

Big Pharma's Role: Destruction of Basic Health Care Worldwide, U.S. Sanctions Lead to Global Rise in Coronavirus

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As COVID-19 (coronavirus) spreads, it is a clear reminder that germs and viruses don't respect national boundaries in an interconnected world. But the mainstream press has certainly not publicized how corporate capitalism and imperialism cross national boundaries to destroy people's health.

The responsibility of U.S. corporate power, especially the medical-industrial complex, in the calculated destruction of basic health care capacity in the U.S. and worldwide must be challenged. On a global scale, the connection of the largest U.S. pharmaceutical corporations to U.S. sanctions policies — whether signed by executive order, voted for in the U.S. Congress or pushed by U.S. ambassadors through the United Nations Security Council — demands careful scrutiny by investigative journalists, human rights organizations and working-class organizations.

Consider the role of Josh Black. He was U.S. head of sanctions and counterterrorism enforcement at the United Nations from 2008 to 2016 under the Obama administration; then Black joined the Trump administration's National Security Council.

Black's stated role was coordinating "peacekeeping operations" and sanctions policies passed by the U.N. Security Council — measures calculated to strangle economies and ruin lives in Iran, North Korea, Libya, Syria, Yemen and Sudan.

Josh Black now represents the giant medical corporations that hold peoples' lives hostage to profits. He is still based at the U.N., now as vice president of one of this country's most powerful lobbying organizations. PhRMA — short for Pharmaceutical Research and Manufacturers of America and also known as Big Pharma — is the global lobby for the U.S. pharmaceutical industry.

In his new role Black is still involved in enforcement and compliance with U.S.- imposed sanctions. On his LinkedIn site he brags: "[Looking forward to presenting on complex 50% rule scenarios at the ACI Economic Sanctions Enforcement and Compliance conference on May 2nd.](#)"

There are whole series of conferences and seminars where global sanctions compliance, internal audits and investigations, international trade, banking, insurance are discussed. Entire fields of law, banking and accounting are involved in enforcing hundreds of sanction regulations and brutally cutting off every possible source of supplies and equipment to starve targeted countries.



Marchers on International Working Women's Day in New York City on March 8 demand an end to sanctions and comprehensive support for workers during the COVID-19 epidemic. (Source: author)

Josh Black is just one of thousands of lobbyists and government officials who rotate in and out of lobbying and government positions. Their role changes very little from appointment to appointment; it is always about setting and enacting policies, laws and regulations that benefit capitalist corporations.

PhRMA is often called the war criminal of public health. It represents the world's largest pharmaceutical companies, including Merck, Eli Lilly, Pfizer, Bayer and Bristol-Myers Squibb. It is part of a coalition of insurance providers, pharmaceuticals and investor-owned hospitals in the Partnership for America's Health Care Future.

PhRMA is the organizational think tank behind the push to derail "healthcare for all" campaigns at national and state levels. It has spent \$28 million on lobbying, arguing that the U.S. government can't pay for a nationalized health care system. As PhRMA sees it, hospitals, drugs, medical equipment and all forms of health care, along with every government service, must be a source of private and corporate profit.

A whole series of interlocking industries of insurance, medical and pharmaceutical corporations depend on maintaining and expanding health care for profit.

U.S. sanctions threaten even breastfeeding

Just how far these capitalist medical and food industries will go, and what kinds of brutal threats they are prepared to make to enhance their profits, can be seen by their actions around breastfeeding.

The World Health Organization estimates that breastfeeding infants would save 820,000 lives of children under five annually. To educate the public, WHO wanted to pass a nonbinding resolution encouraging breastfeeding at the May 2018 U.N. World Health Assembly in Geneva. The resolution called on governments to “protect, promote, and support breastfeeding” and for policymakers to restrict the promotion of unhealthy food products.

Ecuador was scheduled to introduce this resolution. The U.S. officials at the meeting quietly threatened to unleash harsh economic sanctions on Ecuador’s critical trade goods and on scheduled aid just for introducing a nonbinding U.N. resolution. This dire threat of sanctions signaled capitalist support for the \$70 billion infant formula industry.

Finally Russia, already sanctioned, agreed to introduce the breastfeeding resolution. But language calling for an end to “inappropriate promotion of foods for infants and young children” was removed after the U.S. reportedly threatened to cut its contributions to WHO. (NY Times, July 8, 2018)

Sanctions target health care globally

More than 39 countries are currently under U.S. economic sanctions — more than one-third of the world’s population. But as in the case of Ecuador, every country can be routinely threatened with economic strangulation for the smallest attempt to limit U.S. profits.

Powerful corporations very existence is based on expanding the price of medicines and creating shortages of doctors, drugs and hospitals. Nationalized health care programs around the world threaten their profit taking. Developing countries that have invested substantial resources in dramatically improving health standards and medical access are an increasing target of U.S. corporations.

The destruction of public health caused by U.S. imposed economic sanctions is extensively documented. Denial of medicine and nutritious food has been measured in painful detail in Iraq, Iran, Democratic People’s Republic of Korea, Zimbabwe and Venezuela, including preventable deaths and stunted growth of children.

The destruction of national health programs is not just a by-product of hyperinflation and freezes on trade and credits — it is the intent of sanctions. The pharmaceutical corporations are using sanctions as a weapon to defend and expand profits. They are behind a calculated policy of depriving countries of the ability to purchase large quantities of inexpensive and unpatented medicines, antibiotics and vaccines in order to raise general health standards.

According to reports by the [Center for Economic and Policy Research](#) and [Korea Peace Now](#), sanctions are responsible for the deaths of 40,000 people in Venezuela over two years, and 4,000 people in North Korea in 2018, primarily by depriving access to medicine.

Sanctions breaking down health care in Iran

As the COVID-19 outbreak continues to spread worldwide, the impact of U.S. sanctions on health care threatens to thwart attempts to contain the disease. [U.S. sanctions have severely hampered Iran’s efforts to respond to the outbreak](#), limiting access to medical supplies, test kits and information about the virus.

Before the U.S. hit Iran with the harshest sanctions ever, Iran had an advanced, free health care system in place. There was also a system of private health care.

The Iranian government has focused on expanding basic health care ever since the Iranian revolution in 1979 nationalized oil and gas resources. The government became the main provider of health care with an extensive network of primary, secondary and tertiary services. There is a vast network of over 17,000 Health Houses — neighborhood health clinics for immunizations, pre- and postnatal care and urgent care needs. The Health Houses provided free contraception and other family planning tools lacking in many neighboring countries.

In a war-torn region of the world, Iran became an important country for medical tourism, attracting over 100,000 in 2016. But the intensification of sanctions and the resulting hyperinflation have undermined decades of progress.

The rapid spread of COVID-19 in Iran confirms that U.S. imposed sanctions on a third of the world's people will quickly impact the whole global population.

Targeting health care in Iraq, Libya, Syria

U.S. wars have caused widespread destruction in Iraq, Libya and Syria. Prior to the wars, these three countries were the most modern, secular states in the Middle East and North Africa, with the best records on women's rights, standard of living, and free, accessible health care.

In 2003, after imposing 13 years of devastating sanctions, the U.S. invaded Iraq. During the decade of direct military occupation, the U.S. forces of occupation did not build any hospitals. But they did build military bases throughout Iraq and in Kuwait, Bahrain, Qatar, the United Arab Emirates, Oman and Saudi Arabia.

In Libya in 2011, the objective of seven months of U.S./NATO bombing was not to help the Libyan people. It was outright piracy — to gain control of Libya's natural resources. Libya had the highest standard of living in Africa, using its nationalized oil wealth to sustain progressive social welfare programs for all Libyans. The population enjoyed not only free health care and education to the college level, but also free electricity and interest-free loans.

NATO declared that its mission in Libya has been "one of the most successful in NATO history." Now all institutions of higher education, even medical schools, are closed. Hospitals have been looted. Cities are in ruins.

Following the massive bombing of Libya, the U.S. has not rebuilt any of Libya's infrastructure. But it has built new U.S. military bases in Seychelles, Kenya, South Sudan, Niger and Burkina Faso, along with numerous secret bases throughout Africa.

Syria is another example of the targeted destruction of national health care. Syria had an advanced network of primary health care at three levels — village, district and provincial — and thousands of trained doctors and medical personnel.

U.S. sanctions, imposed in 2003 and intensifying since, led to increased privatization of services, though nationalized, free health care continued.

Beginning in 2011, Syria was faced with a vast influx of U.S. funded mercenary forces determined to overthrow the government. Syria saw the destruction of medical facilities, deterioration in the functioning of medical equipment due to lack of spare parts, and shortages of drugs and medical supplies due to sanctions. The killing of hundreds of health care workers was unprecedented. These attacks have dangerous implications for medical neutrality in all conflict zones.

The lack of security and the deliberate targeting of health workers and health facilities led to the exodus of trained staff. The destruction of Syria's health infrastructure contributed to the increase in communicable and noncommunicable diseases and in rising morbidity and mortality. Sanctions have created waves of desperate migrants, uprooted from communities of care.

Sanctions attack Venezuela health care

After the Bolivarian Revolution, extensive inoculation programs and the availability of free health care provided by the Venezuelan Institute of Social Security made [Venezuela's](#) health care infrastructure one of the more advanced in [Latin America](#). However, following U.S. imposed sanctions, the Venezuelan health care system has all but collapsed, as 86 percent of medical supplies were being imported.

There has been a 68 percent shortage of surgical supplies and a 70 percent shortage of medicines in Venezuelan pharmacies. Large hospitals have only 7 percent of required supplies.

In March 2019, the Wall Street Journal reported that the "collapse of Venezuela's health system, once one of the best in Latin America, has led to a surge in infant and maternal mortality rates and a return of rare diseases that were considered all but eradicated."

That same month [Red Cross](#) officials also reported that the "collapse" of the health system had caused the return of old and eradicated rare diseases like [yellow fever](#), [dengue](#), [malaria](#) and [tuberculosis](#), as well as a large increase in infant and maternal mortality rates.

Domination of U.S. health care by profit

The complete domination of U.S. health care by for-profit drug and insurance companies has led to the lowest life expectancy and the most deaths from preventable diseases in the U.S. of any industrialized countries — lower than comparable statistics in 30 other nations.

Much has been written about PhRMA's blocking of any national health program in the U.S. This group has helped engineer a crisis of high drug costs, forcing untold numbers of people here to go without medicines they need.

Corporate executives have pushed through 1000 percent price increases in diabetes and cancer medications. Research into essential medicines to combat malaria, tuberculosis and flu viruses are routinely shelved as unprofitable. Research is totally market- and profit-dependent. Companies see too little profit in focusing on epidemic diseases, such as COVID-19.

U.S. preparedness to deal with the threat of COVID-19 has been further hampered by the personnel and budget cuts of the Trump administration over the past three years. Until Feb. 26 there was no one in the White House tasked specifically with overseeing a coordinated

governmentwide response in the event of a pandemic, since the post of senior director for global health security and biothreats on the National Security Council was eliminated in May 2019. Global health issues were not considered to be a “national security” priority.

The Centers for Disease Control and Prevention has seen a 30 percent funding cut since 2003, despite an increasing number of public health emergencies.

In its 2020 budget the Trump administration proposed a [further 10 percent cut](#) in CDC funding, equivalent to \$750 million. It zeroed out funding for epidemiology and laboratory capacity at state and local levels. The funding cuts have also forced the CDC to reduce or discontinue epidemic-prevention efforts in [39 of the 49 countries](#) it had been helping.

On Feb. 26, Trump appointed Vice President Mike Pence to lead the government’s COVID-19 response team. This is a field in which Pence has no credentials, no expertise. He is not a doctor or a medical expert. As governor of Indiana, Pence, who is notoriously anti-LGBTQ2+, ignored all public health advice on HIV AIDS.

The response team will be led by none other than Alex Azar, a former Big Pharma lobbyist and former executive of pharmaceutical giant Eli Lilly. Azar is now Trump’s Secretary of Health and Human Services.

Lack of testing, lack of planning — and nothing for workers

As the COVID-19 epidemic accelerated, Congress rushed to pass an emergency bill of \$8.3 billion on March 4 to provide low-interest federal loans to businesses affected by a coronavirus outbreak.

But there was no bill introduced or even discussed to bail out the millions of working people who will become unemployed. There are no national provisions for paid sick days and no funds for those without health insurance. The banks and corporations and their government are focused only on how the virus impacts their bottom line.

The U.S. has done very little testing for COVID-19, thus the number of recorded infections appear low. But low numbers won’t provide protection. Thanks to the problems at the CDC, including the initial distribution of a faulty test kit, it is not clear when — or if — U.S. testing capacity will improve.

One province in Canada, Ontario, has already conducted more tests — [629](#)— than in the entire U.S.!

South Korea, which is battling the largest known outbreak outside of China, has drive-through testing in place. The country’s health officials conducted more than 30,000 tests within one week.

The extensive corporate press coverage of COVID-19 contrasts with what little press coverage there is of the current 2019-20 flu season. according to the CDC. So far there have been 15 million illnesses, 140,000 hospitalizations and 8,200 deaths in the U.S. — from the ordinary flu.

And while it is being trumpeted that 3,000 people have died worldwide from COVID-19, no media attention is being paid to the 25,000 people who globally die of hunger each day.

The far greater crime than unpreparedness for this emerging pandemic is the disease of capitalism itself, where only profits are measured, while millions of people fall through the gaping holes of a fraying system of private ownership for profit.

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