

A Public Health Perspective in the Times of COVID-19



See also Morabia, p. 923, and the *AJPH* COVID-19 section, pp. 939–977.

“Crisis brings opportunity and change.”

—Chinese proverb

“The gods cannot help those who do not seize opportunities.”

—Chinese proverb

These two Chinese proverbs are very appropriate to the central focus of this editorial. The pandemic created by the emergence and spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the theme of the current issue of *AJPH*. Articles presented herein were selected from among the hundreds we received that were reviewed and assembled in April 2020. By the time of publication, new information will be available on the pandemic’s status, trends, and effects. This information, to appear in subsequent *AJPH* issues, will contribute to evidence the progress—and, it is hoped, the success—of the universal response to the coronavirus disease 2019 (COVID-19).

In this issue, Bouey (p. 939) highlights the lessons learned by the People’s Republic of China after the 2002 SARS pandemic and how that country attempted to prepare for the predicted, current one. China achieved much in this interval but clearly not enough to have prevented nor responded in a timely and

transparent manner to the COVID-19 crisis. It invested considerable resources to strengthen its health system, but despite drastic measures to contain the nascent epidemic to the population of Wuhan, China, these efforts fell short of the needs. By January 2020, it became evident that the virus was new and that the nascent epidemic, now pandemic, was spinning out of control.

Hong Kong’s and Taiwan’s experiences reported by Leung et al. (p. 941) and Chiu et al. (p. 943), respectively, point to positive responses, including social, systemic, and legal measures that seem to have slowed and minimized the spread of the new virus while boosting the capacity of their public health systems to lower the morbidity and mortality from COVID-19.

Parment and Paul (p. 945) examine the “post-truth” climate in the United States and elsewhere that is hampering, and frequently distorting, crucial information needed to direct evidence-based policies and actions. Growing distrust in governments, populist sentiments, political manipulations, and self-interested corporate deception have resulted in delayed, insufficient, or ill-originated responses in many places. Smith et al. (p. 947) offer their ethical perspective on the distortion of information

occurring during public health emergencies. Too often, it seems the urgency of publishing may prompt professional media to disseminate, and thus give undeserved credibility to, poor quality information and to neglect ethical publication principles with unfortunate results. *AJPH* is among public health journals that strongly support and adhere to these principles. Pearce et al. (p. 949) emphasize the importance of surveillance and descriptive epidemiology in understanding and responding to the pandemic, questioning the use of current biological testing strategies applied primarily to symptomatic individuals and relying on various brands and types of tests. Citing the example of Cochrane’s contribution to public health, Bero (p. 952) further underscores the critical role that systematic reviews play in producing reliable evidence to inform policy and practice.

One pandemic may hide another: public health history,

vividly illustrated by the emergence of and response to HIV, has shown how discrimination can be generated by stereotyping, stigma, and othering of populations viewed as transmitters of emerging infections. A pandemic of stigma and discrimination against people identified as being of Asian descent promptly arose in many parts of the world. Gee et al. (p. 954) propose seven reasons to care about racism in the context of COVID-19 and seven things that can be done to stop this persisting irrational social behavior. Commenting on the role that health care workers can play to combat stigma, racism, and other forms of discrimination in health services, Li and Galea (p. 956) propose ways that health care workers can counter this added stress on COVID-19 patients.

The virus harms populations with heightened vulnerabilities that should be considered in any comprehensive response to the pandemic. Lopez and Holmes (p. 958) bring attention to the impacts of raids on immigrant communities in the United States, arguing that such actions are adverse to public health protection and should be suspended. Although confinement has been part of the response to

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COVID-19, it has dramatically exacerbated intimate partner violence in some homes—particularly between partners who had such previous histories, report Froimson et al. (p. 960). The well-intended motto of “safer at home” promoting confinement ironically enhanced exposure among some women, men, and children to intimate partner violence. These unanticipated consequences of the response to COVID-19 call for increased prevention and protection along with emergency care.

Shumway et al. (p. 962) report on one US county’s experience in monitoring the health status of returning travelers from higher-risk countries. The authors stress the need for more efficient data collection and management methods, as many returnees were missed or lost to follow-up and thus may not have had access to timely prevention and care services.

Barnert et al. (p. 964) highlight the vulnerabilities of US custodial institutions to COVID-19 and outline strategies urgently needed to prevent and mitigate outbreaks among prisoners or custodial staff. Relatedly, Nowotny et al. (p. 967) advocate the urgent release of people detained in correctional institutions, starting with those who are in pretrial detention and elderly or sick individuals. Auerbach and Miller (p. 969) call for greater attention from policymakers, decision makers and care providers to preparing for the longer-term mental health consequences that the pandemic may have generally and specifically among people receiving or needing mental health care.

The media has paid much attention to health services personnel, rightly praised for their contribution to combating the pandemic, but other facets of human security must receive

attention too. Specifically, Kanter and Boza (p. 971) make a compelling argument linking COVID-19 to undernutrition, overnutrition, social unrest, and climate change in Chile. The authors propose a framework for analyzing and dealing with these intertwined issues, specifically the impact of COVID-19 on food systems, both locally and globally. Brenner (p. 974) is also forward looking, asking what the long-term impacts of the pandemic could be on the economy, unemployment, and the morbidity and mortality associated with mental stress, chronic diseases, substance use, and suicide. Even as the pandemic rages on, it is not too early for societies to project what its secondary social, economic, and health impacts could be and to prepare for mitigating them. There are also concerns for future health professionals. Abuelezam (p. 976) reflects on the impact the pandemic may have on public health students who are living through its trauma and being engaged as frontline health workers. Reforming the training and learning methods in schools of public health will be necessary to prepare new generations of students to face these sorts of future challenges.

Finally, to respond to the pandemic as a matter of extreme urgency and yet not look away from other public health issues of importance, Williams (p. 927), Gromis and Liu (p. 1084), and Mellerson et al. (p. 1092), also in this issue, are reminding us independently of the unfinished national and global health agendas, taking immunization as their primary focus.

Taming the COVID-19 pandemic with a multifaceted approach while responding to other global health challenges will pave the way to a stronger public health.

“Crisis brings opportunity and change” and “The gods cannot help those who do not seize opportunities” will have been our great source of inspiration.

Stay Safe! **AJPH**

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All authors contributed to the concept underlying this editorial and its writing and editing.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.