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I didn't think I would see a pandemic myself.

We're all exposed to words that aren't part of our normal dialogue these days. "Pandemic", "epidemiologist", "surveillance systems", "shelter-in-place", "the curve", and the always troubling "mortality rate". All have well established meaning in the world of public health, but might can be hard to understand and incorporate into daily use. So, what do these words mean?

- Pandemic – an epidemic that spreads across a large region.
- Epidemiologist – a scientist who studies the distribution, patterns, and determinants of diseases and conditions across a defined population.
- Surveillance systems – the continuous systematic collection, analysis, and interpretation of health-related data needed for the practice of public health.
- Shelter-in-place - an order from an authority to restrict movements of population as a mass quarantine strategy for suppressing or mitigating an epidemic or pandemic by staying home except for the most essential activities (those we need to live well).
- The Curve – the behavior of an epidemic in a population over time when mitigation is used to reduce impact.
- Mortality rate – the measurement of the number of deaths attributed to a cause. (in this case COVID19).

It is important to know public health science didn't just happen with this pandemic, the pandemic we're experiencing around the world today isn't the first, and won't be the last, and public health provides us with the science to understand what we can do to mitigate the impact on both individuals and our society as a whole. Public health also helps us understand the health impacts we experience because of behavioral choices such as obesity and using tobacco. In public health history we see roots as early as the Book of Leviticus in 1500 BCE – this third book of the Hebrew scripture discusses personal and community responsibilities and gives guidance regarding bodily cleanliness, protection against contagious diseases, and isolation from those infected – I bet this sounds familiar today. More recently it has been public health **policy** that has helped us to address scourges on societies from Dr John Snow recognizing the need for safe water in preventing cholera in London England in 1854 to public health science showing us that tobacco use is an underlying cause of many serious illnesses during the 20th century. We talk about these issues and the current crisis of infectious disease as well as the social determinants of health that impact all of us and point to opportunities for future public health policies to improve our collective health through disease prevention and control, access to education, safe housing, good nutrition, and generally reducing our stress levels – recognizing the impact on those who face financial challenges the most. You can see from these examples that the values that drive professionals in public health are very much in line with our values as Christians. Focus on caring for others, being responsible with our resources and ourselves, showing care for those less fortunate all resonate in both in public health and Christianity. In my training as a bioethicist I was encouraged to incorporate principles of healthcare ethics as well. The concepts of respecting a patient's fully informed decisions, always aiming to do good, avoiding harm whenever possible, and importantly always acting with justice and fairness can help each of us as we make decisions about living day to day during these trying times. Shelter-in-place works best when we severely restrict any contact with other people that isn't essential – therefore important interactions like some routine medical appoints are not postponed. The thinking isn't "I'm healthy and not likely to get sick – so why not?". Rather we should remember that every interaction where we have even accidental contact with another person is your opportunity to carry the infection to others. This is why in public health so much emphasis is placed on tracking contacts. Remember the story of "Typhoid Mary" from high school history class. She wasn't sick herself but carried the infection to others (again – sound familiar today?).

In much of my career I've focused on serving people with challenges in life. Elders, people with disabilities, people with economic challenges, people with or at risk for chronic conditions. What we find at

times like this pandemic is these are often the people at highest risk for infectious diseases as well. It is important for all of us to recognize this and think about the values and principles I've mentioned as we attempt to live our lives as best we can in these unusual times. For those interested in more history I highly recommend John Barry's "The Great Influenza" about worldwide pandemic almost exactly one hundred years ago.

What can I do?

I recommend following the public health guidelines that are provided by the appropriate authorities. The New York State health Department has a good resource at: https://coronavirus.health.ny.gov/home

Try not to binge watch the news shows – checking in once daily will give you all you need to know.

Try to move, outside if possible, it helps with being restricted.

Be in touch – by phone, video chat, or other technology. Social contact is important.

Check on others, neighbors, friends and family have the same needs you have – and not always the means to take care of them.

Pray – however you pray, remember this now. This is a form of communication too.

Be Well,

David Hoffman