

WE Are All Public Health Professionals Now

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We try hard in this space to stay apolitical, but that is proving impossible when addressing the worst public health crisis in a century; one that has become so relentlessly politicized that – as columnist Tom Friedman notes¹ – our politics have become like religions. We don't just have different opinions, but different facts.

Three months ago in this space,² I quoted Penn Medicine's Dr. Ezekiel Emanuel decrying the lack of "a national system for [COVID-19] testing, a national program for contact tracing, a sufficient number of tests everywhere, or national guidelines for social distancing."

In the intervening months, there has been no federal action on testing, and there won't be until after the election. The President disparages testing "because it drives up infection numbers."

Could we do better about manufacturing test materials and protective equipment with federal help? Of course we could.

As pointed out by Canadian anthropologist Wade Davis in *Rolling Stone*,³ "when the Japanese... after Pearl Harbor, took control of 90 percent of the world's rubber supply, the United States dropped the speed limit to 35 mph to protect tires, and then, in three years, invented...from scratch...a synthetic-rubber industry..." As to production capacity, "at its peak, Ford's Willow Run Plant produced a B-24 Liberator [bomber] every two hours, around the clock."

Yet now, our ineptitude has stunned the world. Countries that once admired, envied, loved us, or hated us, now pity us.

How did America go from being The Greatest Generation to being the most selfish and incompetent?

In essence, the root of our problem is not a deficiency in manufacturing capability, but in governance and culture.

As Professor Davis points out, "more than any other country, the United States in the post-war era lionized the individual at the expense of community

and family...What was gained in terms of mobility and personal freedom came at the expense of common purpose... Those who flock to beaches, bars, and political rallies, putting their fellow citizens at risk, are not exercising freedom; they are displaying... the weakness of a people who lack both the stoicism to endure the pandemic and the fortitude to defeat it."

My last editorial wondered if we are all in this together.² So far, it looks as if we are not. Americans who focus on their rights as individuals, while disregarding their responsibilities as members of a community, appear to have lost their concern for communal well-being, and their compassion for the weak and disadvantaged. How else can we explain, for example, our failure to demand universal health care, like every other industrialized nation?

In 1811, French philosopher Joseph de Maistre said that people have the government they deserve. In his characteristically cynical style, H.L. Mencken said: "People deserve the government they get, and they deserve to get it good and hard."

I have previously discussed some of the cultural factors responsible for the prevalence of anti-science attitudes in America, particularly toward vaccination,⁴ but when it comes to COVID-19 the problem is compounded by a White House that contributes to the online fire hose of medical misinformation and bizarre conspiracy theories,⁵ and doctors must work hard to refute baseless nonsense.

A study of Twitter from MIT has now demonstrated scientifically the truth of the old adage that a lie can travel around the world while the truth is still strapping on its boots.⁶ The fastest spreading falsehoods were those dealing with political news rather than news about other dramatic events such as natural disasters, presumably because dissemination of untruths was by humans, not robots.

Since the White House is not providing the leadership we need to solve our public health problem, it is incumbent on all physicians to be concerned not only about the welfare of our individual

patients, but of society at large. We must all be public health professionals now. Our concern must also extend to doing whatever we can to counter the rampant misinformation that patients obtain from “Dr. Google.” It is not an easy task.

The state of Illinois studied a group of 2,000 residents to determine which of several public service messages was most effective in getting people to wear a mask in public. Only one message, which compared masks to seatbelts and football helmets, had a significantly positive effect, and it only increased the likelihood of mask-wearing by 3% – from 89% to 92%.⁷ This meager effect was still considered worthwhile because the issue was already so widely discussed that attitudes (however misinformed) were firmly held.

Some of the other messages the study assessed had a negative effect. Sadly, the worst-performing message was one that indicated masks may reduce Covid-19 spread by 85%, and included text that began, “The science is clear.” That strategy led to a 3% decrease in the likelihood of mask-wearing!

How could the public not be misinformed and confused when the President refuses to wear a mask; a Florida sheriff orders his deputies not to wear masks;⁸ a Texas Congressman who tested positive for coronavirus attributes it to his wearing a mask;⁹ and the President – ignoring the enormous variability in local school district circumstances – insists (without a scientific basis or legal authority) that all schools must open this fall.¹⁰

It is impossible to know where government policies and public attitudes will be when a validated

vaccine becomes available. Even if the Trump administration is defeated and the inevitable legal and extra-legal challenges to the election are resolved in time for the new administration to be inaugurated on January 20, 2021, new policies and procedures for managing COVID-19 will not be effective until February, 2021, at the earliest. If resistance to masks and our experience with childhood vaccinations⁴ are any indication – we will struggle to overcome entrenched resistance to vaccination, which is nothing new.¹¹

In an NPR/PBS/Marist poll reported August 15, 2020,¹² 35% of Americans said they wouldn't get vaccinated. Indeed, only 71% of Americans saw the coronavirus as a real threat, and even this insufficient number was up significantly over the previous months. There were huge splits by education and party. Those with college degrees were 19 points more likely to get vaccinated than those without (72% to 53%), and Democrats were 23 points more likely than Republicans (71% to 48%).

The only way to ensure adequate vaccination rates for COVID-19 is to mandate it, but there must be unambiguous criteria for doing so. These have been specifically laid out in an article in the *New England Journal of Medicine* that I commend to all readers.¹³

I also remind all readers that the steadily increasing number of references that we provide as hyperlinks can be most easily accessed by going to our website www.jlgh.org, where the current issue is always the home page, past issues are accessible, and hyperlinks in references are active.

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