Intelligence MEMOS

From: Don Drummond, Duncan G. Sinclair, David Walker, and Chris Simpson

To: Canadians Concerned about Public Health

Date: May 1, 2020

Re: PUBLIC HEALTH, FROM LAST TO FIRST

Since the plague of Athens in 430 BC, our world has known many crises, many of them caused by epidemic illnesses of which COVID-19 is but the latest.

In the interim, particularly in the 20th and current century, humankind's understanding, scientific and otherwise, of the many factors that determine the health and wellness of individuals and populations increased by leaps and bounds. The causes of the world's previous epidemics are now well known. And so are the ways and means that were discovered, improved upon, and continue to be applied both to treat and reduce mortality among those affected and, most importantly, to prevent their recurrence.

With respect to the latter, from John Snow's 1534 removal of the handle from the Broad Street pump to fight cholera in London, to the use of vaccines to create 'herd immunity' against many infectious diseases, the principles and practitioners of public health have been front and centre.

Based on its historical role in the prevention and foreshortening of the spread and duration of pandemics, you would think that public health would be king of the hill among all health professions and first in line for public respect, approbation, and support. That it is not explains to a considerable extent why the current COVID-19 crisis constitutes such a grave threat to people's health and their countries' economies throughout the world.

We were poorly prepared when SARS-CoV-2 infected its first human host in 2019. Thanks to our current scientific expertise we knew very quickly the structure and composition of the virus and developed tests to detect its presence in infected individuals in respiratory distress.

But even now, months later, we lack the capacity to test for its spread within populations or the immune status of survivors, information key to the creation of epidemiological models on which to build the most effective public health strategies to contain the virus and minimize its twin health and economic impacts.

Despite being forewarned by SARS at the turn of the century (and the threat of Ebola in 2014), Canada, together with virtually every other country worldwide, has found itself again massively short of the masks, gowns, face shields, etcetera, needed to protect a host of caregivers, from doctors to cleaners, from being infected by the sick people for whom they were caring in hospitals, long-term care, care homes, home care, or wherever.

The world's dominating focus was on those caring for those affected, particularly those in hospitals and their intensive care units where beds and mechanical ventilators to oxygenate those in respiratory failure were in short supply.

In contrast, past mandated disaster planning exercises, religiously and rigorously conducted with public health professionals in the lead, were taken much less seriously; for the most part, their reports went on dusty shelves with their recommendations relating to preparedness for future pandemics not implemented. Again, the short term trumped the long. Now we are paying the price.

"(T)he primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada…," reads the *Canada Health Act*.

Frustratingly, common practice continues to put them in reversed and dramatically imbalanced priority order. Compassion dictates that we pay the close attention we do to hospitals, other organizations, and individuals that provide healthcare, working to restore to good health those affected by illness, injury, or disability. But the short shrift we give to optimizing the health of Canadians and to the public health professionals and bodies dedicated to health's protection and promotion is at our peril.

The high price we are paying, and will continue to pay for years to come after this COVID-19 crisis is over, is a measure of that peril's magnitude.

Don Drummond, Duncan G. Sinclair, David Walker and Chris Simpson are all members of the health policy council at Queen's University.

To send a comment or leave feedback, email us at blog@cdhowe.org.