New York’s Ebola Response Should Be Informed by Lessons Learned Fighting HIV. It Isn’t.

HIV activists argue against Ebola policies causing the same fear and stigma in the early response to AIDS.

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Peter Staley

The HIV crisis of the 1980s made it unquestionably clear that fear and stigma should have no role in determining the government’s response to any disease. Sadly, after the first few cases of Ebola in the United States, it’s become evident that few of our politicians learned this lesson from history.

HIV activists know all too well the fatal consequences of a public health response founded on fear and stigma instead of scientific evidence. In the 1980s, as reports of AIDS cases began coming in from across the United States and the death toll skyrocketed, the political response in America ranged from outright negligence to kneejerk, fear-based policies. Even as evidence mounted that HIV could not be transmitted by casual contact, politicians called for unnecessary quarantines and repeated myths that HIV could be spread by merely sharing a water glass. The lack of evidence-based policies significantly increased the epidemic’s death toll — and led to immeasurable suffering for all of those people impacted by the virus.

Jeremiah Johnson

But as the first case of Ebola was reported in New York City, the scene unfolded much differently. Taking care to avoid stoking unnecessary fear, Governor Andrew Cuomo, Mayor Bill de Blasio, and city health commissioner Dr. Mary Travis Bassett calmly informed the public about the situation and described the public health plan being implemented to reduce the risk of secondary transmission. Unlike the early response to AIDS — which frequently lacked any kind of scientific foundation — the response of our state and city officials to Ebola was judiciously informed by the nearly four decades of scientific data we possess on Ebola epidemiology.

However, in a complete reversal of course less than 24 hours later, New Jersey Governor Chris Christie and Cuomo announced in a separate news conference that all persons who reported contact with Ebola patients in Sierra Leone, Guinea and Liberia — including health care workers, who work there and return home following stringent safety protocols — would be involuntarily quarantined for three weeks,

regardless of the presence of any symptoms even suggesting Ebola.

James Krellenstein

The justification that Cuomo and Christie gave for their policy shift — that involuntary quarantine of patients displaying no symptoms is necessary to reduce the risk of secondary transmission — goes against everything that scientists know about the way in which Ebola is transmitted. Since the first recorded outbreak of Ebola in 1976, there has been no evidence suggesting that patients with the virus can infect other people until they display symptoms of the disease.

The quarantine policy is further unjustified considering that, on October 10, 2014 — a week before Cuomo and Christie enacted their separate policy — the U.S. Centers for Disease Control and Prevention (CDC) announced a far more evidence-based policy whereby all travelers from Sierra Leone, Guinea and Liberia coming into the United States would be actively monitored every day by public health workers for symptoms of the disease, while still allowing those persons contact with friends and family and their freedom of movement.

While Cuomo and Christie's plan offers little in terms of public health benefit, it does offer the potential to disastrously disrupt the United States' response to the rapidly worsening epidemic in West Africa — where more than 10,000 cases of Ebola and and 4,500 deaths have already been reported.

Modeling from the CDC shows that we need to have more than 70 percent of sick patients properly isolated and in medical care in order to bring the epidemic under control. Yet a day before Christie and Cuomo announced their quarantine policy, the World Health Organization stated that it still lacked staffing for 40 percent of the treatment units needed to accomplish this goal.

The actions taken by Christie and Cuomo will greatly impair the world's ability to close that gap. The stigma they are manufacturing has the potential to chill efforts to recruit medical professionals to help fight the Ebola outbreak and create even worse outcomes for Sierra Leone, Liberia, and Guinea. Worse outcomes there mean greater risks here, and the rest of the world.

These policies cause the same kind of fear, stigma and indifference that characterized the early response to HIV pandemic — and which, in part, resulted in a public health crisis that devolved into the third deadliest pandemic in human history.

With the potential costs so high, we cannot afford to make the same political mistakes with Ebola that we did with HIV. If we have any hope to save the lives of countless Africans and avoid unnecessary suffering for those who dare to try to help them, we need to immediately reverse the foolish quarantines that perpetuate a plague of fear on American soil.

For decades now HIV activists have vowed that this sort of public health insanity would never happen again. It appears that we will have to fight once more, as political leaders choose fear over fact and fail us by refusing to listen to medical experts.

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