Future Infectious Disease Outbreaks and Collective Responsibility: Students' Experiences and Perspectives

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ABOUT THE AUTHOR

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My introduction to disease came when I was diagnosed with a rare heart condition at age 14. Stark words like "code blue," "pediatric," and "charge the defibrillator panels" rushed around me as doctors and nurses crowded the emergency department, primed for the next time I might slip into cardiac arrest. Awaiting my prognosis, I thought about how decades earlier both my aunt and great-grandmother had died of the same heart condition, and it became obvious to me that my battle to survive was more than just mine—it was also my family's.

DISEASE, COMMUNITY, AND COLLABORATION

This shift in my perspective of health from a characteristic of the individual to one that was generational turned wellness and disease into attributes of the family, community, and population. However, I was not able to wholly articulate this bigger picture of health until I took my first public health course. Foundational phrases like "health determinants" and "health disparities" that had been missing from my previous experiences with medicine painted a more complex image of illness. The acquisition of this new language propelled me toward the field of public health.

As a public health student sitting in an aged lecture hall at the London School of Hygiene and Tropical Medicine years after my diagnosis, quarantined from the statues of disease vectors that adorn the building's entryway, words like "global burden of infectious disease" allowed me to see the immediate need to control and prevent emerging threats. Learning about the devastating impacts of communicable pathologies that I had never seen, I was able only to conceptualize the vital importance of collaboration and systems thinking on disease intervention.

But in late February, standing in the early morning rain on a train platform in rural Portugal, I felt the tangible personal, community, and global burdens of coronavirus. I had been living in Spain for a research internship and was days earlier accepted into a Master of Public Health program back home in the United States. Small, spherical droplets of water beaded on my forehead as I stood solitary on the darkened platform, looking on as public health officials and police pulled a passenger suspected of having coronavirus from our car. Under the flickering of a streetlamp, I thought about how I had just used the same bathroom as that passenger had moments earlier. Touched the same door handle, breathed in the same musky, unfiltered air.

The light above me intensified, almost as if illuminating the patient zero that I feared I might become if I returned to my small hometown in the United States. The next few days and weeks were a blur of conversations with my university and personal physicians followed by preparations to facilitate my speedy travel home and a three-week quarantine. As a cardiac patient, I knew I could not stay abroad during an emerging pandemic, but the fear of exposing my community weighed on my conscience.

DISEASE CONTROL AND SHARED RESPONSIBILITY

In the age of COVID-19, words like "community," "health disparities," and "global burden of infectious disease" have become universal and portents for communal experience. The effects of infectious diseases like coronavirus are dynamic and far-reaching. Despite any reluctance that we may have to act together as communities, we are affected together, we suffer together, we thrive together. It has been almost a year into

the pandemic and my small, rural hometown that was once insulated from the worst effects of COVID-19, like many other small, rural towns throughout the country, is experiencing the shortage in intensive care unit beds that has already devastated larger cities for months. We are now seeing first-hand that an absence of resources has dire implications for communities, as it means that access to health care for patients in need of critical care as a result of COVID-19, or any life-threatening illness, is limited. In circumstances like our current one, in which resources for treatment are scarce, the spread of the virus literally begins and ends with the individual's willingness to follow public health recommendations.

My hometown is not unique in its present state of ambiguity. Our experiences are representative of many other communities throughout the country and throughout the world. If we are to improve our public health responses and better control infectious diseases like coronavirus in the future, we must embrace our responsibility to each other on the population level. Infectious disease prevention and management begins with the individual but quickly moves from the personal to the family, the community, the population. More integrated responses to future outbreaks will rely on our widespread literacy of the responsibility that we all have to each other to protect ourselves and the most vulnerable among us. AJPH

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CONFLICTS OF INTEREST

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