Prescription for the People

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The high cost of essential medicines is a big problem. Recently, here in the United States where I live, social media and even lawmakers exploded in anger over a 400 percent-plus increase in the lifesaving allergy medicine EpiPen. Similar outrage occurred when a young pharmaceutical corporation chief executive officer (CEO) increased the price of a critical toxoplasmosis drug by more than 5,000 percent overnight—just because he could. A hundred-plus cancer physicians took to the pages of the prestigious journal Mayo Clinic Proceedings to write an impassioned article decrying the greed of the pharmaceutical industry. These physicians complained that drug companies were setting medicine prices so high that one out of every five of their patients was unable to fill his or her prescriptions. In response to all these incidents and the popular outrage they have inspired, patients, caregivers, and politicians from both major political parties have leveled charges of medicine price gouging against the pharmaceutical companies.
Even for those of us who are fortunate enough to not be poor and to have health insurance, the cost of medicines has a big impact. The cost of medicines drains the budgets of our governments, and barriers to accessing medicines lead to more expensive health care treatments and illnesses that drag down our economy. Polls show that three-quarters of Americans believe that drug costs are unreasonable and that those prices reflect the greed of drug companies.¹

For the poor and the uninsured, access to medicines is a matter of life and death. Millions of people need medicines that are priced at levels they simply cannot afford. These suffering patients face a real problem: their desperate need for affordable drugs clashes with the core business model of a powerful industry.

On one side of that clash are multinational pharmaceutical corporations, which make up one of the most profitable and politically influential industries in history. That industry is determined to protect monopoly prices on patented medicines. On the other side of the clash are the sick and the poor, joined by advocates scattered across the globe in small, usually underfunded organizations. At first glance, it doesn’t seem like a fair fight. But patients and medicine activists have won before.

In the midst of the HIV/AIDS crisis of the late 1990s and early 2000s, millions of people were dying because they could not afford lifesaving drugs. Patients and activists who wanted to change this tragic reality faced fierce resistance from a formidable collaboration between Big Pharma and the U.S. government. The multinational corporations and the world’s economic superpower were intent on preserving the high monopoly price tags on patented AIDS drugs and to block affordable generic alternatives. But the activists working in the United States, sub-Saharan Africa, South America, and Asia pushed back hard. They flooded the streets with protests, filed lawsuits, and mercilessly heckled the drug companies and politicians. They made a moral claim that medicine should be for people, not profits, and that there is a fundamental human right to essential medicines. That message resonated across the world, and these activists eventually triumphed, reducing the costs of the medicines by as much as 99 percent; setting the stage for a massive global distribution of the drugs. Millions of lives were saved.

But the fruits of that victory, the widespread availability of cheap HIV/AIDS medicines, is an exception to the rule. Whereas millions once died
of untreated HIV/AIDS, now millions die from untreated cancer. Children die because their families cannot afford vaccinations. The episodic drug pricing outrages, such as the reaction to the EpiPen price hike or the overreach of the “Pharma Bro” Martin Shkreli, have not led to systemic change.

So the same activists who pushed for HIV/AIDS treatment, accompanied by a new generation of advocates, are trying to produce a sequel with an even more ambitious script than they followed at the turn of the century. Their aim is to make all essential drugs accessible by reclaiming medicines as a public good instead of a profit-making commodity.

One of these activists’ biggest challenges is that the terms of their fight can seem complex and confusing. Too often, calls for reform get bogged down in technical intellectual property terms—compulsory licensing, data exclusivity, and patent linkage—and confusing acronyms for international trade agreements—TRIPS (Trade-Related Aspects of Intellectual Property Rights Agreement), TRIPS-Plus, and TPP (Trans-Pacific Partnership Agreement). This thicket of complexity provides cover for corporations that rely on the for-profit medicine model and are determined to protect the status quo. As one leading medicine activist admitted to me, “The problem we have is that there are only a handful of people in the world who know what we are taking about.”

It does not have to be this way. My aim in this book is to help clear away for you the thicket of jargon that surrounds this crisis so that you can effectively argue for a complete shift in the global approach to developing and providing essential medicines. This shift would restore the longtime historical recognition that medicines are a public good, reflecting the global consensus that access to essential medicines is a human right.

Because every cure starts with an accurate diagnosis, in this book I explain how and why the current medicines system is dysfunctional and corrupt. We all want both affordable medicines and innovation in research and development, so I explain the proven approaches to accomplishing that balance. Most of us reject the status quo of corporations making record-breaking profits on medicines that are priced out of the range of the sick and the dying, so I set out the moral and rights-based foundation of the case for universal access to medicines. Finally, if you want to take action and speak out for access to medicines—and I sincerely hope you do—the conclusion to this book is devoted to helping you get started.
I chose to structure the book around twenty-two arguments for why we must reform our medicines system and how to do so. Each chapter contains a single argument. I encourage you to skim the table of contents both before you read the book and afterward. When you need to refer to a particular issue connected with access to medicines—such as the fruits of government-funded medicines research being handed over to corporations for profit-making (chapters 14 and 15)—the table of contents will guide you.

This book is a short one. At the same time, all the points I make here are thoroughly sourced. Many, many researchers and activists have written important detailed analyses of these issues; so you will see hundreds of notes to prior work that backs up the arguments I make here. I have placed those sources in endnotes at the end of the book so you can read the main text without interruption, if you wish.

My hope is that this book will serve as a primer for all who are concerned about access to medicines. My hope is also that this book will buttress the analyses of researchers and the arguments of activists. Most important, my hope is that this book will help you become informed and prepared to play your role in the life and death struggle for access to medicines.