

As “free market” fails to deliver enough vaccine

# Obama declares US national emergency over H1N1 flu

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Vaccines against the H1N1 virus are unavailable to tens of millions who need the inoculation in the United States, the result of the failure of major pharmaceutical corporations to deliver them as promised.

The H1N1 virus, popularly known as swine flu, has already infected millions and claimed the lives of more than 5,000 worldwide and at least 1,000 in the US, with a much higher death rate than typical flu strains. The swine flu is now epidemic in 46 states. The lack of the vaccine, which may not be available in sufficient quantity for months, will result in more deaths and serious illnesses.

President Obama declared a national state of emergency Saturday, which allows state and local governments to set up emergency inoculation facilities and hospitals to waive normal rules for the distribution of vaccine. This follows the more limited declaration of a public health emergency last April 26, when the new flu strain first became widespread in Mexico.

The declaration underscores the current problem: inadequate medical facilities are being mobilized to distribute even more inadequate supplies of the vaccine.

The major pharmaceutical corporations tasked with making available vaccines in tens of millions of doses have come up far short. The Obama administration had anticipated that by the end of October, 40 million doses would be available. Instead, as of Wednesday, a mere 11.3 million had been delivered to health care providers, according to the Centers for Disease Control (CDC), with only 16 million expected by the end of the month.

“We are nowhere near where we thought we’d be by now,” CDC Director Thomas Frieden said in a Friday press briefing. “We are not near where the vaccine manufacturers predicted we would be. We share the frustration of people who have waited online or called a number or checked a web

site and haven’t been able to find a place to get vaccinated.”

The production of flu virus vaccines is hampered by antiquated technology. Currently, vaccines are created by growing viruses in chicken eggs, a cycle that normally takes between six and nine months. The prediction that the swine flu vaccine would be broadly available at the end of October was based on the assumption that vaccine manufacturers could produce large quantities on the shorter end of the cycle.

Novartis AG’s production of the vaccine has been one fifth of what it anticipated, the result, it says, of a surprisingly low yield using the egg method. The Swiss-based pharmaceutical contracted with the US government to produce 90 million doses. Novartis officials now say they will not be able to meet that goal until the end of the year, meaning that there will likely be a shortage of the vaccine until January or beyond.

The fact that an old and time-consuming method is used in the production of vaccines is not only a technical problem. Major pharmaceuticals find the production of vaccines to be insufficiently profitable. Vaccines do not realize high profits on the market, and, moreover, after one flu season an entire year’s production has exhausted its usefulness and must be thrown out. Some firms eschew making vaccines altogether; it is noteworthy that of the five pharmaceuticals contracted to supply the American market, none is US-based and only one has US production facilities.

The US pharmaceutical industry would have plenty of resources to invest in the development of technology for flu vaccines if they desired to do so. The annual revenues of Merck and Pfizer, for example, dwarf the \$53 billion turnover for Novartis.

There is also evidence that the companies contracted to

produce the swine flu vaccine did not adequately invest in new production lines. Bruce Gellin, director of the National Vaccine Program Office of the US Department of Health and Human Services, spoke of “brief interruptions in operations” in this regard, according to the *Wall Street Journal*.

One company, MedImmune (a subsidiary of the Anglo-Swedish Astra-Zeneca PLC), which contracted with the US to produce 40 million vaccine doses, is on target with its production, about half of which has been of the nasal spray variety of immunization. But the distribution of these vaccines has been hampered by a lack of the sprayers to deliver the inoculation, the *Journal* reports.

The private corporations’ failure to come even close to meeting social need for the H1N1 vaccine exposes the official myth of the profit system’s supposed infallibility in allocating economic resources. Where social need fails to coincide with the profit imperative, as in the mass production of vaccines, the “invisible hand” simply fails.

Efforts to fight the spread of the swine flu are further complicated by the lack of a coherent, coordinated global strategy. Instead, each national government has adopted its own plan—or done nothing at all—with the wealthier nations effectively cornering the global vaccine market.

The population of the so-called “developing world”—the majority of humanity—must wait and see if there are any leftovers after the wealthier nations have had first call. The Obama administration has said it will donate what remains unused of the H1N1 vaccine to poor countries—hardly a magnanimous gesture given that the remainder would otherwise be thrown in the garbage.

The H1N1 epidemic has exposed the existing social order in another way. This year has seen a wave of layoffs and hiring freezes by state and local public health agencies, a result of the economic crisis that has dramatically cut tax revenue. Coming after decades of policies that have starved public health—and virtually eradicated state hospitals—there is little infrastructure in place in the US to handle epidemics. It is this factor that is particularly exposed in Obama’s declaration of a national emergency.

The emergency declaration also demonstrates the administration’s fear that failure to provide the vaccine to those in need could provoke widespread social anger. “Officials are mindful that the previous administration’s failure to better prepare for and respond to Hurricane Katrina in 2005 left doubts that dogged President George W. Bush to

the end of his term,” the *New York Times* reports.

The vaccine shortage has already led to long lines at vaccination centers around the nation. Some of those in need have even camped out in the hope that they will get the inoculation.

The swine flu has thus far preyed mostly on children and adolescents. But even those with compromised immune systems—the frail elderly, those with AIDS, and pregnant women—have largely been unable to get the vaccine.

“I thought I’d be a priority, being nine months pregnant,” Mary Kate Merna told the *Times* at lineup for the vaccine in Chicago. She arrived too late. Pregnant women are about six times more likely to die than the national average if they contract the swine flu.

Free clinics to administer the swine flu vaccine in Chicago drew thousands on Saturday, most of whom were turned away. “Workers at the Truman College clinic reported that the line started at 7:30 a.m.—90 minutes before the clinic opened,” the *Chicago Sun Times* reported. “By 10:30 a.m., the last of 1,200 yellow numbered cards was handed out, which meant all of the day’s vaccine was accounted for.”

“Even with a declaration of an emergency, it doesn’t mean anything unless you have a vaccine,” Health and Human Services Director Zachary Thompson of Dallas, Texas, told a local news station. “We don’t need the 20,000 doses at the end of November—we need the 20,000 now.”

The CDC expects that the swine flu will pass through the population in what it called a series of “waves” over the coming months. It is not clear how deadly it will prove to be. Most of those who contract the disease have fairly mild symptoms. However, the relatively high flu death toll prior to the onset of the normal flu season has raised widespread concern, among both health care professionals and the broader public.



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