



COMMENTARY

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An Historian's Future Attic Archives on Prevention Covid, Ecological Medicine and Public Health Injury and Violence Prevention

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Commentary

"The primary, secondary and tertiary prevention of the COVID pandemics had constricted potential manpower, resources, and methodologies for new research and evidenced practices in public health, medicine other health related specialties which began to collaborate from earlier silos (AJPM 2062).

My latest interest and action, after more than 50 years in public health injury and violence prevention (IVP), is advocating for more innovative joint multi-disciplinary collaborations in ecological and historiographical research and evidence-based interventions. I focus on potentially associated or causal impacts that link COVID and its sequela and IVP, for gun related suicide and homicide, child home injuries e.g., poisonings, [1], pedestrian injury, motorcycles deaths.

However, many medical researchers and other practitioners, due to lack of historical leadership training, in IVP, or even public health, do not know the younger science and art for a leading, cause of preventable disability and deaths injury and violence [2,3].

So, what are examples of nascent journal publications for COVID/IVP and other public health prevention specialties, in our new "modernity" of the "Challenge of Change"?

Esparza's historiography compares earlier pandemics with today's COVID. Stewart, more ecologically and holistically, describes the widespread relationships of COVID to diverse public health sequela: Guoqing, et al, associate homicides primarily gun violence to lead poisonings in the urban ecologic poorer environment. One exceptional ecologic study the relationships (potentially could include COVID), among gun homicides and suicides, alcohol, and driver licensing restrictions

[4-7].

Fisher cites a 1918 flu epidemic historical timeline and its lessons not learned; his e-book at the APHA History Project website on leadership archetypes, offers a broader holistic, ecologic type, historiography of effective, and ineffective, contextual preventive research, advocacy, and practice in child injury. In Injury Prevention Journal, 1999, his historiographical editorial, reviewed some limits of public health and medical, gun violence prevention policy [8-10].

Decision making methodologies in fluidity with drivers, forecasting possibility, probability, and "dark horse" scenarios [11,12].

Concurrently, the US Congress has not been a political driver supporting preventive research and evidence-based prevention of gun ownership suicides nor homicides. In America, uniquely, the largest cause of firearms deaths is suicides, ecologically in suburb and rural areas (and perhaps also in those locations, increases in single motor vehicle suicide deaths) while gun homicides are daily, mostly in poor urban neighborhoods, and more sensational in shopping areas.

EPA 2020 lead standards seem related to COVID: More lead is permitted in the urban poor's public water supplies, and in all toxins of urban air pollution [13,14].

Moreover, COVID case data had, briefly, not been sent to CDCP which almost lost all use of its excellent sci while the NRA and Congress had eliminated, for decades, CDC and NIH funding of gun related, public health violence research and prevention. Urban gun violence prevention ecological interventions like Cure Violence [15] and CDCP's intimate violence and ACE

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evidence-based research and prevention programs have nevertheless taken place. Unfortunately, Cure Violence interrupters may be decreased by COVID's communicability.

Those political drivers interact etiologically and ecologically-, with other drivers: Historical, economic, technical, physical, cultural and social, especially, onto the residents of inner cities, as pre and postnatal and childhood neurological damage to cognitive school learning, "criminogenic "increasing rates of incarcerations, law enforcements' wars on drugs; lack of historical mistrusts of White medical and social experiments, prior slavery; exclusions for voting, no lead free housing, higher mortgage rates, Northern "red lining' and after World War II, only White veteran's educational or health benefits [15,16].

Recommendations

The priority is clear; let public health prevention not only focus on COVID descriptive and etiological based nosology but also on collaborative government, business [16], and voluntary groups. Evidence-based ecological systems to Covid's overall health states linked to trauma, violence and disease, to public health translative ecological funding of research, engineering, advocacy, and legislation. On these paradigms, William Haddon, M.D, the father of modern IVP and medical ecologies, would remind us! Back to the Future of medicine and public health!

Conclusion

Tell our statesmen in Congress, industry/business. and publics that public health injury and violence prevention saves not only young minds and bodies but decreases our federal, state and local taxes, economic losses from unemployment, hospital and doctor expenses, personal losses, criminal justice services, families' physical and mental care and other direct, indirect and societal costs! Space does not permit discussion on other drivers nor nascent pilot projects. However, costly TV spots, alone, won't make changes; evidence based public health and medicine will power, will! Public Health and its partners need even more leadership like Pasteur's discoveries, Koch's finding the bacillus of TB, Jennings surreptitious preventive finding of penicillin, Teddy Roosevelt's "Bully Pulpit" attacking unsanitary meat packing; we need the collaborative leadership movements of the later railroad and auto safety movements, the anti" smoking sooths your throat" campaigns, and pediatricians, industry and government limiting child poisonings by the number of aspirin in the bottle. When blame stops, the economic

safety and savings begin.

And hopefully ASAP in low income urban and rural America with a new FDR type New Deal and a Marshall ecological preventive thrust for COVID prevention and mitigation, collaboratively focused, also, on injury and violence et al prevention.

Let's not 'talk the talk 'but "walk the walk". Ideas require action, not qualitative nor do quantitative observations forget to act on your own normative ideas! Opinions are mine and not any organization nor group. lfisher@2021

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