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The Ramifications of the COVID-19 Pandemic for Future Public Health Capabilities



See also Morabia, p. 1590, and the *AJPH* Reimagining Public Health section, pp. 1605–1623.

Brownson et al. (p. 1605), in their article published in this issue of *AJPH*, focus on the dangers of misleading public health information, challenges posed by the COVID-19 pandemic, and public health officials' responsibility to respond effectively to meet the needs of those affected by the pandemic. However, they fail to address several vital points.

First, the authors reiterate the roles and responsibilities of the public health field in preparing and responding to a pandemic and the insufficient surveillance measures that have been discussed in past Centers for Disease Control and Prevention reports regarding H1N1 flu in 2009.¹ However, the authors make the excellent point that visibility of public health has increased during the pandemic. Media coverage of public health and epidemiology increased by 1000% from June 2019 to June 2020. The authors ask how to use this attention on public health to improve health equity, but they fail to pursue this excellent line of inquiry.

Furthermore, the authors neglect to explain the path to increased use of public health science, particularly during an international public health crisis. Rather, they shift from a

solution-focused approach to criticism of current public health shortcomings during the COVID-19 pandemic without providing actionable suggestions to public health scholars and officials regarding how to address the pandemic. Although their criticisms are correct, exhaustive media discussion exists of the reactive rather than proactive approach of the current US administration and its failure to successfully manage public health.²

Moreover, it is clear to most scholars and health policymakers that the US administration sought to abuse the system's weaknesses via misinformation fed by lack of accountability, rather than failures being attributed to the administration's ignorance. Nevertheless, in their reactive approach, the authors fail in that they direct attention away from using media outlets to promote public health and toward government failures. They could have used this opportunity to discuss specific evidence-based policy by which to use public health and epidemiology during the current pandemic.

Second, I agree that long-term public health planning and policies must use evidence to establish effective countermeasures by

population and circumstances before their implementation and dissemination. However, this cannot be achieved if all efforts are devoted to national services while in survival mode. The appropriate time to engage in long-term public health planning, let alone reinvent an entire public health system, is not now, for three reasons: (1) there is insufficient evidence for public health scientists, scholars, and health policymakers to develop policy from; (2) we do not know what we do not know about the mutating COVID-19 virus, as new unexplained symptoms appear, and its long-term effects worldwide remain unknown; and we cannot yet fully explain some COVID-19 symptoms or whether the virus may affect the human genome³; and (3) we are still observing the severe consequences of the pandemic on public well-being.⁴ Among those affected are first responders and health care workers, to whom the media appears to pay insufficient

attention, even with recent increases in suicide among these persons.^{4,5}

The pandemic's timeline and its impact on the United States and the rest of the world are uncertain. We cannot conduct "express science" because that is not how science works. Nevertheless, the current public health crisis is providing a unique firsthand experience and evidence of the pandemic's impact on humans with disparities in underlying health determinants. This valuable public health information will help scientists and health policymakers build a global well-connected public health information network that is independent of politics. This will enable an improved response to future pandemics, which would represent a genuinely reinvented world-class public health system. *AJPH*

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CONFLICTS OF INTEREST

The author declares that there is no conflict of interest regarding the publication of this comment.

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Much More Has Been Done Right Than Wrong



See also Morabia, p. 1590, and the *AJPH Reimagining Public Health* section, pp. 1605–1623.

I appreciate the invitation to comment on the article by Brownson et al. (p. 1605). The recent events in our country have affected me as a person, as a seasoned physician, and as a former public health official (administrator of the Health Resources and Services Administration and executive director of the Utah Department of Health). I am aggrieved by the confluence of the COVID-19 pandemic and the problems that have arisen owing to disagreement on how to respond to the current Black Lives Matter–related protests, which began in large part as a consequence of the murder of George Floyd by police in Minneapolis, Minnesota. Both have exposed serious fault lines—in our criminal justice system and our public health system. At the same time they have provided opportunities for working together across the political spectrum to achieve consensus on what needs fixing in the United States.

Unfortunately, both issues have been politicized: they have been used by politicians and activists on the left and right to further their agendas. I am not an expert or experienced on matters of policing policy, but I feel that

whatever changes are sought we need to continue to protect the public and maintain the rule of law. So, I will limit my comments to the great challenges we must address to improve and strengthen public health practice in our country.

I agree with Brownson et al. that mistakes have been made in responding to the pandemic, including delays in testing and insufficient personal protective gear, lab tests, and ventilators. Furthermore, there have been uneven and confusing communications of vital health data, perhaps the most important component of an effective response. However, much more has been done right than wrong in addressing this public health threat, but this is not apparent from many media reports. For example, one recent study estimates that the shutdowns in the United States prevented about 4.8 million COVID-19 cases and up to 60 million COVID-19 infections throughout the nation.¹

I also agree with Brownson et al. that as the pandemic continues to unfold and take a toll, the paramount importance of public health will become more apparent over the next five years.

I appreciate that it is important to “open up our economy,” but we can’t have a healthy and robust economy again without healthy people. And we can’t have an effective public health system without a strong economy. Finding the right balance requires all of us to work closely together to achieve the common good; public health officials and politicians must listen to each other.

For this to happen we need to acknowledge and to respect the spectrum of political views that are held by our fellow citizens. For example, can we agree to seek sufficient and targeted funding to strengthen the public health infrastructure (not just more money for all aspects of “public health”)? Can we identify best practices in timely laboratory testing, improve surveillance through improved and interoperable electronic lab data reporting, and fix serious problems in the supply chain of

essential goods and equipment? These are just a few of the fault lines identified in our current public health system, which can compromise our response to any health threat. Hopefully the current crises we face will facilitate our working better together to better serve the health needs of the nation.

Notwithstanding our differences in what is too frequently termed a “polarized nation,” I am confident we can find common ground. I am a conservative, a White male, and a Republican, and I was raised Mormon. And I am passionate about a strong and effective public health based on scientific evidence, and I share these views with many of my colleagues in the public health community who have very different political viewpoints. At this time, we need to put politics aside and focus on what we can do together. **AJPH**

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CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

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