**Robert Fox Interview with Frederick M. Burkle on Population-based Triage Management**

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**Interview**

**At first sight, Population-based Triage, PBT for short, isn’t the most enticing social formula – but it may be the key to how the UK manages the next stages of the current Corona quagmire – and prepare for the next one, when and not if it happens. It could, and probably should, become standard operating procedure in public health population-based management decisions in the outbreak of widespread pestilence and disease. We need that new Public Health Strategy now.**

**Under the PBT plan the population as a whole is treated to the triage technique familiar in accident and emergency, and battlefield medicine. Medical and rescue teams concentrate on treating the salvageable in preference to those most likely to die. “Traditional health care systems care systems care for patients individually, while public health is caring for an entire population,” says Professor Frederick Burkle, Senior Scholar and Scientist of Public Health at Harvard.**

**He published his plan for a population-based approach to pandemic in 2006. It was used in the major desk-top exercise by Public Health England for tackling a major influenza pandemic, Operation Cygnus, in 2016. The report partly adopted the professor’s clear-eyed approach to running a major pandemic operation, but left many questions open. If they had been addressed in the present Covid crisis, thousands of lives might have bene saved. Much the same goes for Exercise Isis carried out by National Health Scotland in 2018, focused on a major outbreak of MERS (Middle East Respiratory Syndrome). The lessons of both exercises have been taken aboard, according to Matt Hancock, but as they say in Scots law, it looks like a case of not proven.**

**Both the Cygnus and Isis reports of 2017 and 2018 cannot conceal the serious shortcomings in preparation against a major public health emergency. The Cygnus exercise, for instance concentrates on the role of the Local Resilience Forums in coordinating emergency services – yet the representatives of the eight LRFs were explicit about their lack of resources. The LRFs have proved vital since March, but they have no statutory powers and no funding. More ominously the Isis report for the Scottish Health flags up the lack of availability of protective equipment – PPE – for a nationwide viral outbreak.**

**The problem of managing a workable Public Health Emergency strategy for this coronavirus crisis is brilliantly illustrated BBC1’s drama documentary, The Salisbury Poisonings. It tells the real events of the attack by the nerve agent Novichok on the Skripals in Salisbury two years ago. The heroine is the Wiltshire Public Health Officer Tracy Daszkiewicz , who has to manage a public health threat to a population of 60,000, in which she succeeds with only the loss of one life.**

**Played brilliantly by Anne-Marie Duff, Daszkiewicz shuts off central Salisbury and puts together an impromptu track and trace regime in two days. Health and Environmental officers like her are the key to managing the Covid crisis – though nothing in their experience can have prepared them for it – no more could anything then have prepared her Salisbury team to tackle one of the deadliest nerve agents in the battlefield inventory.**

**Today Dazkiewicz is a Deputy Director at Public Health England, responsible for Covid mitigation operations across the South West of England, which , coincidentally or not, has been relatively free of the virus.**

**The local government health and environmental teams have been one of the success stories in the crisis – though you wouldn’t be aware of this much from the outpourings of the No 10 propaganda machine. Liaison officers at Local Resilience have been plugging the gaps, as have key volunteers running ‘Tac or Tactical’ cells coordinating the efforts of charities and volunteer teams. The local health authorities have experience in running tracking and tracing operations serious human and animal diseases – e coli , legionnaire’s, Weil’s disease and the like.**

**This weekend , Barry Rees, 51, a corporate director at Ceredeggion council in Wales was credited with setting up a do-it-yourself track and trace team for north west Wales. The result, according to the Sunday Times, is that only 45 positive cases of Covid have been reported and isolated, out of a population of 75,000.**

**This seems to turn on its head what Whitehall and the spiders web of Cabinet Office  committees have been doing. The whole operation appears to have been overcentralized and focused on Whitehall. Ministries have bickered and clashed over powers and budgets, procrastinated and delayed – with fatal results. The decision was taken on 12th March – Dithering Thursday – to put things off since tracing facilities and PPE protective clothes weren’t sufficiently available. So lockdown and isolation were put off for 11 days – costing thousands of lives according to most reliable estimates.**

**This was completely opposite to what Professor ‘Skip’ Frederick Burkle recommended in his 2006 blueprint for tackling in a major health emergency, or BioEvent in the jargon of the profession. I caught up with the professor in a midnight call – morning for him – to Hawaii where he is undergoing therapy for cancer. At 80 he is still writing and debating public health with colleagues across the world – a webinar about the current crisis held on 31st March with an Italian and two American experts is particularly enlightening. His experience stretches from a serious Bubonic Plague epidemic in Vietnam in 1968, where he served as a Navy doctor – hence the nickname ‘Skip’, to the SARS, H1N1, and Ebola outbreaks of this century.**

**“The approach has to be multi-disciplinary, especially at the local level,” he told me. “Public health emergency is a specific science, and you require different  scientists  for it. The biggest point is that while medicine traditionally focuses on the individual – here you have to realise the entire population is at risk.” This is where population-based triage applies – a plan to save the greatest possible number who are salvageable. It does not go against the Hippocratic principle of “do no harm”, he explains. “Population-based management saves more people in the end.”**

**Burkle’s blueprint for a Health Emergency follows the precept of Jacinda Ardern, New Zealand’s empathic and surprisingly politically astute prime minister, “Go early, go hard.” Once it is clear a pandemic looms – and it was abundantly clear by the end of February this year in UK, the government should declare an emergency. It should set up a central operational command and information collection and operational hub. In American parlance, the 2006 paper calls this an Emergency Operations Centre and an Incident Command System. This means one command system running top to bottom, and bottom to top, one strategy and one line of media messaging and public engagement.**

**Instead of Dithering Thursday March 12th should have been the day when Boris Johnson should have declared a  Covid Public Health Emergency, with one ministry , directorate and spokesperson , which would decide strategy , coordinate with responsible ministries such as Health, Local Government and Education , and empower and enhance local health and welfare authorities. He needed to go further than Rishi Sunak’s adroit and timely fiscal and financial provisions for lockdown and furlough.**

**In the next phase, according to Burkle’s 2006 paper, used by Public Health England in the Cygnus report, is to operate the population-based triage system in two phases. The population of patients is divided into five categories of those likely to survive, requiring only isolation and little intervention, to those who have to be admitted to hospital. In this and subsequent papers on Ebola and SARS, he lays out the blueprint of the combination of public health personnel, charities and volunteers needed to manage the crisis.**

**Despite the previous exercises and warnings in Cygnus and Isis, the UK government did not take the holistic approach. Even the slogan ‘save the NHS’, had a sting. The fear was that the hospitals would be overwhelmed in the first wave of Covid , and would have to leave acute patients in corridors, as they did in Italy. Another persistent Downing Street fear was ‘could the NHS survive a second wave of the virus in late summer?’ The nurses and doctors and paramedics and staff of the NHS have done sterling and self-sacrificing service. But saving the NHS had another cost. We now know, in my cases from both official and private sources close to the front line, thousands of patients were pushed out of the hospitals, untested, to free up beds. Many going into the care homes carried the virus with them. The neglect of the poorer care homes, public and private, starved of supplies, testing and protective apparatus is a scandal that needs to be addressed.**

**So, too is the manner in which funds were distributed to the bigger charities, and an array of agencies and consultants – such as Deloitte and Serco to build infrastructure and provide aid in the community, from building Nightingale hospitals to distributing PPE. Upward of two to three billion pounds have been dispensed thus, mostly on non-compete contracts, some worth many millions. Some of the cock-ups are remiiscent of the boat loads of left boots arriving for the troops in the Crimean war. A contractor made such a mess of a Nightingale hospital in Wales , the Army had to be called in to do the job properly. A group of volunteers were stopped from packing and distributing 45,000 boxes of PPE because in the PHE rubric they ‘weren’t legally accountable,’ Nearly a week later., the Army asks them to do the job after all, under MACA (military assistance to the civil authority) – because “Deloitte couldn’t find anyone to do the job.”**

**Similar has happened in the charitable sector where government funds were distributed to a group of brand leaders, who were to pass them on when where they were needed. This was beyond the experience and capability of most. “It’s like teaching elephants to dance on ice,” one highly experienced volunteer coordinator told me. Another reported that funds were being withheld on legal grounds from a small street charity that feeds undocumented street folk and rough sleepers, refugees and asylum seekers, the truly hopeless, stateless and penniless.**

**There is a glaring gap in the Cygnus and Isis recommendations, echoed in the crisis conduct of the government. In neither exercise was the military represented or used. Journalists weren’t consulted or considered. In much of the discussion of ‘public engagement’, the mainstream media and the public were portrayed almost as enemy. Instead the exercise delegates ‘modelled’ the media – as we hear they are wont in the darker corners of Downing Street.**

**The Army has crucial capabilities in setting up command and control systems, a logistics plot and communications of instruction and data to empower local hubs and actors. They have done it in the 2012 Olympics and the 2001 foot and mouth outbreak, with success. Instead we have another blue chip City consultant setting up a command system for the Cabinet Office, doubtless at great expense.**

**Some things really are working today, such as local health officers and volunteer organisers, stepping in, fixing ,improvising – in the spirit of Tracy Daszkiewicz in the South West and Barry Rees in Wales. But now surely is the time for a raincheck, to work out a Public Health Emergency strategy and template to see us out of this pandemic, which could be anything up to 18 months away, and prepare us for the next.**

**There is no point in a public enquiry, as on recent form these tend to be an exercise in ploughing sand. There is little use in holding our breath for the ‘second spike,’ of the Covid scourge. If the breaking news from China, South Korea, Singapore and Israel, to name a few, is anything to go by, we are likely to face spasms of sudden and random outbreaks from across the country for months to come.**

**We shouldn’t bank on the arrival of an effective vaccine in the short term. Equally, there seems little profit in reckoning on the miraculous “world beating” tracking app promised by the prime minister. So far the apps have been much less successful than advertised, for a complex of social and technical . Dr Lynn Kuock reported to an International Institute for Strategic Studies last week, “Here in Singapore they have found the mobile app to be only a small, and not very important, part of the trace  and track system. Putting numbers of conscripts on the streets to trace has been more effective.”**

**A number of running repairs are needed to the Covid strategy. Parliamentary committees should look at three areas; where the money went in the non-compete contracts; how fit for purpose is Public Health England, established in 2012, in tackling pandemics; how decisions were taken, funded, and traded between the ministries and spiders web of Cabinet Office committees, panels and syndicates.**

**That we need a Public Health Emergency strategy, and full capability to run it, we should have no doubt. This is not the first, and certainly not the last, coronavirus coming our way. According to Professor Burkle over 70 per cent of new viruses identified in the past 15 years are zoonotic, which transmitted from animals to humans. More ‘reservoir animals’ carrying the pathogens are moving from the wild to densely built up human habitations, in India and China, Africa and Latin America. A global system of public health intelligence is needed, to provide information and guide best practice. This means we should hang on to and improve the World Health Organisation, while we have still got it.**

**With the enormous changes in human and animal habitats and behaviour across the world, we have entered the new age of the pandemics. And we’re not going back.**

**Ends**