When I first heard Michael Osterholm, PhD, MPH, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, speak in 2006, he said a pandemic, likely bird flu, was inevitable and overdue.¹ He laid out with alarming clarity the history of avian flu epidemics and our woeful state of readiness. After the conference, I rushed home and stockpiled N95 respirators and supplies. I was going to be personally prepared for an inevitable bird flu pandemic.

Fast forward to 2020. I again found myself in a meeting with Dr. Osterholm. Circumstances had changed for all of us but his message was the same. Today we face COVID-19 from a novel coronavirus. Tomorrow it will be bird flu.

In February and March 2020, as the novel coronavirus was ramping up, I recalled my Osterholm “inoculation.” I looked at my N95 cache and felt smugly prepared for a few minutes. Then I felt selfish. My colleagues in the virus clinic needed them more urgently than me. I boxed them up and took them to my institution. Before long, I too would don personal protective equipment as I pulled my shifts in the viral clinic.

Preparedness, prevention, and public policy are critical, and we are living that reality now. For years to come, we may dissect and critique how public policy and public health funding could have made things different. But public health also requires a participating public. It requires that someone’s rugged individualism stand down in favor of protecting a neighbor. It requires a commitment to the welfare of all over the survivalist or libertarian welfare of one.

Dr. Osterholm’s 2006 presentation included the examples of public policy affecting world health through mosquito eradication programs. Programs that controlled mosquito vectors in the Caribbean from the 1930s to the 1970s nearly eradicated many mosquito-borne illnesses, including dengue fever. But after funding for these programs was stopped, there was a resurgence of dengue fever in the Caribbean.² Here’s where the we and me become indistinguishable. Here’s where the policy choices we make protect all of us.

Emerging infections are a reality now. We cannot be complacent that this is a one-and-done scenario. One year into the pandemic, the B117 COVID variant had been detected in 70 countries in just 3 months and cases in the United States were reported doubling every 10 days. More variants are on the radar now. We must be prepared in policy, prevention, and personal commitment to our public welfare. We had looked forward to the holy grail of a vaccine, which initially seemed to roll out so slowly against a race of variants emerging from the dance with human immune response. Now we have another issue in vaccine hesitancy. Once again the participating public is a critical part of public health success.

For many of us, the front-liners, the worker bees, leaving the policy making to others may seem easiest. However, this is a time for recognizing that we all must be advocates for public health as a top-down and bottom-up process.

Top-down policies based on the best science available are critical. Consistently budgeting money to enact public health policies and strategies is critical. Working to reduce health disparities—which are by nature public health issues—is critical. Maintaining strategic planning capacity for future threats is critical. Making our voices heard by policy makers is critical.

We all know bottom-up personal behavior very well from this past year. We have lived it in our hand-washing, physical distancing, and masking. We know it from choices we made to avoid social gatherings and family holidays. As each of us receives our vaccines, we may be inclined to liberalize our social behavior before we should. Pandemic fatigue behavior exacerbated a bump in cases this spring, confirming what the consequences of bottom-up failure look like.²

We all have the opportunity to continue to model for our communities’ top-down and bottom-up support for public health. We all have a responsibility both as healthcare providers and as citizens to advocate for pandemic preparedness and public health policies that benefit everyone.

REFERENCES