

Politics and economics dominate response to swine flu epidemic

David Walsh, Sean South
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The outbreak of a swine flu epidemic that threatens to assume global proportions is exposing the disastrous consequences of the subordination of all aspects of social life to the capitalist market and the competing interests of nationally-based corporate elites. The potential toll in illness, death and economic disruption is compounded by the scourges of poverty, social inequality and the lack of basic health care infrastructure in much of the world.

A rational and coordinated application of modern medical science and technological resources to deal with a world threat is frustrated at every turn by national boundaries and nationally based responses.

In the industrialized countries, above all the United States, the potential human cost from the flu epidemic is magnified by the decades-long neglect of public health by governments, beholden to financial interests, that have starved the health care infrastructure of resources.

In response to the spread of the swine flu, the World Health Organization on Wednesday raised its alert to Phase 5, a level characterized by widespread human infection and the danger of a pandemic. WHO Director-General Margaret Chan called on all countries to activate their “pandemic preparedness plans” and urged governments and manufacturers of vaccines and viral medications to mobilize resources to confront the crisis.

The organization announced that nine countries have officially reported cases of swine influenza A/H1N1, while numerous others have suspected cases. Laboratory confirmed cases have been reported in Mexico, the US, Canada, Germany, Israel, New Zealand, Spain, Austria and the UK.

The presence of the disease has also been detected, although not officially confirmed, in Brazil, Australia, Russia, South Korea and the Middle East. The list is likely to grow over the next several days.

While common seasonal flu kills from 250,000 to 500,000 people worldwide annually, the reason for special concern in the present situation, according to Dr. Carlos del Rio of the Emory University School of Medicine in Atlanta, Georgia, is that “we had a vaccine for regular flu.” He told CNN: “This [swine flu] is a totally new virus... You have a virus to which there’s no pre-vaccination, there’s no prior immunity. And,

therefore, the mortality rate may be higher than other influenza viruses.”

In Mexico, where the flu first broke out, health officials raised the number of “probable” deaths on Wednesday to 159 from 152. A total of 1,311 people remain in Mexican hospitals after showing symptoms of swine flu.

The confirmed cases are likely to be only a small portion of the population that has actually been infected with the virus. The media reports that at least 2,400 Mexicans have been stricken. Unemployment, poverty and undernourishment are huge factors in the spread and severity of the illness. (See: “Mexico: Epidemic deepens the social crisis”)

The US Centers for Disease Control and Prevention said Wednesday morning that 91 confirmed cases had been reported in the US. These had occurred in 10 states (Arizona, California, Indiana, Kansas, Massachusetts, Michigan, Nevada, New York, Ohio and Texas). However, as Dr. Richard Besser, acting director of the CDC, told the media Wednesday, “these numbers are almost out of date by the time I say them.”

A 23-month-old boy became the first American fatality Monday night. The child had traveled with his parents from Matamoros, Mexico, to Brownsville, Texas to visit relatives in early April. He became ill while in Texas and was eventually brought to a hospital in Houston, where he died.

The most serious outbreak has occurred so far in New York City, with 45 of those cases concentrated in one school in Queens. City officials on Tuesday were investigating six additional cases at a school in Manhattan. The city is also attempting to determine whether five other people, including a child in the Bronx and a woman in Brooklyn, are suffering from swine flu. Scores of additional possible cases statewide are being investigated.

In response to these developments, the CDC warned that “more hospitalizations and more deaths are expected in the coming days and weeks.”

The threat of a swine flu epidemic exposes the incompatibility of the profit system with elementary human health and welfare. The risk or potential boon to business, as well as whatever reactionary political capital can be gained from the situation, is paramount in the minds of US officials and corporate executives.

Obama administration officials, including Agriculture Secretary Tom Vilsack, have been at pains to argue that the disease should not be called “swine flu” because the name “suggests a problem with pork products.” President Barack Obama had gotten the message by Tuesday, referring to the crisis as “the H1N1 flu outbreak,” whereas he had referred to it as “swine flu” one day earlier. According to ABC News, “Representatives of certain agricultural industries [had] made their displeasure known to the Obama administration.”

Asked about the issue, WHO’s Fukuda replied, “We have not initiated any plans to try to change the name ‘swine influenza’... [T]he virus that is identified is a swine influenza virus.”

Various demagogues in the US are turning the flu crisis into an opportunity for whipping up anti-Mexican sentiment. At a hearing of the Senate Homeland Security Committee Wednesday, senators Joseph Lieberman, John McCain and Susan Collins demanded to know of Homeland Security Secretary Janet Napolitano and the CDC’s Rear Adm. Anne Schuchat why the government had not shut the US-Mexico border.

Napolitano and Schuchat both noted the futility of such a measure, given the incidence of the disease within the US, but the senators continued to press the issue. Schuchat, the CDC’s interim deputy director for science and public health, bluntly called the issue a “diversion” and commented, “Going forward, there is no circumstance in which closing the border would have value.”

Earlier in the week, WHO spokesman Gregory Hartl told the press that the WHO is advising countries to provide sick people with treatments such as Tamiflu and make sure that national plans are in place to ease the impact of a larger outbreak.

“Governments will need to start thinking about larger-scale care for a specific disease in accident and emergency wards,” he said. “Do they have the infrastructure? Do they have the equipment? Do they have the medicines? This is the time, now, to prepare.”

The US is unprepared for such crises by the very fact that every decision has to conform to the interests of large corporations. MSNBC reports, for example, that the “US flu vaccine manufacturing system is a partnership between the federal government and various drug-makers, such as GlaxoSmithKline, Novartis, Sanofi Pasteur and MedImmune.” Whether sufficient supplies of vaccine exist depends, in the final analysis, on the profitability of its production, as the flu vaccine shortage of 2004-05 revealed.

A genuinely coordinated policy is impossible under those conditions. All the more so in a country that includes 47 million people who have no health insurance. Public officials advise those with any suspicious symptoms to “see your doctor.” For many, a visit to a physician is a financial hardship, and a serious illness an economic catastrophe.

The already disastrously inadequate health care infrastructure

in the US has been further eroded as a result of the economic crisis. Governments at every level are cutting back, endangering the lives of the people in the process.

The *New York Times* reported Wednesday that the recession “has drained hundreds of millions of dollars and thousands of workers from the state and local health departments that are now the front line in the country’s defense against a possible swine flu pandemic.”

The newspaper cited numerous worried comments from public health officials. Robert M. Pestronk, executive director of the National Association of County and City Health Officials, told the *Times*, “Local health departments are barely staffed to do the work they do on a day-to-day basis. A large increase in workload will mean that much of the other work that is being done now won’t be done. And depending on the scale of an epidemic, capacity may be exceeded.”

Pestronk’s organization estimates that local health departments lost about \$300 million in financing and 7,000 workers in 2008 due to budget cuts. He expects 7,000 more jobs to be cut this year. State public health agencies cut 1,500 additional jobs and another 2,600 job cuts are anticipated in 2009.

In New York City, health department spending on emergency preparedness was cut by \$5 million a year ago. California’s Department of Public Health recently underwent a 10 percent budget cut. Congress eliminated nearly \$900 million in proposed funding for pandemic flu preparation from the recently passed stimulus bill.

Dr. Paul E. Jarris of the Association of State and Territorial Health Officials told the *Times*, “The entire system is lining up to decrease resources at the time we need them most.”

At a press conference Monday, CDC acting director Besser made a fairly forthright statement, commenting that “economic realities” had been “very hard on state and local public health.” He noted that the nation relied “on public health personnel at the state and local levels to identify these outbreaks and identify them quickly.”

He added, “That infrastructure is one of the backbones that we count on to be able to identify and control outbreaks.”



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