

Epidemics Since We All Graduated from Dartmouth: What Have We Learned and What's the Future

Henry Masur was working in New York City in 1980 when he had his introduction to pandemics...not that he knew that at the time. He was the first to recognize a new syndrome, AIDS....until his article in the New England Journal of Medicine was accompanied by two similar articles, one led by another Dartmouth '68—so he was first or second or third to discover this new syndrome. He had worked in New York with an infectious disease expert from Brooklyn, who was soon to become the long time Director of the National Institute of Allergy and Infectious Disease. The Brooklyn physician had previously recruited his all-time favorite trainee, Joe Parrillo '68 to NIH to lead the intensive care unit (ICU) program at NIH's hospital. The two of them changed my life by recruiting me to NIH where I have been for 40+ years, eventually succeeding Joe Parrillo as Chief of Critical Care Medicine.

Over those 40 years, many pandemics have appeared, with patients coming to NIH to be cared for and participate in trials to understand the diseases and to improve patient outcome: HIV, Avian Influenza, West Nile, SARS-1, Hepatitis C, Ebola, and COVID-19 all presenting their unique challenges, some highly transmissible, some persisting, some mysteriously dissipating or disappearing.

In 2023 almost all remain a challenge, but the clinical and biologic aspects of the diseases are now complicated by another epidemic, substance use disorder. Opioids, methamphetamine, cocaine all enhance the likelihood of high-risk behaviors that increase the likelihood of acquiring these life-threatening challenges. All impair the ability of patients to participate in care. Physicians who thought they would focus on microbes and antibiotics, and most other health care providers, recognize that they need to understand, practice and advance addiction medicine if these pandemics are going to be effectively managed. We have had a lot of "catch up" learning to do that...we should have started in medical school.

Managing epidemics and infectious diseases also must confront the challenge of dealing with the sociologic and political issues that affect the implementation of sound science, and require consideration of how to make sound science credible to a wide range of constituencies. This is clearly a challenge that has not yet been met.

Henry Masur, still working after all these years, has been the Chief of Critical Care Medicine at the National Institutes of Health for 35 years, since Joe Parrillo '68 departed for a new challenge in Chicago. During that time he has served as the President of the Infectious Disease Society of America, Co-Chair of the NIH Guidelines for Management of HIV Related Opportunistic Infections, Co-Chair of the Infectious Disease Society of America/American Association for Study of Liver Disease HCV Guidelines, Co-Chair of the NIH Covid-19 Guidelines, and led the FDA HIV Review Panel during the first decade of the HIV epidemic. He is the recipient of the American College of Physicians John Phillips Award for Science in Medicine and the Health and Human Services Hubert Humphrey Award for Service to Humanity.