

# How the Obama administration ignored the pandemic threat

Jacob Crosse  
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With deaths from the coronavirus pandemic surpassing 41,000 in the US, apologists for the capitalist system have sought to pin the anarchic and criminally inadequate response of the government and health care system on the singular sociopathic figure of President Donald Trump.

The Trump's administration handling of the preventable pandemic has been reprehensible, but a review of the record of the Obama-Biden administration in dealing with deadly viruses such as H1N1, Ebola and Zika makes clear that the political responsibility for the death and suffering growing by leaps and bounds today is shared by both big business parties.

In a recent *Politico* article, health officials from the previous two administrations, those of Obama and George W. Bush, detailed the reluctance of the government to sufficiently prepare for and develop the necessary infrastructure to combat the viruses and potential pandemics present in a modern globalized society.

Upon assuming the presidency in 2001, Bush blazed a trail that Obama and Trump would follow by abolishing the White House Health and Security Office previously established by Bill Clinton. Following the events of September 11, 2001, however, the Bush administration reversed course.

Through the newly created Department of Homeland Security (DHS), it established a new Office of Public Health and Emergency Preparedness, whose main purpose was to create biosecurity plans in the event of a terrorist attack.

Vice President Dick Cheney advocated a vast expansion of the DHS, including a nationwide smallpox vaccination program to protect against a biological terrorist attack. This was resisted by top health officials, including Dr. Anthony Fauci, and Cheney's plan for mandatory smallpox vaccination was eventually discarded.

Even though the flu claimed over 62,000 Americans in 2001, it wasn't until 2005 that Bush administration officials, including Health and Human Services Secretary Mike Leavitt and his deputy, lawyer Alex Azar, were tasked by the White House with implementing a "pandemic flu plan."

The 381-page plan developed by Leavitt, Azar and other officials was released in November 2005. It outlined tactics and plans and presented models and analyses that "eerily resemble" the current administration's response, according to *Politico*.

However, one prescient scenario described a "respiratory disease" originating in a rural Asian town and quickly spreading throughout the world, causing as many as 1.9 million deaths in the US. That section was excised from the final report. Staff who worked on the report could not recall for *Politico* why the Asian flu scenario was not included.

Soon after assuming office in 2009, Obama, who had promised an

administration guided by science, abolished the Office of Public Health and Emergency Preparedness that had been established by Bush. This left his administration unprepared when the H1N1 virus, or "swine flu," emerged in the US in April of that year.

Within days, scientists at the US Centers for Disease Control (CDC) and the World Health Organization (WHO) identified the potential danger of the virus and the urgent need for a vaccine. The Obama administration turned to the "free market" to provide the much-needed vaccine.

Months passed after the virus was identified, and while the first clinical trials began in July, it wasn't until September that the Food and Drug Administration approved four 2009 H1N1 influenza vaccines—three injectable vaccines developed by CSL Limited, Novartis, and Sanofi Pasteur, and a nasal spray vaccine made by MedImmune. It took another month for these companies to ramp up production in order to distribute the first doses of the vaccine in October.

This delay, which led to thousands of preventable deaths, forced CDC Director Dr. Tom Frieden to admit in an October 23, 2009 press conference:

"We are nowhere near where we thought we'd be by now. We are not near where the vaccine manufacturers predicted we would be. We share the frustration of people who have waited on line or called a number or checked a website and haven't been able to find a place to get vaccinated."

(If one were to replace the word "vaccine" with the word "testing," a similar statement could be made by current CDC Director Robert R. Redfield in regards to the availability and access to coronavirus testing).

The CDC has estimated that from April to mid-October 2009, between 2,500 and 6,000 people in the US died from H1N1-related causes. Globally, the CDC estimates that between 151,700 and 575,400 people died from the H1N1 virus within the first year of its circulation.

Contrary to the myth that the capitalist market infallibly rewards the most efficient and best practices, the delay in producing the H1N1 vaccine was due in part to outdated manufacturing processes.

Since the 2009 H1N1 pandemic, the US Strategic National Stockpile has been severely depleted. As a result, less than one percent of the quantity of N95 respirator masks needed to protect front-line health workers fighting the coronavirus were available in the stockpile at the beginning of March of this year, prompting a visit by Vice President Mike Pence to the Minnesota headquarters of 3M, the manufacturer of the mask.

Another global health crisis confronted the world in 2014 when the

Ebola outbreak occurred in West Africa. In its review of the outbreak, the WHO called it the “largest and most complex Ebola outbreak since the virus was first discovered in 1976.” The disease quickly spread, and two-and-a-half years after the first case was reported in December 2013, more than 28,600 cases had been confirmed, resulting in 11,325 deaths.

It took Obama’s CDC until July 2014 to activate its Emergency Operations Center in response to the growing outbreak. That same month saw 12 deaths attributed to the virus in Liberia, Sierra Leone and Guinea.

The government’s slow response was more than matched by drug manufacturers’ glacial efforts to develop a vaccine. As he had before, Obama turned to the capitalist market to provide a vaccine. By October of that year, with over 5,000 confirmed deaths, the *New York Times* reported that researchers had developed a vaccine that was 100 percent effective in protecting monkeys from Ebola. Researchers informed the *Times* that the vaccine could have been “ready for licensing by 2010 or 2011.”

The *Wall Street Journal* reported at around the same time that an Ebola vaccine had been developed nearly two decades earlier, in 1995. Dr. Nancy J. Sullivan of the National Institutes of Health confirmed to the *Journal* that her team had developed a vaccine by 1999 that had a 100 percent success rate with monkey subjects.

However, neither was developed in time to be of use during the 2014-16 outbreak. As to why this was the case, the *Journal* explained in its article, “The recently retired chief of vaccines at Merck & Co. said ‘there’s no market for this.’”

Six years after H1N1 and less than a year after Ebola, the Obama administration was once again confronted with a deadly pathogen, known as the Zika virus. Primarily transmitted through mosquitoes and sexual contact, it produced symptoms including fever, red-eye and headaches. Those infected, especially pregnant mothers, could pass on the virus to their unborn children, causing severe birth defects, including microcephaly.

Microcephaly causes children to be born with smaller than normal heads because of the failure of the brain to develop properly. The WHO and the CDC estimated there were over 500,000 cases of the virus between 2015 and 2016, leading to 18 deaths.

Scientists are still trying to determine the effects of the virus years later. A study published in the *New England Journal of Medicine* found that between 5 and 14 percent of mothers infected with the virus gave birth to children who exhibited signs of congenital Zika syndrome, which can cause developmental issues including vision loss. An estimated 4-6 percent of that subset have already developed microcephaly.

Scientists and doctors readily admit that government action did not end the epidemic. The Obama administration’s \$2 billion request to combat the virus was denied by Congress, compelling the administration to divert \$589 million in funds that were previously allocated to combat the 2014 Ebola outbreak.

The Zika virus was allowed by complacent governments around the world to run its course, infecting millions of people throughout Brazil and the Americas. The class response to the pandemic was evident: it was primarily the poor and rural residents who were either forced to develop “herd immunity” or pass on the virus to their children.

While the threat from Zika has subsided for now, it’s only a question of when it will re-emerge, as Dr. Lyle Petersen, director of the CDC’s Division of Vector-Borne Diseases, explained in a National Public Radio interview. “That doesn’t mean it’s gone away

completely,” he said, “or that we won’t have to worry about it in the future. Could it be in five, 10, 20 years? We don’t really know.”

The Democrats have sought to portray the Trump administration’s decision to eliminate Obama’s Directorate for Global Health Security and Biodefense as the primary factor in the disastrous US government response to the COVID-19 pandemic. Obama’s belated creation of this new department, established well after the H1N1, Ebola and Zika outbreaks, had little effect in guiding the US government response during his time as president.

The bureaucratic reshuffling undertaken by newly appointed National Security Advisor John Bolton in April 2018 left a majority of health security staff, formerly headed by Admiral Timothy Zimer, in place and employed. The admiral had previously described the staff he assembled at the National Security Council as a “dream team” in comments to the *Washington Post*.

The starving and running down of the country’s health infrastructure has taken place under both Republican and Democratic administrations. It is an aspect of the four-decade-long social counterrevolution that has produced an unprecedented transfer of wealth from the working class and society at large to the corporate-financial oligarchy.

This process of social plunder was accelerated after the 2008 financial crash, primarily at the hands of the Obama administration. The budget for the CDC fell by 10 percent between fiscal years 2010 and 2019, after adjusting for inflation, according to an analysis by the Trust for America’s Health, a public health research and advocacy organization.

The group found that federal funding to help state and local officials prepare for emergencies such as the coronavirus outbreak has also fallen—from about \$1 billion after 9/11 to under \$650 million last year. Between 2008 and 2017, state and local health departments lost more than 55,000 jobs—one-fifth of their workforce—a major factor today, as cities struggle to respond to COVID-19. “It definitely has made a difference,” said John Auerbach, Trust for America’s Health CEO and a former public health director in Massachusetts.

The coronavirus and previous viral epidemics have shown that the US government, regardless of political party, is neither willing nor capable of making the necessary investments in health care infrastructure to combat the global threat of pandemics. The urgent need for global coordination and development of vaccines, health care equipment and personnel stands in irreconcilable contradiction to the subordination of public health to the interests of capital.



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