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Everyone has pandemic amnesia. But we're not ready for the next big one.

Here's what we need to do to prepare.

By **Richard Conniff** Updated May 10, 2023, 12:02 p.m.



ADOBE STOCK

You do not want to think about the next pandemic, and I understand. “Pandemic amnesia” is everywhere. But this urge to forget and just get on with our lives is like going to bed with the front door wide open when you know there are killers working the neighborhood: So far in this century, we’ve suffered two previous coronavirus outbreaks

(SARS in 2002 and MERS in 2012), the 2009 swine flu epidemic, the 2014 Ebola outbreak that jumped the Atlantic (and several others brought under control within Africa), the 2015-16 Zika virus outbreak, and now, all at once, bird flu with spillovers into mammals, monkeypox, RSV (respiratory syncytial virus), and the never-ending COVID pandemic.

And all of these, including COVID with its relatively low fatality and infectivity rates, were a polite *memento mori* compared with the true destructive power of infectious disease. A new coronavirus, or a COVID variant, may yet turn up at any time that combines the [35 percent fatality rate of MERS](#), for instance, with the sky-high infectivity of measles. How do we prevent that from happening, or at least minimize the damage when it does?

First, we need to recognize that pandemic prevention is a matter of national security. COVID killed more Americans than died in World War II, and has [cost our economy an estimated \\$16 trillion](#), far more than the [9/11 terrorist attacks](#). That demands an organized response under [a single pandemic prevention agency](#) equivalent to the Department of Homeland Security, according to Dr. Mark C. Poznansky and Dr. Michael V. Callahan, infectious disease specialists at Massachusetts General Hospital. Congress authorized the creation of a permanent Office of Pandemic Preparedness and Response, but the law included no funding when it passed. And the end of the COVID public health emergency designation (planned for May 11, as of press time) does not bode well for a strong start. Moreover, its position within the White House means it may be vulnerable to the political [downplaying of danger and the muzzling of experts](#) that occurred at the start of the COVID pandemic.

Second, we need to develop smart tools for addressing [anti-science misinformation](#). It's a major reason many people failed to get fully vaccinated against COVID, and [more than 200,000 Americans needlessly died](#) as a result, according to Dr. Peter J. Hotez, a pediatrician and a virologist at Baylor College of Medicine, and author of the upcoming book *The Deadly Rise of Anti-Science: A Scientist's Warning*. A coordinated and well-

funded response out of our hypothetical pandemic readiness office is essential. The scale and funding of the misinformation also require an agile counter-movement to address threats as they arise. When an ultra-Orthodox Jewish community in New York state became the center of [a 2018 measles outbreak](#), for instance, a group of nurses who were themselves Orthodox Jews [responded with a campaign](#) that included workshops for mothers and fact sheets, all couched in culturally sensitive *but scientific terms*. During a [2019 Ebola outbreak](#) in the Democratic Republic of the Congo, the government set up a tip line for young people to report misinformation on WhatsApp. It then quickly responded there, or via local radio, with accurate information.

Culturally sensitive approaches are also badly needed to separate US politicians from their addiction to anti-science gestures. At least 30 states, almost all with Republican-dominated legislatures, have now restricted public health officials from applying basic protective measures — masks, quarantines, school closures, vaccine mandates — against the next big infectious disease, [according to *The Washington Post*](#). “We’ll look to the government to protect us,” one *Post* source commented, “but it’ll have its hands behind its back and a blindfold on.” The Democrats now also have their own Connor Roy Succession-style presidential contender, in anti-vaccine activist Robert F. Kennedy Jr., [backed by Steve Bannon and Alex Jones](#), among others.

Third, our response to the next pandemic needs to be an equal partnership with other nations — and that’s to our benefit. [The Pandemic Fund](#), a new initiative by the World Bank and the World Health Organization, has a goal of investing \$10 billion a year in outside funding, plus \$20 billion a year from the participating low- and middle-income countries, to build up defenses against the next pandemic. The ambition is to support improved disease surveillance and the sharing of data, according to executive head Priya Basu, and equitable access to countermeasures, including development of manufacturing facilities and supply chains in regional hubs for items such as vaccines, masks, and oxygen. In its first round in February, the fund received [\\$7 billion worth of applications](#), for which it had only \$300 million in available funding. Basu spins that as a sign of the determination among developing nations to protect themselves next time.

US policy can play into that determination by supporting the training of international infectious disease staff in our universities, then building them up to become equal partners in their own countries, says Callahan of Mass. General, who has led multiple outbreak investigations. We should do it for the obvious reason that an infectious disease anywhere is now [an infectious disease for all of us](#), as when deadly COVID variants emerging in other under-vaccinated countries quickly showed up on US soil. And that strategy worked in the earliest days of COVID, he says, when Chinese physicians “communicated at considerable peril with the people who had trained them” about therapies that weren’t working. It was a head start when 712 mostly American passengers soon turned up with COVID on a cruise ship anchored off Japan.

It’s also worth remembering that the single most successful public health initiative ever was an equal partnership of all nations. Beginning in 1966, that WHO campaign worked with a smallpox vaccine that hadn’t changed much since the 19th century. Some of its smartest strategies, and most of the 150,000 vaccination team members in the field at any one time, came from the Global South, and in just a dozen years they eradicated one of the deadliest diseases in human history.

A US surgeon general later praised them, somewhat patronizingly, saying, “The workers in the program were simply too young to know it couldn’t be done.” And that is what we need now: People who do not know, or do not care, what “cannot be done,” because they will do it.

Richard Conniff’s latest book, [Ending Epidemics: A History of Escape from Contagion](#), is just out from MIT Press. Send comments to magazine@globe.com.

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