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Bipartisan courage, humility, and wisdom needed to address the threat of COVID-19

By Alan Blum, MD

During the 20th Century, several Alabamians made enormous, life-saving contributions to medicine and public health. Some of these achievements were not new discoveries but rather acts of leadership that greatly improved knowledge and allayed anxiety in the general population and the health professions alike. Such leadership is urgently needed today to address the emerging coronavirus or COVID-19 pandemic. Consider these notable examples:

*Toulminville, Alabama native Dr. William Gorgas did not identify the cause of yellow fever and malaria (Drs. Carlos Finlay and Walter Reed did), but as chief sanitary officer on the Panama Canal project from 1904-1906, he demonstrated to the world how these diseases could be prevented. Twenty years earlier, an estimated 20,000 workers died during the failed French attempt to build a canal across the Panama isthmus, the majority from yellow fever and malaria. By the last year of Gorgas' work in Panama, the death toll from these diseases was zero. Gorgas' team accomplished this feat by draining the swamps and stagnant ponds where mosquitos lay their eggs; using mosquito netting and fumigation

in dwellings; replacing public water systems that had relied on standing water in rain barrels; and providing free medical care to all workers. This achievement was all the more remarkable because of widespread public skepticism about the lowly mosquito as the vector of these lethal diseases.

*Now in its 16th edition, *Harrison's Principles of Internal Medicine*, originally published in 1950, remains the most widely read medical textbook in the world. The first five editions were edited by Talladega-born Dr. Tinsley Harrison, who became the second dean of the Medical College of Alabama (now UAB School of Medicine) and its first chairman of medicine. In the first paragraph of the first edition, Harrison wrote, "In the care of the suffering, the physician needs technical skill, scientific knowledge, and human understanding. He who uses these with courage, with humility, and with wisdom will provide a unique service for his fellow man, and will build an enduring edifice of character within himself."

*Known as the "statesman for health," attorney Lister Hill, the son of a prominent Montgomery physician who was the first American surgeon to sew up a human heart, sponsored more than sixty pieces of health care legislation during his 45 years in Congress. The 1946 Hill-Burton Act (named for the Democratic senator from Alabama and his Republican co-sponsor Harold Burton of Ohio) provided federal grants to match local and state funds for the construction of 9200 hospitals and health facilities--a third of all hospital projects in the nation, many in rural, low-income areas. As chair of key health and appropriations committees and subcommittees in the Senate in the mid-1950s, Hill dramatically helped increase federal funding of medical research to the National Institutes of Health. With Senator John Kennedy, he cosponsored a bill in 1956 to create the National Library of Medicine and another bill to establish regional medical libraries to enhance the communication of research findings to doctors.

*Under the leadership of Surgeon General Dr. Luther Terry of Red Level, Alabama (appointed by President Kennedy in 1961 on the recommendation of

Senator Hill), the United States Public Health Service published the landmark Surgeon General's report on smoking and health, which concluded that cigarette smoking was the leading preventable cause of lung cancer and certain other diseases. For the next 20 years until his death, Dr. Terry became a global spokesman in the efforts to get people to stop smoking and prevent teenagers from starting.

In the 1980s, another Surgeon General, Dr. C. Everett Koop, picked up the mantle from Dr. Terry and used his office as a bully pulpit to warn the next generation about smoking. He did so because the tobacco industry not only had kept up its cigarette advertising blitz in the mass media and through sports and entertainment events but had also continued to dismiss concerns about smoking. Get real, Koop admonished the industry in one major public address: "The medical literature holds an inventory of more than 50,000 studies regarding smoking and health, the overwhelming majority of them clearly implicates cigarette smoking either as a contributing cause or the primary cause of illness and death. Now these are facts. They are part of the case built by medical researchers here and the world over for the past three decades, a case that is scientifically conclusive, and the verdict is clear: Smoking is the leading preventable cause of disease and death in this country." In other words, Koop informed Americans, the case against cigarette smoking is closed, and don't believe a word the tobacco industry says.

Koop led another effort to give the public a calm and compassionate understanding of another frightening epidemic, one that the Reagan administration long did its best to push under the rug: HIV/AIDS. Little remembered is that President Reagan's nomination of Dr. Koop, an evangelical Christian, had been intensely opposed by most major health organizations, including the American Public Health Association and the American Medical Association because of his longstanding opposition to abortion. In spite of his deeply held views on abortion, he rebuffed the administration's efforts to politicize the issue.

Koop was not reappointed as Surgeon General by President George Bush. And when President Bill Clinton's Surgeon General Joycelyn Elders endorsed greater sex education for adolescents and the distribution of contraceptives in schools to reduce the growing problems of sexually transmitted diseases and pregnancy in teenagers, she was fired.

For the past 25 years, then, the office of Surgeon General has been muzzled and scripted by the White House. It has become a symbolic position. As it happens, the current Surgeon General, Dr. Jerome Adams, who was Vice President Pence's health department commissioner in Indiana when he was governor, is an inspiring, down-to-earth speaker. His voice and those of the career physicians and virus experts at the CDC and NIH are now needed to replace the political rhetoric that is fomenting fear, confusion, and blame about the COVID-19 pandemic.

We should bear in mind that even the greatest successes in the near-eradication of viral diseases, notably the development of the Salk and Sabin polio vaccines, did not come easily. Although the cause of polio—or infantile paralysis because the disease largely afflicted children--was identified as a virus in 1908, it took decades longer to figure out how it was transmitted and who was susceptible to the disease. That President Franklin D. Roosevelt had paralyzed legs from polio and regularly visited the infantile paralysis treatment facility he helped establish at Warm Springs, Georgia became a unifying force behind the national publicly-financed effort to develop a vaccine. The early Salk vaccine trials (in which I was a 6-year old Polio Pioneer) had significant setbacks. A manufacturing error in one batch of vaccine led to several deaths and cases of polio. But President Eisenhower, who halted polio vaccinations until the manufacturing problem was identified and fixed, then helped restore public confidence in the scientists and in the safety of the vaccine, resulting in public buy-in and long lines to get vaccinated against polio.

We have seen how by trying to keep bad news and misjudgments quiet, China only helped spread the disease. The same scenario is repeating itself in the US with attempts by political leaders to keep information from the public in the

interest of avoiding panic and panic-selling in the stock market. The result is that the opposite has happened. Last week there was a \$3.5 trillion sell-off in the US stock markets.

We need to take with a grain of salt uniformed reassurances by politicians and their talkshow surrogates aimed at protecting their personal image on the one hand and doomsday predictions by opposition politicians on the other. The fact is, the U.S. needs to be much better prepared to confront emerging viral outbreaks.

So why not try a bipartisan approach instead of recriminations and finger-pointing? Senators Richard Shelby and Doug Jones ought to show the kind of courage, humility, and wisdom that Dr. Tinsley Harrison hoped that every doctor would have by joining together in the well of the Senate to call for an end to the politicization of this epidemic. They could urge that our career federal health agency medical experts, such as those at the National Institute of Allergy and Infectious Diseases, the Centers for Disease Control and Prevention's (CDC) Division of Global Health Protection and the CDC's National Center for Immunization and Respiratory Diseases be given the authority to coordinate and implement with state health department directors the policies necessary to protect the population and to report frequently to the nation without fear of ruffling the feathers of political appointees.

All elected officials, along with the American Medical Association, the American Public Health Association, and all medical, nursing, and dental school deans ought to be united in support of greater independence of our infectious disease control experts in addressing COVID-19 and other inevitable future global pandemics--for the increasingly obvious reason that we're all in this together.

Dr. Alan Blum is a family physician in Tuscaloosa and a frequent contributor to [AL.com](#) Opinion blog.