Journal of Transcultural Nursing
1

DOI: 10.1177/1043659614562004
tcn.sagepub.com
SAGE

"Masses Are Always Breeding Grounds of Psychic Epidemics" (Carl Jung)

Linda A. McCauley, PhD, RN, FAAN, FAAOHN[1]

At a recent event with Emory colleagues, someone mentioned carrying an Emory tote bag on a flight and the comments that she received: from "thank you for the work Emory nurses and doctors are doing," to "it must be very scary to work there," to a sense that others were simply distancing themselves away from her and the bag she was holding. The media are feeding on the panic the Ebola disease provokes. Politicians are ignoring and distrusting the public health guidance that is being issued around Ebola and are pushing policies that flame the fire and serve little purpose other than to ignite fear.

Humans have little ability to judge risk around disease; perceptions of risk are easily distorted by the public media. Examples from previous outbreaks and current public health concerns illustrate how we behave. At the very time that fewer than a dozen Ebola patients were being cared for in the United States, with only one fatality to date, the Centers for Disease Control and Prevention (CDC) officials expressed concern regarding a spike in cases of severe respiratory illness among children. From mid-August to October 31, 2014, public health laboratories have confirmed a total of 1,105 people in 47 states and the District of Columbia with respiratory illness caused by EV-D68. With 8 fatalities to date, the CDC is aggressively responding and has developed and started using (on October 14) a new, faster lab test for detecting EV-D68 in specimens from people in the United States with respiratory illness (CDC, n.d.).

So while the public is immersed in the fear around Ebola, most are not aware of the EV-D68 virus that is attacking young individuals in our own country. Most Americans are not aware that we will lose more patients to flu this year (due to failure to obtain an available flu vaccine) than we will *ever lose* to the Ebola virus in the United States.

How can we as nurses not succumb to an epidemic of fear? Recently Anthony Fauci, who has led the National Institute of Allergy and Infectious Disease, compared the Ebola epidemic to that of the HIV/AIDS epidemic in the United States and the anthrax attacks after 9/11 (Gilsinan, 2014). He stressed the need for individuals to evaluate their risk and base actions on scientific evidence. The anthrax scare after 9/11 stemmed from 17 individuals getting sick and 5 deaths, but led to a nationwide fear of opening mail.

We as nurses need to expect that fear will accompany epidemics such as Ebola, but the key value that nursing can bring is to be insistent in educating patients, families, and communities on the scientific evidence. Nursing should be very proud of Kaci Hickox, the nurse in Maine, who was persistent in explaining that the political action to enforce quarantine on her was only based on fear and *not* on scientific evidence, as she was asymptomatic and had not tested positive for the Ebola virus.

In addition to providing the public with solid evidence about the contagion of the Ebola virus and the effectiveness of the recommendations from public health authorities such as the CDC, nurses should use this time in history to explain to their patients, families, and communities why we can so effectively contain and treat the virus in the United States in comparison to the conditions in underdeveloped regions of the world. There are clear indicators that regions of the world that have suffered years of political strife, famine, and decaying infrastructure cannot in any means respond effectively to an epidemic of this type.

The countries of Liberia, Nigeria, and Sierra Leone need global public health support to contain the virus within their borders. They need medical supplies and medical care and the capacity to track individuals who have contact with patients. Now is not the time to prevent humanitarian workers from the United States to continue to provide the critically important support that these countries need. Policies in the United States cannot be disincentives for health care workers to respond to the needs of individuals in these countries in Africa. Requiring 3-week quarantine for anyone who has stepped forward to be part of the solution for this epidemic will result in decreased numbers of responders to this global crisis and prolong the outbreak of this disease.

The health care providers choosing to be part of the humanitarian response in Africa need our support for their courage and not our fear that they will bring the disease into our borders. Just as they apply our vast knowledge of the disease, its contagion, and its control when they fly into African borders, they deserve this same level of respect and application of scientific knowledge when they return.

References

Centers for Disease Control and Prevention. (n.d.). *Enterovirus D68 in the United States, 2014*. Retrieved from http://www.cdc.gov/non-polio-enterovirus/outbreaks/EV-D68-outbreaks.html

Gilsinan, K. (2014, October 30). "An epidemic of fear": Ebola in the United States. *The Atlantic*. Retrieved from http://www.theatlantic.com/international/archive/2014/10/an-epidemic-of-fe-ar-ebola-in-the-united-states/382158/

[1]Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, GA, USA

Corresponding Author:
Linda A. McCauley, Emory University Nell Hodgson Woodruff School of Nursing, 1520 Clifton Road, NE, Suite 402, Atlanta, GA 30322, USA.
Email: lmccaul@emory.edu