

Music (00:00):

Ketsa. "Mission Ready." Raising Frequency, <https://freemusicarchive.org/static>.

Trudy Henson (00:08):

Welcome to Hotwash. I'm Trudy.

Christine Gentry (00:11):

And I'm Christine. We're emergency management and public health professionals

Trudy Henson (00:16):

...Nerds, talking about the law and policy of emergencies. Today on episode three of hotwash, we're talking about what a lot of people are talking about the world health organization

Music (00:27):

Ketsa. "Mission Ready." Raising Frequency, <https://freemusicarchive.org/static>.

Christine Gentry (00:36):

So Trudy, the world health organization, also known as WHO, has been in the news a ton, a whole lot over the past few months. You've heard of them, I presume.

Trudy Henson (00:47):

We have heard of them. I have heard of them. We, I, I've, I've talked a little bit about them before and in my, in my life.

Christine Gentry (00:56):

Once or twice before it's come up. And recently in the last couple of weeks we've been hearing a lot about what, WHO may or may have not done correctly or well or effectively. Particularly our president has made some claims that WHO has mismanaged the pandemic.

Trudy Henson (01:21):

Yes. And he's not the only one. There's actually been a number of people who have come out and said recently and recent as in this past month of April, I would say people have come out and in different ways had similar sentiments that the world health organization was slow to respond to this novel Corona virus outbreak, that it was a little too differential to China and the information that China was bringing forth and that that has actually impacted the response globally.

Christine Gentry (01:52):

Yeah, so I'm really interested in teasing out this accusation. President Trump has said that WHO has failed in its basic duty, and I know a lot of people don't really know much about WHO or even what their basic duty is, so let's tease that out.

Trudy Henson (02:08):

Let's do it. I'm not going anywhere.

Christine Gentry ([02:10](#)):

Darn it, me neither. WHO is part of the UN essentially. It was founded in 1948 after the second world war, and their mission, their vision essentially is to direct and coordinate international health within the United nations. Excuse me, the United nations system there, they described themselves as the global guardian of public health and their overarching goal is to ensure the highest attainable level of health for all people. So that's huge. That's such a wide scope. That's a very wide scope and a very big goal.

Trudy Henson ([02:49](#)):

Yeah. So how does, how does the world health organization go about ensuring the highest attainable level of health for all people? That's a pretty broad goal.

Christine Gentry ([02:58](#)):

It is. Health, as you can imagine, means a lot of different things. WHO has interventions and programs that deal with things like global obesity and diabetes? That's a problem worldwide, not just in the United States. They also handle things like road death production. Isn't that an interesting one? How can we make our roads more safe? . They also work on wiping out some of these diseases that here in the United States, well at least, before the last few years, we didn't even consider an issue like polio. Things that we have vaccines for that should be managed, you know, throughout the world.

Trudy Henson ([03:39](#)):

Is measles one of those things?

Christine Gentry ([03:41](#)):

Yes, they'll be back in the United States soon for some of these issues. They also of course handle emerging infectious diseases. They handled the Ebola outbreak in West Africa in 2014. They did a lot with Zika and now of course they're on to COVID-19. They play a huge role in sounding the global alarm. They declare public health emergencies of international international concern. So when certain triggers are met they say, Hey guys, this is a thing and we should really start preparing it and doing things to combat this.

Trudy Henson ([04:20](#)):

And they were involved in the SARS outbreak in 2002 or 2003 which was sort of a cousin to the current outbreak that we are, or the pandemic now, that we're experiencing.

Christine Gentry ([04:33](#)):

A lot of their functionality centers around international health regulations that 196 countries across the globe have agreed to implement. So the international health regulations were developed by WHO in coordination and collaboration with all the 196 countries across the globe that have agreed to be part of this. And sort of the general goal of the international health regulations, which is a mouthful to say, is "to prevent, protect against control and provide a public health response to the international spread of disease in ways that are commiserate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade." So that's a really interesting, well, at least to us, nerds, it's a really interesting purpose,

Trudy Henson ([05:27](#)):

But it kind of aligns with what we do in general and emergency management and public health emergency preparedness, which is that prevention protection, they don't quite use these words, but the mitigation and recovery aspects of a public health emergency.

Christine Gentry ([05:40](#)):

Yeah, and I think it's really interesting that built into this is a balance with international traffic and trade. So they're saying, you know, we want to prevent diseases and risks and all of the pain and suffering that happens with outbreaks and pandemics while also economic interests. It's not just let's shut everything down.

Trudy Henson ([06:01](#)):

Right. And I think that's, that's very important. And we're actually hearing so much discussion about the, you know, sort of twin interests of health and economic health with this current pandemic. And that's a balance. A lot of countries on their own are trying to strike, let alone the sort of global organizations. So that kind of makes it sound like in a global pandemic, or I think the world health organization calls them PHEIC, which stands for what again?

Christine Gentry ([06:30](#)):

Public Health Emergencies of International Concern.

Trudy Henson ([06:34](#)):

There we go. So it sounds like for something like that they would be sort of in charge of managing the global response, right? Is that true?

Christine Gentry ([06:43](#)):

Right, that's what it sounds like. But that is not true.

Trudy Henson ([06:48](#)):

That is, that is in fact false.

Christine Gentry ([06:50](#)):

So much like FEMA in the United States, WHO is sort of an advisory body, unless they're specifically invited in, they make recommendations, they can bring countries together to coordinate, to plan for. They can bring countries in and say, let's all agree to do these things, but when the actual emergency happens, they can't make those countries do those things they've agreed to. They make recommendations. They do in some cases send in physical resources, but only if a country allows them in, invites them in essentially just like FEMA.

Trudy Henson ([07:35](#)):

So, even if they've agreed to those international health regulations, the world health organization can't come into a country unless the country invites them in.

Christine Gentry ([07:44](#)):

Yes. As it turns out, countries have sovereignty.

Trudy Henson (07:49):

Right, that makes sense.

Christine Gentry (07:51):

WHO really can't force anyone to provide them with information. So in the cases where we've been hearing a lot about, Oh well China provided information that was inaccurate. It was maybe purposefully misleading. I'm not going to make any judgment statements there.

Trudy Henson (08:07):

But there, there has been some questions about the information, the timeliness, the accuracy. But there has been a lot of questions about the information, the flow of the information, the accuracy of it from China to the world health organization. And you're saying that that's not something the World Health Organization can actually, that it actually has much control over, right?

Christine Gentry (08:38):

Countries voluntarily participate in WHO. They voluntarily, even though we've all previously agreed to abide by these certain standards, including data and information sharing during outbreaks, we must provide that. We meaning individual countries.

Trudy Henson (08:54):

Um, let me, so kind of only as good as our word is that?

Christine Gentry (08:58):

Yes, so whether China provided accurate and timely information to WHO is sort of on China,.

Trudy Henson (09:04):

Because the other component of the world health organization that I think at least until recently a lot of people had this idea that they were this international health organization. They were this regulating body and that when pandemics or outbreaks in countries or regions occurred, the who sort of went in with this whole public health army to help with the response and we're, we're seeing that that's was never how the World Health Organization was intended to be set up, but certainly not what's happening with COVID-19 now. So I think there's also kind of people wrestling with that misconception too, that the World Health Organization would go in and be doing the actual response. And some of the research and the findings and what you're saying is that was never the way it was envisioned to happen.

Christine Gentry (09:48):

No, I mean, think about it very practically. The WHO is made up of member countries 196 countries. I mean it's an organization, an organization that employs a lot of people, but there's not some WHO reserve standing by. There's not all these doctors they keep in a warehouse.

Trudy Henson (10:06):

And so what we're seeing sort of with this current outbreak, would you say is kind of the limitations of the world health organization or the limitations of countries' participation or can you even parse it down that far? Because what it calls to mind is the parallel sort of parallel discussion about the federal powers and state powers that we're having in the United States. You know we have 50 States, they have 50

different public health legal frameworks and and within that counties and cities have different responses. And so we're seeing the varied responses of that sort of patchwork is is the word I hear a lot of people saying within one country. And then if you think about the world health organization as being this overarching body, but then you have all these countries with their own laws and rules and ways of responding. So is what we're seeing with COVID-19 do you think it's a failure of the World Health Organization, or do you think it's just sort of people are starting to see how the organization of this global public health system is set up and some of the limitations of that? If you can follow that question that was very long.

Christine Gentry ([11:17](#)):

This really foregrounds the limitations of the World Health Organization, they only have as much authority as we give them.

Trudy Henson ([11:25](#)):

And that's true for all countries.

Christine Gentry ([11:27](#)):

Yes, it's true for all countries, and as we're seeing, we're not really given giving them much authority. We are now giving them a lot of blame. Blaming WHO right now is like blaming my parents when I have refused to follow all of the guidance and instructions they've given me. I'm cursing them for how my life has turned out, but I made all those choices, you know. So it doesn't entirely make sense to be casting them as the villains in this piece. When we have really gone our own way.

Trudy Henson ([12:01](#)):

Cutting funding to the World Health Organization will only compound that problem, right? Because part of the issue is they don't have the authority and they don't have funding. So the more we cut that, the less they would be able to play that role. Is that accurate?

Christine Gentry ([12:15](#)):

So cutting funding to the World Health Organization in the middle of a pandemic will 100% compound the issue, particularly for countries who comparatively don't have as, and I'm air quoting this, as robust public health infrastructure as we do in the United States and other countries. I mean we're seeing with this pandemic, our public health infrastructure really isn't particularly robust, particularly when it comes to things like supply chain protection.

Trudy Henson ([12:45](#)):

One of the things that we heard Dr Tedros Adhanom Ghebreyesus say in the beginning of this, and whether it was a public health emergency of international concern was his consideration, of the impact that this virus could have on countries that did not have robust health systems or that had very limited public health infrastructure. And so is that something that we're seeing now, even even in countries that have a very robust public health infrastructure? Yes, definitely. I mean, do you think that this has sort of exceeded the expectations of what this pandemic would do to developed countries, let alone those countries that you know don't have the infrastructure?

Christine Gentry ([13:23](#)):

Oh, yes. 100% nothing else to say about that.

Trudy Henson ([13:28](#)):

And so Christine, since you've done a lot of reading on this now and sort of been considering all the different arguments and points of view, what do you think is the solution to what we're hearing? You know, do you think that the world health organization, you know, some people have said it's kind of obsolete at this point. Do you think that cutting funding is the solution? Is there a different solution? Because I think part of the question is if the criticism is that the World Health Organization has been too deferential to China or hasn't pushed them to get that information, what, what else can they do?

Christine Gentry ([14:02](#)):

I think before this COVID-19 pandemic, many people would have questioned the need at all for having any sort of global organization doing data collection and surveillance and sharing information. But COVID-19 really foregrounds how important it is for countries' public health systems to be talking to one another. We've seen how easy it is for diseases to spread globally in a matter of weeks. So there's, I don't think there's any question that we don't need WHO or something like it. So then it's a question of is it WHO, or is it some other thing? I've heard some political commentators in the United States say, well the United States should create its own global public health organization.

Trudy Henson ([14:51](#)):

Which is interesting because I think the other thing that we're hearing from the global community is sort of where is the United States in this response? Right? Because typically the United States is a country that sort of steps in and says, we have these supplies we're helping for sending people and that's kind of been absent in this.

Christine Gentry ([15:10](#)):

Yeah. So it's really interesting talk at the water cooler, so to speak - not literally - here in the United States.

Trudy Henson ([15:18](#)):

Don't talk at the water cooler, don't gather at the water cooler.

Christine Gentry ([15:21](#)):

One of the absolute basic things that the international community needs to do is come back to the table and recognize that we've had a lot of these conversations before. So after the 2003 SARS outbreak, WHO got together with experts and sort of reviewed the international health regulations and said what didn't work and what worked, and they brought it back to the table and updated the international health regulations, specifically addressing issues around combating diseases. We fairly recently, recently in terms of those of us who are.

Trudy Henson ([16:01](#)):

I mean it was 15 years ago now.

Christine Gentry ([16:06](#)):

But we fairly recently all got together, essentially and said we agree to this. We will respect WHO as a central coordinating body. We will follow directions. We will, we will provide information and data, and we're all gonna go out there and play ball. And then we did not follow that framework. We, and I'm saying we now as a global community, we've sort of failed to report cases in data in our countries. We've not done it in a timely fashion. We failed to follow advice that the World Health Organization gave, including for example, travel restrictions. The World Health Organization fairly early on said travel restrictions don't do what they think we think they're going to do. They're not super effective in many cases. Particularly for something like this because as we're seeing now, COVID-19 was in the United States a long time before we thought.

Trudy Henson ([17:02](#)):

Yes. From, from the data I'm seeing. Data, data.

Christine Gentry ([17:07](#)):

It depends on whether we're talking to Star Trek or some other data.

Trudy Henson ([17:12](#)):

So I mean it's interesting that you know, 15 years ago after the SARS outbreak, they came together and sort of reaffirmed their commitment to these international health regulations. But we've had more recently with Zika and then the West African outbreak of Ebola in 2014 you know, some of the, the criticisms that we're hearing of the World Health Organization, we were hearing with those outbreaks as well. Sort of concerns about that response.

Christine Gentry ([17:40](#)):

The big one is during the Ebola outbreak in West Africa, WHO delayed declaring it an emergency. On the other hand, H1N1 - I know that we've talked about this in the past - WHO was right on that ball, and they declared it early.

Trudy Henson ([17:55](#)):

Absolutely.

Christine Gentry ([17:56](#)):

And then so it's, it's an interesting and difficult line that they have to walk with COVID-19. I think they really struck a better balance.

Trudy Henson ([18:05](#)):

And then I think also the struggle that the World Health Organization probably faces that all emergency management and public health emergency preparedness people face is that you don't want to fatigue people. I mean, even weather reporters and meteorologists, will talk about this. You know, you don't want to fatigue people with warning and warning and warning, right? Because after a while people sort of get the boy who cried wolf syndrome where, Oh, this is just another, this is, this is not real and people don't take action. So it's a very, I think it is a difficult position to be in with these outbreaks that could become pandemics or could stay fairly situated in the, in the country they start. So I think it's hard to come up with a solution for the World Health Organization. I think they still definitely have a role in the

global community. Christine, thank you for talking about this and for helping us understand what, what's happening with the world health organization, particularly in light of this pandemic.

Christine Gentry ([19:02](#)):

Is that what I've done?

Trudy Henson ([19:05](#)):

Is it not our duty to raise questions is that, that was the unofficial title of our, of our podcast. Is that actually our tagline "Come Ramble With Us." Um, so we hope that you will join us for our next episode of Hotwash. We're going to have someone who's near and dear to us, Megan Timmins, our one of our.

Christine Gentry ([19:26](#)):

Not actually near to us.

Trudy Henson ([19:28](#)):

Yes, she will not be near to us. She'll be zooming in with us, and she will be joining us to help us explain. We're hearing a lot of emergency management terms in the news right now, and a lot of public health, emergency preparedness terms. Megan is one of our associate directors, and she has a distinct talent at explaining these terms. She has children and she explains them to her children. So we're going to kind of do a game, right? Is that the plan where we provide her with some emergency management terms and she has to explain them to us as if we were children so that we can understand them. So we hope that you guys will come back to hear that. Thanks for listening.

Music ([20:21](#)):

Ketsa. "Mission Ready." Raising Frequency, <https://freemusicarchive.org/static>.