

Zika as a Catalyst for Social Change

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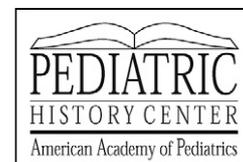
Zika burst into awareness in the Western Hemisphere in November 2015 when Brazil's Ministry of Health¹ posted their suspicions that the recently observed rise in the number of infants born with microcephaly was caused by the Zika virus outbreak. Even before the Centers for Disease Control and Prevention confirmed the link between microcephaly and Zika,² concerned governments had begun advising women to avoid getting pregnant.^{3,4} Critics immediately pointed out that most pregnancies are not planned and that many women do not have easy access to safe contraceptives or abortions.³

Historians will recognize similarities between Zika and the US rubella epidemic of 1963 to 1965, which resulted in thousands of babies born with birth defects ranging across all organ systems. Rubella ("German measles") was a powerful catalyst for social change because its effects on fetal development spurred changes to abortion policy in the United States.⁵ In the 1940s and 1950s, women who sought abortions were typically seen as sexually deviant, racially inferior, or psychologically sick. However, after rubella began affecting women across the spectrum of education and social class, the public profile of the women wanting an abortion changed. White, middle-class women openly sought abortions to avoid bringing a disabled child into the world. The privilege and presumed respectability of these women turned abortion from a

shameful and thoughtless act into a responsible, if morally difficult, choice.

Although many states after the rubella epidemic did allow abortion for pregnancies at high risk for an impaired fetus (and for rape, incest, and danger to the mother's health), actually obtaining an abortion for this indication was no easy matter.⁶ Abortions could be performed only in hospitals and only after approved by an "abortion review board." The doctors on these boards, usually men, often decided based on their own religious or moral beliefs, especially when the request came from women of color.⁵ These men often questioned abortion cases brought forth by women concerned about teratogenic effects of rubella, especially because of the uncertainty of fetal effects in any 1 case. The experience of having to ask permission from a group of strangers in this most personal decision encouraged many women to seek change. They joined with religious leaders and physician advocates to overturn archaic state laws. In such a morally difficult situation, they argued, women should be responsible for making their own decisions. These advocates helped change state laws in the 1960s, and in 1973 the US Supreme Court established nationwide legal access to abortion in the *Roe v. Wade* decision.

Could the Zika virus epidemic reframe the reproductive health debate as rubella did in the United



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Ms Brosco conceived and developed the core idea for this article, drafted the first version of this manuscript, added supporting data and references, and prepared the final version; Dr Brosco edited the manuscript and added commentary on how the perspective of disability has changed over the years; and both authors approved the final manuscript as submitted.

DOI: 10.1542/peds.2016-2095

Accepted for publication Aug 24, 2016

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: No external funding. Dr Jeffrey Brosco is supported by an Adrienne Arsht Faculty Scholarship at the University of Miami.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

To cite: Brosco JH and Brosco JP. Zika as a Catalyst for Social Change. *Pediatrics*. 2016;138(6):e20162095

States decades earlier? In Latin America and the Caribbean, 97% of young women live in countries where access to safe abortion is severely restricted by law.³ Even where birth control and abortion are available and legal, cultural and religious beliefs restrict access in a region where 88% of the people identify with Catholic or Protestant beliefs.⁷ Given the persistent stigma associated with disability and the limited resources available in most of Latin America for people with physical and intellectual impairments,⁸ the birth of a child with microcephaly is likely to be viewed as a burden. The Zika epidemic may provide the urgency and the biological legitimacy to those seeking to reduce stigma and eliminate legal barriers to birth control and abortion. The United Nations High Commissioner for Human Rights, for example, has called on Latin American nations to repeal policies that break with international standards.⁹

In the United States, legal restrictions on abortion continue despite the legacy of *Roe v. Wade*,¹⁰ and reproductive health issues remain socially and politically contentious. How the Zika epidemic affects US policy and politics will probably turn on views toward disability. In the mid-20th century, disability was viewed as a cause for shame in the United States. Leading experts persuaded parents to institutionalize disabled children to preserve the well-being of the family. Pregnant women in the early 1960s were particularly worried about the possibility of a disabled child because of the well-publicized thalidomide disaster in 1961, when thousands of pregnant women in Europe took thalidomide to help with nausea, only to later learn that the medicine caused severe birth defects.

However, in the aftermath of the disability rights movement of the

1970s, Americans today have a much more accepting view of disability. Federal laws protect the rights of people with disability, leading to robust (if inconsistent) inclusion in social, educational, and vocational settings. Such laws are now being extended in a controversial way to abortion policy. In early 2016 Indiana became the second US state, after North Dakota, to ban abortion in the case of Down syndrome.¹¹ The rapidly shifting politics of abortion and disability are intertwined in the United States. It remains to be seen whether pregnant women will face support or outrage as they consider the possibility of a fetus affected by the Zika virus.

As clinicians and public health professionals throughout the Western Hemisphere respond to this latest health threat, there is an opportunity to reflect on the potential for epidemics to influence public policy. Epidemics have a clear starting point and cause a sudden burden to society. They can capture the public imagination in ways that endemic conditions may not. Zika is newsworthy; malaria is not, even if it leads to hundreds of thousands of deaths annually. Historians may someday add the Zika epidemic to the list of biological phenomena that catalyzed social change.

ACKNOWLEDGMENTS

Thanks to Dr Gilda Sedgh and Reece A. Brosco for their review of the manuscript.

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Pediatrics 2016;138;

DOI: 10.1542/peds.2016-2095 originally published online November 2, 2016;

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