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When Public Health Gets Shut Down, All Americans Suffer, and the Most Vulnerable Are First

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When Public Health Gets Shut Down, All Americans Suffer, and the Most Vulnerable Are First

 See also the *AJPH* Science and Action section, pp. 543–549

National Public Health Week (NPHW) occurs every year during the first full week of April. The mission of NPHW is to showcase the importance of public health in our daily life and promote its strengthening. The theme for the 2019 activities is “For science. For action. For health.” The week will be used to emphasize the importance of basing policymaking on scientific evidence, communicating the evidence to make it available for the public health actors, and, as a result, proactively advancing the health of the public.

GOVERNMENT SHUTDOWN

We can address the 2019 NPHW theme in multiple ways. For instance, as we write this editorial, we are in the middle of a federal government shutdown that is a case in point for NPHW: because the government institutions are frozen and the usual public health activity is in jeopardy, the shutdown entails risk for literally all Americans. Consider the more than 100 000 food-borne illnesses occurring annually and causing as many as 3000 deaths even when the US Food and Drug Administration (FDA) is fully operational. The FDA inspects vaccine production,

blood banks, dairy farms, food-processing facilities, and compounding pharmacies. As many as 31% of the FDA inspections are considered high risk. Because of the shutdown, critical FDA inspections have been severely curtailed. The agency has had to prioritize inspections for several high-risk foods such as soft cheeses, unpasteurized milk, and fruits and seafood, generating anxiety in the lettuce industry wary of new *Escherichia coli* outbreaks if the FDA does not get back to work fast.

The usual drama is that the most vulnerable communities suffer the most. When the shutdown goes beyond the point when specific funding runs out, pregnant women, children younger than 5 years, eligible seniors, and the disabled lose access to monthly food supplements through the Supplemental Nutrition Assistance Program.

The shutdown affects the Native American community by limiting funding for direct health services in communities supported through the Indian Health Service. This strains an already underfunded and inadequately supported health system.

Thus, the shutdown underlines the importance of the public health system in the United States. It shows that investing in public health saves money. We hope that

it will boost the case for a US National Public Health Service insulated from the vagaries of the political fights on Capitol Hill.

FOR SCIENCE

Why is science so important in public health? It is important because policy is established by people who may not share the same religious or philosophical beliefs and belong to different communities but act together to improve the health of the public. Science is the closest we can get to an objective input into policy choices. People with different perspectives can find common ground to discuss data and evidence and be convinced about the advantages and disadvantages of policy options. Science is a pillar of public health, and the American Public Health Association has made an enormous effort to keep alive an independent journal that provides state-of-the-art evidence to support policy and action.

We are convinced that the large majority of Americans trust science. Still, we have reasons to

be concerned about the status of science in our society, because the public debate is being monopolized by extreme views representing a minority of the population. In this issue of *AJPH*, Senator Whitehouse, Democrat from Rhode Island (p. 544), explains how he teamed up with historians familiar with the toxicology of lead paint to legally force the industry to pay for the removal of their lead paint in buildings. And Mick Cornett, former Republican mayor of Oklahoma City, Oklahoma (Cornett and White, p. 543) explains how, building on science, he was able to promote policies aimed at reducing the peak rates of obesity in his city.

FOR SCIENCE, FOR ACTION

NPHW is also about translating science into action. Scientists have a serious challenge of communicating their results and their implications to the public. In this issue of *AJPH*, we have invited short comments from scientists who make an effort to communicate their research to the public at large or to involve communities or who try to convince their colleagues to enter the ring of social media and contribute.

Delp et al. (p. 545) shows how the health of immigrants was protected in California thanks to

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the critical alliance of workers, immigrants, and public health advocates. Lindau (p. 546) describes CommunityRx, an e-prescribing system connecting people to the resources available in their community. Boulware and Lyn (p. 547) argue, giving an example in Durban, North Carolina, that communities need to be empowered with the results of science because only they can “drive the change.” Finally,

Linan (p. 548) calls for her colleagues in public health not to shy away from social media to defend, disseminate, and explain their results.

FOR SCIENCE, FOR ACTION, FOR HEALTH

The theme of NPHW 2019 is an opportunity to motivate public health professionals and

the public to act. The ultimate goal is to use the best science available to make sound public health choices that benefit all people in all communities. If we are successful, then we can use our scientific knowledge to become a healthy and equitable society. **AJPH**

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CONTRIBUTORS

A. Morabia drafted the editorial. G. C. Benjamin substantially edited the editorial.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.