

The deadly impact of Hurricane María extends to US hospitals

Power outages set off IV bag shortages

By Genevieve Leigh
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Hospitals nationwide are in the midst of one of the most severe medical product shortages in modern US history. With half of Puerto Rico still without power, the major medical supply giant on the island—Baxter International—has been unable to keep up with the production of the millions of IV bags upon which hospitals throughout the US mainland rely on for basic daily medical treatment of their patients.

Erin Fox, director of the University of Utah’s drug information service, told the *Guardian* “We’ve seen some pretty terrible shortages. This shortage proves that things can always get worse. ... It affects every single medication that we are giving in our hospital.”

IV fluid bags are an essential part of modern medical care in hospitals, where they are used to dilute and administer medication.

This critical shortage has been exacerbated by a sharp increase in flu cases nationwide, sending patients to hospitals where they often require IV drip medications. The Centers for Disease Control and Prevention (CDC) is reporting that 46 states are experiencing widespread flu activity, comparable to the peak of the 2014-2015 season, which was the most severe flu season in recent years.

Since flu season usually peaks in January and February many medical professionals have expressed grave concern about how the shortages will be handled in the coming months. The flu kills anywhere from 2,000 to 56,000 Americans every year, and puts 140,000 to 710,000 people into the hospital, according to the CDC. Already this year 27 people under the age of 65 have died of the flu in California alone.

The shortages have had far-reaching effects, hitting surgery centers, cancer clinics that infuse

chemotherapy, dialysis centers and companies that provide regular infusions to homebound patients.

The worst of the shortage appears to be for small saline bags. Hospitals use hundreds or thousands daily to hydrate patients and to dilute antibiotics, painkillers and other drugs, then hang bags from a pole so the mix slowly drips through a tube and into a vein.

The average large hospital will go through thousands of the bags a day. A multi-hospital system can require as many as tens of thousands of bags a day.

David Chen, a pharmacy director with Promedica, told the *Guardian*, “Some facilities are getting virtually zero. Others are having them trickle in. You never know what you’re going to get.”

Duke University Health System in Durham, North Carolina, which gets its IV bags from Baxter, is currently receiving only about half its normal supply. Kuldip Patel, associate chief of Duke’s pharmacy office, reported that Duke has assigned a team of 15 people to the task of ordering, monitoring and managing the bags.

Hospitals all around the country have been forced to dedicate enormous resources to managing the crisis. This includes a constant monitoring of the supply line, mixing medical solutions on site, ordering premixed and frozen solutions at a much higher cost from alternative suppliers, and assigning nurses to handle manual injections and other staff for processing.

The director of pharmacy services at an Atlanta-area hospital, Jamie Joy, reported to local news that the hospital has had to rent special pumps to empty liter-size saline bags into many smaller ones for individual patients.

Health professionals have been frantically

improvising other methods to deal with the crisis; substituting pills for IV-administered drugs when possible, changing dosing schedules or injecting drugs directly into a vein, in what's called an IV push.

Many have been forced to change procedures altogether. Some try to switch people off IV bags as soon as possible and others resist starting patients on IV drips during surgery until it is absolutely certain they are needed.

The complications caused by the shortage of IV bags have created a cascade effect, leading to shortages of other supplies as thousands of hospitals implement the same methods for working around the lack of IV bags. For instance, syringe supplies are running low because many patients are now getting injections instead of IV drips.

Some private medical facilities have turned to medical supply resellers to secure the scarce products. However, these companies are charging as much as a 600 percent markup for the sterile bags of saline solution. This needlessly expensive option is not possible for the country's entire health care system, which is massively underfunded.

In a recent statement, Baxter said all three of its manufacturing sites in Puerto Rico are now connected to the electric grid. However, like many places that have officially had their power "restored," the manufacturing sites experience frequent blackouts. Baxter has hooked up diesel generators for the intermittent power disruptions, but production is still far behind need.

Baxter has also received approval from the Food and Drug Administration to import IV bags from Baxter's overseas sites. Why procuring these essential medical supplies from other countries was not allowed in the first place is not entirely clear, although it may be bound up with the complex economic restrictions imposed on Puerto Rico due to its semicolonial status. These restrictions have prevented the island from receiving much needed electrical supplies, such as power line poles, from any country outside of the US. Additionally, restrictions put in place by the Jones Act prevented critical aid packages of food and water from reaching the island for weeks in the immediate aftermath of the hurricane.

Dr. Rita Jew, director of pharmacy at the University of California San Francisco's Mission Bay hospital,

told *Guardian*, "A lot of people are referring to it like it's almost like we're in a third world country, and there's some truth to that. These are basic supplies that we have taken for granted. It's kind of like we're rationing water in the US."

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