

The US flu vaccine crisis: a debacle for profit-based medicine

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26 October 2004

The shortage of flu vaccine has become a major social issue in the United States, with thousands of elderly people—those most at risk of life-threatening complications from influenza—lining up to receive vaccinations at the limited number of clinics and hospitals that have a supply.

The total number of vaccines available in the US is estimated at barely 60 million, compared to the 90 million people in the categories most at risk, such as the elderly, small children, pregnant women and people with respiratory ailments. Nearly half the total supply, some 50 million doses, had to be discarded because of contamination at the manufacturing facility in Liverpool, England, operated by the US-based Chiron Corporation.

The potential toll in lives is staggering. As the *New York Times* noted in a recent editorial, “Thirty-six thousand Americans die of the flu every year. If that number rises by just a tenth because we have only half as much flu vaccine as we need, the increase in deaths will exceed the number killed by Osama bin Laden on Sept. 11, 2001.”

There will be no “war on flu” from the Bush administration, however, and not even a hint of criticism of the private, profit-driven health care system that is responsible for the likely deaths of thousands of Americans. The White House response has been limited to soliciting a comparatively small number of additional doses from the other major manufacturer for the US market, the French-owned Aventis Pasteur, and from other overseas suppliers.

Last year the Bush administration proposed spending \$5.6 billion on vaccines for anthrax and other biological weapons supposedly being prepared for use by terrorists against the American people. For that sum, the government could have commissioned the production of enough flu vaccine to protect the entire human race.

The flu vaccine crisis is a tragedy produced by capitalism, and it exemplifies the inability of the profit system to meet the most elementary human needs. Influenza is not some new-found or rare disease never before subjected to medical science. It is so familiar that “flu season” has entered into the vernacular to describe the period, usually from November to March, when new forms of the virus appear and begin to affect large numbers of people.

Taking measures to protect the most vulnerable against the flu is a basic requirement of a rational health care system: the threat is predictable, and while the precise form of the virus cannot be known because of mutations, the countermeasures required, particularly the vaccination of at-risk populations and the maintenance of sanitary conditions, are well established.

The US health care system failed to take the necessary measures for only one reason: more than in any other country in the world, health care in America is subordinated to private profit. The number of vaccine producers serving the US market has fallen from 26 two decades ago to only two today, making the vaccine supply extremely vulnerable to a technical failure in one of the two plants.

This decline was not due to any lack of the resources required to produce vaccines—skilled workers, scientists, chemical stocks, laboratories, and a supply of eggs to grow the vaccine cultures. On the contrary, the US pharmaceutical industry is the world’s largest and most technologically advanced. But under capitalism, these abundant resources are deployed, not to meet the most urgent health needs of the population, but to boost the profits of Pfizer, Merck, Bristol-Myers-Squibb and other giant corporations.

The big drug manufacturer Wyeth made injectable influenza vaccine at a plant in Marietta, Pennsylvania until last year. The company produced 21 million doses for the winter of 2002-03, sold only 14 million because the flu season was mild, and discarded 7 million, for a loss of \$30 million. The company then closed the production line, laid off 800 workers and went out of the flu vaccine business.

The uncertainty in demand, because of the great variation in infection rates from year to year, together with the intrinsically slow and inflexible technique of producing the live virus through cultivation in chicken eggs over a half-year period, combine to make the production of flu vaccine unattractive to profit-making corporations.

In addition, the usage pattern—one vaccine per customer per season—is far less lucrative than the pill-a-day regimen common for the most profitable prescription drugs, which can be mass-produced by far cheaper and less cumbersome chemical processes. As far as the giant pharmaceutical companies are concerned, the flu season, despite its colossal toll in lost lives

and serious illness, is just small potatoes—hardly worth the trouble.

This usage “problem” applies also to vaccines for childhood illnesses, where the total lifetime demand is strictly limited to a fixed number of doses per child. As a result, according to government studies, eight of the 11 vaccines for childhood diseases have been in short supply in the US at some point in the past four years, including vaccines for tetanus, diphtheria, whooping cough, measles, mumps, and chicken pox.

The exodus of companies from the flu vaccine “market” has been as predictable as the annual flu season itself. As long ago as October 2000, the General Accounting Office, an agency of Congress, questioned whether the US medical system was prepared for a flu pandemic.

A subsequent report documented both technical problems in producing flu vaccine and the large number of companies leaving the business. The Bush administration, in response, did nothing. It simply allowed the drug companies to stop producing a product that is critical to the health of millions of people.

Now that the shortfall of flu vaccines is a well-known fact, more of the odious features of medicine-for-profit are on display: drug distributors who have obtained supplies of the vaccine are engaging in price-gouging, raking in super-profits (legally, in most states) through the crude exploitation of the sick and vulnerable. According to a trade group study, more than half of US hospitals responding to a survey said they had been offered flu vaccines at highly inflated prices.

The shortage has become an issue in the presidential campaign, with Democrat John Kerry attacking the Bush administration for ignoring the problem of a shrinking number of suppliers of the flu vaccine, and the White House responding with a pretense of activity to round up more vaccine and denunciations of malpractice suits and trial lawyers, its rote response to every exposure of the deteriorating US health care system.

This reproduces the posture of the Kerry and Bush campaigns in many areas: Bush lies, openly and shamelessly; Kerry criticizes Bush for incompetence or malfeasance, while ignoring the more fundamental issues—in this case, the inability of a profit-driven health care system to meet social needs. (It was notable that in the presidential debates, Kerry was at pains to denounce suggestions that he favored any kind of government-run health care or health insurance system, and relied entirely on providing “incentives”—i.e., higher profits—for private health care companies.)

So glaring and undeniable is the failure of medicine-for-profit that scattered criticisms have even surfaced in the establishment media. The *New York Times*, in an editorial Sunday, said that at-risk populations were not getting the vaccine “because the private sector essentially handles the manufacturing and distribution of flu vaccine, as government officials monitor and exhort from the sidelines.”

An *Open* column *time* the liberal

Donald Barlett and James Steele declared that the market “doesn’t work in health care, where the goal should hardly be selling more heart bypass operations. Instead, the goal should be to prevent disease and illness. But the money is in the treatment—not prevention—so the market and good health care are at odds.” The column contrasted the billions made from marketing and selling such drugs as Viagra with the wholly inadequate expenditures for public health necessities like vaccination.

Even Tommy Thompson, Bush’s secretary of health and human services, suggested that the flu vaccine crisis represented a failure of the market. According to a report in the *Washington Post* Monday, Thompson was questioned at a new conference last week about the Canadian system, in which the federal government orders the bulk of the vaccine needed each year, providing a guaranteed market to the two manufacturers, and then distributes the vaccines to the provinces as required. Pressed on whether he favors a similar arrangement in the United States, Thompson said, “Yes, I do.”

This admission did not prevent the Bush White House from treating the flu vaccine crisis as a threat, not to the health of the elderly and small children, but to its own political health. Administration officials have repeatedly declared that there is no crisis, that vaccine stocks are adequate to supply the at-risk population (by assuming that half of them will not seek vaccination), and that no one should line up.

The real concern, of course, is that television footage of elderly people in wheelchairs and walkers waiting for vaccine might damage the Bush reelection campaign. Meanwhile, Tommy Thompson directed Health and Human Services officials to join in a “flu education tour” whose way stations, by one account, include Trenton, Pittsburgh, Philadelphia, Miami, Kansas City, Minneapolis and Cleveland—all cities in closely contested “battleground” states.



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