

Three Minute Read™

Insights from the Healing American Healthcare Coalition™

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From the Editor: Two years after Metro New York confirmed its first Covid-19 cases, research confirms that SARS-CoV-2's source was the Huanan wet market, not a lab leak. The Black Death changed work in medieval Europe; can it happen here? California's single payer plans are DOA and Big Pharma's success in producing safe effective vaccines is outweighed by the industry's greed. To access the full article, just click on the headline.



[New Research Points to Wuhan Market as Pandemic Origin](#), by Carl Zimmer and Benjamin Mueller, New York Times, 2/27/22

TMR Topline – A [pair](#) of extensive [studies](#) point to the Huanan food and live animal market in Wuhan, China, as the origin of the coronavirus pandemic, not a “lab leak” from the Wuhan Institute of Virology, an idea promoted by senior members of the Trump administration. By mapping cases and reconstructing the floor plan of the market, researchers were able to isolate the pandemic's origin to stalls clustered in the area where live animals were sold.

TMR's Take – The article reads like a detective novel with maps, charts and photos that support study co-author Joel Wertheim's conclusion “*I think that we've cracked the case.*” It's well worth a read!



[In Medieval Europe, a Pandemic Changed Work Forever. Can It Happen Again?](#), by M. T. Anderson, New York Times, 2/20/22

TMR Topline – From 1347 to 1351 the Black Death raged across Europe, killing

more than a third of the population. In its aftermath, landowners and nobles watched as people walked away from their jobs and went in search of a better life. In England, overall prices for consumer goods rose [about 27 percent](#) from 1348 to 1350. On one side, a newly emboldened work force demanded a living wage; on the other, kings and councils were determined that nothing change. Workers swarmed through the streets of the great towns as violence erupted across Europe. Nobles burned villages and slaughtered laborers, leading to the Great Rising of 1381 in England. Can it happen here? Anderson draws parallels between the 14th century and America today - 40 years of wage stagnation and tax breaks that primarily benefit the 1% have exacerbated income inequality - and asks: “*How, then, do we address the cavernous inequities and avoid the violence of resentment?*” Many will disagree with his proposed solutions, but it's a debate worth having.

TMR's Take – In the words of the late Yogi Berra, “*It's déjà vu all over again.*” Or is it? America's Great Resignation and pandemic-induced inflation have a 14th century precedent but with hopefully less violent results. Anderson's essay provides much food for thought.



[The Demise of Single-Payer in California Trips Up Efforts in Other States](#), by Angela Hart,

Kaiser Health News, 2/28/22

TMR Topline – Once again, single-payer health care hasn't materialized in California. Concerned about the heavy tax burden it would have put on taxpayers and companies, Democratic lawmakers backed away from legislation that would have put state government in charge of health care. Progressive activists and the powerful California Nurses Association union had championed the cause. Although Governor Gavin Newsom promised to spearhead single payer when he ran for governor four years ago, he now supports an approach to “*universal health care,*” that would keep private health insurance intact. Larry Levitt, executive vice president for health policy at the Kaiser Family

Foundation said, “California, given its size and politics, has always been a bellwether for progressive policy, so this certainly sends a signal to other states about how hard this is.”

State Assemblyman Ash Kalra (D-San Jose) introduced [legislation](#) sponsored by the union that would have created government-run health insurance for all state residents while significantly raising taxes to pay for it. State estimates pegged the cost at roughly [\\$360 billion a year](#), with a little less than half coming from tax increases and the rest from the federal government. Kalra decided not to bring his bill up for a vote in the state Assembly when he couldn't muster enough support. Vermont was the first and only state to adopt a single-payer plan in 2011. It has not been implemented due to concerns about tax increases needed to fund the program. Democrats in Colorado, Oregon and Washington are considering single-payer programs. New York's single-payer bill has failed in every legislative session for the past 30 years.

TMR's Take – TMR's last issue noted the significance of Newsome's announcement of the state's “SMARTER” strategy for coexisting with Covid-19 from a warehouse in Fontana. During WWII, Kaiser Steel's new plant in the desert 90 miles east of LA couldn't attract workers due to wage and price controls. The War Labor Board agreed to allow employers to offer fringe benefits. Kaiser did so, employer-based health insurance was born, and single-payer approaches became infeasible. Instead, the U.S. should build on the ACA, emulating the [Allcare plan](#) that expands coverage, fosters competition and lowers costs.



[Pfizer shots protect kids from severe Covid even in omicron](#),

Associated Press, 3/1/22

TMR Topline – Although it was less effective in preventing mild infections in children 5-11, Pfizer's Covid-19 vaccine gave them strong protection against hospitalization and death. Pediatricians agree that parents need to understand that the shots are still the best way to prevent serious illness.



[Drug distributors, J&J agree to finalize \\$26 bln opioid settlement](#), by Nate

Raymond, Reuters, 2/25/22

TMR Topline – America's three largest drug distributors (McKesson, AmerisourceBergen and Cardinal Health) and drugmaker Johnson & Johnson have agreed to finalize a proposed \$26 billion settlement

resolving claims by states and local governments that they helped fuel the U.S. opioid epidemic. The agreement paves the way for payments to begin flowing to state and local governments to help fund treatment and programs aimed at controlling the epidemic. There are more than 100,000 drug overdose deaths annually per the [CDC](#).



[Sacklers to pay \\$6 billion to settle Purdue opioid lawsuits](#),

by Dietrich Knauth, Jonathan Stempel and Tom Hals, Reuters, 3/3/22

TMR Topline – OxyContin

maker Purdue Pharma is closer to exiting bankruptcy with the Sackler family agreeing to pay up to \$6 billion in cash to resolve widespread litigation alleging that they fueled the U.S. opioid epidemic. It provides funding for opioid abatement programs, overdose rescue medicines, and victims. The deal protects the family from civil suits and must be approved by bankruptcy court Judge Robert Drain. A hearing is scheduled for March 10.



[Drugmaker settles EpiPen antitrust litigation for \\$264M](#),

by Joseph Choi, The Hill, 02/28/22

TMR Topline – Viatriis,

formerly Mylan, has agreed to pay \$264 million to settle a class-action lawsuit over the pricing of EpiPens. The lawsuit had accused Viatriis of using its monopoly on EpiPen Auto-Injectors to raise the cost to “exorbitant prices.” When Mylan acquired the autoinjector in 2007 they cost \$57 each. In 2016 the price was raised to \$608 for a two pack and the single pack option eliminated

TMR's Take – Over a one-week period, drug settlements totaling more than \$32 billion were announced. TMR has previously covered the two opioid cases as they moved to settlement, but the EpiPen episode is arguably the most egregious example of crony capitalism and corporate greed of the 21st century to date. Briefly, in 2011, then-Pfizer CEO Ian Reed agreed to Mylan CEO Heather Bresch's request to divest Adrenaclick, EpiPen's primary competition, thereby establishing Mylan's [monopoly](#). Next, Mylan eliminated its EpiPen single pack, requiring customers to purchase two pens at once; they must be replaced every year. Finally, price increases ensued. In 2019, Mylan merged with Pfizer's Upjohn unit to form Viatriis, and Bresch exited with a \$37.6 million package. Bresch's father is West Virginia Senator Joe Manchin.