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COMMENT

Cheap and Easy

by Malcolm Gladwell

Every now and again in politics, there is a moment that captures the temper of the times, and our moment may have come this budget season in Washington. The Centers for Disease Control asked Congress if, for an extra fifteen million dollars in C.D.C. funding, it would like to wipe out syphilis from the United States by 2005. And Congress said no.

The request was not a political ploy to get a bigger budget. Syphilis is an epidemic that, for reasons no one quite understands, runs in cycles, and, after peaking in 1990, the disease is now at its lowest level in United States history. It has retreated to a handful of areas across the country: just twenty-five counties account for half of all cases. In other words, syphilis is very close to that critical point faced by many epidemics, when even the slightest push could tip them into oblivion. That's why the C.D.C. has asked for the extra fifteen million

dollars-- to supply that final push.

This was all patiently explained to Congress last year as the epidemic first neared its lowest ebb. The C.D.C. proposed the most prosaic and straightforward of public-health efforts--an aggressive regimen of free diagnosis and treatment. The drug of choice? Penicillin, the same antibiotic that has been so successful in fighting syphilis for the past half century. Congress wasn't interested. This year, the C.D.C. made its case again, and again the public-health budgets that emerged from the House and the Senate left the agency well short of the necessary funding. Next year, unfortunately, the moment when syphilis can be easily eliminated will have passed. The disease will have begun its cyclical return, moving out of the familiar, well-defined neighborhoods where it is now sequestered, and presenting a much more formidable target for public-health officials. "If you miss the timing, there is a point

when it is no longer feasible to move to elimination," says Judy Wasserheit, who is the head of the C.D.C.'s syphilis-prevention effort. "We're already pushing the limits of that time frame."

Exactly why, in a period of fiscal plenty, Congress cannot find the money for an anti-syphilis campaign is a bit puzzling. The disease plays a major role in the transmission of H.I.V., increasing infection rates between two- and five-fold. It often irreparably harms children born to those who are infected. And it is extremely expensive. Even with the rates as low as they are now, syphilis costs the country two hundred and fourteen million dollars a year. Congress has the opportunity to make history by eliminating a disease that has plagued the West for centuries. Why isn't it taking it?

The truth is, this is the price we pay for the ways in which disease has become steadily politicized. The great insight

of the AIDS movement--later picked up by groups concerned about breast cancer and prostate cancer--was that a community afflicted with a specific medical problem could take its case directly to Capitol Hill, bypassing the medical establishment entirely. This has dramatically increased the resources available for medical research. But it has also given Congress an excuse to treat public health as another form of interest-group politics, in which the most deserving constituencies are those which shout the loudest. In fact, when it comes to illness and disease the most deserving constituencies are often those who cannot shout at all. That syphilis is a sexually transmitted disease primarily affecting very poor African-Americans only makes things worse--sex, race, and poverty being words that the present Congress has difficulty pronouncing individually, let alone in combination.

The last time America came so tantalizingly close to the elimination of syphilis was during the mid-fifties, after the introduction of penicillin. "Are Venereal Diseases disappearing?" the American Journal of Syphilis asked in 1951; four years later, the journal itself had disappeared. Such was

the certainty that the era of syphilis was ending that the big debate in the public-health field was ethical rather than medical--namely, how the removal of the threat of venereal disease would affect sexual behavior.

As Dr. John Stokes, one of the leading experts of his day on sexually transmitted diseases, wrote, "It is a reasonable question, whether by eliminating disease, without commensurate attention to the development of human idealism, self-control, and responsibility in the sexual life, we are not bringing mankind to its fall instead of fulfillment." Stokes assumed that syphilis would soon vanish, and that we ought to worry about the morality of those who could have got the disease but now wouldn't. As it turns out, he had it backward. Syphilis is still with us. And we ought to worry instead about the morality of those who could have eliminated the disease but chose not to.

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