

President R. Gerald Ford

Abstract President Ford, when faced with the emergence of a virus that appeared to be related to the one that caused the horrendous pandemic of 1918, moved vigorously to prepare for the possibility of another such onslaught. There was widespread agreement that the possibility of another such pandemic existed, and that prudence demanded quick action. Securing quick approval from a Democratic Congress, the Republican president launched the National Influenza Immunization Program to vaccinate virtually the entire population.

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VIGOROUS ACTION TO DEFEND AGAINST A THREATENED PANDEMIC

On 24 March 1976, President Gerald Ford—the only person ever to have held the office who had not been elected either president or vice-president—appeared before television cameras in a nationwide broadcast to announce to the country his decision to undertake the National Influenza Immunization Program (NIIP). He called for Congress to approve the

plan to vaccinate “every man, woman, and child” in the USA. The president’s announcement was in response to the discovery on 27 January that a new strain of swine influenza virus had infected recruits at Fort Dix, New Jersey. There had been one death. On 4 February, one of the recruits, Private David Lewis, collapsed and died “after leaving his sick bed and making a forced, five-mile, night march.”¹ Despite being controlled by Democrats, Congress acted quickly on the Republican president’s request. President Ford signed the implementing legislation on 15 April.

FAIR GAME: THE POLITICS OF PILING ON

A little less than nine months later, on 16 December, the official in charge of NIIP, Assistant Secretary of Health, Education, and Welfare Theodore Cooper, M.D., announced the program’s suspension. Some five weeks after that, Harry Schwartz, a member of the Editorial Board, published an op-ed piece in *The New York Times* bearing the title, “Swine Flu Fiasco.”² Schwartz began, “The sorry debacle of the swine flu vaccine program provides a fitting end point to the misunderstandings and misconceptions that have marked Government approaches to health care during the last eight years, when Washington power has been shared between a Republican White House and a Democratic Congress.” Schwartz asserted that “on the flimsiest of evidence, President Ford and the Congress were panicked into believing that the country stood at the threshold of a killer flu epidemic, one that might claim millions of lives as did the much-cited influenza pandemic of 1918–1919.” Swartz gave no description of that “flimsy evidence,” but simply pointed out that “today, there is no sign whatsoever of anything approaching a swine flu epidemic.” Instead, he said, there is growing concern that the millions of dollars spent and expenditure of “all Washington’s energies may have resulted in the death of some persons and sickened many more.” He charged that the White House had a “scarcity” of officials with enough medical knowledge to “be able to put biological reality before political expediency.” This, despite his conclusion that Ford and Congress had been “panicked into believing” that a lethal epidemic was coming. Either it was political expedience or a “panicked belief” that was mistaken; it could hardly have been both. Swartz condemns the government’s health bureaucracy for self-interest, charging that it “saw in the swine flu threat the ideal chance to impress the nation with the capabilities of saving money and lives by preventing disease.” So? Is that a bad thing? There were legitimate criticisms to hurl at Ford’s plan, but such logical twists as Swartz employs as he seems to throw into the mix anything he

can think of, regardless of consistency or evidence, were pure polemic, and should never have been taken seriously. Nevertheless, the sober researchers Neustadt and Fineberg, with their flippant approach, did so, and quoted the Swartz op-ed as if he could add weight to their conclusions.³

Jimmy Carter had succeeded Ford as president in January 1977. Joseph Califano, Carter's new secretary of health, education, and welfare, quickly fired Cooper (this is hardly unusual—incoming presidents more often than not replace sub-cabinet officers—but in this instance Califano was explicitly making a point), and also relieved David Sencer, M.D., director of the Centers for Disease Control.⁴ Califano, too, spoke of NIIP as a “fiasco.” He commissioned a formal report of the “fiasco” by two Harvard faculty members: political scientist and presidential scholar Richard Neustadt, and physician Harvey Fineberg—described by Carnegie Corporation President David Hamburg as “a leader in the new field of medical decision analysis.”⁵

Califano published the report as an official document.⁶ Neustadt and Fineberg later revised it, and published the later version as a book in 1983.⁷ In what would seem to be an odd choice for two scholars to cite as a reliable source on a technical matter, the authors quoted an unnamed producer of Walter Cronkite's CBS show as saying that “it was a rotten program, rotten to the core. We thought it was politically inspired ... it certainly was awful in technical terms ... unwarranted ... unnecessary.”⁸

Few if any analysts would attribute Ford's loss in 1976 to his swine flu program—the Nixon pardon was probably the most influential single issue, buttressed by the apparently fatigued president's stumbling performance when discussing Soviet domination of Eastern Europe in his debate with Carter—but NIIP likely contributed to Ford's defeat, and certainly did nothing to enhance his chances for victory. Public perception of the immunization plan had come to be overwhelmingly negative. The general assumption apparently was that if policymakers had anything to learn from the swine flu experience, it was how not to go about protecting the health of the public.

That assumption, in fact, seems to have become the conventional wisdom and to have persisted to this day, at least outside the circle of health-care professionals. Three years after NIIP ended, the CBS television news show “60 Minutes,” although conceding in the opening segment that in 1976 “the threat posed by the swine flu virus seemed very real indeed,” devoted its broadcast to some citizens who alleged harm from the vaccinations.⁹

After nearly three decades, *The Washington Post* in 2002 called NIIP “One of the biggest public health debacles in memory.”¹⁰ Even some health professionals went on record to share the jaundiced view. For example,

Kathleen Gensheimer, MD, MPH, of the Maine Department of Health and Human Services, in a generally thoughtful essay on pandemic planning, included a paragraph gratuitously headed, “Don’t Repeat Swine Flu.”¹¹

The response to disease crises from yesterday should assist us in planning for the crises of tomorrow. We need to take seriously lessons learned from recent events such as SARS and smallpox vaccine initiatives and to incorporate those lessons in our pandemic planning efforts. We need to be proactive in our planning, not reactive; establish priorities for scarce resources; and invest in a wide range of activities that will enhance our collective response. We can’t just “turn on the faucet” when the next crisis hits, but utilize limited resources strategically, allowing an effective collective response.

These are certainly sound observations. Regardless of the paragraph’s heading, however, they have little or nothing to do with NIIP, other than to present it as worthless on all counts. The assumption is clearly that we can learn from SARS and smallpox vaccination initiatives, but from NIIP we learn nothing except that we should not repeat it.

Even scholars writing about the Ford administration often ignore NIIP entirely, or give it short shrift. Consider Douglas Brinkley’s *Gerald R. Ford*, for example, a part of the Times Books series “The American Presidents.”¹² This series offers books that are reasonably brief, but generally good, treatments of the various presidents. Brinkley’s *Gerald Ford* is no exception, but with regard to the swine flu program, his book more than falls short. He devotes a mere two sentences—a piece of a paragraph—to the subject. They imply that there had been no real reason for NIIP. Moreover, “the vaccine caused temporary paralysis in some recipients,” he wrote, “and even a few deaths.”¹³

To be sure, there were some cases of Guillain-Barré syndrome that followed vaccination, and there was an elevated risk for those who had had the vaccine. The causes of this very rare affliction, though, are still not known. There has been no evidence that the vaccine was faulty, or that it “caused” the condition. Unquestionably, Brinkley is correct that the reaction to NIIP was disastrous for Ford’s reputation, becoming, as he put it, a joke. To point that out, however, is not to demonstrate that matters were so simple as the critics asserted, or that Ford and his administration—considering the circumstances—had acted irrationally.

Brinkley is an excellent historian, with many superb books to his credit. He cites his source for his comments on Ford and the swine flu program as being a personal conversation with Richard Norton Smith. Smith is a well-known and respected biographer, historian, and sometime presidential

library director. He has been director of the library of every Republican president from Hoover through Reagan, with the exception of Nixon's and including Ford's. The lesson from this is that even highly competent historians and other analysts can be led astray when an erroneous view becomes the conventional wisdom. When "everyone knows" something, it is too easy to assume that there is no need to investigate. This can create long traditions of faulty scholarship, as I make clear in my study of Gilded Age presidents.¹⁴

The more balanced perspective that seems so lacking requires a look beyond the headlines and the passions of the day, political and otherwise, and beyond received conventional wisdom. Such a look reveals that NIIP in some ways actually was successful, and that some of its lessons may be positive.

NOTES

1. Richard E. Neustadt and Harvey Fineberg, M.D., *The Swine Flu Affair*, Washington: U.S. Government Printing Office, 1978, p. 165.
2. Harry Schwartz, "Swine Flu Fiasco," *New York Times* (21 December, 1976), p. 33.
3. Neustadt and Fineberg, pp. 97–98.
4. Arthur Silverstein, *Pure Politics an Impure Science*. Baltimore: Johns Hopkins University Press, 1981, p. 129.
5. David Hamberg in Neustadt and Fineberg, p. xi.
6. Neustadt and Fineberg, *The Swine Flu Affair*, 1978.
7. Richard Neustadt and Harvey Fineberg, M.D., Neustadt, *The Epidemic that Never Was: Policy-Making and the Swine Flu Affair* (a revised version of *The Swine Flu Affair*, 1978), New York: Vintage Books, 1983.
8. *Ibid.* p. 48.
9. *60 Minutes*, "Swine Flu," (4 November, 1979); available at <http://www.whale.to/vaccines/swine.html>, retrieved 7 June 2015.
10. David Brown, 2002. "A Shot in the Dark: Swine Flu's Vaccine Lessons," *Washington Post* (27 May 2002), p. A 9.
11. Kathleen Gensheimer, Kathleen, M.D., M.P.H., "Considerations for Pandemic Influenza Planning: A State Perspective," in *The Threat of Pandemic Influenza: Are We Ready? Workshop Summary*, ed. Stacey Knobler, et al., Washington: Institute of Medicine, National Academies Press, 2005, pp. 168–172; quoted paragraph on p. 171.
12. Douglas Brinkley, *Gerald Ford*, New York: Times Books/Henry Holt & Co., 2007.
13. *Ibid.*, p. 141.
14. See Max J. Skidmore, *Maligned Presidents: The Late 19th Century*, New York: Palgrave Macmillan, 2014.