

# EDITORIAL

## Fearbola

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CNN commentator Mel Robbins is credited with first using the term *Fearbola* and defined it as “a hyper-contagious disease that affects the brain, making sufferers fear a widespread Ebola outbreak in the United States,” and further, “an airborne disease that spreads through conversation.”<sup>1</sup> Regardless of its precise definition and etiology, *Fearbola* is not a novel entity and this largely unfounded overreaction to the threat of an infectious disease was witnessed with HIV, the anthrax white powder epidemics, SARS, and during the initial evolution of H1N1. Unfortunately, as with so many biological phenomena, this fear reaction is easy to recognize but defies efforts at containing or treating it. It is all too easy to ascribe fault to the media, whether it be print, digital, or audiovisual, but in reality that argument can only be partially accepted. I would argue that the true etiology is more the result of a failure in our health messaging and our fundamentally flawed human psychology, the latter fed by the media hyperbole that is all too common.

The real tragedy of this failure is in the consequences of that fear reaction, both intended and unintended. As partially compiled in *Businessweek*,<sup>2</sup> US financial markets were struck a blow, schools closed, a cruise ship was marooned, airlines were disrupted, and 41% (Pew Research) of Americans feared exposure to the virus. In addition, we have the human tragedy imposed on individuals because of stigmatization and forced quarantine as well as the secondary effects on health personnel with our entire health care and public health systems thrown into unwarranted turmoil. The end effect of the latter is that scarce resources are focused on a highly improbable event while attention to the more probable and significant is diminished. We see reversal of the Pareto principle in which a large percentage of input is applied against a focus of minimal return. And the terrible humanitarian irony is the diversion of necessary input from West Africa where it is critically needed to truly address the Ebola epidemic.

As of November 20, there have been 15,352 cases “officially” reported with 5790 deaths (38% mortality) for the present epidemic.<sup>3</sup> I put *official* in quotes because we really have no good estimate of the total

number of actual cases nor the effects of increased surveillance over time on those numbers. Regardless, over the course of the epidemics the reported weekly incidence should be somewhat reliable, if not valid, and should serve as a barometer of where we are and provide a reasonable projection as to where we are going. When one looks at the distribution of cases reported by week, we may well have seen peaks in the epidemiological curve for Liberia, Sierra Leona, and Guinea.<sup>4</sup> However, new case numbers are better described as plateauing versus decreasing and we can by no means diminish global attention to this devastating event without risking a further expansion of the epidemics.

In responding to the Ebola epidemic from a journalistic perspective, we have adopted a novel approach to provide scientifically accurate information in a timely manner. A decision was made to build a special issue over time with content provided in the form of commentaries and articles from experts in the field, on-the-ground responders, and others involved in developing and implementing policy. To date we have had a tremendous response in terms of both contributors and users. The e-published material to date can be found on our journal website and all articles are entirely free to readers. If we are able to identify a sponsor, we hope to publish an actual print special issue at a later date that will be a compilation of all the e-published materials. In accomplishing our goal, we have had the privilege of being assisted by 4 Guest Editors: Frederick M. Burkle, Jr, MD, MPH, DTM, FAAP, FACEP; Charles L. Beadling, MD, FAAFP, IDHA, DMCC; Kristi L. Koenig, MD, FACEP, FIFEM; and Trueman W. Sharp, MD, MPH.

Turning our attention to the current issue of the journal, we see the usual broad range of articles, but of special note is the number from our global contributors. This is a heartening trend and one we are working diligently at maintaining. The cover photographs and essay describe, in part, an ongoing initiative in Japan to strengthen global partnerships. The photos from Japan also remind us of the next landmark activity, which will be the Hyogo Framework for Action (II) meeting to be held in Sendai, Japan, in March 2015, and from which we hope to see health and public health fully

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recognized as critical to both risk reduction and population resilience. Finally, we are publishing the proceedings of a workshop on Learning in Disaster Health put on by the National Center for Disaster Medicine and Public Health. The work of this Center is of critical importance in addressing the education and training foundations of Disaster Medicine and Public Health, without which we cannot hope to define a discipline.

In closing, I note that although the past year has been difficult, it has also been quite rewarding and with your continued commitment and support, 2015 should be a landmark year in the evolution of Disaster Medicine and Public Health.

## REFERENCES

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