“Swine Flu”: Is the Scare Over?

H1N1 flu, or “swine flu” as this hybrid avian-swine-human flu virus afflicting humans was originally (and poorly) named, turns out to be probably about as dangerous as the seasonal flu strains most of us are intimately acquainted with. Yet, taking a moment to reflect on the recent debate over this newly emerging disease (the dangers posed and the appropriate level of response), one recognizes an all too familiar pattern of twenty-first century disease scares. Like the attention given anthrax, smallpox, SARS, “bird flu” and multi-drug-resistant TB, the H1N1 flu scare reflects more than merely the potency of infectious diseases. It reflects on the one hand growing concerns about the inadequacy of U.S. public health systems to cope with disease, and on the other hand long-standing social anxiety about immigration and global interdependence. Even as fears over this particular disease peter out, these underlying fears persist, and warrant further consideration.

For at least two decades now, the public health field has lamented the woeful state of healthcare infrastructure, the inadequate medical resources and ineffective provision of health services to much of the U.S. population. While public health has seen an influx of government and private industry investment in the area of infectious disease control since the post-9/11 biodefense industry boom, the vast majority of public health concerns remain largely unaffected. Biodefense funding has spurred increased research and improved disease surveillance and response management systems for anthrax, smallpox and other diseases categorized as potential biological warfare agents. Similar investment in the management of new diseases like SARS and “bird flu” has also generated increased public health spending in the last few years. However, widespread infectious diseases such as HIV/AIDS, chronic diseases and other common ailments responsible for high numbers of illness and death remain largely underfunded. Moreover, even though some of the public health improvements resulting from the influx of biodefense and emerging infectious disease capital can also be utilized to combat more commonplace diseases, they also reproduce key problems with existing U.S. disease control programs.

First, an overreliance on drugs, surveillance technologies and other high-tech and resource-heavy scientific products has been the mark of disease control programs for decades. In a U.S. healthcare system dominated by profit motives, disease control has focused too much on increasing the production of new treatments rather than improving distribution of existing treatments to the many underserved populations in the U.S. In this context, the new flu scare has not surprisingly ignited a quest for new drugs and other measures specifically targeting this particular flu strain, once again siphoning resources away from broader issues of healthcare access and more treatable illnesses.

Second, U.S. public health response to the new flu strain continued long-standing but increasingly ineffective border patrol and geographical surveillance methods of disease control. The screening of air passengers and the generally increased border policing signify the characteristic public health insistence on using outdated modes of preventing disease spread that simply do not work in an increasingly globalized world. The U.S., like many other countries, has not kept apace with the facts of global interdependence. Often, misplaced measures targeting the perceived hazards of global circulation—transnational people and products—are

implemented, rather than attempts to forge more realistic global health alliances to combat disease spread globally.

The persistence of these nationalistic and border-focused health measures in the current flu scare can be understood as due in part to the xenophobic legacy of U.S. disease control measures. Particularly during times of increased immigration, immigrants have been associated with disease, and have become objects of fears and targets of surveillance and policing in the name of disease control. During the early twentieth century for example, a period with a high immigration rate similar to today's, immigrant groups such as Chinese and Mexican immigrant populations were seen as natural disease carriers who were more prone to illness than the U.S.-born population. Disease control efforts at the time focused disproportionately on monitoring, isolating, and at times quarantining immigrant populations and the spaces they inhabit. Thus, just as the recent SARS scare saw a resurgence in the U.S. of the notion of China and Chinese as inherently disease-prone, in the current disease scare the stigmatization of Mexico and Mexicans echoes earlier xenophobic response in the context of present-day concerns over immigration.

To truly address issues of disease spread and public health capacity, we must start by debunking the myths that either discrimination against immigrants (Mexicans in this case) or targeting of transnational travelers will aid disease control—especially for such a rapidly evolving and highly infectious virus as flu. More importantly, a serious rethinking of the role of corporate biomedicine and healthcare, as well as media sensationalism, in public health needs to occur. The abundance of resources to research the origins of this hybrid flu virus and create strain-specific treatments are short-sighted, wasteful, and could be much better spent on more pressing and common health needs such as better healthcare access and wider healthcare insurance coverage. The U.S. does not need yet another disease scare to distract it from the ill health that plagues many of its populations, and the everyday uses towards which healthcare funding could be better directed. With the recent influx of funding for public health and scientific research from the Obama Administration, it is imperative that these monies not get diverted away from true public health needs.

The author is currently working on a dissertation on twenty-first century disease scares.
Scholar of Gender Studies, Culture and Science

This article dissects the public health politics of the swine flu scare. It critiques the role of corporate biomedicine and xenophobic border patrol measures in disease control. It suggests that public health resources be directed to more commonplace diseases and healthcare issues.

Their revision: "The public health politics of the swine flu scare begs a critique of the role of corporate biomedicine and xenophobic border patrol measures in disease control. Public health resources should be directed to more commonplace diseases and healthcare issues."