



Editorial

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Yann A. Meunier

International Institute of Medicine and Science, Rancho Mirage, California 92270-4501, USA

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What have we learned from the COVID-19 pandemic?

Right from the beginning of this new pandemic, the world has suffered from public and global health dismal shortcomings like: forgetting or ignoring the lessons from the past, insufficient masks/PPEs/ventilators/respirators in many countries (at the onset, which is a critical point), making a wrong choice for the type of vaccine, inefficient international coordination, absence of a U.S. national plan, faulty leadership, deleterious political interferences, plateau and herd immunity chimeras, pitiful communication, mask wearing fiasco, acute and chronic test shortages, testing/tracing/isolating debacle, questionable lockdowns, faulty domestic and international travel restrictions, poor vaccination campaigns, among many other errors.

Incompetent pandemic management translated into over 2.5 years of ordeal with at least 6 very lethal waves and no end in sight until we take appropriate, coordinated, and collaborative action worldwide. Still being without effective leadership globally does not bode well.

It reminds us that global health is truly global and based on public health. We have witnessed the insufficiencies of both at several levels: prediction, prevention, containment, and mitigation.

The problems come from a few origins: the nature of the structures in place as well as their mode of operation and interaction internationally and nationally.

Regrettably, the solutions offered so far lack magnitude in quantity and quality.

Consider the two examples of W.H.O. and the C.D.C. in the U.S.:

- Regarding the former, initiatives like revising international health regulations, health for peace, sustainable funding, or a toothless pandemic treaty will not change the fact that this leading institution is a political body with very limited power to implement its own resolutions and recommendations directly or indirectly.

- Regarding the latter, changes like refining and modernizing its structures, systems, and processes or wanting to take three steps to rebuild public trust are insufficient.

In the U.S., public health failures are not only due to systemic problems within the CDC but more importantly to systemic problems including the CDC (which is just a cog in the wheel),

and it goes way beyond the CDC and trust in it. Thus, “fixing” the organization but neglecting other essential aspects won’t cut it.

Statements by the director like “What you're going to see as a first focus for me is certainly to make sure we are ready for this fall and winter virus season”, must be followed by appropriate actions beyond what is being said and done.

Are we ready as we should and can be for a COVID-19 virus variant or sub-variant resistant to all treatments and vaccines without a universal vaccine? Absolutely not. Overall, we are still in a reactive position, hoping for the best but not adequately preparing for the worst.

All the CDC reforms will not change the structure of public health in the U.S., which is largely responsible for lousy results in several fields like healthcare cost, health insurance coverage, infant mortality, women's health, healthcare equity, immunization coverage of the population.

In summary, everything that has happened so far in public and global health aiming at improving them is tantamount to fighting the last war.

Drastic change is needed, and it starts with leadership, vision, and framing with people who look at it the way it should have been, the way it ought to be, and the way it can be and say why and why not. Thinkers, particularly researchers, who think outside the box because they are out of the box.