

# Public Health Crisis during COVID-19 pandemic

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## Abstract

During the COVID pandemic, biomedicine and the rapid development of anti-COVID vaccines has been widely praised, while the global public health response has been questioned. Fifteen United States based combined experts in primary healthcare and public health responded to an open question focusing on this issue. Eleven of these experts responded. Four major themes emerged from their answers, including: fragmentation between public health and biomedicine; underfunding of public health; lack of centralized public health authority; business interests over the public good and well-being.

**Key words:** crisis de la salud, pandemia, salud pública, capitalismo.

## Crisis de salud pública durante la pandemia de COVID-19

### Resumen

Durante la pandemia de COVID, se ha elogiado ampliamente a la biomedicina y el rápido desarrollo de vacunas contra el COVID-19. Por el contrario la respuesta de salud pública mundial ha sido deficiente. Quince expertos de Estados Unidos relacionados a las áreas de atención primaria y salud pública, respondieron a una

encuesta de preguntas abiertas. De sus respuestas surgieron cuatro temas principales: la fragmentación entre la salud pública y la biomedicina, la financiación insuficiente de la salud pública, la falta de una autoridad de salud pública centralizada y los intereses comerciales por encima del bien y el bienestar público.

**Palabras clave:** crisis de la salud, pandemia, salud pública, capitalismo.

## Introduction

Clinical medicine's goal is the diagnosis and treatment of diseases, while public health aims for the prevention of disease. Clinical medicine focuses on the individual, while public health focuses on the population. Historically, there has been a significant gap between public health and clinical medicine.<sup>(1)</sup> The COVID-19 pandemic appears to have accentuated this gap. In this qualitative study, the authors ask experts who work simultaneously in medicine and public health their opinion on the public health response and the biomedicine response to the pandemic.

## Methodology

Fifteen (15) experts from the United States were sent via email a comment about the medical and public health response to the current pandemic followed by an accompanying open question.

“The response given by biomedicine in the development of vaccines, protocols, and drugs for the management of the pandemic was correct. However, the public health response was limited. If biomedicine responded in record time, what did public health lack to respond adequately?”

Of the fifteen experts, eleven (11) responded (73.3%) to the question. Their responses were reviewed in detail and summarized.

## Results

The comments from the expert respondents were summarized in four major themes.

### ***1. Underfunding of public health workforce***

“In the USA and many other countries around the world, the public health workforce has been sorely underfunded, understaffed, and overburdened with reporting requirements that take away from the opportunity to do timely epidemiology/outbreak investigation and forward thinking and planning.”

“...this understaffing in many places seriously compromised the ability to keep up with what rapidly became a massive contact tracing enterprise.”

“Public Health is underfunded in the current American Health System which provides profit-driven, fractured care.”

“Funding for public health agencies globally is a significant issue. In most countries, the shift to western style medicine has continued to expand access and quality of treatments available, often at the expense of preventive health measures. Even in areas where there is trust and capacity, the resources to rapidly ramp up public health interventions was lacking.”

“We lack a comprehensive system for identifying all the individuals in the community to allow for a quick and comprehensive immunization program.”

### ***2. Lack of centralized public health authority/leadership***

“In the US, the CDC (Centers for Disease Control) and the USPHS (United States Public Health Service) have limited powers, and public health is generally delegated to state and local authorities. Globally, the World Health Organization and United Nations have limited power to do much beyond declarations and suggestions.”

“A robust, pre-existing infrastructure (was lacking).”

“Uniform, clear, consistent evidence-based information and leadership (were lacking).”

“When the head of the WHO recommends things to be done and recommends coordination of the effort to stem the pandemic, we need to act. Empowerment of this position would be paramount.”

“At the country level, it would be helpful to have people who operate directly under the WHO Director and considered as some of the most important public health positions in the world... and given a high status.”

### ***3. Business interests over the interest of the public good and well-being.***

“Political will and credibility. In so many areas, the importance and power of the economic/business interests have gradually superseded the interest of the public good and well-being.”

“Long standing limitations on paid sick leave & poor social welfare safety nets in many countries resulted in ongoing exposure & spread to/from employees unable to take time off (during the pandemic).”

### ***4. The relationship between public health and biomedicine remains too fragmented and siloed.***

“They see each other as serving two distinct roles rather than seeing the points of overlap and commonality inherent in emerging disease research and management.”

“My sense is that there was a lot of but in to funnel tremendous amounts of money to the work on vaccine development while the equally (or more) important work of contact tracing and recommendations of appropriate safety and prevention measures were not followed.”

“In our country, public health lacked credibility due to decades of being considered somehow “less” than the physicians and for-profit health systems providing high-cost care to well-insured individuals.”

## **Discussion**

The four major themes highlighted in the responses of experts in both clinical medicine and public health - underfunding, poor leadership, business interests, and the professional division between these health areas - come as no surprise. The first three are related to power, politics, and economics. Certain authors debating these themes are frequently tempted to offer technical solutions to these challenges, such as integrated research agendas, creation of guidelines and standards, improved education of the masses, and better distribution of supplies and equipment.<sup>(2)</sup>

The expert responses would suggest these technical solutions do not address the core problems, but rather are merely attempted technical solutions. Technical solutions do not address power, politics, and economic barriers. It is a recurring problem in the health sector to address the complexity of power, politics and economics with oversimplified technical solutions.

The fourth theme, professional division, is endemic in essentially all academic disciplines. Medicine and Public Health do not escape this long history.

The fundamental question remains. In its aftermath, will the Covid-19 pandemic provide enough impetus for the creation of new ways to address the schism between public health and clinical medicine not only for infectious disease pandemics, but for population health in general, leaving behind technical solutions and focusing on power, politics, and economics?

## **Conclusion**

Experts in both public health and clinical medicine, in addressing the disparity in responses to the current COVID-19 pandemic, identify underfunding, poor leadership, business interests, and the professional division between these health areas as leading causes.

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