaid under ObamaCare’s expanded coverage to sign a document acknowledging that Medicaid is not an “entitlement.”

> The Arkansas state legislature has officially passed legislation to use Medicaid expansion dollars to buy private insurance for some 250,000 state residents.
>
> The bill used to do so contains one of the more unusual provisions I’ve ever seen in health-care legislation. It requires those enrolling in the Medicaid expansion to acknowledge that they’re not enrolling in an entitlement program. The relevant section:
>
> > (i) An eligible individual enrolled in the program shall affirmatively acknowledge that:
> > (1) The program is not a perpetual federal or state right or a guaranteed entitlement;
> > (2) The program is subject to cancellation upon appropriate notice; and
> > (3) The program is not an entitlement program.

As a reminder, WalMart was involved in the design and passage of ObamaCare. The way in which Medicaid got expanded – in which the only way an employer can fulfill its obligation to provide health insurance for employees free of cost is to ensure they all make less then the

138% of federal poverty level that would qualify them for expanded coverage.

It has been clear from the start that WalMart had every intention of using that loophole to get free coverage for a significant portion of its 1.4 million American employees. And why not? It was a strategy WalMart was already using.

Since then, WalMart has been — as I predicted — made the moves necessary to ensure its workers are poor enough to get that freebie, largely by shifting more of them to part time work.

To a significant extent, this built-in reward for employers that keep their employees in poverty was all designed with WalMart — which was on Obama's advisory committee — in mind. The Medicaid expansion, which, if you ignore the way it incents companies to keep employees at poverty wages, is an really important benefit of ObamaCare, is also a huge federal subsidy for Arkansas' largest company.

So, no. Medicaid, especially in Arkansas, is not an "entitlement." For legal individuals like WalMart, its actually a giant form of corporate welfare.

Maybe WalMart should also have to sign a form when its employees register, certifying that it knows it's the biggest welfare queen ever created?