



LOBBY WATCH Rebecca Coombes

Workers Uniting

Will a new US-UK union uncover the lobbying activities of private providers to the NHS?

Lobbyists for private health companies have recently been swarming all over Capitol Hill in a bid to block President Obama's healthcare reforms, according to recent dispatches from Washington, DC.

The Guardian estimated that the industry has already spent \$380m (£245m; €280m) to influence legislation through lobbying and advertising and in direct political contributions to members of Congress.¹

Now Workers Uniting (www.workersuniting.org), a new transatlantic trade union, is investigating the link between these US healthcare companies and the UK NHS. The union points to the "irony" that some of the private firms bidding to provide services to the NHS are, at the same time, spending millions back home in the United States to derail President Obama's proposals to extend public health provision.

England's Department of Health has 14 private sector companies on its preferred providers list,² including big US names such as UnitedHealth, Humana, McKinsey, and McKesson, all organisations with multibillion dollar annual revenues. These companies have all tendered to run NHS services—from GP surgeries to logistics.

Workers Uniting is now conducting a probe into which of these 14 companies have actively lobbied against healthcare reform in the US. The union, though formed only in 2008, does pack some punch. Billing itself as the "world's first global trade union," it brings together Unite, the UK's largest single trade union, and the United Steelworkers trade union in the United States and Canada. The organisations' combined might of three million members include healthcare workers: non-clinical staff such as laboratory technicians, ambulance staff, and care home workers.

Unite itself is a powerful force in the UK Labour party, financially backing dozens of MPs, and it is the party's biggest donor. In the first nine months of 2009 Unite donated more than £2.7m to the party. Labour has come to rely greatly on these union funds, especially since donations from the rich have dried up. In an election year, and with a debt of more than £12m, according to the Electoral Commission,³ the Labour party can't afford to lose the support of its union backers. Trade unions accounted for nearly three quarters of the £10.9m donated in the first nine months of last year. Left wing members of Unite have threatened to sever historical ties with Labour, while a Populus poll for the Conservatives early this year found that 49% of

Unite members opposed donations to the party.⁴

The Workers Uniting investigation is being carried out by United Steelworkers researchers in Washington, DC, and will focus on tracing the money donated to those lobbyists and lawyers involved in opposing President Obama's reforms. The UK director of Workers Uniting, Richard O'Brien, said, "We are trying to find concrete proof of donations to particular groups, and it can be complex work."

The fight in the US has been tough and expensive, with the industry spending millions to influence reforms. One route of influence has been to fund analyses showing how much health reform will cost a typical family, for instance warning that some US families could be as much as \$20 000 worse off a year. But some of these analyses have been dismissed as selective and dishonest.⁵

At least two of the companies on the health department's preferred bidders list are political donors. In 2008, the US election year, Humana made contributions totalling \$597 100, 52% of which went to Republican candidates.⁶ In the same period UnitedHealth Group gave \$112 098; the company also favoured Republican candidates, who received 61% of its total donations.

The findings of the Workers Uniting investigation are due in the next few months, but will they have any clout? The partnership has borne fruit in the past: during a right wing campaign in the US last year to denigrate the NHS, Unite researchers helped United Steelworkers colleagues—and by association the Democrat party—fend off lies about the UK health service, such as by providing personal testimonies to the quality of services from NHS staff and well known health service users such as Stephen Hawking.

1 McGreal C. Revealed: millions spent by lobby firms fighting Obama health reforms. *Guardian*. www.guardian.co.uk/world/2009/oct/01/lobbyists-millions-obama-healthcare-reform.

2 Department of Health. Framework for procuring external support for commissioners. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_085468.pdf.

3 Electoral commission. www.electoralcommission.org.uk/party-finance/party-finance-analysis/party-finance-analysis-accounts-2009#Lab.

4 Populus. Poll of Unite members. www.populuslimited.com/poll-of-unite-members-160309.html.

5 Pickert K. A new and better (but still flawed) insurance industry report. *Time*. <http://swampland.blogs.time.com/2009/10/14/a-new-and-better-but-still-flawed-insurance-industry-report/>.

6 Follow the Money. www.followthemoney.org.

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Cite this as: *BMJ* 2010;340:c792

Lobby Watch is a regular column that looks at the people and organisations that have an influence on how health care is delivered.



Sugar rush

Members of doc2doc, BMJ Group's online global clinical community, are discussing a mass overdose of homoeopathic pills organised by sceptics last week.

tinyurl.com/ylrvxst



For Kated, "Homoeopathic medicines may be useless, but by taking overdoses the sceptics have highlighted that they are also harmless."

Merys Jones is not surprised in the slightest by the failed overdose attempt: "What's the worst that could happen... drowning?"

And Asclepius adds: "Homoeopathy is fuel for the weak of mind. It doesn't work. Full stop. Alternative cancer cures are completely bogus, none ever having stood up to scrutiny."

In defence of homoeopathy, csm@csm argues: "Adverse drug reactions to homoeopathic drugs taken as per the prescribed norms are reported to be rare and not severe. However, when they are consumed in excess and against prescribed norm, their incidence of adverse drug events is uncertain."

He is backed by Nancy Malik, who believes: "Homoeopathy cures even when conventional allopathic medicine fails."

Intrigued by the stunt, Andrew Morrice says: "Why on earth is this thought important enough to spend time and energy on? NHS homoeopathy uses an infinitesimal budget. And I thought the whole point of the homoeopathic medicines was to avoid toxicity."

BODY POLITIC Nigel Hawkes

Why we went over the top in the swine flu battle

Once we had started to mobilise against H1N1, it was too late to turn back

Let me reverse into this issue very carefully, wearing a tin hat. To suggest that the swine flu pandemic might have been handled differently, thereby saving many millions of pounds, is almost as rash a proposition as admitting to doubts about global warming. I am not trying to be wise after the event: I would have done nothing differently. But given the disproportion between the actual impact of the pandemic and the measures taken to combat it, some sort of postmortem examination seems to be worthwhile.

The historian A J P Taylor argued that the first world war was unstoppable once the great powers had begun to mobilise. Huge conscript armies built up by the European powers weakened their diplomatic hand, because these armies took weeks to mobilise and lacked the flexibility to respond to small threats in an appropriately modest way. To counter an empty threat against Serbia by Austro-Hungary, Russia was forced into general mobilisation. Anything less would have left it defenceless against an opportunistic attack by Germany.

Nor could mobilisation be quickly reversed. It depended on the railways, and, Taylor argued, railway timetables cannot be improvised. "Once started, the wagons and carriages must roll remorselessly and inevitably towards their destined goal." Furthermore, general staffs had been planning for years on the basis that attack was the only means of defence in modern war.

This analogy may strike some as far fetched. But bear with me. The threat of a flu pandemic has been around at least as long as the obsessions that drove Europe towards the trenches. How to deal with the threat has been the subject of plans laid out and practised with just as much attention to detail as those of the general staffs. Each step has been defined, with triggers set for each new escalation in the response. Far from being underprepared for a flu pandemic, it is entirely possible that we were overprepared.

But in the planning nobody seems to have considered the possibility of a pandemic so mild that it actually cost fewer lives than the normal seasonal flu. The assumption was that a virus capable of spreading worldwide would also be capable of causing illness as unpleasant as that of previous pandemics in 1918-19, 1957, and 1968.

The predictions of the severity of the pandemic consistently exaggerated its likely impact. Liam Donaldson, England's chief medical officer, talked in July 2009 of 65 000 deaths in the United Kingdom as a worst case scenario and of half the nation's children falling ill. The actual death toll, by the end of January, was fewer than 400.

In July the National Pandemic Flu Service was launched, and it started providing oseltamivir to anybody who telephoned with a plausible set of symptoms. The official estimate was that only one in 20 callers in this first stage actually had the disease, but the Department of Health had bought 50 million doses, so not to have handed it out would have seemed odd.

By taking GPs out of the equation, the UK lost its best tool for tracking flu infections, the long established network of the Royal College of General Practitioners. But by October the health department was scaling down its estimates in light of experience from the southern hemisphere. The top estimate of 65 000 deaths had become just over 1000. But it was still talking of the possibility of 30% of under-16s falling ill in the second wave.

Given the very mild symptoms, the uptake of swine flu vaccine has understandably been low. Before Christmas the vaccination campaign was extended to children under 5 years old, but a month later only 214 000 of them had been vaccinated, fewer than one in 10. The government cancelled further orders for vaccine from Baxter, whose contract included a break clause, and opened negotiations with GlaxoSmithKline, whose contract did



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not, to limit purchases. The original deal with these two has been reported to have cost £500m (€570m; \$780m).

Did the pandemic planners have any alternative to the course they took? One step followed another with grim inevitability as the response gathered momentum. It is difficult to argue that any particular decision was wrong, but cumulatively the decisions taken meant that upwards of a billion pounds was spent on a disease that turned out to be milder than normal seasonal flu.

Greater attention to the virology might have saved some money. For example, there was early evidence that the over-65s, normally the most vulnerable group in a flu outbreak, would be less likely to contract H1N1 flu, because of pre-existing immunity (albeit that the effects were worse among those who did contract it). So it proved. Could the estimates of the likely impact have taken better account of this, sooner?

Was the World Health Organization premature in declaring a pandemic? Given that swine flu was spreading fast, worldwide, that hardly seems fair. But perhaps the definitions did not allow enough flexibility to distinguish between a lethal and a mild one.

One thing certainly was wrong, and that was the response of the health secretary for England, Andy Burnham, to charges made in parliament that money had been wasted and priorities distorted. He said: "I think we have come through the pandemic because of the strength of the plans and the preparations that this government put in place." We'd have come through even if those plans had never been formulated.

Is anybody going to believe the predictions ever again? Wrong about severe acute respiratory syndrome, wrong about bird flu, wrong about swine flu: that's an unhappy hat trick of exaggerated alarms that may come back to haunt us one day.

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Cite this as: *BMJ* 2010;340:c789