

Zika – a leadership failure

As a warrior in the early days of the HIV/AIDS assault, science, resources and effective protective and treatment interventions were far from ideal, as is currently the situation with Zika. What we did have available was a very wise “general” (C. Everett Koop) who garnered the best science, epidemiology and communication skills – devoid of personal ideology and partisanship – to gain the trust and cooperation of the American people in launching a victorious battle plan. We need such leadership for Zika and the next public health challenge.

Months ago we were warned that a serious public health threat (the Zika virus that causes serious deformities in the fetuses of pregnant women) was imminent and could be spread by insect vectors to the populations of 30 states, and well beyond by sexual transmission. Fighting this threat required an emergency \$1.9 billion appropriation according to executive branch health officials. Certain states and localities, like New York, immediately launched an ideal response that addressed vector and human surveillance and control, including extensive public education. Others did little. Why?

Was the extent of the original threat “hyped” to gain additional resources? Did certain states and localities simply disagree with the projected extent of the risk? Did certain communities lack the resources to launch a timely and appropriate response because of inadequate resources, especially since the administration had withheld federal funds usually provided for local public health activities? Are there factors that make the threat far different in different locations, justifying varied levels of response?

In the June 21, 2016 *New York Times*, Sabrina Tavernise, describes the variability of the current situation. The Centers for Disease Control (CDC) now appears to be concentrating its efforts on surveillance in 6 states and Los Angeles County. Has the original threat assessment changed? Are the measures being employed in other states adequate? Does the serious threat still exist in these other states but resources are simply inadequate to launch – even at this late date – a proper response, such as that in New York?

It is unlikely, at this late date, adequate programs like New York’s could be launched to have maximum effect. Perhaps they were never needed and localities that invested in them have wasted resources that could have been better spent

elsewhere. Perhaps, the threat as originally projected will come to pass and there will be avoidable, deplorable family consequences. Perhaps it was real but we will get lucky and avoid such grief. I wish I knew.

It is naïve to believe the adequacy of the domestic Zika public health response rested on the fate of a \$1.9 billion appropriation request, two thirds of which did not even address the domestic response. Executive orders, coupled with redirected federal, state and local funds, could have materialized if there were a “trusted” public health general that sanctioned the necessity - and outlined the rationale – for the response.

We have a failure in national public health leadership and we need to fix it before the next threat.

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