

OPINION

Public health is not dependable without independence

By HAKIQUE VIRANI AND ELAINE HYSHKA NOVEMBER 25, 2020

Provincial public health officials have legislated authority to act independently in emergencies, but organizationally, they remain beholden to their political masters and government employers.



Chief public health officer Dr. Theresa Tam convenes a press conference in August to discuss the state of the pandemic. The federal government must leverage Canada's internationally recognized public health expertise and immediately establish and fund an independent pandemic response observatory, write Hakiue Virani and Elaine Hyshka of the University of Alberta. *The Hill Times* photograph by Andrew Meade



Canada's public health system is failing yet again. Our governments struggled to respond effectively to the 2003 SARS outbreak and 2009 H1N1 influenza pandemic, and they still have not controlled the staggering epidemic of fatal street-drug overdoses. Now, far less wealthy jurisdictions are outperforming our response to COVID-19. Our system is floundering because of two missing ingredients: public health independence and public trust.

At the start of the pandemic, Canadians came to know their chief medical health officers. Some even stayed popular long enough to inspire Halloween costumes. But for all their expertise and dedication, our top public health doctors have not taken control of provincial pandemic responses.

These officers have legislated authority to act independently in emergencies, but organizationally, they remain beholden to their political masters and government employers. Then-senator Michael Kirby's post-SARS commission recommended specifically that the operational powers of political leaders in respect of public health emergency decisions should be removed and assigned to the chief medical health officer. Had governments made good on this recommendation, we would be mourning fewer Canadians lost to COVID-19.

Still, some commentators argue that democratically elected cabinets are best positioned to understand the far-reaching social and economic implications of potential emergency measures. This argument is rooted in a fundamental misunderstanding of public health as narrowly focused on controlling disease transmission. When public health practitioners contemplate countermeasures (like mask mandates, business restrictions and closures, vaccine programs, and contact tracing) they do so as part of an "all-hazards" approach, weighing complex impacts on the population's health, economic, and social well-being. Chief medical health officers account for both the collective welfare of the population and the particular risks faced by vulnerable groups. Their assessments are based on dynamic probability calculations and emerging scientific evidence.

It is therefore natural for them to revisit and modify measures as an emergency evolves, rather than digging in for fear of being accused of flip-flopping. They are not and should not have to be preoccupied with the short-term political ramifications of making decisions which may initially be unpopular.

Premiers and ministers, on the other hand, may perceive a choice between population life expectancy and political life expectancy. The pressure to appease political bases and the most influential can distract from the task of protecting the most vulnerable. Politicians are necessarily concerned with maintaining political power so they can continue advancing their broader agendas. They may avoid needed emergency interventions, if they fear these measures will interfere with fulfilling platform commitments or damage their chances of re-election. All this to say, elected officials are encumbered by factors that must not burden those charged with protecting a population during a pandemic.

Confidence in the public health response is eroding amid reports of provincial governments ignoring CMOH recommendations, imposing non-disclosure agreements on expert advisors, and in several cases insisting, without justification, that stronger public health measures will cause more economic catastrophe than poorly controlled viral spread. Citizens are being asked to postpone weddings and graduations, forego visits with sick and dying relatives, shutter businesses, and otherwise upend their lives deserve effective action on COVID-19. They deserve to know the evidence and rationale behind public health decisions.

Some have argued that a solution to faltering provincial and territorial pandemic responses is for the federal government to exercise their emergency powers and impose a national pandemic management strategy. But federal officials are burdened by political considerations, too. It is doubtful that a federal minority government would take over direct emergency control of any shared jurisdiction with the provinces, including health, and any attempt to do so would contribute to further confusion and politicization.

Instead, the federal government must leverage Canada's internationally recognized public health expertise and immediately establish and fund an independent pandemic response observatory. It should be composed of epidemiologists, economists, medical, public health and policy specialists tasked with making specific and fully transparent recommendations for public health responses across Canadian jurisdictions.

Their role should include evaluating jurisdictional performance publicly. The observatory would provide reliable and unfiltered public information and advice without political influence. Those jurisdictions aligning with observatory recommendations and outperforming those that do not would earn public confidence, improving public adherence to voluntary measures while decreasing the political risks of involuntary ones.

Make no mistake, reversing the trajectory of infections and deaths and restoring capacity in an overstretched health system will require a major shift in approach. The independent observatory would identify the most promising interventions and outline the objective epidemiologic endpoints to meet before resuming more normal life. They may also highlight inequities and call on governments to observe the ethical principle of reciprocity, where those bearing disproportionate hardship in the interests of public safety (for example, businesses forced to close) be recompensed reasonably for their contribution. And they can monitor for effective, equitable immunization programming when a vaccine is available.

The failure of public health to manage the COVID-19 pandemic in Canada was predictable, but it is not unalterable. If we don't want overflowing ICUs for Christmas this year, independent public health leadership and transparency must be supported now. And when COVID is over, we must address these fundamental organizational flaws in our public health system once and for all.

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