

DAILY EXPRESS

Fast and Furious

by Madeline Drexler

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In February 11, New York City health commissioner Thomas Frieden announced the discovery of a highly virulent strain of the AIDS virus that was resistant to three of four classes of drugs. The victim, a gay man, had reported scores of sexual partners--many anonymous, many of whom he encountered while high on crystal methamphetamine. Frieden sounded the alarm swiftly--and just as swiftly, he was accused of jumping the gun.

"They're making a tempest in a teacup," said Steven Wolinsky, chief of infectious diseases at Northwestern University. Roger Pomerantz, an AIDS specialist at Thomas Jefferson University, said, "You've got to really prove something before you go on CNN and scream about a super-strain." Robert Gallo, director of the University of Maryland's Institute for Human Virology and a co-discoverer of HIV, called the announcement "irresponsible and outrageous." Some activists were equally perturbed. "One gay man's extreme personal history does not a 'new and deadly HIV strain' make," wrote Chris Crain in the *Washington Blade*. The New York-based Community HIV/AIDS Mobilization Project charged that "the health department risks stigmatizing gay men as crazed drug addicts carelessly or wantonly spreading a killer bug."

But Frieden was being neither irresponsible nor outrageous. He was a public health official doing his job--and doing it well.

Let's deconstruct the various charges against him. Academic scientists accused the health commissioner of speaking too soon, making a high-profile announcement before science had verified that the strain of HIV was truly new, truly capable of spreading, and truly behind the victim's devastating disease course. But while science aims at absolute proof, public health leaders must act on fragmented evidence--subject, of course, to their own exacting standards of scrutiny--in hopes of avoiding something bigger. When Gallo and a raft of other esteemed researchers complained that it was too soon to know whether the new HIV strain was a harbinger or a fluke, they were absolutely right; only time will tell. But Frieden's counterargument was also correct: "In public health, our role is to prevent epidemics, not describe them."

The public health clock ticks fast. Infectious diseases often proliferate outside our awareness; by the time we recognize the signs and symptoms, an epidemic may have spun out of control. That's why when the first few cases of West Nile virus surfaced in

1999 at a down-at-the-heels community hospital in Flushing, Queens, New York, quickly launched a massive mosquito-spraying and larviciding campaign, which almost certainly prevented infections. And in 2003, when SARS exploded globally from southern China, New York didn't wait for suspiciously sick individuals to be diagnosed through lab testing; it closely monitored 20 residents and legally detained two to head off a potential outbreak. (Miraculously--not because of the department's prudent actions, but because of dumb luck--SARS never struck in New York, as it did in Toronto and other global crossroads.)

Public health news is not only fragmented at first; it is often in flux. And since the late 1990s, New York City's health department has had a tacit pact with residents and with medical professionals on its Health Alert Network (a secure online forum through which the department delivers urgent clinical guidance): We'll tell you what we know when we know it, however incomplete our knowledge might be. That was especially useful during the anthrax attacks of 2001, when the city's health department released crucial information well ahead of the federal Centers for Disease Control and Prevention (CDC). Doctors, nurses, and citizens from all over the U.S. stayed tuned to New York City's updates, because they offered the most timely advice available.

Not long before the new HIV strain emerged, I had spoken with Marci Layton, the department's assistant commissioner in the Bureau of Communicable Disease. Layton is one of the most respected public health experts in the country, having deftly led New York's response to West Nile virus, the 2001 anthrax attacks, SARS, and hundreds of less notorious crises. When I asked her what she considered to be the key to good risk communication, she said, "It's trusting the public"--that is, remaining confident that people will act like grown-ups and accept the uncertainty and ambiguity inherent in a fast-moving story. And it stands to reason that the public will be more apt to act like grown-ups if given as much information as possible. Secrets don't stay secret in New York--and panic can follow rumor. Recently, for instance, Layton's office has had to deal with "rule-out smallpox cases"--weird infections with telltale rash-like symptoms that must each be pinned down as some non-intentional scourge. Once, Layton was on the way to a hospital to investigate such a report when her cell phone rang. It was the CDC. "They had just heard there was a smallpox case in New York City--from CNN." That's why, Layton explained, "when breaking news happens, we go public quickly."

Some activists had a different critique of Frieden's announcement: that it would trigger a backlash against gay men. To their credit, however, mainstream HIV/AIDS advocacy groups recognized that the first AIDS wave could have been better contained with more information rather than less--and welcomed the warning as a reminder that the infection remains dangerous and deadly. Indeed, a number of gay and other community leaders stood alongside Frieden at the briefing.

Could the health department's press conference have been improved? Maybe--although the next day's headlines would still have read the same. Officials might have been more emphatic about the fact that this was a single case, the scientific significance of which is still murky. They might have pointed out that the majority of gay men are not sexually

reckless. And to further deflect the accusation of stigmatizing a particular group, they might have noted that the AIDS epidemic in New York City has hit other communities, such as African Americans, especially hard. To bolster its position, the health department could have jointly published with scientific investigators a detailed genetic analysis of the virus, proving that it really was new--if it was (at this point, we still don't know). Sharing clinical and laboratory data would also have permitted the ever-competitive research community to be on the same page as the health department, instead of feeling professionally ambushed.

All in all, though, Frieden's blunt and bracing press conference was entirely in keeping with an activist tenure that has benefited the city. Since taking over as commissioner in 2002, he has taken aggressive measures, from a city-wide smoking ban to establishing district health offices in poor neighborhoods. The front lobby of his office has a big glass bowl filled with packets of condoms, cheerfully labeled "BYOC." Three days before he learned of the new HIV strain, I happened to interview Frieden on a wide range of topics--including HIV prevention. "Condoms work. Needle exchange works," he told me. He was quick to add that, in the U.S., the political and moral overlay of AIDS has kept health officials from wielding the best techniques in their arsenal. AIDS helped strengthen the gay political movement (and rightfully so) but, as a result, sympathetic public health leaders may have been wary of offending a group that had long suffered discrimination--with disastrous consequences: "It was handled as a cause," Frieden told me. "It was not handled as an epidemic."

Sometimes the threat of an epidemic is good for public health, because it scares people into healthy behaviors. On February 11, Frieden told reporters, "This is a wake-up call." He aimed his warning wide: at men who have sex with men, doctors who treat and counsel HIV-positive patients, and public health workers who monitor the epidemic. Last Thursday, I asked Frieden what effect the press conference had. "If there is one thing I'm fairly certain of," he said, "it's that while we don't know how large this problem will be in the future, we do know that its likely size has been reduced as a result of our announcement. Doctors I know of who care for HIV-positive patients around the city are telling me that their patients are now grabbing handfuls of condoms when they come in for visits--which they weren't before. That, to me, is the bottom line." If true, then it's hard to characterize Frieden's press conference as "irresponsible and outrageous." Maybe it was his critics who jumped the gun.

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