

2. Editorial Board. How many COVID deaths? Don't ask President Trump. *New York Times*. May 17, 2020. Available at: <https://www.nytimes.com/2020/05/17/opinion/coronavirus-us-death-toll.html>. Accessed July 30, 2020.

3. Sherma RM, Salzberg SL. Pan-genomics in the human genome era. *Nat Rev Genet*. 2020;21(4):243–254. <https://doi.org/10.1038/s41576-020-0210-7>

4. World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak. Available at: https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2. Accessed March 18, 2020.

5. Watkins A, Rothfeld M, Rashbaum WK, Rosenthal BM. Top E.R. doctor who treated virus patients dies by suicide. *New York Times*. April 27, 2020. Available

at: <https://www.nytimes.com/2020/04/27/nyregion/new-york-city-doctor-suicide-coronavirus.html>. Accessed April 27, 2020.

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.

REFERENCES

- Hsiang S, Allen D, Annan-Phan S, et al. The effect of large-scale anti-contagion policies on the COVID-19 pandemic. *Nature*. 2020;584(7820):262–267. <https://doi.org/10.1038/s41586-020-2404-8>

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