What's Crazy About Eye Ointment

By Michael Fine

Eye ointment? Yes, eye ointment. You see, in late April, CDC announced there is a shortage of erythromycin eye ointment, which turns out to be a big deal. What? Isn't erythromycin one of the oldest antibiotics that exist? Aren't here a hundred or a thousand other eye ointments? Who cares about one old medicine?

In fact, erythromycin was discovered in 1949, and was so widely and indiscriminately used that most bacteria became resistant to it – so it too often doesn't work very well as an antibiotic, except again a few kinds of bacteria and related organisms that do cause disease. But one of the organisms it still works against is called chlamydia trachomatis, and chlamydia (and also gonorrhea) are frequent causes of neonatal conjunctivitis, an eye infection newborn babies sometimes get, which can cause blindness. It turns out that erythromycin eye ointment prevents that infection and is routinely used for every newborn in the US to prevent blindness. It also turns out that erythromycin ophthalmic ointment is the *only* medication that CDC recommends to prevent newborn eye infections, and blindness. So, a shortage of erythromycin ointment is a real problem.

But how did a shortage of an inexpensive, tried and true drug that every baby born in the US needs come about? you might ask. Here's what CDC says: "According to the US Food and Drug Administration (FDA), the shortage of this medication is a result of several changes in the market. Since 2022, multiple pharmaceutical companies have discontinued (Padagis US) or decreased manufacturing and distribution (Bausch Health America and Armas Pharmaceutical) of erythromycin ointment (0.5%) in the US." Translated into English: erythromycin eye ointment is so cheap that no one can make any money by making it. So the drug manufacturers quit making it, regardless of its being a medicine we use for all kids, to prevent blindness.

CDC in its wisdom has designed some workarounds. They are asking doctors to use other medications for eye infections, so there is enough erythromycin for infants (which is exactly what CDC did in the early days of the pandemic, when they went around saying masks didn't work so regular people would quit buying them, hoping against hope that there would be enough masks for health care workers). CDC is also temporarily allowing the importation of erythromycin from other countries.

But here's what's crazy about the workarounds: there are a whole bunch of old medicines that work very well, that are cheaper than water, that many people would benefit from using, but are too cheap to profit from. So no drug manufacturers will make them anymore. But instead of manufacturing these medicines ourselves, instead of building generic manufacturers at land-grant colleges that have schools of pharmacy and school of engineering (like URI, just sayin) where the talent to build and run such generic manufacturers resides, and instead of just giving these drugs away to people who need them, we invent workarounds. We do that because we have an almost religious belief in the market as the fix to all health care problems, and an almost religious fear of government involvement in health care.

But the market has given us the health care mess we have – twice as expensive as the average of other advanced nations, with public health outcomes that rank us thirtieth to fiftieth in the world.

And we have moved essential services from the market to government, to the public domain, over and over again in our history, when the market fails to deliver an essential service we recognize as a common good. That's what we did with the postal service. With public education. With water supply and sewage treatment. With police and fire protection, in most places. With garbage pickup in some places. With turnpikes and roads. With airports.

As it happens, about seventy percent of all health care expenditures are already public money. So much for no government involvement in health care,

We need a public option for the manufacture of generic medications, and we need public involvement in making sure everyone gets the health services they need. It doesn't have to be big government, regulated and funded by the interesting people in Washington. Much can be done at the state level. More can be done by neighborhoods and communities, making sure people get primary care.

But letting babies go blind because the market isn't making a needed medicine, and because we revere the market more than we value our kids – that's both stupid and crazy. We can and should do better.

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