



DESERT HEALTHCARE
DISTRICT & FOUNDATION

California's monkeypox response so far has been ineffective. Let's apply lessons from COVID

Monkeypox is not a pandemic. Yet. But this new strain of the virus is different. It behaves differently and spreads differently. It needs to be treated differently.

The World Health Organization declared on July 23 that this monkeypox outbreak is a “public health emergency of international concern,” and California Gov. Gavin Newsom also declared a state emergency on August 1. We hope these declarations will be a wake-up call for everyone. We hope the wake-up call is heard in the Coachella Valley and in the California Department of Public Health, as well in the U.S. Department of Health and Human Services.

California is approaching the monkeypox outbreak with ineffective, lukewarm, and misguided measures.

There are important lessons we have learned from the COVID-19 pandemic and other epidemics that are important to apply, now and in the future:

1. equity matters;
2. no one is safe when someone is not safe; and
3. stigmatizing diseases or communities results in the politicization of public health.

Equity in healthcare means providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, sexual orientation, geographic location, and socioeconomic status. This is a complex topic that can be better addressed by understanding that you first must identify those at higher risk of becoming ill, prioritize their access to care, and remove all barriers that keep them from accessing it. We know who is at the highest risk today, the numbers are clear. Men who have sex with other men are the group at highest risk of monkeypox infection.

Prioritize them. Remove all barriers that this group faces, increase awareness, increase education, increase knowledge, increase the outreach, and more important, make the vaccine and treatment available to them, now, here in the Coachella Valley. A vaccine distribution based on ratios or per capita is the wrong approach. It is an approach that failed us in the COVID-19 pandemic. Giving priority to larger counties and larger cities because they have more people is an ineffective strategy.

Secondly, no one is safe when someone is not safe. Men who have sex with men do not live in isolation in a fantasy gayland. They are our brothers, children, fathers, cousins, uncles, nephews, coworkers, friends, and neighbors. It is almost certain that without proper protection, which existing vaccines can provide, members of this group will not be the only community members affected. Other populations that today have lower risks also will be vulnerable: seniors, women,

and children. Viruses do not discriminate. Also, although sexual contact is one way it spreads, Monkeypox is not a sexually transmitted disease.

My final point is that public health is a science. It is the science of protecting and improving the health of people and their communities. It is based on the study of diseases, risks, and behaviors related to a given population. These populations can be as small as a local neighborhood or as big as an entire county, state, country, or region of the world. Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services, and conducting research to maintain and protect our health. Our communities need our public health officials to make decisions free of political influences. The public must support this as an enlightened self-interest.

The Coachella Valley continues to witness the outbreak of monkeypox turning into an epidemic, which is defined by the Centers for Disease Control as “the occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a particular period.” It is also important to note that the first case of Monkeypox in the Coachella Valley was reported on June 22, and one month later there were 17 cases. (On Monday, Riverside County Public Health reported 34 confirmed and probable cases.)

The 17 cases alone represent an estimated incidence rate of 3.6/100,000, and the cases are increasing. The incidence rate in Los Angeles County (261 cases) is 2.6/100,000; in San Francisco (257 cases) it is 29.4/100,000. But the incidence rate is exponentially higher amongst the LGBTQ+ population.

Today, we have a window of opportunity to stop the spread of monkeypox. But this window is closing. The number of monkeypox cases continues to grow each day. On an individual level it is important that we observe the CDC recommendations to avoid being infected. From a public health perspective, we need stronger measures, especially an equitable vaccine distribution and availability of antiviral medication.

As long as we continue failing to apply the lessons recently and painfully learned from the COVID-19 pandemic, we will continue to struggle to contain the spread of the virus that causes monkeypox.

Conrado Bárzaga is CEO of the Desert Healthcare District and Foundation. Email him at cbarzaga@dhcd.org.