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# Infectious Disease Outbreaks

## How Should We Keep Our Communities Safe?

**H**undreds of Americans traveling in South and Central America have recently become infected by the Zika virus currently prevalent in many of those countries and spreading rapidly in others.

Adding to this worry, the *Aedes aegypti* mosquitos that carry this frightening disease are widespread in the southern and central United States, and are extremely difficult to control.

It is not the first time we have been threatened by “emerging viruses” that have swept across the globe in recent decades, and it will not be the last. Few will forget the looming threat of the Ebola virus in 2014. Zika, once again, raises the concern among many

Americans about how to respond to international outbreaks of potentially deadly diseases for which vaccines are not yet available.

Compared to the United States, many hotspots for emerging viruses have limited public-health infrastructures and often lack modern sanitation systems. But despite our relative strength in these areas, waves of viruses in recent years have left people wondering how we can keep our communities safe from a global pandemic.

**This issue advisory presents three options that represent different ways of responding to this concern, along with downsides for each approach.**

## About This Issue Advisory

This issue advisory is meant to support deliberative forums in communities of all types.

In productive deliberation, people examine the advantages and disadvantages of different options for addressing a difficult public problem, weighing these against the things they hold deeply valuable. Deliberative forums are not always easy. It will be important to remember, and to remind participants, that the objective of these forums is to begin to work through the tension between collective security, a healthy society, and individual freedoms.

The framework outlined in this issue advisory encompasses several options and provides an alternative means for moving forward in order to avoid polarizing rhetoric. Each option is rooted in a shared concern, proposes a distinct strategy for addressing the problem, and includes roles for citizens to play. Equally important, each option presents the drawbacks inherent in each action. Recognizing these drawbacks allows people to see the trade-offs they must consider in pursuing any action. It is these drawbacks, in large part, that make coming to shared judgment so difficult—but ultimately, so productive.

### One way to hold effective deliberative forums on this issue:

- Ask people to describe how the fear (or presence) of infectious diseases, such as Zika, has affected them or their families. Many will have direct experiences to relate. They are likely to mention the concerns identified in the framework.
- Consider the options one at a time, using the actions and drawbacks to illustrate what each option entails. Talk through the drawbacks of each option, as well as the positive aspects.
- Review the conversation as a group, identifying any areas of common ground as well as issues that still must be worked through.

## Option One: Enforce Safety Rules

In an interconnected world, diseases we have never heard of could easily invade our communities. As the US Centers for Disease Control puts it, “An outbreak of infectious disease is just a plane ride away.” This option holds that we must be prepared to take strong measures to keep our communities safe from such outbreaks. Such measures in China, the United States, and other countries, were used to successfully contain an outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003.

***But . . . such steps would restrict people’s freedom. Some would be forced into unnecessary treatment or confinement.***

Examples of what might be done	Some consequences and trade-offs to consider
<ul style="list-style-type: none"> <li>Restrict all air travel from zones with an infectious disease outbreak.</li> </ul>	<ul style="list-style-type: none"> <li>This may make it impossible to get medicines to areas most in need, and would limit the movement of health workers, who may be unable to get home.</li> </ul>
<ul style="list-style-type: none"> <li>Institute mandatory quarantines, enforced by police or other uniformed personnel if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>People with innocuous diseases, or who may have had only slight contact with infected people, will be confined unnecessarily.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals should report friends and neighbors who are showing signs of the disease.</li> </ul>	<ul style="list-style-type: none"> <li>This will create a culture of informants.</li> </ul>
<ul style="list-style-type: none"> <li>Public-health workers should check backyards for standing water that could become mosquito-breeding spots.</li> </ul>	<ul style="list-style-type: none"> <li>This would be an invasion of people’s privacy.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals should strictly follow hygiene rules and stay home if there is a chance they are sick.</li> </ul>	<ul style="list-style-type: none"> <li>People will lose time at work for benign illnesses like colds.</li> </ul>

This issue advisory was prepared for the National Issues Forums Institute (NIFI) in collaboration with the Kettering Foundation. National Issues Forums issue guides are used by civic and educational organizations interested in addressing public issues. These organizations use the books in locally initiated forums convened each year in hundreds of communities. Recent topics have included US politics, economic security, America’s role in the world, and immigration. For more information on the National Issues Forums, visit the website [www.nifi.org](http://www.nifi.org).

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## Option Two: Stamp It Out at the Source

The procedures and capabilities in place in the United States are probably sufficient to manage the spread of Zika and similar infectious diseases within our country, if necessary. But to prevent them from reaching us, such diseases need to be contained in the countries from which they emerge. We must significantly increase our efforts to work with other nations to address public-health crises when and where they arise. It is not enough to wait until infectious diseases cross our own borders while making only halfhearted attempts to address the crisis where it starts.

*But... massive intervention by larger nations may not only be resented by countries where diseases arise, but may also reduce their motivation for bolstering their own public-health systems.*

Examples of what might be done	Some consequences and trade-offs to consider
<ul style="list-style-type: none"> <li>• Send US military medical personnel in sufficient numbers to make a real contribution to treating victims of infectious diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• This action will mean those workers are unavailable to help out here at home. Some of them will get sick.</li> </ul>
<ul style="list-style-type: none"> <li>• Encourage aggressive use of DDT in tropical countries to control mosquitoes.</li> </ul>	<ul style="list-style-type: none"> <li>• DDT, banned in the United States and many other countries, is known to harm birds and other wildlife and may cause cancer in humans.</li> </ul>
<ul style="list-style-type: none"> <li>• Relax restrictions on experimental drugs and subsidize research so that a vaccine or cure can be found.</li> </ul>	<ul style="list-style-type: none"> <li>• Relaxing patient protections sets a dangerous precedent and may encourage people to risk their lives on poorly tested treatments.</li> </ul>
<ul style="list-style-type: none"> <li>• Coordinate international efforts through a coalition of countries and the United Nations to contain the disease.</li> </ul>	<ul style="list-style-type: none"> <li>• This will take time and resources away from more pressing issues, such as terrorism.</li> </ul>
<ul style="list-style-type: none"> <li>• Ask US manufacturers to donate protective suits and equipment for infectious-disease care to help health-care workers protect themselves while treating those afflicted people and areas.</li> </ul>	<ul style="list-style-type: none"> <li>• This may unfairly burden private companies, who could raise prices as a result.</li> </ul>



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## Option Three: Emphasize Prevention and Preparation in the Community

In this view, we have become too complacent, believing our society to be too highly developed to be at real risk of a serious disease outbreak. As a result, on a collective level as well as an individual level, we have placed our communities at great risk. Public-health and research budgets are shrinking. Lower income neighborhoods, which can have sanitation challenges and reduced access to health care, are especially at risk. We should put precautions, protocols, and technology in place to respond swiftly to outbreaks, both at the care and research levels.

*But . . . while we focus our energies on preventing future problems, today's outbreak may continue unabated.*

Examples of what might be done	Some consequences and trade-offs to consider
<ul style="list-style-type: none"> <li>Require hospitals and other local institutions to have—and demonstrate—clear containment plans, training, and equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Smaller, local hospitals may not have the funds to comply with planning for an unlikely event.</li> </ul>
<ul style="list-style-type: none"> <li>Expand federal financing for research into causes and cures for major emerging diseases ravaging other countries.</li> </ul>	<ul style="list-style-type: none"> <li>This will diminish already scarce research funds from the many diseases Americans already suffer from.</li> </ul>
<ul style="list-style-type: none"> <li>Health-care professionals should explain the dangers of diseases like Zika to their patients, and suggest steps to avoid it, should it threaten.</li> </ul>	<ul style="list-style-type: none"> <li>This may frighten patients rather than helping them.</li> </ul>
<ul style="list-style-type: none"> <li>Communities should help residents in need by providing window screens or extermination services.</li> </ul>	<ul style="list-style-type: none"> <li>Such a program would stretch already strained local budgets and divert resources from other programs.</li> </ul>
<ul style="list-style-type: none"> <li>Individuals can demand safer behavior from friends and family members. Those who are sick could wear surgical masks out of consideration for others—now a routine custom in places like Japan and Hong Kong.</li> </ul>	<ul style="list-style-type: none"> <li>This culture shift may create divisiveness and us-versus-them attitudes. Surgical masks may be inconvenient, or even subject some people to ridicule.</li> </ul>