

Response to January 21, 2016 letter from Senators Wyden and Grassley

The effects of a breakthrough drug from a single source innovator look like the 1941 attack on Pearl Harbor. We not only fear the sky will fall on our heads, we know it has fallen, and we look for someone to blame, someone to jail, someone to take the rap. After a long, too long time, we will get down to doing something rational about it. That's my response to the first four questions posed in your letter. It's automatic, and reliable. In this situation you have chosen to blame the pharmaceutical company.

The last question is more interesting. We already have the tools to address the impact of high cost drugs and access restrictions, they are vividly prominent in our nation's first principles, but we need to use them.

Our first obligation is to address the unnecessary suffering of thousands of individual people who need treatment for HCV. This does not mean redistributing wealth. It does mean to reduce unnecessary suffering. Unstated but implied is our need to be patient, avoid scapegoating, and learn through our mistakes, in order to better fulfill our first obligation. Also, importantly, we live in a nation of laws and regulation, that, while unwieldy, are even harder to change than to comply with.

Faced with high cost drugs to effectively treat widespread deadly illness, we must bend our efforts to treat the sickest first, the many the soonest, and try to leave no one out. But we must always start slowly, not only by intention, but because there is no other way we have ever managed (see, e.g., Pearl Harbor et seq.).

Now, having blamed the pharmaceutical manufacturers for their entrepreneurial appetites, the health insurers for their supposed greed, our elected officials for their misplaced priorities and foot-dragging, HCV patients for getting sick in the first place, and government agencies for trying to rationalize their brand of "fair" distribution of the common wealth, the time has come to stop blaming. We know pharmaceutical costs need not be so high as we first feared ( esp with the advent of market competition), we know we need not limit access to treatment through abusive Prior Authorization requirements (there's been no flood of Medicare patients clamoring for immediate treatment), and we increasingly see that state Medicaid programs, especially those that have aimed at curing the victims of HCV, have not imploded. Also, we know the HCV problem is bigger than almost anyone imagined (deaths from HCV exceed total of deaths from all other nationally notifiable infectious conditions, Scott D Holmberg MD, MPH, FIDSA, CDC Atlanta, Oct 2015). We know enough to get moving.

It's time to "give a damn" for our fellow humans who are suffering with HCV. Not in some abstract way, but the way we would if our own mother or or child, father or wife or husband or ourselves had the virus. Really give a damn. Get the treatment to the patient. We do not need new regs or new laws or new punishment for culprits, we need to declare ourselves individually responsible for getting this cure to the patients who need it. As we learned from the AIDS campaigns of the recent past, this cannot work without people caring for each other. We have pointed fingers at others enough. Time now for each of us to point to ourselves, whether we are insurance people or drug researchers and manufacturers, venture capitalists, activists or neighborhood organizers or elected officials. We need to act grown up and care for the sick among us.

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