

The gentle murmur of voices and the lights begin to fade. People settle into their seats, eyes rising to the screen ahead of them. A title card appears across the bottom of the presentation, quickly replaced by the original closed captioning of the broadcast.

Dr. Norman Takamori of the National Institute of Child Health and Human Development speaking at the first White House Press Briefing regarding the HHV-5B outbreak.

DR. TAKAMORI: To restate the conclusions of my colleagues, we are facing an outbreak of human cytomegalovirus, HCMV, also known as human herpesvirus five, HHV-5. It appears that this variant may be a unique strain of this virus, hence the term we've been using in our communications, HHV-5B. This virus is related to the viruses that cause chickenpox or shingles; however, it is in a different family of viruses. Infection is extremely common globally, the prevalence of the virus is nearly 100% in certain regions of the world (murmurs). We are currently working to estimate the prevalence of the new strain, but it is here in the United States. Evidence suggests that the new strain may have arrived through travelers from South America. At this time, I'll be taking questions.

MEDIA: We've heard from the CDC that this virus is already the leading cause of deafness and disability in infants. Why are we not able to trace the disease and count how many people are infected?

DR. TAKAMORI: HHV-5B is a different strain of the virus we are familiar with. It might behave in ways we haven't seen before. Healthy people are typically asymptomatic, making this very difficult to diagnose without testing.

MEDIA: Well then how likely is it that a newborn will have a disability if they were infected with the 5B virus?

DR. TAKAMORI: Early evidence suggests that these outcomes may be more common and more severe in infants infected with the newly identified strain.

MEDIA: You're saying that infants infected with this extremely common disease will be born with a disability?

DR. TAKAMORI: No, no, I am not saying that. Look, we are still working to understand the virus. The effects of congenital HHV-5B infection, when the mother is infected with 5B during pregnancy, include hearing loss and intellectual disabilities among other long term health effects. I think that - we think - we're still doing research so we don't know. I can get back to you. Next question.

MEDIA: You said that in some places, 100% of people are already infected with the virus. In that case, should every mother be worried that her baby might be infected with 5B?

DR. TAKAMORI: The more common strain of this virus is not a cause for general concern. The majority of individuals have already been infected with the virus with no ill effects. So we don't test for this sort of thing. But the 5B virus is different and we aren't sure if healthy people will have trouble fighting off the virus. At this time we are most concerned about the immunocompromised and those who are pregnant.

MEDIA: Who should be tested? Why aren't we doing more to set up mass testing sites like we've seen in previous pandemics?"

DR. TAKAMORI: Testing is not recommended at this time. Testing can determine if a pregnant individual has had the virus but can not predict whether the developing infant has been infected or whether they will have any health problems. We are working to increase testing availability nationwide but testing can't tell us who is sick and who should - well it - what I should say is that testing is only a piece of trying to get control of this outbreak.

MEDIA: What else can parents do? When can we expect a vaccine? Will we see another mRNA vaccine and how fast will it be developed?

DR. TAKAMORI: At this time there are no vaccines available, but – but there are protective actions that people can take such as avoiding contact with the saliva and urine of babies and young children. Avoid sharing food or drinks with a child, wash your hands after changing diapers. The majority of people will not experience any symptoms so it's important to be aware of the ways in which this virus can be spread.

The presenter's voice cuts in as the video on the screen fades out, replaced by a cartoon picture of a microphone wearing a newborn bib; the bib features a pattern reminiscent of the United States flag embroidered with cursive script reading 'Raising America'. Her voice is layered over a musical theme as she introduces the next segment. "Notice that? 5B? From the beginning, we let the story get away from us. The next clip is an excerpt from a popular podcast for mothers. The hosts, Emma and Susan, describe themselves as 'loving God, our children, and our country'. In the span of a week, this episode was listened to over 100,000 times, bringing national attention to the podcast and its hosts."

As the introduction of the podcast concludes, pictures of the hosts at a public speaking event are displayed as a segment of the podcast audio is played.

"Your children are not safe at daycare or at school."

"I've actually heard that many daycare workers are quitting, Sarah you heard that too."

"Yeah, I did. Which is ridiculous because like the doctors said, most people have it anyways. They say watch out for babies, but no, I'm hearing that it's like mono and your kid might catch it at school."

“They don’t know how many people have it, they don’t understand what they’re dealing with. Eventually, they’re going to start making people get another vaccine but who knows if that is even going to be effective”

“I don’t want a vaccine. I don’t want my kids to have a new vaccine every year when something starts going around. So I have to find ways of protecting them myself, and for me, that is keeping them away from public school. I’ve had people tell me that this isn’t something to be alarmed about. I’m a mother. I protect my children. And I consider permanent disabilities something to be alarmed about.”

Again, the picture on the screen changes as the next segment begins. Two individuals, a man and a woman in professional attire, appear in two boxes on the screen. A third floating head lies between them, holding the news program host who previously introduced the guests as Clarise Fowler (CF) of Allies for Pro-Choice America and Terry Allen (TA) of United for Life. A banner below the panelists reads ‘Abortion in the wake of the 5B pandemic’. The program host is currently nodding his head as Fowler and Allen are engaged in debate.

CF: Congenital infection with 5B is rampant. We’re seeing thousands of children across the country who have developmental disabilities, hearing loss, seizures. The burden on the parents

TA: Their baby is a burden?

CF: Of course not. But the financial cost of raising a child who may require lifelong care is much more than most people can afford. These people currently have no recourse.

TA: Those are the kinds of things parents should be thinking of before they engage in any promiscuous behavior. These are the risks people incur, abortion is not a solution for improper planning.

CF: Are you implying that anyone deserves to have a disabled child?

TA: I don’t want to comment on anyone’s sexual proclivities or how they may have contracted this herpes virus.

What I am saying is that the rights of the unborn do not go away just because their parents think that raising them is going to be difficult. That’s what it means to be a parent.

CF: This is not a sexually transmitted infection, Terry, okay? There are families out there who have planned for their children, who are ready to love their child, but who are simply not ready for the physical, mental, and financial toll of raising a child with 5B. The state of abortion rights in this country is frankly shocking, okay. The lasting impact of Dobbs has gutted our ability to care for women and was doing so long before we had any idea of the nature of this virus which has so radically impacted a women’s right to choose. This is only the latest thing women have had to worry about.

TA: I'm worried too, Ms. Fowler. I'm worried about an epidemic of abortions, of unborn children denied their right to life on a - on a - a guess. The statistics show that the risk is low. Parents who practice proper precautions should not let fear guide their decisions. Not when it comes to their unborn child. How can someone weigh a - what - five or ten or whatever percent chance against the life of their child? I just can't understand it.

CF: You don't need to understand it. You do not get to make that call. These people are going through a harrowing experience and instead of giving them medical care, we're threatening them with legal action.

TA: If they follow the law, they don't have any reason to be scared.

CF: The law is what scares them. Okay.

The delay between segments is shorter this time, the crowd paying rapt attention to the screen. As the picture shifts, many members of the audience recognize the opening sequence of 'Signs of the Times', a documentary produced and directed by members of the Deaf community that gained national attention. Shot over the span of several years, additional footage was taped after the emergence of 5B.

NARRATOR: Jacob Mulligan was born with signs of congenital cytomegalovirus several years before the outbreak of the 5B variant. He developed delayed onset sensorineural hearing loss at the age of 6. Jacob is now in the 7th grade and while he is thriving, recent world events have left Jacob feeling distressed.

JACOB: It's hard, like when I watch TV and they're talking about people like me, and they say that being born like me is a bad thing.

MRS. MULLIGAN: I understand the fears of parents out there. We weren't expecting to have a child with hearing loss. With CMV. And this 5B can be even worse than what Jacob had. But for Jacob, who hears people on the news saying that these kids are 'the worst case scenario', that's just heartbreaking for him. [Crying] And for us.

Onscreen, a video clip of Jacob in an audiology booth plays. A woman in a white coat speaks to Jacob from outside the booth using a microphone.

MR. MULLIGAN: We're not saying that it's easy. We're very fortunate to have the resources that we do. His audiologist and his teachers are wonderful. But it was hard for us. And Jacob will have to deal with this for the rest of his life. That was part of the reason we didn't go for a cochlear, it just wasn't right for us.

MRS. MULLIGAN: I don't want to tell other parents what to do. The decisions that they will have to make are going to be really hard. We love Jacob and can't imagine life without him. There's

nothing wrong with him just because he has hearing loss. He's a happy kid. Those kids born with 5B, they can be happy too.

JACOB: It's really important for people to realize that there isn't something wrong with people with hearing loss. We're not wrong or bad. It's just different and there are a lot of different people.

The screen fades to black once more before the final video begins. A well-dressed woman with dark skin steps up to a podium, back straight, undiminished by the size of the room around her. She adjusts the microphone before leaning forward and beginning to speak. She looks up, directly toward the council members, her voice carrying to every corner of the room.

"My name is Esther Sinclair and I am here today because I am looking for information to bring back to my community. What I hear is 'Go see your doctor if you want to get tested' or 'Stay away from children while you're pregnant'. That does not work for us. Many people in my community don't have health insurance and don't know how to get tested. And when you're living with children who go to daycare because their parents are at work, you can't avoid seeing your kids who have been around other children all day. And then we get sick, our babies are born sick, and they need help. My neighbors were told that it would be three thousand dollars for hearing aids for their child. Three thousand dollars. They are struggling to put food on the table. Where is that money going to come from? Will you give it to them?" "We want help. We want free, accessible testing in our community. We want financial assistance for families whose children have long-term health effects due to 5B. It is in communities like mine, the poor communities, the black and brown communities, that we are seeing the most babies born with 5B. Our government thinks that it's too late to make a difference, that it isn't worth testing us and taking care of these babies. But we're here. We're suffering."

The glare of the lights returning to full brightness causes many of the audience to blink; a few release a few good-natured groans, quickly stifled as the presenter steps forward.

"The best time to combat this virus was a year ago. Hell, it would have been better if we were doing something about CMV 10 years ago, even before the variant. We're playing catch-up. Even now, we still don't know what the long-term effects are for lifelong mortality and morbidity. And already we're seeing babies born with life-changing, permanent disabilities. This virus may be one of the defining events of the next generation. "We missed our shot. How do we combat a virus that is already in our communities? That spreads between children, between families? That a thousand people could be carrying but only 100 have symptoms and none of them want to get tested? How do we control this when we don't have a reliable vaccine? "We're not going to see the same overwhelmed healthcare systems that we saw in previous pandemics. We don't have to shut down businesses. Those are good things, but the problem is that we don't have a frame of reference for how to combat this virus. We have to ask ourselves hard questions about what we value and who is going to take responsibility for the most vulnerable."

The presenter's colleagues begin to thread through the room, placing down large black markers and sheets of white art paper. In small groups, badges are straightened, names exchanged, and hands shaken.

“Turn to the person beside you and ask them, ‘Starting now, how do we do better’? That’s a pretty big question. So let’s get to work.”