LOOKING BACK HELPS IN LOOKING AHEAD

“It’s déjà vu all over again”

Famously attributed to Lawrence Peter “Yogi” Berra, famed catcher for the New York Yankees baseball team, noted for pithy and wise humor, such as: “You can observe a lot by watching”.

We greatly appreciate the warm reception that the first (1999) and second (2008) English editions of this textbook has received from students, teachers, and practitioners of public health in many countries over the past 14 years. It has also been well accepted in translated editions in Russian, Bulgarian, Albanian, Moldovan, Romanian, Macedonian, Uzbek, and Mongolian languages. The most recent translation was released in the Georgian language in 2013.

This book is used not only in introductory courses in public health at bachelor’s and master’s levels but also as a general review for PhD students coming to public health from different disciplines, in North America, Europe, and many other countries. It has also been frequently recommended for use as a desk reference for practitioners. This acceptance has been gratifying and we hope this third edition will also be widely used as a working tool in existing and new programs in professional and vocational public health education.

Looking ahead, we should remember where we as public health educators and practitioners have come from. In the early 1960s, no one could have predicted the path ahead in public health. It was a time when it was widely thought that infectious diseases were soon to be completely controlled or eradicated. At that time, the pandemic of coronary heart diseases was increasing as the leading cause of death in the industrialized world, as it is now becoming in developing countries. Pioneering epidemiological studies of that time, such as the Framingham Heart Study conducted from 1948 to the present time and many like it, provided breakthrough knowledge. The new term “risk factors” identified “preventable causes” that needed to be addressed by public health and clinical medicine.

In 1964, the US Surgeon General’s Report on Smoking brought together a vast literature on the health effects of smoking, launching a struggle which has been a major public health success but continues as a challenge to the present time. In the early 1970s, key policy analyses such as the Lalonde Report in Canada linked the importance of environment, genetics, and lifestyle as well as medical care in determining health status. This opened the path to the Ottawa Charter on Health Promotion, moving public health to a major new professional sphere and application.

The US Surgeon General’s adoption of health targets in “Healthy People” and the Alma-Ata Declaration of 1978 placing emphasis on “health for all” and community-based interventions set new directions for public health action. These analyses provided the conceptual infrastructure for a continuously developing New Public Health.

New concepts and applications of public health and medical interventions adopted in the following years were
associated with dramatic reductions in mortality from coronary heart disease, at its peak in the mid-1960s, and from stroke and more recently from cancer. When the HIV pandemic came out of the blue in the 1980s, no one could have predicted that this horrific disease would largely be brought under control within a decade by a combination of health promotion and later antiretroviral treatments. The great achievements of public health and medical sciences have given the world substantial gains in life expectancy and freedom from many historic diseases and debilitating conditions. It would have been difficult to foresee that viruses causing cancers would come to be preventable not only by lifestyle changes but also by screening and early intervention, as well as by new vaccines for hepatitis B and later for human papillomavirus, and treatment of Helicobacter pylori to prevent chronic peptic ulcer diseases and gastric cancer, or the enormous impact of hypertension control, use of statins, and smoking cessation in reducing the cardiovascular pandemic mortality rates.

There has been a rapid decline in cardiovascular mortality since the 1960s from reduction in smoking, limiting alcohol use, healthier diet, and exercise, in lowering cholesterol levels, as well as in improvements in medical treatment and access to it. Tobacco control has made tremendous strides forward even in the face of powerful opposition from the giant tobacco agroindustry. We are continuing to see great improvements in access to safe water, food, and sanitation, and in malaria and tuberculosis prevention and control. Globally, the 1960s saw the gradual eradication of smallpox and in subsequent decades the growing control and near-eradication of poliomyelitis, with other great advances in lesser known achievements in the control of leprosy, onchocerciasis, and filariasis, diseases that drained the energy, vision, and health of millions in tropical countries. Road safety improvements have reduced injuries and deaths, and suicide rates have also fallen in many countries.

Public health worked to become better prepared to face health threats after the 9/11 terrorist attacks in the USA, and natural disasters such as Hurricane Katrina, as well as actual or threatened pandemics from SARS and H1N1 and the newly appearing potential pandemic threat of H7N9. Having learned from past successes and errors and with more effective tools including organization and training, communities and countries are better able to cope. The Millennium Development Goals (MDGs) of 2001–2015 have been substantially but variably successful, achieving major reductions in child mortality and in vaccine-preventable diseases. There have been setbacks as well as accomplishments in the return of once controlled diseases such as measles, pertussis, and diphtheria. We in public health have learned many lessons that will be applied, we hope, in this decade and beyond 2020. We have come a long way and have a long way to go; we have every reason to face our challenges with confidence and energetic commitment with continuous learning and practice standards.

Are the struggles against poverty, disease, and premature death due to preventable diseases over? Of course not, but looking ahead we see progress in achieving the MDGs set globally in 2001 for the target year 2015. Current reviews show uneven progress in the three MDGs directly related to health; we may not able to reach the stated targets by the target year of 2015, but the global health community should take heart from achievements, even if there are limitations to the achievements and more work lies ahead. New health technologies, assuring access to care for all, eliminating inequalities, economizing, and reducing waste and risk to patient safety and quality of health care are all part of the challenges that face us during social and economic crises, terrorism, conflicts and disasters, climate change, drinking water shortages, incitement to genocide, and many other events affecting current and future global and local population health.

The long-standing public health challenges such as tuberculosis, malaria, diarrheal, environmental, and sexually transmitted diseases, antibiotic resistance, mental health, dementias, diabetes, and obesity remain important, and new challenges lie ahead. Immunization, even while preventing millions of deaths, has faced public resistance and even opposition based on misinformation and fraudulent research quickly adopted by internet players, so that diseases thought to have been controlled, such as measles, pertussis, and diphtheria, are being seen commonly again. At the same time, hopes for new advances in diagnostics, therapeutics, prevention, and health promotion will reduce illness and premature deaths and reduce the inequalities that trouble all regions and nations of the globe.

This book evolved from many years of teaching the principles of health organization to students of public health from Africa, Latin America, the Caribbean, Asia, the USA, Eastern Europe, and Russia, as well as from the practice of public health in a wide variety of international settings. Because of globalization, migration, and the rapidly changing context of public health, we concluded from this experience that there was a need for a new textbook of public health that both provides a basis in the classic knowledge and achievements of public health, and brings current thinking in the broad base to new students and veteran practitioners with an international orientation.

We draw upon ancient traditions from Biblical Mosaic and Greco-Roman societies with belief systems of Sanctity of Human Life (Pikuach nefesh), Improve the World (Tikkun olam) and Healthy Mind–Healthy Body (Mens sana in corpore sano) together with modern applications of social solidarity and human rights that link between individual and community responsibility for health. Organizational philosophies of health as a right and scientific advances provide the basis for the scientific and ethical approaches of the New Public Health. The New Public Health is a synthesis of classical public health with evolving modern public health and standards of preventive medicine and social policy. Both society and individuals have rights and responsibilities in promoting and maintaining...
health and the quality of life, as well as preventing disease and premature death, with equity and application of best practices and policies gained from science and practice.

The New Public Health is a cumulative philosophy of saving lives and improving health by a wide variety of professions and methods based on scientific achievements in the context of societal responsibility for the health and well-being of the population. The New Public Health is a composite of social policy, law, and ethics, with integration of social, behavioral, economic, management, and biological sciences. It is an intersectoral and interdisciplinary application of social policy, health promotion, preventive, and curative health services, all of which are vital to sustain and improve health for individuals and populations. We hope that this edition will help enable students, teachers, practitioners and policy makers to understand this complexity and to apply it as their profession, work, avocation, and dedication.

T. H. Tulchinsky MD MPH
E. A. Varavikova MD MPH PhD
15 January 2014

REFERENCES


