Canada: Chaotic response to swine flu pandemic highlights government indifference

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Amidst growing public discontent over the slow pace of H1N1 flu immunization across Canada and outrage over preferential treatment of highly-placed individuals, federal and provincial health officials continue to backtrack on earlier commitments, both to high risk groups and members of the general population seeking vaccination.

Only a few weeks ago, health authorities were gloating that Canada would have available over 50 million doses of the vaccine to administer to anyone wishing to receive the immunization. With a population of 34 million people, public discussion revolved around issues of distribution of excess vaccine to other countries. It was smugly noted that because the government had contracts in place with GlaxoSmithKline—a supplier with a production facility on Canadian soil—shortages that were expected in the United States and elsewhere would not materialize in Canada.

"Canada is well prepared for these events, thanks to years of advanced planning", said the country's Chief Medical Officer David Butler-Jones.

However, the rosy scenario painted by federal and provincial officials of all political stripes has rapidly given over to public charges of incompetence, indifference and outright favouritism. Canadian authorities' mishandling of the H1N1 pandemic has even given rise to comparisons with the response of George W. Bush's administration to Hurricane Katrina.

Since October 30 virtually every province and territory has been forced to curtail and recalibrate its vaccination programs, resulting in the increased vulnerability of the population to the spread of the pandemic virus. In Ontario, Liberal Health Minister Deb Matthews announced last Wednesday that the province will run out of vaccine by the weekend. Alberta has already run out of supplies and temporarily closed clinics—even for high-risk groups—this past week.

In British Columbia, the province hit hardest by deaths and hospitalizations due to the flu virus, all vaccination centres were closed last weekend due to the shortage. In Prince Edward Island, plans to immunize the most vulnerable childhood cohort were put on hold. And in cities up and down the country, arrangements to vaccinate members of the general public who do not fall into a high-risk category have been suspended indefinitely—and this at a time when public health officials estimate the flu pandemic has yet to reach its peak and will continue at high levels through December.

To date, 101 people have died in Canada as a result of infection with the H1N1 virus, and a further 1,700 have been hospitalized. More will undoubtedly succumb as the pandemic nears peak impact.

In what constitutes a severe indictment of the wretched conditions on Canada's native reserves, First Nations peoples were grossly disproportionately impacted by the first wave of H1N1 in the spring and early summer. Amerindians and Inuit make up less than four percent of Canada's population, but as of mid-August they had accounted for 11.1 per cent of the total number of reported swine flu cases, 15.6 per cent of the hospitalized cases, 15 per cent of H1N1 patients admitted to intensive care with it, and 12.3 per cent of H1N1 deaths.

Poverty, poor nutrition, overcrowded housing and a lack of clean water—all of which are routine on Canada's Indian reserves and in the villages where the Inuit have been settled—contribute to the rapid spread of the new virus, explained Malcolm King, scientific director of Alberta's Institute of Aboriginal Peoples' Health at the Canadian Institutes of Health Research: "Already in this first phase of the swine flu epidemic, aboriginal people have fared badly. The prospects of a disproportionate health burden in the next phase of the pandemic are looming over us".

Canada's current vaccine supply has been attributed to delays in vaccine production at GlaxoSmithKline's Ste. Foy, Quebec, pharmaceutical facility. Apparently, production plummeted because the facility had to switch over to production of a special "unadjuvenated" batch of the vaccine for pregnant women. Earlier, the federal government had come under criticism for not arranging for adequate supplies of this special vaccine. The sudden switchover significantly impacted production figures.

But the problems with the governmental response to the H1N1 flu pandemic are not simply limited to the production bottle-necks at the Ste. Foy plant.

Even where clinics have opened to service high-risk groups—young children; those below the age of 65 with underlying health conditions, pregnant women, individuals in remote communities, and front-line health care providers—wait times have been lengthy. Critics have noted that the long lines at the public clinics are at least partly the result of the failure of health authorities to ensure adequate and timely vaccine deliveries to family doctors' offices.

In Toronto, Vancouver and Montreal last week these most vulnerable groups were forced to stand outside in chaotic lines for up to six hours in cold, rainy weather. Such has been the lack of preparation for a pandemic that authorities well over six months ago knew, with certainty, would occur, that public clinics have been haphazardly organized in car dealerships, parking lots and other venues lacking even rudimentary shelter from the elements. In Quebec, authorities have demanded proof of local residence before providing services, after disturbances broke out amongst people from varying municipalities waiting in line.

But while people from high-risk groups continue to line up for the vaccinations, and while the less-vulnerable older children and adults

wait, so far in vain, for their turn to be immunized, reports have begun to trickle out detailing the efforts of the most privileged sections of society to jump the public queue and receive their inoculation.

Growing public outrage that well-heeled individuals have taken measures to assure that they "get theirs" has shed a spotlight on the ever-widening class divisions within Canadian society.

In Toronto, three thousand doses of the vaccine were delivered to the private, for-profit Medcan Clinic—an operation that provides expensive treatment ($2,300 per person for an "enhanced" medical check-up) to a clientele that comprises a veritable Who's Who of the Toronto corporate elite. When the discovery was splashed across the city's newspapers, Provincial Health Minister Matthews, whose government allows such practices, vowed to "look into" the matter.

Meanwhile, revelations are surfacing of other egregious abuses that further highlight the growing reality of a two-tier health care system in Canada.

Saturday's *Montreal Gazette* reported that the top 200 donors to Montreal's Jewish General Hospital and their families were given priority access to the H1N1 vaccination. In Toronto, the entire board of directors of Mount Sinai Hospital had violated federal vaccine dispensing guidelines by jumping the queue and receiving their own inoculations even before clinics for the most vulnerable groups had been opened. Dr. Donald Low, the hospital's chief microbiologist and medical director of Ontario's public health laboratories, said: "The optics don't look good". Since the exposure of the Mount Sinai malfeasance, it has been revealed that board of directors at three other Toronto hospitals also received preferential treatment.

In perhaps the most widely reported incident of elite queue-jumping, it was discovered that millionaire athletes on the Calgary Flames and Toronto Maple Leafs hockey clubs and the Toronto Raptors basketball team received inoculations, despite their membership in one of the least vulnerable demographic groupings.

But even as these revelations garnered high rates of public disapproval, editorialists from the mainstream press took advantage of the occasion to advance their positions on the actual desirability of a full blown two-tier health care system based on naked for-profit principles. Thus, the *Calgary Herald* argued, the decision to violate public health guidelines and inoculate that city's professional hockey players "makes good business sense".

The *National Post* took the argument even further, postulating that queue-jumping already is entrenched in Canada's health care system, despite the universal health care mythmaking propagated by all of Canada's mainstream political parties. The newspaper, which has long been a strident advocate for the open-ended privatization of the country's health care system, has seized on the developing chaos in the government's pandemic response to reopen the debate on the so-called benefits of for-profit medicine.

But behind all the editorial discussions about government incompetence and queue-jumping lies a more fundamental lesson. The failure of the Ste. Foy facility—not to mention every other pharmaceutical company internationally—to provide a sufficient supply of vaccine against the H1N1 virus exposes a central myth propagated by the defenders of capitalism: that the "invisible hand" of the market can rationally distribute necessary goods and services.

The big pharmaceuticals find the production of flu immunizations unprofitable. The shots sell for little, and due to the constantly mutating character of flu viruses, an entire year's production exhausts its usefulness at the end of the flu season. The Ste. Foy facility only maintained its vaccine producing capability after it received a 10-year, $300 million contract from the federal government in 2001 at enhanced pricing schedules, as well as government funding to expand the plant.

The big pharmaceuticals have enormous resources at their disposal to develop more modern ways of mass-producing vaccines. But profits are handed over to multimillionaire executives and stockholders, and the lion's share of revenues is not plowed back into research and development of new and vitally needed drugs, but rather into marketing and administration. Research and development itself is concentrated on what are known as "me-too drugs" that are only slightly different from existing top-selling drugs, but provide the means to capture a share of a profitable market with a patented product.

The scientific and medical effort to understand and combat the swine flu is further compromised by the lack of a global strategy, which arises directly from the system of competing nation states.

While the virus knows no national boundaries, the governments of the wealthier nations have each adopted their own strategy based on laying hold of the largest possible share of the immunization doses produced. Only if there are leftovers—an increasingly dubious proposition—will the vaccine make its way to poor countries, where the virus has the potential of inflicting its greatest toll on populations without access to health care or adequate food, clean water and sanitation.

The central problem exposed by the swine flu outbreak is not scientific or medical. Contrary to the unfounded and, in many cases paranoid, assertions of certain groups, both "left" and right, there is no scientific or historical evidence to doubt the necessary role of vaccinations.

The problem is the subordination of scientific development to the profit drive of the pharmaceutical corporations and the decimation of the public health system. On a global scale, this is combined with the chaotic system of competing national governments. Liberated from these constraints, there can be no doubt that science and medicine would substantially improve the length and quality of life for billions of people across the planet.