Florida court awards US$ 145 billion in damages against US tobacco companies

In a historic decision, a six-member jury in Miami, Florida, has awarded US$ 145 billion in punitive damages against five major American tobacco companies, after hearing 157 witnesses in a trial that lasted two years. The class-action lawsuit was originally filed in 1994 on behalf of an estimated 300,000–700,000 Florida smokers by Stanley and Susan Rosenblatt, a husband and wife legal team. The sum is the largest punitive damages award in US history.

Frank Amodeo, 61, a throat cancer sufferer and one of the three main plaintiffs in the case, said the judgement was “fair and just”. Amodeo has been fed through a gastroscopic opening for 13 years. “No amount of money in the world can change the way I eat, 15 cents or US$ 15 million,” said Amodeo. “This wasn’t about money. This was about sending a message.” Stanley Rosenblatt, the leading lawyer for the sick smokers, called it “a day of reckoning”. He added: “Six thoughtful courageous Americans listened quietly and carefully to testimony for close to two years, and damn it, they did the right thing.”

Dan Webb, defence lawyer for Philip Morris, said: “We are disappointed with the jury’s verdict”. However, he added that the errors committed by the court were extraordinary and the result would have little practical impact. Under a Florida law that was enacted last year, a punitive damage award cannot drive a defendant into bankruptcy. The industry claims that they would be out of business “ten times over” if the current damages were payed. They would proceed vigorously with an appeal and may have to post an initial bond of no more than US$ 100 million per company. Webb added that the verdict cannot become final for decades, until after the trials of several hundreds of thousands of plaintiffs have been completed.

At a press conference in New York, William Ohlemeyer, Chief Lawyer for Philip Morris, against whom the largest award, US$ 73.9 billion, was levelled said: “Today’s verdict is truly a verdict for no one”, and claimed “we believe the verdict is grossly excessive and also illegal”.

Several law experts agreed that an appeal was inevitable. “There is no way a judgment can be levied until the appeal process is concluded...and that could take years,” said John Coffee, Professor of Law at the Columbia Law School.

Fred Charatan, Florida

Up to one third of malaria deaths in Africa occur in countries affected by complex emergencies

Estimates from the World Health Organization show that up to 30% of the 960,000 people who die each year from malaria in Africa come from countries affected by complex emergencies. Serious conflict, war or natural disasters may result in large displacements of populations as people have no choice but to abandon their homes. This greatly increases the chances of individuals contracting malaria.

Dr Awash Telekhananot, of the Roll Back Malaria Programme, remarked: “Poor nutrition, multiple infections and high stress levels are common amongst displaced populations and leave people more vulnerable to disease. During most complex emergencies people are often forced from their homes, many sleeping without shelter, which leaves them susceptible to mosquito bites and malaria infection.”

The Roll Back Malaria Programme intends to address these problems urgently. Richard Allan, Complex Emergencies focal person for the Programme at the World Health Organization said: “We need to combine malaria control expertise with the skills of groups which take immediate action on the ground during an emergency. This enables us to avert the disease taking hold and will make a significant contribution to the overall Roll Back Malaria goal of halving the malaria burden by 2010.”

To discuss improvements to the activities of its partner groups during such emergencies, the Global Partnership to Roll Back Malaria held a meeting in Geneva on 30 June. Representatives from the founding members of the Roll Back Malaria Programme, which include the World Bank, WHO, the United Nations Children’s Fund, and the United Nations Development Programme, met with other partner groups to discuss ways in which cooperation could be improved.

At the meeting, the nongovernmental organizations and donor agencies clearly identified the need for WHO/Roll Back Malaria and the Roll Back Malaria Technical Support Network for Complex Emergencies to develop improved standardized advice, information and direct technical assistance to support the agencies operating in emergencies. The need for permanent field-level support to coordinate technical support and provide relevant field-based training for partner group emergency teams was repeatedly stressed.

All those attending the meeting welcomed ongoing Roll Back Malaria initiatives to develop an Interagency Handbook for Malaria Control in Emergencies, and essential malaria profiles of 22 countries affected by complex emergencies which will be posted on the Roll Back Malaria web site later this summer (http://mosquito.who.int/cgi-bin/rbm/login_rbm.jsp).

Richard Allan commented: “The atmosphere of this meeting was open, realistic and highly constructive and resulted in a real commitment from all partners to work to scaling up effective response to roll back malaria in complex emergencies given appropriate resources.”

He added: “The challenge now is to take the enormous opportunity for developing significant action at ground level with this dynamic new partnership.”

Barry Whyte, Bulletin

Deficiencies in immunization campaigns highlighted in new UNICEF report

Despite considerable progress in recent years, immunization programmes aimed at eradicating diphtheria, pertussis, tetanus and poliomyelitis are still failing to reach millions of children, leaving many at risk of catching these killer diseases.

A United Nations Children’s Fund (UNICEF) report into children’s welfare published in July warns that despite the success of worldwide vaccination drives, much work remains to be done. In particular, the Progress of Nations report says that the widespread use of diphtheria–tetanus–pertussis vaccine (DTP) is still lagging behind the organization’s goals in dozens of developing countries, many of them in Africa.
Among its efforts, UNICEF has set about an ambitious agenda to eradicate poliomyelitis by the end of this year and obtain final certification to confirm elimination by 2005. Despite the organization’s programmes, the report makes clear that these and similar tasks will not be easily achieved.

For example, there are still 30 million infants in the developing world who are not immunized before their first birthday, according to the report. Annually, 370,000 children under the age of five years die from whooping cough and another 50,000 die from tuberculosis. More than half of all pregnant women are not immunized against maternal tetanus, which kills 30,000 women every year.

The report says that half of the infants born in developing countries are unprotected against tetanus and 200,000 die from the disease each year because their mothers have not been immunized with tetanus toxoid. Whooping cough still afflicts 20–40 million people every year, primarily in developing countries, although a pertussis vaccine has been available for more than 70 years.

A large part of the problem is related to inadequate funding. While DTP can be easily prevented by immunizing women of childbearing age, the vaccine is still not available in some countries. In the Democratic Republic of Congo, only one child in ten receives the necessary three doses of DTP. According to the report, there are 17 countries in which there is no state funding for any common childhood vaccines. Overall, UNICEF said that more low-income countries are spending more money on immunization but it is still not enough.

UNICEF has set a goal of immunizing 90% of children in all countries for DTP by the end of 2000. So far, 40 developing countries and many industrialized countries have done extremely well, attaining or exceeding the 90% coverage goal. In addition, three countries in sub-Saharan Africa have also attained the 90% goal. On average, however, only about half of the children in sub-Saharan Africa are protected.

The report points to the worldwide drive to eradicate poliomyelitis as an example of how coordinated immunization efforts can yield enormous success. In 1988, when the programme was launched, there were 35,000 cases of this disabling disease worldwide. Last year there were 7000 cases, and there are many new countries in which the disease appears to have been eradicated.

One problem, particularly in the case of DTP, is that people fail to complete the full course of vaccination. In the case of DTP, children must receive three doses of the vaccine to be fully protected, and it should be administered at the ages of one month, one month and a half and three months. In five countries, more than 50% of families did not return for the second or third booster injection. In another 24 countries, between 20% and 50% likewise failed to complete the three-dose regimen. This suggests that caregivers either were dissatisfied with the services or were not even made aware that a course of DTP was needed, the report said.

Like DTP, another obstacle to more widespread use of all vaccines has been the high cost of initiating broad-based programmes. A vaccine now offers protection from hepatitis B, for example, and more than 60 countries have added it to their routine immunization programmes. But at a cost of US$1.50 per child to administer the three necessary doses, the vaccine does not reach many of those who need the protection most, according to the report. About US$20 million would make the vaccine available in sub-Saharan Africa.

Similarly, a new vaccine against Haemophilus influenzae type b (Hib), which causes bacterial pneumonia and meningitis, has been introduced in 24 developing countries. But it would cost US$80 million to provide the vaccine to all children in developing countries, where at least 400,000 die every year from the infections Hib causes.

While the report widely credits UNICEF with promoting vaccination efforts in developing countries, it also points to several private, and public-private efforts, including the commitment of US$750 by the Bill and Melinda Gates Foundation for the development of the Global Alliance for Vaccines and Immunization.

“T he chasm between what we are capable of and what we actually do to protect all children everywhere needs to be bridged before it grows any wider,“ the report states. “It is, of course, possible to extend the proven power of immunization to all the world’s children, and the resources needed to do so can be found.”

Scott Gottlieb, New York

More than 13 000 reported ill in Japan after drinking milk products

Japanese health authorities have launched an investigation into one of the country’s worst outbreaks of food poisoning amid growing consumer concerns about the safety of dairy and other manufactured products. After 10 July, the Ministry of Health and Welfare reported a total of 13,809 cases of food poisoning in eight western states. The affected people suffered from diarrhea and vomiting after drinking low-fat and calcium-enriched milk products from a Snow Brand factory in Osaka — approximately 180 cases required hospital treatment.

Adding to consumer concerns were suspicions of a cover-up. After the first few cases of food poisoning were reported, Snow Brand detected traces of Staphylococcus aureus in swab examinations of its facilities on 29 June. However, these findings were not made public immediately and products were not recalled until 1 July. It later emerged that hygiene standards at the plant were lax. The bacteria collected in a valve that had not been cleaned for almost a month, although regulations stipulated that it should have been cleaned every week. Newspapers also reported that workers regularly used milk that had passed its sell-by date as an ingredient for high-calcium milk and other products. Tetsuro Ishikawa, the company president, and three other executives have accepted responsibility and resigned. “We were over-confident,” Mr Ishikawa said.

Snow Brand, which held 14% of the milk market in Japan and more than 40% of the cheese market, has seen its share price plunge as a result of the incident and 21 plants have been closed for inspection. Consumers have taken no risks following an incident several years ago in which some people died after an outbreak of infections with Escherichia coli O157:H7. Snow Brand products are suffering from a sharp downturn in sales.

In the two weeks after the Snow Brand incident, at least six other firms were forced to recall products after consumer complaints. The Yamazaki Baking company had to withdraw 70,000 packets of desserts after admitting that improper packaging may have led to a sour taste reported by customers. Morinaga Milk withdrew 2200 packets of cheese that were found to contain chemicals and Hagakure recalled 150,000 packets of noodles after some were found to be mouldy.

Yuii Tsushima, Minister of Health and Welfare, has organized an inspection of Snow Brand’s 21 production plants. “We are starting to see a bit of a panic,” he acknowledged. The panic may yet prove to be fruitful. Careful checks by the authorities have revealed that 10% of the 774 dairy plants in Japan have hygiene and other problems. Improved safety regulations may not be the end of the matter. The Osaka City government has threatened to file criminal charges against Snow Brand.

Jonathan Watts, Tokyo