

WebMemo



Published by The Heritage Foundation

No. 2415
April 28, 2009

Strategy for Swine Flu Should Focus on Common Sense, Not the Border

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The Centers for Disease Control (CDC) is reporting that, as of April 28, there have been 40 cases of swine flu in the United States. The spread of this flu and the associated deaths in Mexico have left Americans frightened and concerned. While these concerns have led to calls to contain the outbreak by closing the border with Mexico or instituting travel restrictions, a border-centric strategy is not an effective solution for dealing with the swine flu.

Instead, local health departments should focus on educating Americans about common-sense precautions individuals can take to lessen the likelihood they will be infected. Both Congress and the Department of Homeland Security (DHS) should reinforce these prudent measures rather than exacerbating fears and advocating less effective measures.

A Cause for Concern. The swine flu is a viral respiratory infection that causes such symptoms as cough, body aches, fever, and joint pain. In March 2009, an outbreak of swine flu was first detected in Mexico. A month later, new cases appeared in Texas and California, followed by a larger outbreak in Mexico, which has resulted in at least 149 deaths.

As of April 28, the flu had spread to multiple countries including Canada, Spain, and New Zealand. Thus far, 40 Americans have been confirmed to be infected with the swine flu, but all are recovering and there have been no fatalities. While the flu is suspected to have begun in Mexico, the origins of the flu have not been conclusively determined.

The cases appearing in the United States have caused considerable concern among U.S. citizens

and government leaders, especially given the high number of deaths of individuals affected with the virus in Mexico. In response, the World Health Organization (WHO) has designated the outbreak as a Level 4—meaning that there is “sustained human-to-human transmission” of the swine flu. DHS Secretary Janet Napolitano also issued a public health emergency declaration (a standard procedure in these situations) to ensure that resources could be given to health officials. The CDC released one-fourth of the Strategic National Stockpile of anti-viral medication as a precautionary measure.

While these are the appropriate actions to take given the number of deadly infections in Mexico and the increasing cases worldwide, more aggressive actions have also been suggested. In fact, several Members of Congress have called for the U.S. to close its border with Mexico, and many have suggested that travel restrictions are appropriate.

Not a Border Solution. A border solution is wrong. First, doing so will not prevent infected individuals from entering the United States. If someone crossing the border is affected, they could appear “asymptomatic” at the border or with symptoms virtually indistinguishable from other flus and colds.

This paper, in its entirety, can be found at:
www.heritage.org/Research/LegalIssues/wm2415.cfm

Produced by The Margaret Thatcher Center for Freedom

Published by The Heritage Foundation
214 Massachusetts Avenue, NE
Washington, DC 20002-4999
(202) 546-4400 • heritage.org

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Even the WHO has advised against the use of travel restrictions for dealing with the swine flu, emphasizing that such a measure would be ineffective.

Second, such measures would cause massive economic disruption. A blockade at the U.S.–Mexican border would effectively halt the North American supply chain. The southern border has 39 ports of entry, through which hundreds of millions of people, trucks, and cars pass each year. Mexico is America's third largest trading partner, with most goods flowing through the southern border. Given the current economic climate and the market's already skittish reaction to the swine flu, closing the border would be a crippling blow to commerce.

Finally, the flu has already gone “global”—hopes of restricting the international spread of the disease are unrealistic.

Focus on Good Public Health Policies. What the United States should be doing is focusing on good public health policies. Such policies include a three-pronged approach of:

1. Treating those affected with the virus,
2. Continuing to collect useable and timely information about the flu, and
3. Educating Americans on the proper means of preventing transmission.

The origins of the flu strain have not been conclusively determined. Also, doctors are puzzled as

to why the Mexican manifestations of the flu have been so deadly. Figuring out these puzzles will help to control the problem further. In the meantime, local health departments should communicate common-sense strategies to Americans, such as washing hands frequently; keeping hands out of eyes, nose, and ears; and, at the onset of flu-like symptoms, not going to work but instead going to the doctor.

These steps will go a long way toward stopping the transmission of the virus. Congress and the White House should use their leadership roles to encourage Americans to take these precautions, and they should continue to monitor the situation closely.

A Steady, Common-Sense Response. The United States should remain diligent in its efforts to control the spread of swine flu. This will require a common-sense approach, one reliant on the participation of all Americans to ensure that more individuals do not get sick. Focusing on the border, however, will not stop the spread of the flu—but it will stop the economy.

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