

Panic in Place of Public Health

By Philip Alcabes

We “think globally” now. The world is smaller, borders are more open. The World Health Organization (WHO) says that infectious diseases are spreading faster than ever.¹ We are led to believe that we live in an Age of Epidemics, and that we must prepare ourselves for the worst. The new watchword in public health, *preparedness*, signals a troubling new approach to health policy—one based on fear. As in “biopreparedness,” “emergency preparedness,” and “pandemic-flu preparedness,” preparedness marks the rhetoric of a new cold war: the expected debacle never arrives, but we must be on constant guard against it. Persistently invoking the specter of catastrophic contagion, preparedness keeps the public in a state of half-panic.

Panic, from a health official’s perspective can be a useful tool. Fear legitimates costly campaigns, makes officials whose job is to improve the public’s welfare seem to be working effectively so long as the expected disaster doesn’t hit, and fulfills some innate human need to seek out the enemy within.

A tragic episode of pandemic preparedness began exactly 33 years ago, in March 1976, after an expert committee asserted that America faced an epidemic of influenza reminiscent of the calamitous outbreak of 1918 (the so-called Spanish flu, the single worst epidemic that the world has ever seen). In 1918, over half a million Americans were among the 40 million or more people worldwide who died of flu in barely a year’s time. Swine flu, a strain of influenza similar to the 1918 one, had been identified in twelve soldiers at Fort Dix, NJ in early 1976; one had died. The experts recommended that a nationwide flu-vaccination campaign should begin immediately.²

The U.S. Public Health Service vaccinated over 40 million Americans that year, but the campaign to extend swine-flu vaccination to all Americans (the population then stood at 213 million) crashed. That autumn, a disorder called Guillain-Barré syndrome, in which peripheral nerves are damaged by the body’s own immune system, began to appear among some of those who had been vaccinated. By early 1977, over a thousand Gullain-Barré cases had been counted, at least half of them apparently caused by the flu immunization; fifty-eight died,³ thirty-two of whom had received the swine-flu vaccine.⁴

The federal government subsequently paid out millions of dollars to settle wrongful death and damage claims. And the vaccine-provoked illness and death were for nothing: there was no epidemic of swine flu, just a handful of cases. The 1918 scenario was not replayed. Indeed, 1976 was a relatively mild year for flu in America altogether.

Today, as in 1976, the rationale proffered for pandemic-flu preparedness is that past is prologue. Officials invoking preparedness rhetoric assert that even more devastating flu pandemics are “inevitable.” They offer wild predictions, based on back-of-the-envelope calculations that disregard history. A few years ago, for instance, the WHO’s influenza chief intemperately estimated that the coming flu pandemic will cause 150 million deaths worldwide (the agency later disavowed that number, although many still claim the toll would be tens of millions).⁵

But the past is no guide to the future when it comes to extraordinarily rare events. The most awful calamities are never reprises of past disasters; they are unprecedented and unimaginable. Europe had been without plague for six centuries when the Black Death arrived in the 1340s, wiping out a quarter of the population in five years. In the 1830s and 1840s, cholera, a disease never before seen in the west, killed up to one percent of the population in some British and American cities in the course of just a few weeks. The influenza of 1918 was unlike any flu outbreak before or since. The next disastrous pandemic following the 1918 flu was not another round of influenza but a previously unheard-of illness, AIDS. There will be another catastrophic pandemic one day, but it will be something we have never seen or thought of. Nature’s only constant is its inconstancy.

So forget what the preparedness warriors claim. We should not allow ourselves to be frightened by alarms about the 1918 flu. We will see no flu pandemic like 1918’s again. The circumstances of the First World War, including mass movements of troops and refugees, created a unique breeding ground for the virus in that epidemic, afforded the virus extraordinary transmissibility, and probably also allowed it extra virulence (in a sense, it wasn’t flu that killed all those people in 1918; it was 1918). And new research suggests that most of the flu deaths in 1918-19 were caused by bacterial infections invited

by virus-compromised respiratory systems.⁶ In other words, if it had happened today instead of 1918, mortality would have been limited by timely use of antibiotics to eradicate bacterial infections.

Nor should we let the preparedness warriors frighten us by using the word “pandemic” to signal great menace. Pandemic strains are not necessarily more virulent than the usual flu we see each winter. Only two flu pandemics have occurred since 1918: one in 1957 and another in 1968. In both cases, global mortality was far less than in 1918, even by the most liberal accounting. And in the U.S., as a recent study by Peter Doshi of M.I.T. demonstrated convincingly, mortality directly attributable to influenza was no higher in the pandemic seasons of ’57-’58 and ’68-’69 than in typical flu seasons.⁷ In fact, in some non-pandemic years, mortality from garden-variety seasonal flu was even higher than in the two pandemic seasons.

More likely than a reprise of 1918, flu pandemics might recur in the far less worrisome pattern seen with the H5N1 avian influenza virus. Avian flu has killed millions of birds and, since 1997, caused human illness in Asia and the Middle East. Yet, after a dozen years of spread, H5N1 flu has produced only 411 known human cases.⁸ Over 60 percent of them have died from it, but avian flu is not transmissible from person to person; human cases are fallout from the bird outbreak. A solid public-health approach to influenza should account for human infections when there is a wide-flung flu outbreak among animals, rather than elicit panic about a new Spanish flu.

Preparation for the reasonable and foreseeable danger is good public health policy. Influenza is a likely event each winter, and it will sometimes be virulent and in that case bring high mortality. Planning is necessary, and it should include surveillance of circulating flu strains, vaccine testing, assessment of medical care capacity, and the like.

But we should keep in mind the distinction between sensible preparation on the one hand and preparedness on the other. The real aim of the preparedness rhetoric is to play on our ingrained sense of vulnerability in the modern world. This is a most-unmodern feeling, one that can be traced back at least to the middle ages. It is the very reason that Christians of the Black Death era thought God had sent plague to punish

impiousness, and why when cholera arrived in 1848, Americans held a national fast day to expiate what many saw as the faithless imprudence of a restless nation. The worry that our social arrangements invite disaster in ways that our forebears' social arrangements did not—the sense that the Good Old Days were safer and happier—always crystallizes when there is a threat of epidemic illness. We suspect we are receiving our just deserts. Those who want our affection, our dollars, or our votes have always been able to capitalize on that anxiety.

To take advantage of people's sense that the contemporary world makes us vulnerable, panic often seems to be health officials' aim. After an intentional campaign of postal anthrax resulted in five deaths in late 2001, federal agencies launched the bioterrorism preparedness effort. By 2004, the feds had sunk tens of billions of dollars into defensive programs to protect us from the imaginary threat of epidemics produced by foreign terrorists with “weaponized” germs. Scenarios worthy of 1950s sci-fi movies were peddled, in which fanatic bad guys (usually Middle Eastern-looking) procured mutated germ cultures from disgruntled scientists, then released the microbes in football stadiums or piped them into office buildings to cause widespread illness and death, with accompanying havoc. That the probability of any such epidemic was impossibly remote was not part of the discussion. As with science-fiction films, the mere fact that the scenario was conceivable gave it power to frighten.

Before the warnings about bioterrorism, West Nile virus gave officials a platform for grandstanding. When WNV appeared in New York City in 1999 and 2000, helicopters and spray trucks droned through the city's neighborhoods, pumping out insecticide in an effort to knock WNV-carrying mosquitoes out of the sky—less effective as an epidemic preventive than programs to kill mosquito larvae, but far more dramatic in terms of alarming the public. Later, the Centers for Disease Control and Prevention invoked federal quarantine law for the first time in over 40 years in order to make a public case out of one innocuous event: in 2007, a man with minimally infectious TB, which CDC inaccurately claimed was extensively drug resistant (XDR), had flown on a couple of commercial air flights.⁹ (In fact, the agency has, without causing a public stir, handled dozens of other cases involving travelers with TB, some of whom posed a much greater threat of contagion than the man in the 2007 incident.) Although CDC maintains

that it acted in good faith in 2007, evidence points to a careful staging of the event to coax funding for the agency from Congress, following recommendations by CDC advisors (uncovered by the *Atlanta Journal-Constitution*) that "the implications of XDR TB ... should be compiled and communicated as a strong advocacy tool to increase the TB investment."¹⁰ Last November, Missouri health officials announced their suspicion that the AIDS virus had been transmitted at one St. Louis high school and announced a plan to offer testing to all its students.¹¹ County health officials, after publicizing the investigation, explained their refusal to release specific information as to what they suspected or why by saying they "don't want witch hunts going on."

Events like these are quite like witch hunts, no matter what officials claim. The public's role is to be the audience for, not the beneficiary of, officials' performance. When scientists and health promoters seek more funding, or when health officers simply wish to garner public support, they alert us to one or another mortal threat. And they claim that only they can discern this peril in the gloom of the dark future. The messages about extraordinary danger—MRSA superbugs, HIV in high schools, XDR TB on airplanes—are issued in synch with appropriations cycles, or at moments when officials need support but want to avoid inquiries as to whether their programs truly make the public healthier, or when they want to put through some new policy that will limit civil liberties in the name of health. The Airplane Man incident of 2007 was the CDC's justification for a secret Do Not Board program (it was only made public in 2008¹²), by which an individual's name might be placed on a list of suspected contagious persons whom the commercial airlines are asked to block from their flights. The federal pandemic-flu website already acknowledges that in case of a flu pandemic there will be "travel bans, closings of schools and businesses and cancellations of events" sufficient to have a "major impact on communities and citizens." The endless cold war of preparedness keys us up for outbursts of dire warning and readies us to have our fears amplified each time an official tells us that something awful is about to happen. And panic primes us to be docile and dutiful.

The preparedness rhetoric evokes a frightening future, asserts that only scientists and health officials can read its auguries correctly, and demands that we allow officials to tell us what is going to go wrong and how to prevent it. After many years of studying

how epidemics literally come and go, I see it as our need to listen carefully to these warnings and think hard about what is being sold. We should be wary when we hear them. We should ask what it is that we are not being told, what the real purpose is, and who is going to suffer if officials get their way.

UNPUBLISHED DRAFT

Source notes

- ¹ World Health Organization, World Health Report: A Safer Future, Global Public Health Security in the 21st Century (2007), Chapter 2, available at <http://www.who.int/whr/2007/overview/en/index1.html> , viewed 13March09.
- ² For details on the decision making see Silverstein, Arthur M. *Pure Politics and Impure Science: The Swine Flu Affair* (Baltimore: Johns Hopkins, 1981).
- ³ Keenlyside RA, et al. Fatal Guillain-Barre syndrome after the national influenza immunization program. *Neurology*. 1980 (Sept.);30:929-33.
- ⁴ Shors, Teri. *Understanding Viruses* (Sudbury, MA: Jones & Bartlett, 2008), p. 332.
- ⁵ The statement by David Nabarro was reported in various news media. See, for instance, BBC News online, Bird flu 'could kill 150m people', 30 Sept. 2005, at <http://news.bbc.co.uk/1/hi/world/asia-pacific/4292426.stm> , viewed 14 March 09.
- ⁶ Brundage JF, Shanks GD. Deaths from bacterial pneumonia during 1918-19 influenza pandemic. *Emerging Infectious Diseases* 2008; 14 (8): 1193-99. Klugman KP, Astley CM, Lipsitch M. Time from illness to death, 1918 influenza and pneumococcal pneumonia. *Emerging Infectious Diseases* 2009; 15 (2): 346-7.
- ⁷ Doshi P. Trends in recorded influenza mortality: United States, 1900-2004. *Am J Public Health* 2008 (May); 98 (5):939-945.
- ⁸ World Health Organization. Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO, 11March2009, at http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_03_11/en/index.html , viewed 13March09.
- ⁹ Schwartz, J. Tangle of Conflicting Accounts in TB Patient's Odyssey, *NY Times* 2 June 2009, p. A1. Altman LK, Schwartz J. Near Misses Allowed Man With Tuberculosis to Fly, *NY Times* 31 May 2009, p. A13.
- ¹⁰ Young A, Did CDC hype TB case as a fund-raising ploy?, *Atlanta Journal-Constitution*, 13 March 2008, available at http://www.ajc.com/search/content/health/stories/2008/03/13/tbpublicity_0113.html , viewed 13March09.
- ¹¹ Gay M. H.I.V. scare unnerves a Missouri high school. *NY Times* 9 Nov 2008, p. A30.
- ¹² Gardner A. U.S. barred 33 TB-infected people from flying over past year: CDC's new 'do not board' list comes as a surprise to infectious disease experts. *U.S. News and World Report*, 18 Sept. 2008, available at <http://health.usnews.com/articles/health/healthday/2008/09/18/us-barred-33-tb-infected-people-from-flying-over.html> , viewed 14March09.