DOI: 10.1111/jep.13671

LETTER TO THE EDITOR

Journal of Evaluation in Clinical Practice
International Journal of Public Health Policy and Health Services Research
WILEY

Re: The brave new world of pandemic resilience

To the Editor,

We read with great interest the article entitled "The brave new world of pandemic resilience" by Mathew Mercuri and Brian Baigrie,[1] which rightly concluded that "Equity is an important concept in public health discourse. A fairer society may be the path to a more resilient one." We sincerely applaud the authors for successfully and succinctly articulate the inseparable link between equity and resilience in building a fairer, healthier, and dignified society. We feel this is very critical for humanity, at this juncture.

Sir, in this context, I pen this to highlight how some public health experts, healthcare leaders, and even medical organizations contributed negatively to building equity, fairness, and respect to human dignity, during the pandemic in various parts of the world. It is only fair to state that the vast majority of the health workers and organizations attempted to do their best to save life and dignity. Yet, there were significant incidents in different parts of the world, where public health experts collided with ill-motivated politicians and government officials, in using coronavirus disease 2019 (COVID-19) as an excuse, in marginalizing the communities that are already disadvantaged. While we have seen enormous sacrifices of the healthcare workers, working over the clock to save a life, and at times risking their own, we sadly noted that some healthcare experts and organizations have provided support role in establishing blatantly discriminatory policies. This is particularly painful when these policies were clearly against the best available scientific evidence.

There are many examples from around the world to cite. One clear example would make my point clear. It was the forceful cremation of Muslim bodies that died out of COVID-19 in Sri Lanka.[2] This was against the best available evidence and the WHO directives were clear and provided both options of burial and cremation. It appears that COVID was used as an excuse to further marginalize the minority Muslim community. There were many other ways Muslims in Sri Lanka were marginalized during the COVID pandemic, but cremation being one of the most sensitive issues, this example should be sufficient to highlight the issue. The point I am raising here is not simply the actions of ill-motivated politicians, but rather how the public health experts and senior-most medical associations provided support for these discriminatory practices knowing well the best available evidence.[2] If we were to build a fair, equitable, and healthy society, the well-trained health experts who were elected to lead the clinical community should have based their expert advice on the best available scientific evidence.

There are many other examples from other parts of the world too. Discriminatory policies in vaccinating the refugees or restricting access to marginalized, occupied, or minority communities were noted in other parts of the world.[3–6] In some cases, outdated vaccines were given to occupied communities. What is critical in all these incidences during the pandemic was the role of public health experts who were able to influence the decision that their countries were making. If we were to create a fair and just society healthcare workers must stand firm against any discriminatory policies in relation to healthcare providence.

Finally, COVID-19 has undoubtedly exposed blatant inequalities and inequities. In light of the long-term impact of COVID, it is vital that healthcare experts around the world should actively promote the building of an inclusive society, protecting the most marginalized. As we all feel burnt out, worldwide movements demanding equality and social justice are hopefully rising from the ashes! I hope healthcare workers become key players in such positive global changes and not collide with the ill-intended elements in the societies.

Thanking you.

CONFLICT OF INTEREST

The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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