

“If we can’t support patients coming in emergency rooms...more people are going to die”

Flu epidemic exposes scandalous state of US health care system

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The US Centers for Disease Control and Prevention (CDC) held a briefing Tuesday afternoon to discuss the “Public Health Response to Severe Influenza.” Without explanation, the live webcast replaced a previously planned CDC briefing on the public health response to a nuclear attack.

The CDC reports that there is “widespread” flu activity in the entire continental US—something that has not previously occurred in the 13 years since the agency began tracking the spread of influenza. This year’s flu season started earlier than in past years and may be peaking, but CDC officials warn that flu activity may still rise and persist over the next few months.

Flu season is an annual phenomenon and causes from 12,000 to 56,000 deaths every year. More than 80 percent of this year’s cases so far involve the H3N2 virus, a particularly virulent strain that evolves more rapidly and requires more vaccine changes. The vaccine developed for the 2017-2018 season is thought to be only 30 percent effective against it, although being vaccinated may lessen the severity of the illness if caught.

This year’s epidemic is currently ranked among the three most severe years since the CDC began tracking the flu, taking into account hospitalizations, outpatient visits and deaths. The total number of child fatalities, the only death statistic that state and local authorities are required to report to the CDC, now stands at 20. During the 2014-2015 flu season there were 700,000 hospitalizations and the current outbreak is matching the beginning of that period.

While many flu cases can be treated with rest and fluids at home, some cause breathing problems, including pneumonia, and can be fatal. The intensity of the outbreak has strained hospitals and outpatient facilities, which are

struggling with shortages of medical supplies and an influx of sick patients. This comes after years of cutbacks in the US public health budget and the continued subordination of the US health system to the profit motives of the pharmaceutical industry.

While the flu outbreak is widespread, the US South and West Coast have been particularly hard hit. The state of Alabama has declared a public health emergency and schools have been shut in San Antonio, Texas, as well as in Oklahoma and other locations.

Since the flu season began in California in October, 27 people under the age of 65 have died, compared to three or four in previous years. The death toll is actually much higher, as the state does not collect data on deaths of those over 65, a particularly vulnerable population.

Among people of all ages, Los Angeles County has counted 33 dead from the flu. In San Diego County, the toll is 91 dead. California state epidemiologist Dr. Gil Chavez said in a call with reporters, “This appears to be one of the worst seasons we’ve had in the last 10 years. We’re early and we’re trending up.”

Throughout California, thousands have shown up at hospitals with flu symptoms. The *Los Angeles Times* reports that hospitals across the state are flying in nurses from out of state. Staff members at Loma Linda University Medical Center have been triaging so many flu patients that they have assembled a giant “surge tent” in the emergency room parking lot. At Good Samaritan Hospital in San Jose, staff began clearing out an area used for storage when they saw that flu cases were mounting.

Hospitals and pharmacies are dealing with dangerous shortages of vital medical supplies. With half of Puerto Rico still without power more than 100 days after Hurricane Maria, Baxter International, the major medical

supply manufacturer on the island, has been unable to keep up with the production of small IV bags.

These IV bags are critical for hospitals across the US, and the shortage has forced hospital staff to improvise. Puerto Rico, which is struggling under the weight of a natural disaster compounded by criminal US government indifference, produces \$40 billion in pharmaceuticals for the US each year.

Nurses in the intensive care unit at Massachusetts General Hospital have been using stomach tubes to pump in Gatorade to combat dehydration and to administer treatments that would typically be done intravenously with IV bags. The hospital is considering halting nonemergency surgeries.

Oral medications are being used elsewhere when possible. Joel Hennenfent, assistant director at Truman Medical Center in Kansas City, Missouri, told the *Kansas City Star* that the hospital is using more small glass vials to mix medications and inject them directly into veins.

Some areas report sporadic shortages of oseltamivir, a prescription antiviral known by the brand name Tamiflu used to treat flu symptoms. Dr. Jeffrey Gunzenhauser, L.A. County's interim health officer, told the *Los Angeles Times* that he has been hearing of people having trouble finding Tamiflu. Doctors in California have also reported shortages of flu testing kits as well as flu shots at pharmacies.

The IV and Tamiflu shortages are just one symptom of the heavy dependence of many medications and medical supplies on just a few manufacturing facilities. If one falters, such as Baxter in Puerto Rico, health care providers are forced to improvise, with dangerous implications for patients.

Deborah Pasko, director of medication safety and quality at the American Society of Health System Pharmacies, told the Associated Press, "If we can't support patients coming in emergency rooms who have the flu, more people are going to die. I see it as a crime."

The US Congress has steadily cut public health budgets for more than 15 years. As the government struggles to pass a budget with a federal government shutdown looming later this week, there are no planned increases in funding for agencies to prepare for flu epidemics or other health emergencies.

The CDC estimates total yearly expenditures for flu outbreaks, in both direct and indirect medical costs, amounting to \$87.1 billion. But last year's budget provided a miserly \$57 million for influenza pandemic planning. The Health and Human Services Department

has also taken down the flu.gov website, which represented a cabinet-level organization dedicated to helping Americans prepare for the flu.

"Each year, the health care system gets a thinner and thinner veneer of preparedness," Mike Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, told NBC News. "It takes less and less impact for a health care system to go from routine to crisis."

The CDC estimates that vaccination of all those ages six months and older would reduce flu outbreaks by about 50 percent. But there are no federal government programs to fund vaccines and promote their use. Except for some local free clinics set up to administer the vaccines, people are left to their own devices to obtain and pay for them. Access depends on the whims of the giant pharmaceuticals and insurance companies.

As with all such medical or weather-related disasters, in a flu epidemic it is the working class and poor who face the biggest struggle to obtain timely and effective care. In Alabama on Christmas night, Felicia and Adam York's three children had just gotten over the flu when Adam, 38, began feeling terrible. "He was coming down with what the kids had," his wife told ABC News.

The couple decided they would "ride it out." But by New Year's Day his symptoms began to worsen. "You could hear the flu in his lungs," his wife said. They went to the emergency room, where doctors told her he tested positive for the flu and he needed to be admitted. Within 24 hours his condition drastically deteriorated and he was placed in a medically induced coma as a "last resort."

While her husband remains in a coma, Felicia York is struggling to take care of her family and pay her husband's hospital bills. He is self-employed and does not have health insurance. The family has launched a GoFundMe campaign to help with the medical costs.

"They have said that it all depends on Adam," Felicia wrote on the campaign page, "but it could take anywhere from one to three weeks for him to be taken off of the ECMO bypass [life support] and ventilator." The campaign had raised about half of its \$10,000 goal as of early Tuesday.



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