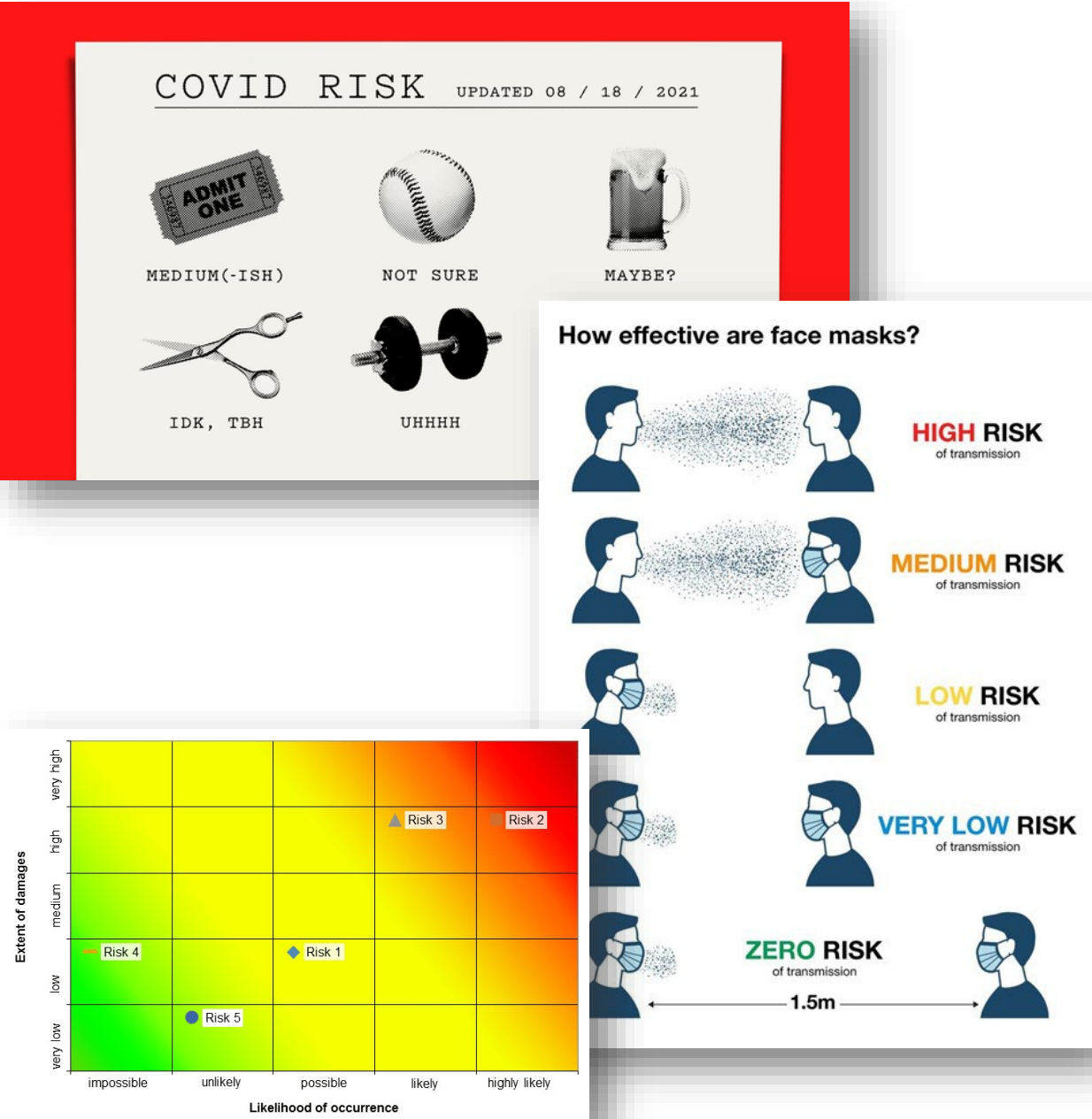
A close-up photograph of a cat's face, looking down at a small white mouse on a wooden floor. The cat's face is the central focus, with its eyes and whiskers clearly visible. The mouse is positioned in the lower left, looking up at the cat. The background is blurred, showing a wooden floor and some indistinct shapes.

RE-EXAMINING THE COGNITIVE SCIENCE OF RISK IN THE COVID-19 PANDEMIC ERA

Gavin Huntley-Fenner, Ph.D.

January 21, 2022

HOW SHOULD WE THINK ABOUT RISK?

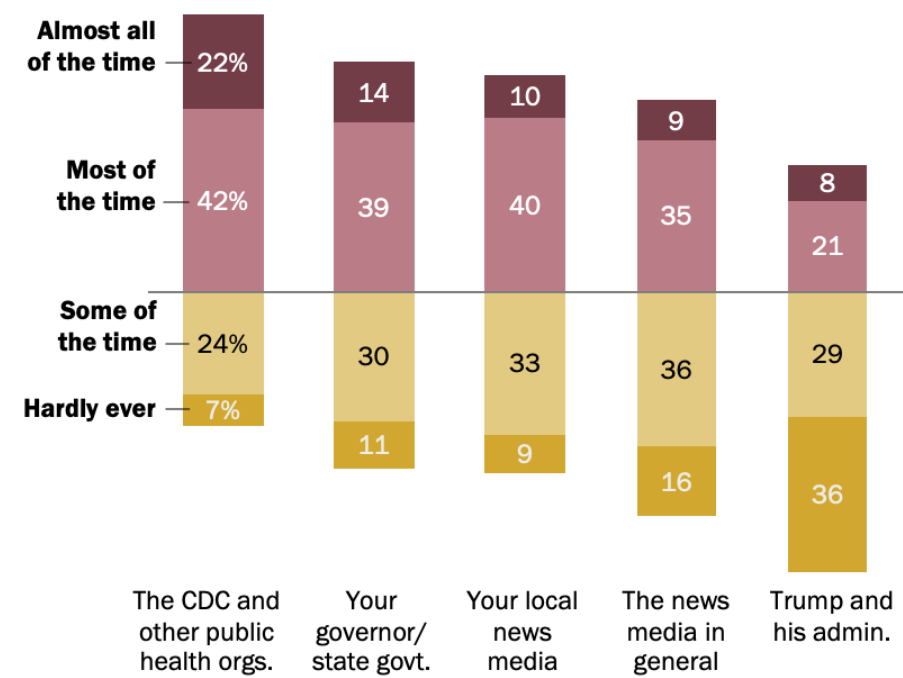


- Risk of transmission? illness? hospitalization?
- Risk of death?
- Risk of severe permanently disabling injury or accidental? or untimely? death
- Severity x Likelihood = Risk
- Uncertainty or volatility

WHOM DO WE TRUST FOR INFORMATION REGARDING HEALTH AND SAFETY RISK?

Majority says CDC and public health organizations largely getting the facts right about coronavirus

% of U.S. adults who say each gets the facts right when it comes to the coronavirus outbreak ...



Note: Respondents who did not give an answer not shown.
Source: Survey of U.S. adults conducted June 4-10, 2020.
“Three Months In, Many Americans See Exaggeration, Conspiracy Theories and Partisanship in COVID-19 News”

PEW RESEARCH CENTER

THE IDEA OF A WARNING IS FUNDAMENTAL TO THEORIES OF RISK COMMUNICATION



- The effectiveness of warnings depends on some underlying assumptions about the target person
 - Target is risk averse
 - Target is rational
 - Target has the ability to competently assess and choose to act
- Except for some populations (Smokers? Teens? Children?)
- What happens when these conditions don't apply?

ALL SIGNS WERE THAT THE COVID PANDEMIC WOULD LEAD TO INCREASED PUBLIC CONCERN AND RISK AVERSIVENESS

TABLE 1
Factors Important in Risk Perception and Evaluation

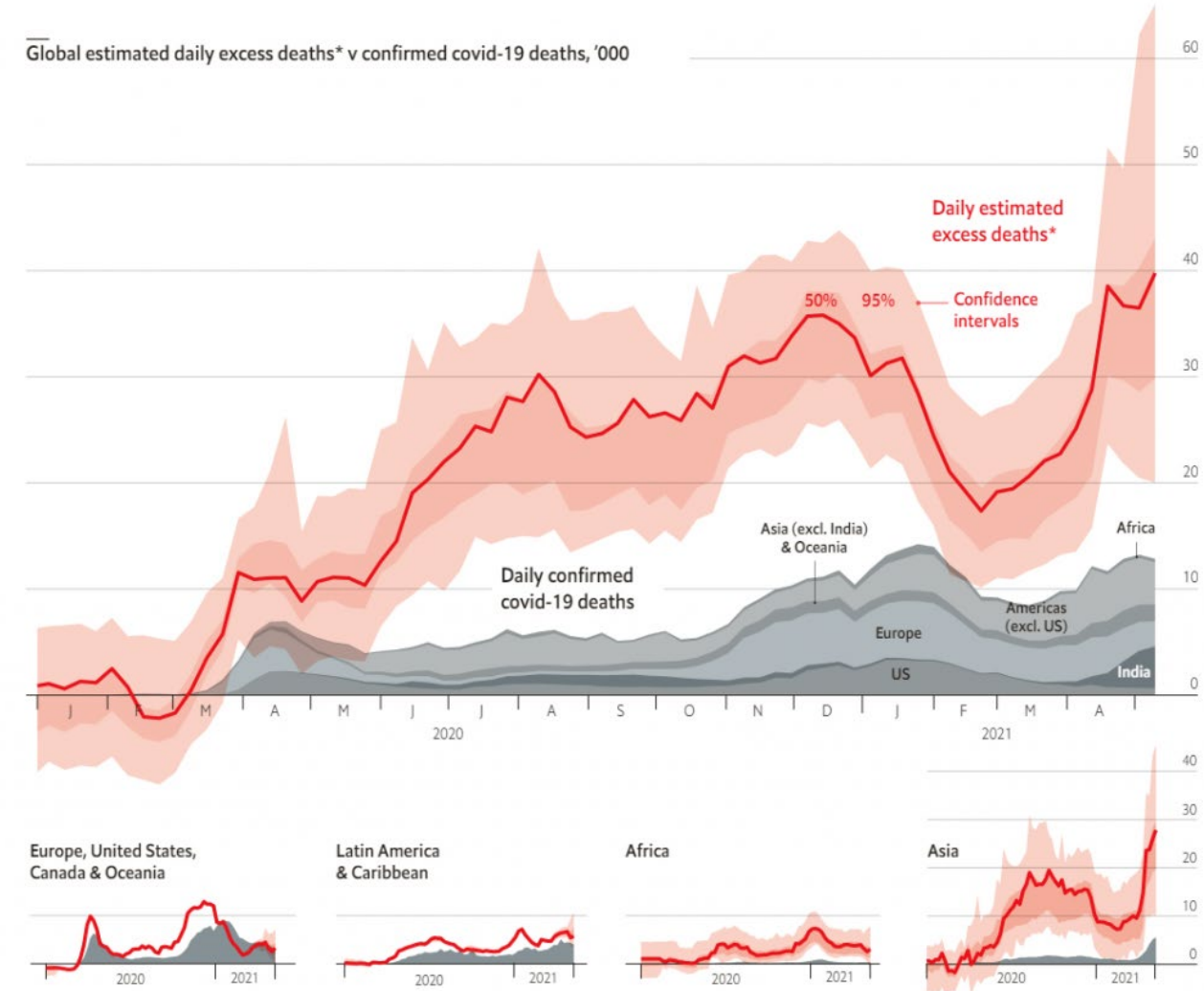
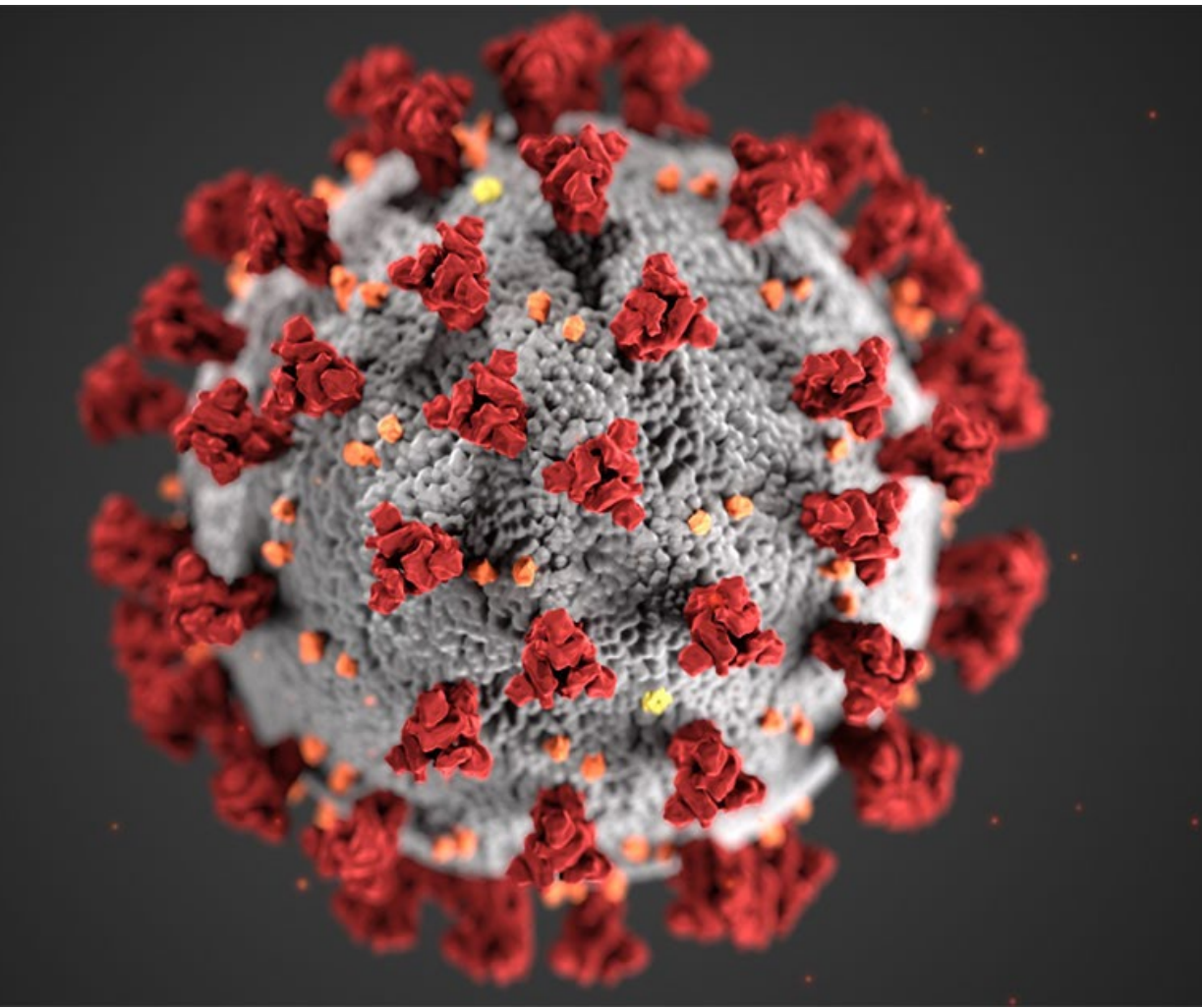
Factor	Conditions Associated with Increased Public Concern	Conditions Associated with Decreased Public Concern
Catastrophic potential	fatalities and injuries grouped in time and space	fatalities and injuries scattered and random
Familiarity	unfamiliar	familiar
Understanding	mechanisms or process not misunderstood	mechanisms or process understood
Uncertainty	risks scientifically unknown or uncertain	risks known to science
Controllability	uncontrollable	controllable
Voluntariness of exposure	involuntary	voluntary
Effects on children	children specifically at risk	children not specifically at risk
Effects manifestation	delayed effects	immediate effects
Effects on future generations	risk to future generations	no risk to future generations
Victim identity	identifiable victims	statistical victims
Dread	effects dreaded	effects not dreaded
Trust in institutions	lack of trust in responsible institutions	trust in responsible institutions
Media attention	much media attention	little media attention
Accident history	major and sometimes minor accidents	no major or minor accidents
Equity	inequitable distribution of risks and benefits	equitable distribution of risks and benefits
Benefits	unclear benefits	clear benefits
Reversibility	effects irreversible	effects reversible
Personal stake	individual personally at risk	individual not personally at risk
Origin	caused by human actions	caused by acts of nature or God

However ...

- The idea that the “weak” get sick (elderly, compromised, socially marginal) caused relief rather than empathy or horror
- Americans apparently resigned themselves to 1,000,000+ deaths without demanding fundamental systemic changes
- Individual perspectives on their own susceptibility and obligation to their neighbors appears to be partly driven by identity

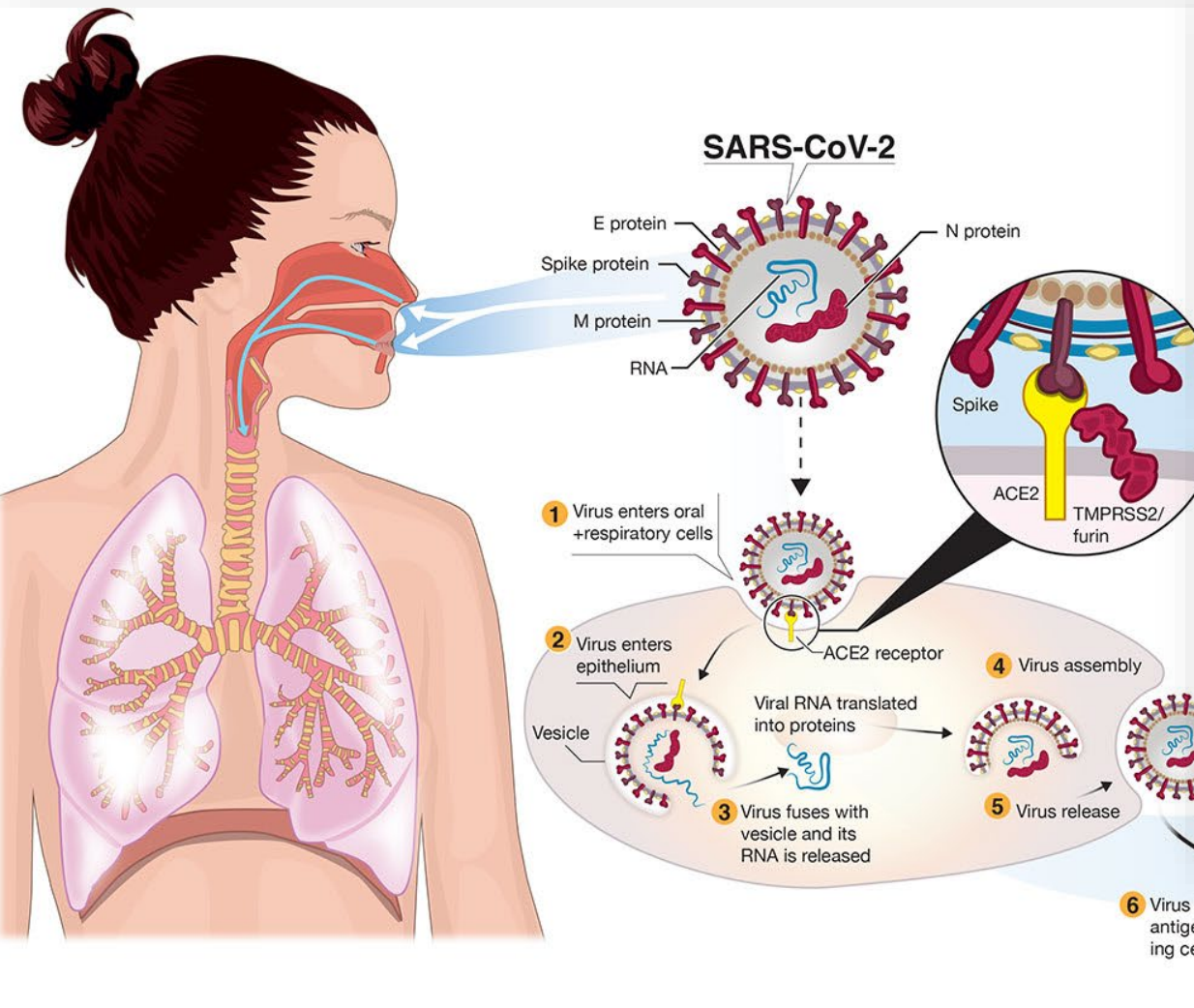
Gavin Huntley-Fenner © 2022

DISEASE CAUSED BY THE SARS-COV-2 VIRUS MAY BE CONTRASTED WITH THE EFFECTS OF THE COVID PANDEMIC ...



Nature made the virus, but the pandemic was man-made

BIOLOGY OF SARS-COV-2 IS WELL UNDERSTOOD IN CONTRAST TO THE PUBLIC HEALTH, SOCIAL AND BEHAVIORAL CONSEQUENCES OF THE COVID PANDEMIC



Gavin Huntley-Fenner © 2022

SARS-COV-2 IMPACTS THE CENTRAL NERVOUS SYSTEM (CNS), BUT DATA ARE STILL FORTHCOMING ON THE LONG-TERM CNS IMPACTS LET ALONE BEHAVIORAL CHANGE

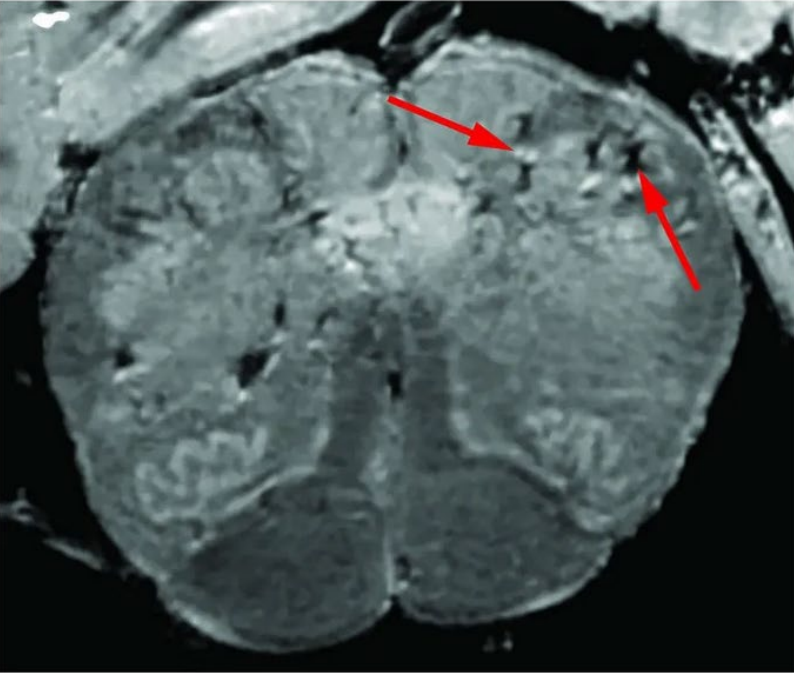
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Taking a Closer Look at COVID-19's Effects on the Brain

Posted on January 14th, 2021 by Dr. Francis Collins



Caption: Magnetic resonance microscopy showing lower part of a COVID-19 patient's brain stem postmortem. Arrows point to light and dark spots indicative of blood vessel damage with no signs of infection by the coronavirus that causes COVID-19. Credit: National Institute of Neurological Disorders and Stroke, NIH

While primarily a respiratory disease, COVID-19 can also lead to neurological problems. The first of these

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“... The first of these symptoms might be the loss of smell and taste, while some people also may later battle headaches, debilitating fatigue, and trouble thinking clearly, sometimes referred to as “brain fog.”

Whether there are any longer term behavioral impacts is still in question.

THE COVID-19 PANDEMIC HOWEVER HAS HEIGHTENED GLOBAL PERIL AND UNCERTAINTY CONTRIBUTING TO A RISE IN FEAR-BASED RISK TAKING

What Explains the COVID-19 Stock Market?*

Josue Cox Daniel L. Greenwald Sydney C. Ludvigson
NYU MIT Sloan NYU and NBER

First draft: July 1, 2020
This draft: March 4, 2021

Abstract

What explains stock market behavior in the early weeks of the coronavirus pandemic? Estimates from a dynamic asset pricing model point to wild fluctuations in the pricing of stock market risk, driven by shifts in risk aversion or sentiment. We find further evidence that the Federal Reserve played a role in these fluctuations, via a series of announcements outlining unprecedented steps to provide several trillion dollars in loans to support the economy. As of July 31 of 2020, however, only a tiny fraction of the credit that the central bank announced it stood ready to provide in early April had been extended, reinforcing the conclusion that market movements during COVID-19 have been more reflective of sentiment than substance.

JEL: G10, G12, G17.

*Cox: Department of Economics, New York University, 19 W. 4th Street, 6th Floor, New York, NY 10012; Email: josue.cox@nyu.edu; Greenwald: Finance Group, MIT Sloan School of Management, 100 Main Street, Building E62, Cambridge, MA 02142; Email: dlg@mit.edu. Ludvigson: Department of Economics, New York University, 19 W. 4th Street, 6th Floor, New York, NY 10012; Email: sydney.ludvigson@nyu.edu; www.sydneyludvigson.com. We are grateful to Aleksandra Alferova for excellent research assistance.

“ The findings ... point to a major role for fluctuations in effective risk aversion or sentiment in driving stock market volatility between February and April of 2020.”

Stocks Emerge From Covid Crash With Historic 12-Month Run

Performance of major U.S. stock market indices since January 2020 (indexed to closing prices on March 23, 2021)



Source: Yahoo! Finance



statista

THE RISK OF HOUSEHOLD INJURY INCREASED IN 2020

Firearms Injuries Involving Young Children in the United States During the COVID-19 Pandemic

Joanna S. Cohen, MD,^{1,2,3} Katie Donnelly, MD, MPH,^{4,5,6} Shilpa J. Patel, MD, MPH,^{4,5,6} Gia M. Badolati, MPH,⁴ Meleah D. Boyle, MPH,⁴ Robert McCarter, ScD,^{1,4} Monika K. Goyal, MD, MSCE^{1,2,3}

OBJECTIVES: Increased rates of firearm ownership, school closures, and a suspected decrease in supervision of children at home during the COVID-19 pandemic may increase the risk of household injury.

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METHODS: Multiyear, national, cross-sectional survey of children 12 years and younger during the COVID-19 pandemic. Data were collected from the National Health Interview Survey (NHIS) during the period June 17–June 29, 2020. Results are presented for children 12 years and younger of the (1) incidence of household injury, (2) critical involvement of children in household injury, and (3) critical involvement of children in household injury.

Full article

¹Division of
²Department
of Epidemiology
Washington
Dr. Cohen
interprets
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PEDIATRICS

Injury Epidemiology

Gielen et al. *Injury Epidemiology* (2020) 7:63
<https://doi.org/10.1186/s40621-020-00291-w>

SHORT REPORT

Open Access

National survey of home injuries during the time of COVID-19: who is at risk?

Andrea C. Gielen^{1*}, Grace Bachman², Oluwakemi Badaki-Makun³, Renee M. Johnson⁴, Eileen McDonald¹, Elise Omaki⁵, Keshia M. Pollack Porter⁵, Leticia Ryan³ and Wendy Shields²

Abstract

Background: Prior to the COVID-19 pandemic, 44% of all reported injuries in U.S. households occurred in the home. Spending more time at home due to the pandemic may increase the number of home injuries.

Methods: A nationally representative sample of 2011 U.S. adults were surveyed online between June 17 – June 29, 2020. Propensity score weighting and T-tests were used.

Results: Twenty-eight percent (28%) of households reported a home injury or ingestion during the pandemic; 13% reported experiencing both. Injuries were most often due to falls (32%). Medication ingestions were reported by 6%; household product ingestions were reported by 4%. Relative to households that experienced no injuries or ingestions, those that reported either or both were more likely to: be in urban areas, have household incomes > \$100,000, and have children living in them. Among households reporting more time spent at home, those with children were significantly more likely than those without to report an injury or ingestion.

Conclusions: Results help target prevention messages while U.S. families are continuing to work and learn remotely. During this pandemic and future stay-at-home orders, there is a need for public health efforts to prevent home injuries and ingestions.

Keywords: Home injury, COVID-19, Pandemic

Background

Injuries in and around the home, including ingestions, affect individuals across the lifespan (Mack et al. 2013; Gielen et al. 2015; McDonald et al. 2016). The National Health Interview Survey (NHIS) last reported data on injuries that occurred in U.S. households in 2007, finding that 44% of all reported medically attended injury episodes occurred in or around the home (Chen et al. 2009). The increased exposure to potentially hazardous home environments and activities caused by stay-at-home orders and closures of schools may be responsible for a new spate of home injuries in 2020. There is no

near real time medical surveillance system for home injuries in the U.S., a gap that we address through the use of a national survey. This brief report describes the number and type of home injuries among a nationally representative sample of U.S. households surveyed between June 17 and 29, 2020, when states were at various stages of re-opening and had stay-at-home recommendations. To identify risk factors for these injuries, we compare household characteristics between those that reported injuries and/or ingestions to those that did not.

Methods

We added home injury questions to an online survey of a representative sample of adults living in the U.S. conducted by the Harris Poll. Harris uses a large network of online panels with millions of unique respondents worldwide

* Correspondence: agielen1@jhu.edu

¹Johns Hopkins Bloomberg School of Public Health, Department of Health, Behavior and Society, Johns Hopkins Center for Injury Research and Policy, 624 N. Broadway, Baltimore, MD 21205, USA
Full list of author information is available at the end of the article



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“28% of households reported a home injury or ingestion during the pandemic ...”

Firearms
Falls
Medical ingestions

Risk-taking or
Exposure? More
people were at
home longer

CIGARETTE SALES INCREASED IN 2020 FOR THE FIRST TIME IN TWO DECADES



LESS TRAFFIC BUT MORE FATALITIES IN 2020 AS EJECTION RISK INCREASED



DOT HS 813 135 Behavioral Safety Research June 2021

Update to Special Reports on Traffic Safety During the COVID-19 Public Health Emergency: Fourth Quarter Data

The National Highway Traffic Safety Administration continues to explore traffic safety during the COVID-19 public health emergency. This work is crucial to further understanding changes in dangerous driving behaviors and letting us expand or evolve countermeasures to meet current needs in States and across the country. This Research Note updates traffic safety during the COVID-19 public health emergency through the end of the 2020 calendar year with a focus on the fourth quarter (Q4) of 2020.

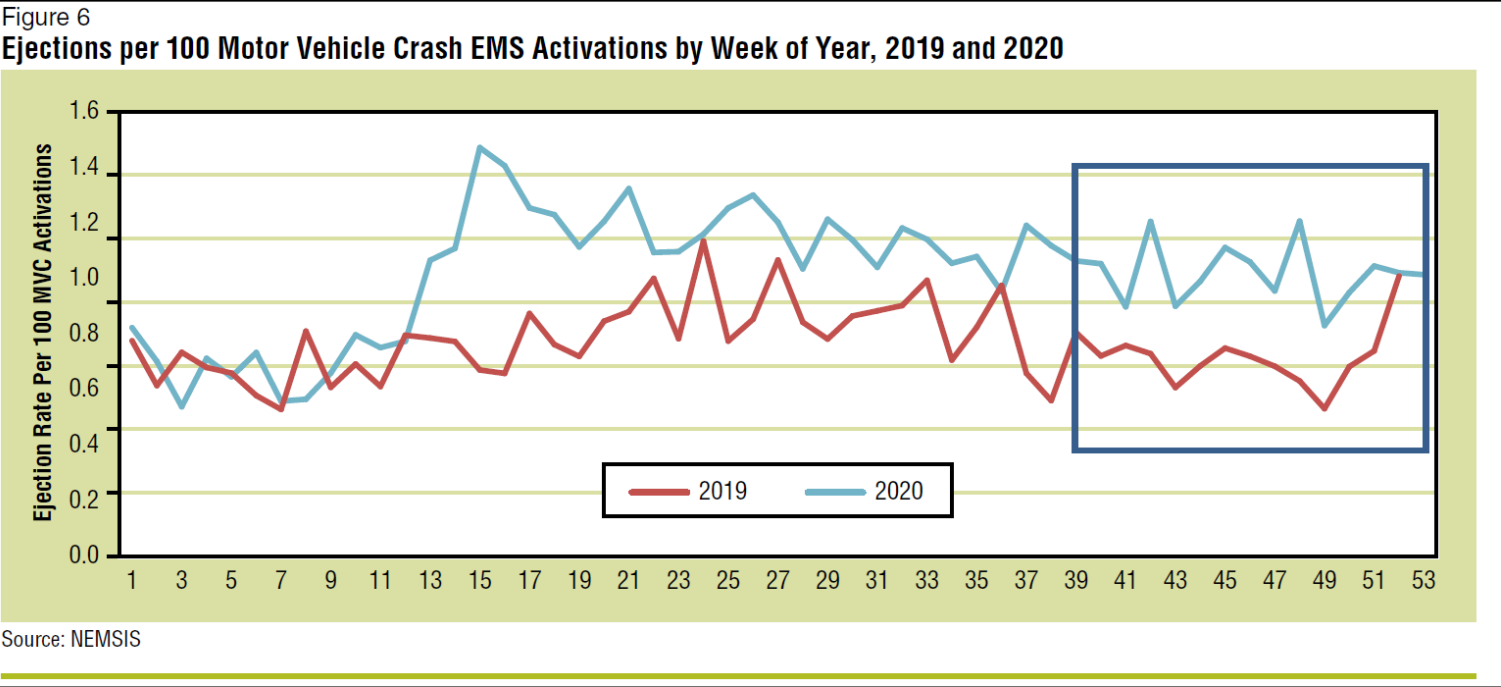
To date, NHTSA has released two reports synthesizing traffic safety data in the second and third quarters of 2020, and an interim report on research examining changes in the prevalence of drugs and alcohol in seriously or fatally injured road users, which noted increased prevalence of alcohol and some other drugs among these individuals. These reports provided context to data from NHTSA's National Center for Statistics and Analysis (NCSA) that showed increases in the number and rate of fatalities through the third quarter of 2020. Given the importance of these findings, NHTSA immediately convened workshops and meetings with national partners, State highway safety professionals, and researchers. In these meetings, NHTSA led conversations on how to address these increases in traffic fatalities, especially focusing on risky driving behaviors. NHTSA then continued to collect and synthesize data throughout Q4 of 2020, including alcohol and drug prevalence for road users admitted to participating trauma centers. Data sources not previously identified were sought. New findings where the research team identified additional confirmatory evidence are described below. Data limitations identified in the earlier reports also apply to the data reported here.

Background

During the first 9 months of 2020, driving patterns and behaviors in the United States changed significantly (Wagner et al., 2020; Office of Behavioral Safety Research, 2021). Of the drivers who remained on the roads, some engaged in riskier behavior, including speeding, failure to wear seat belts, and driving under the influence of alcohol or other drugs. Traffic data cited in those reports showed average speeds increased during the Q2 and Q3, and extreme speeds became more common. Other data suggested fewer people in crashes used their seat belts. NHTSA's study of seriously or fatally injured road users at five participating trauma centers (Thomas et al., 2020) found that almost two-thirds of drivers tested positive for at least one active drug, including alcohol, marijuana, or opioids between mid-March and mid-July. The proportion of drivers testing positive for opioids nearly doubled after mid-March, compared to the previous 6 months, while marijuana prevalence increased by about 50%.

This Research Note includes analyses from the Bureau of Transportation Statistics (BTS) and the Federal Highway Administration's (FHWA) National Performance Management Research Dataset (NPMRDS). These sources use telematic data that captures large volumes of information but does not permit analysis of individual performance. To address this limitation, researchers sought other data sources through traditional literature as well as "gray literature" such as blog posts to identify potential emerging behavioral safety trends that occurred during the public health emergency. They identified limited research reports documenting changes in distracted driving (Zendrive, 2020) and pedestrian travel patterns (StreetLight Data, 2021). These data sources use promising techniques to explore behavior; however, additional confirma-

NHTSA's Office of Behavioral Safety Research 1200 New Jersey Avenue SE, Washington, DC 20590



THESE SOCIAL AND BEHAVIORAL PANDEMIC EFFECTS MAY BE TEMPORARY

- **Stock market is apparently recovered.**
- **Driver behavior is changing as people go back to work.**
- **Children went back to school ... somewhat.**
- **Alcohol and tobacco or nicotine use?**

UNCERTAINTY DROVE SHORT-TERM BEHAVIOR, BUT YEARS INTO THE PANDEMIC MISINFORMATION CONTINUES TO AFFECT US – VACCINE EXAMPLE

MYTH: COVID-19 vaccines cause variants.

FACT: COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19. Instead, COVID-19 vaccines can help prevent new variants from emerging.

MYTH: It is safer for my child to build immunity by getting infected with COVID-19 than to build immunity by getting the vaccine.

FACT: Getting children ages 5 years and older vaccinated against COVID-19 is the best way to protect them from COVID-19.

MYTH: COVID-19 vaccines will affect my fertility.

FACT: Currently no evidence shows that any vaccines, including COVID-19 vaccines, cause fertility problems (problems trying to get pregnant) in women or men.

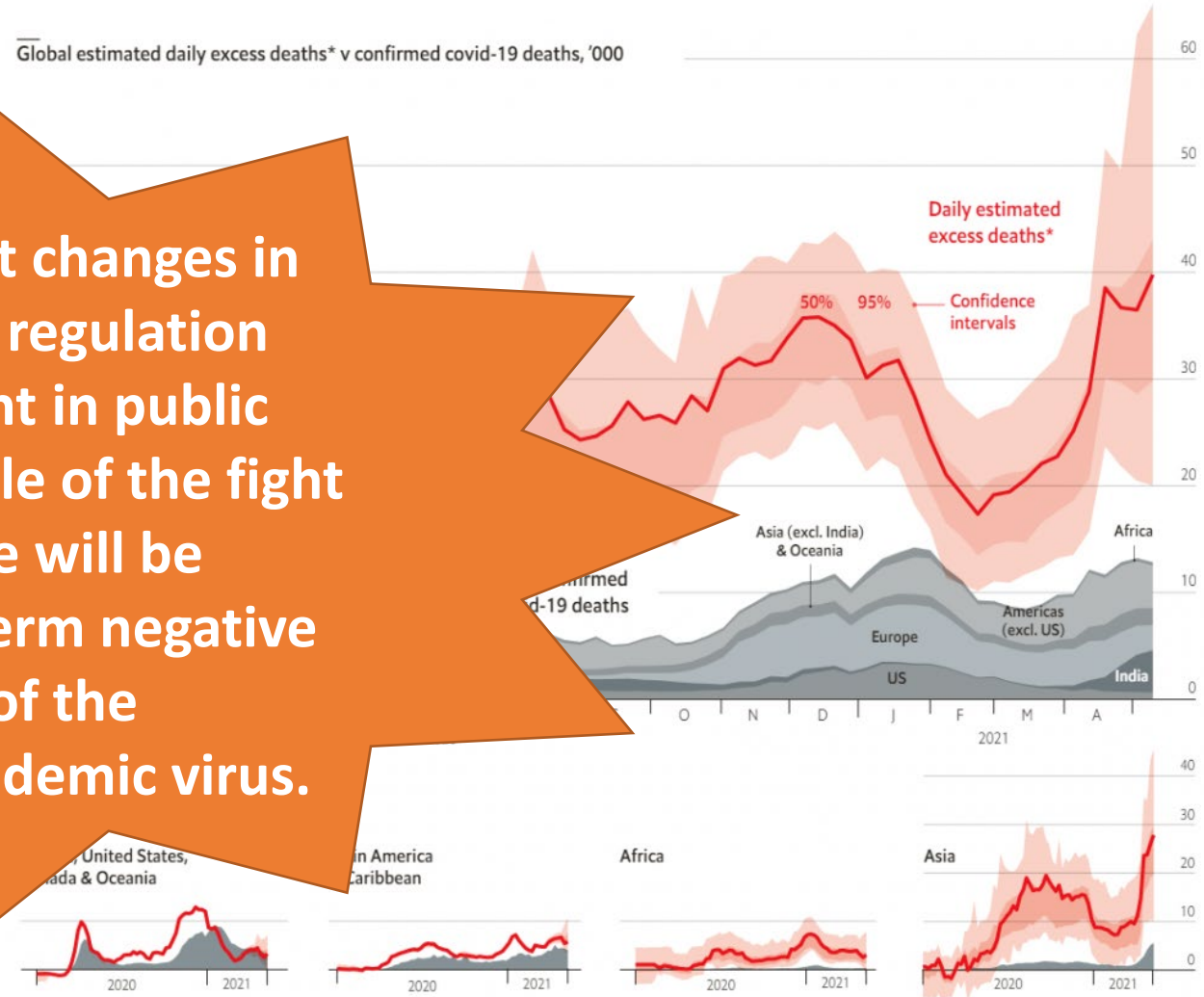


TABLE 1
Factors Important in Risk Perception and Evaluation

<i>Factor</i>	<i>Conditions Associated with Increased Public Concern</i>	<i>Conditions Associated with Decreased Public Concern</i>
Catastrophic potential	fatalities and injuries grouped in time and space	fatalities and injuries scattered and random
Familiarity	unfamiliar	familiar
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Benefits	unclear benefits	clear benefits
Reversibility	effects irreversible	effects reversible
Personal stake	individual personally at risk	individual not personally at risk
Origin	caused by human actions	caused by acts of nature or God

THE LONGER TERMS IMPACTS OF SARS-COV-2 ON THE CNS AND THE PANDEMIC EXPERIENCE IN THE USA AND BEYOND ARE TBD

Absent significant changes in state and federal regulation and an investment in public health on the scale of the fight against lead there will be significant long term negative societal impacts of the pandemic and endemic virus.



LEAD WAS KNOWN AS A POISON IN ANTIQUITY, BUT UNTIL FAIRLY RECENTLY, AMERICANS LIVED WITH LEAD AND ITS ENDEMIC SOCIAL CONSEQUENCES



Lead takes part in many games

LEAD whistles back and forth in every play on the baseball diamond. It is at the bottom of every football scrimmage. It traps back and forth across the tennis net. Lead influences every stroke the golfer takes, and is the fisherman's helper in making his catch.

How lead gets into these sports

Wherever toughness is required in rubber, lead is added to it. Thus lead in the form of litharge—or red-lead, that other lead oxide—is in the rubber core which is in every high-grade baseball. It helps to make the rubber bladders of footballs and basketballs, and is in tennis and other rubber balls.

Lead is also in many baseball bats and in the heads of wooden golf clubs, because it adds weight and helps to balance them. Pulverized lead is used in some golf balls to give them the necessary weight.

Lead helps the fisherman

Lead sinkers are used in fishing to carry the hook down to the desired depth. The heavy weight of lead for its bulk makes it the proper metal to use. And it will not rust.

This metal often covers the chunks of fish-hooks and weights down large fishing nets.

Lead in the nursery

The little boy's eyes shine with excitement as he takes his new lead soldiers out of the box on Christmas Day. Made of lead, they will not rust or mold so did the toy soldier of Field's "Little Boy Blue."

His sister peacefully plays with her new dolls with their lead-weighted eyes and her miniature furniture and other toys often made of lead. Toy-makers use lead extensively because it can be easily shaped and moulded into many forms.

Lead for preservation

Despite the widespread use of lead in the sport and play of the world, perhaps it is in preserving and beautifying buildings, inside and out, that lead performs its most useful service. Dryness and decay deface and destroy. But white-lead paint protects from the ravages of weather.

It is false economy to put off painting houses until deterioration makes expensive repairs necessary. Hence, property owners are heeding the warning, "Give the surface and you save all."

The professional painter, careful of his reputation, uses what he calls "lead-in-oil," a mixture of pure white-lead and pure linseed oil, for outside work. He uses white-lead and flinting oil, with coloring matter added, to make a smooth, beautiful paint of any color, for interior work.

Look for the Dutch Boy

NATIONAL LEAD COMPANY makes white-lead of the highest quality and sells it, mixed with pure linseed oil, under the name and trademark of Dutch Boy white-lead. The figure of the Dutch Boy is reproduced on every keg of white-lead and is a guarantee of exceptional purity.

Dutch Boy products also include red-lead, flinted oil, flinting oil, hatching metals, and solder.

More about lead

If you use lead, or think you might use it in any form, write to us for specific information.

NATIONAL LEAD COMPANY

New York, 111 Broadway; Boston, 113 State St.; Chicago, 110 Oak St.; Cincinnati, 900 West 5th St.; Cleveland, 695 Euclid Ave.; Detroit, 120 West Superior Ave.; St. Louis, 722 Chestnut St.; San Francisco, 425 California St.; Philadelphia, National Lead & Oil Co., of Pa., 118 Fourth Ave.; Philadelphia, John T. Lewis & Son, Co., 417 Chestnut St.

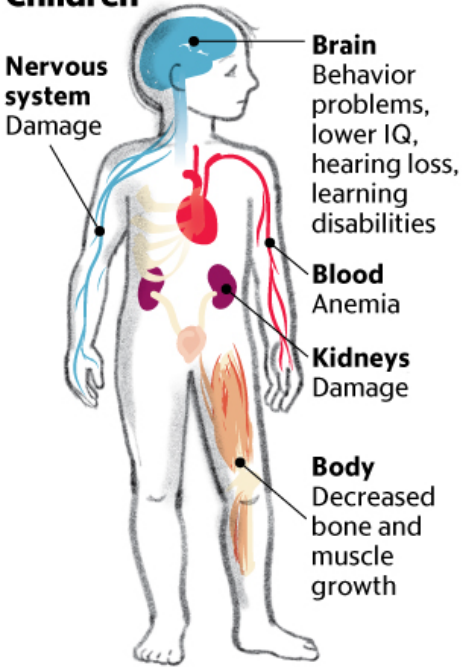


EXPOSURE TO LEAD CAN CAUSE SIGNIFICANT ILLNESS IN THE IMMEDIATE TERM AND NEGATIVE SOCIETAL IMPACTS IN THE LONG TERM

Lead exposure

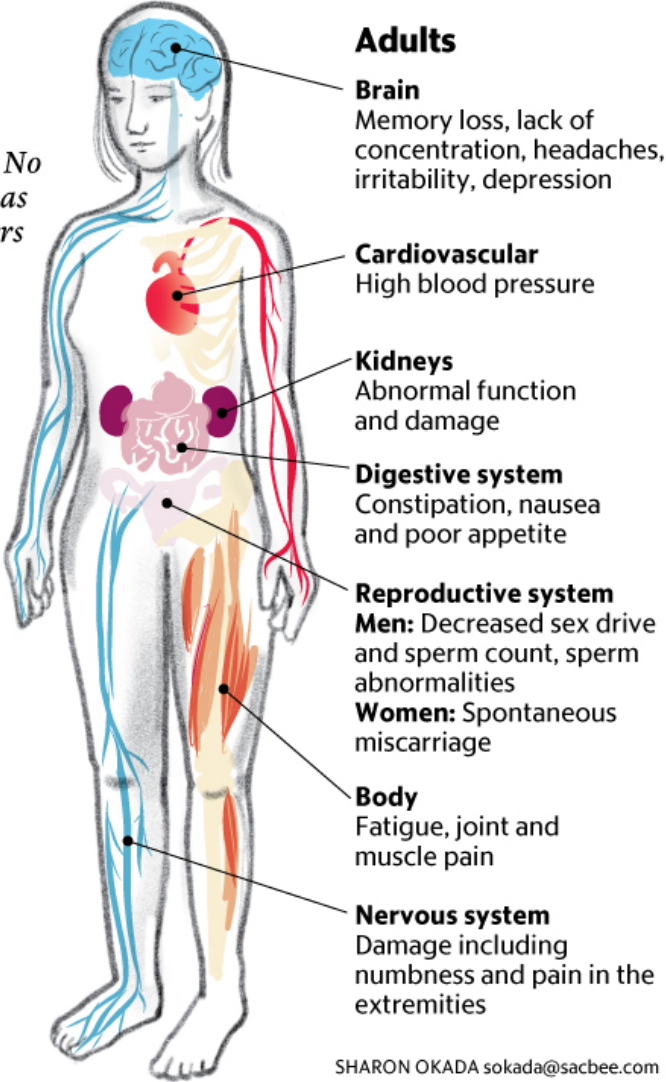
Although often without obvious symptoms, lead exposure can affect nearly every part of the human body. No safe level of lead in the bloodstream has been determined by the federal Centers for Disease Control and Prevention.

Children



Sources: Centers for Disease Control and Prevention; National Institutes of Health

Adults



SHARON OKADA sokada@sacbee.com

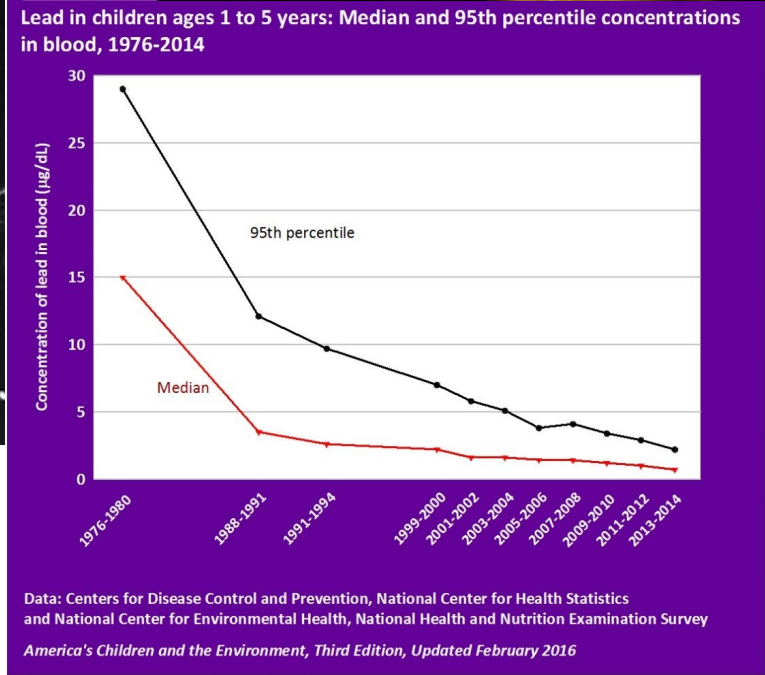
Acute lead poisoning has severe health impacts which cease as lead levels subside.

But low persistent blood lead is related to poor education outcomes and likely connected with broader societal impacts relating to impulsivity, crime & social aggression.

MOVEMENT TO SUPPORT AND IMPLEMENT AN EFFECTIVE PUBLIC HEALTH APPROACH TO LEAD WAS HIGHLY SUCCESSFUL AND IS ONGOING



The Student Organization for Urban Leadership formed in 1964 to combat lead poisoning. Members distributed pamphlets, gathered paint samples, and collected urine for testing.



WE HAVE NO CHOICE BUT TO LIVE WITH THE VIRUS

Feature



Children in Copenhagen play during the SARS-CoV-2 pandemic. Endemic viruses are often first encountered in childhood.

THE CORONAVIRUS WILL BECOME ENDEMIC

A *Nature* survey shows many scientists expect SARS-CoV-2 is here to stay, but it could pose less danger over time. **By Nicky Phillips**

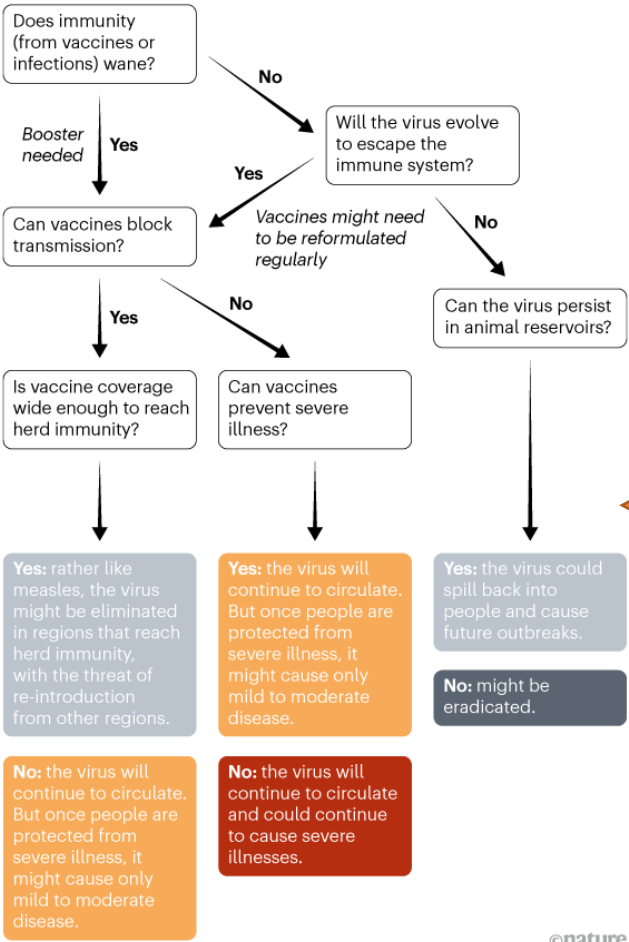
For much of the past year, life in Western Australia has been coronavirus-free. Friends gathered in pubs; people kissed and hugged their relatives; children went to school without temperature checks or wearing masks. The state maintained this enviable position only by placing heavy restrictions on travel and imposing lockdowns – some regions entered a snap lockdown at the

beginning of the year after a security guard at a hotel where visitors were quarantined tested positive for the virus. But the experience in Western Australia has provided a glimpse into a life free from the SARS-CoV-2 coronavirus. If other regions, aided by vaccines, aimed for a similar zero-COVID strategy, then could the world hope to rid itself of the virus? It's a beautiful dream but most scientists think it's improbable. In January, *Nature* asked more

than 100 immunologists, infectious-disease researchers and virologists working on the coronavirus whether it could be eradicated. Almost 90% of respondents think that the coronavirus will become endemic – meaning that it will continue to circulate in pockets of the global population for years to come (see ‘Endemic future’). ‘Eradicating this virus right now from the world is a lot like trying to plan the construction of a stepping-stone pathway to the Moon.

CORONAVIRUS: HERE TO STAY?

SARS-CoV-2 has spread so far around the world that it is very unlikely to be eradicated. Here are some of the key factors that are likely to lead to it becoming endemic.



“Herd immunity” and “Eradication” are highly unlikely

©nature

WHAT DOES “LIVING” WITH THE SARS-COV-2 VIRUS (OR SIMILAR) MEAN OVER THE LONG TERM?



- Annual vaccination boosters
- Vaccination requirements for travel
- Increased mask-wearing
- *Better global pandemic surveillance?*
- *Decentralized vaccine development and production?*
- *Increased public health investment (surveillance, tracing, testing, communication, research)?*



WHAT DOES “LIVING” WITH THE COVID PANDEMIC MEAN ONCE HOSPITALS AND EMERGENCY ROOMS ARE “BACK TO NORMAL”?



- Collapsed trust in government, academia, media
- Acceptance of mass death
- Increased sensitivity to identity in self protective behavior
- *Accepting diminished investment in public health?*
- *Accommodating to decreased health-care worker capacity?*
- *Muddling through mental health consequences of mass death and trauma?*

WE HAVE LEARNED THAT IN A COVID PANDEMIC CONTEXT, A CLINICAL PERSPECTIVE MAY BE TOO NARROW (JUST LIKE WITH LEAD)

Question	Clinical Lens	Public Health Lens
What tests and when and whom to test?	Top quality professionally administered and reserved for highest risk persons	Speed and availability for as many in every settings
What type of mask?	N95 properly fitted	Any mask is good but N95 is best
Are masks helpful?	I may not be 100% protected	Even if I am not 100% protected, we're all somewhat safer
Should I vaccinate my child?	Risk/benefit to children is unclear	More vaccinated the better plus schools
How to proceed given uncertain science?	Above all, do no harm.	Gather information but do something!

Gavin Huntley-Fenner © 2022

AMERICANS HAVE RALLIED FOR PUBLIC HEALTH IN THE PAST, BUT ARE WE POSITIONED TO SCALE UP TO SYSTEMIC CHANGE?

AJPH RESEARCH

Progress in Public Health Emergency Preparedness—United States, 2001–2016

Bhavini Patel Murthy, MD, MPH, Noelle-Angelique M. Molinari, PhD, Tanya T. LeBlanc, MS, PhD, Sara J. Vagi, MS, PhD, and Rachel N. Avchen, MS, PhD

Objectives. To evaluate the Public Health Emergency Preparedness (PHEP) program's progress toward meeting public health preparedness capability standards in state, local, and territorial health departments.

Methods. All 62 PHEP awardees completed the Centers for Disease Control and Prevention's self-administered PHEP Impact Assessment as part of program review measuring public health preparedness capability before September 11, 2001 (9/11), and in 2014. We collected additional self-reported capability self-assessments from 2016. We analyzed trends in con-

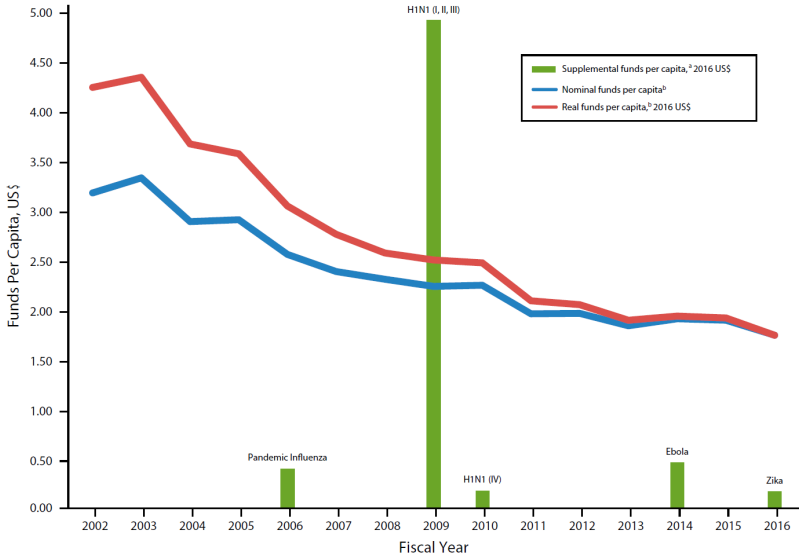
Results. Be but consider established c the largest in reported unc agencies in 2 trained pers

Conclusion from before 9, capability is cri \$180–\$185. di

The Septe: subseque pivotal mom heightened as system coordi local governm ted the Public terrorism Prep appropriated support state : paredness and ism threats; ti increase suppi beyond the n able before 9. In 2006, C and All-Haza and enhanced response by e terrorism to al from natural radiological in

S180 Research

advance public health to prevent, protect, respond, and rapidly recover from health emergencies (chemical, biological, radiological, nuclear, explosives, etc.) that threaten to overwhelm routine business and health security. Furthermore, PHEP supports the advancement of preparedness goals as out-



^aSupplemental funding for H1N1 pandemic influenza was administered through the Public Health Emergency Response grant to upgrade state and local capacity for pandemic influenza preparedness and response. This funding was distributed in 4 phases (indicated in the figure as I, II, III, or IV) over 2009 to 2010.

^bNominal funding is unadjusted for inflation and reported in values according to funding year appropriated. Real funding is adjusted for inflation and reported in 2016 US dollars.

Public Health Infrastructure and Pandemic Preparedness Provisions in the Build Back Better Act

Jennifer Kates and Adam Wexler

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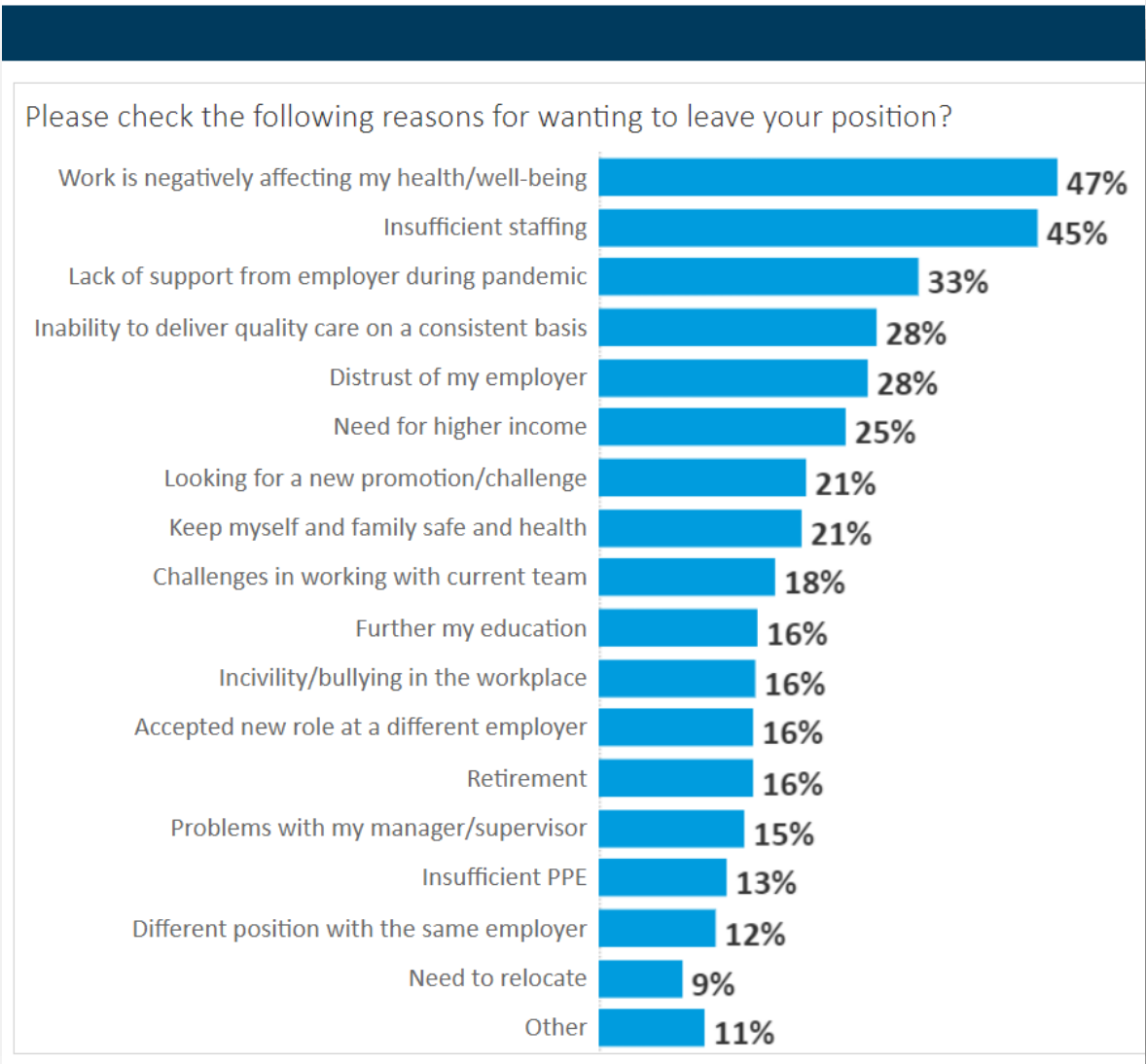
The [Build Back Better Act](#), originally introduced in Congress on September 27, 2021, is a broad funding and programmatic package supported by [President Biden](#). The bill, as first introduced by the House, was estimated to total \$3.5 trillion. A more recent [version](#) now under consideration in the House is estimated to total significantly less, at \$1.75 trillion, due to pressures to reduce the bill's cost.

Among the provisions in the bill are several designed to strengthen the public health infrastructure, including the workforce, and to support pandemic preparedness. While the original version of the bill provided \$51.8 billion for these purposes (with \$36 billion directed toward improving the public health infrastructure and \$15.8 billion toward pandemic preparedness), the new version of the bill provides 63% less, or \$19.2 billion.

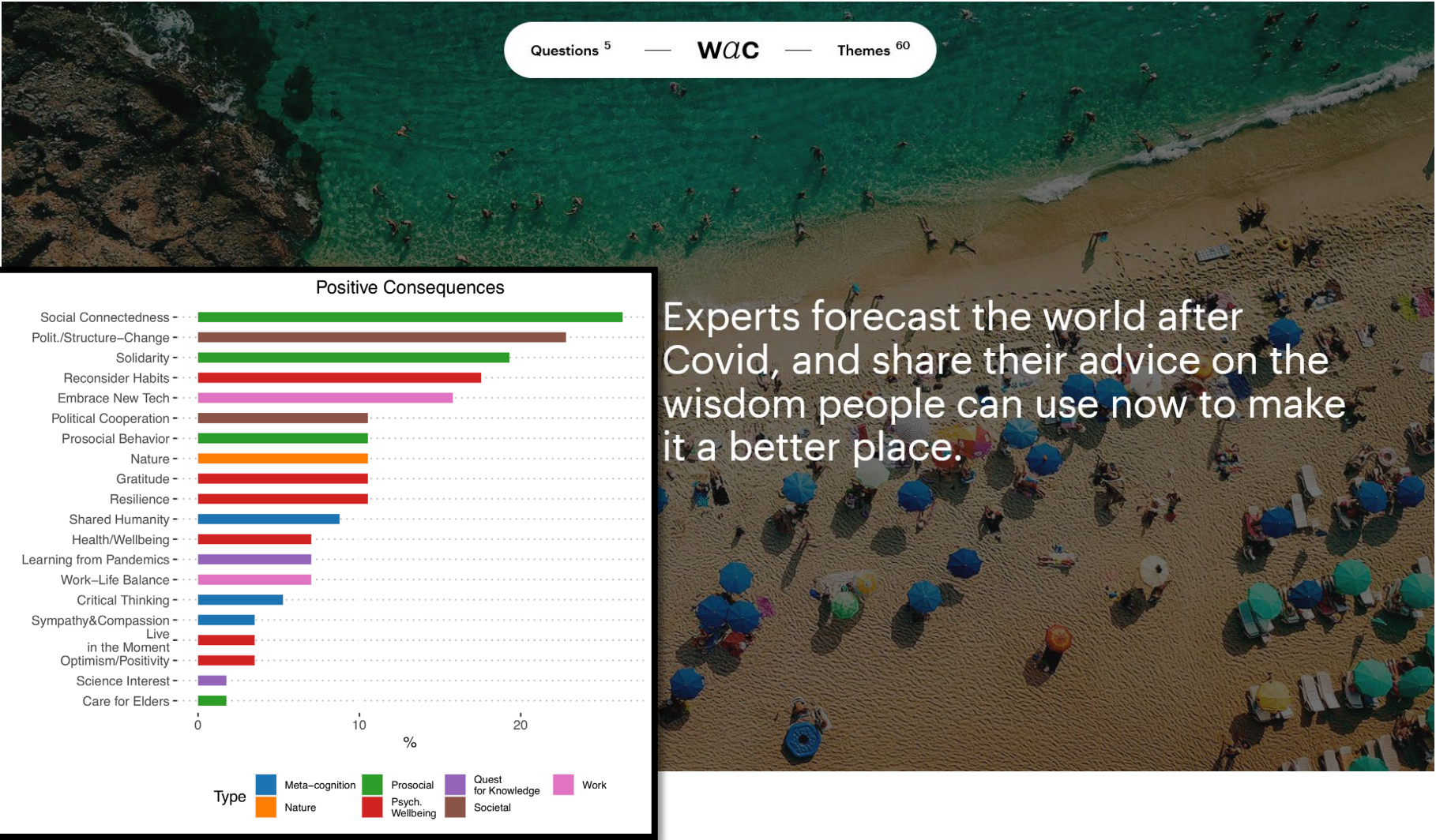
Current proposal is for \$20Bn - less than half of original plan: "Almost all public health and preparedness areas in the original [Build Back Better] bill saw reductions, and several were eliminated."

INVESTING IN PUBLIC HEALTH IN THE UNITED STATES STARTS WITH PEOPLE BUT SYSTEMIC AND INSTITUTIONAL CHANGE IS NEEDED AS WELL

- Many nurses driven to quit because of what the pandemic has revealed about our healthcare system and their place in it
- The clinical setting cannot compensate for a public health failure



WE HAVE THE CAPACITY TO LEARN AND IMPROVE – UC BERKELEY *WORLD AFTER COVID PROJECT*



Whence optimism?

- Re-investment in public health
- Investment in people (food, health, housing, social & political autonomy)
- Enhancement of global cooperation

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ACKNOWLEDGEMENTS