

## CITY OF VILLEURBANNE

### CONTRIBUTION of the SECTION of SAINT-POUÇAIN SUR SIOULE (ALLIER)

#### THE FIRST LESSON OF THE HEALTH CRISIS: THE INADEQUACY OF HEALTH CARE POLICIES.

##### PREVENTION AND ANTICIPATION

The health crisis due to Covid-19 has produced an electroshock in our western societies. Let's say now what lessons we learn from it, what orientations we propose for the future and what method we suggest to implement them.

The first and main lesson is **the inadequacy of prevention and anticipation policies.**

First step to be taken: re-establish certain institutions in their **forecasting/planning** role, notably France stratégies, the SGDSN (General Secretariat for Defense and National Security), the CESE (Economic, Social and Environmental Council), and Parliament.

It will also take into **account their work**, in particular on the threats of that our country may have to face, and to develop the corresponding action plans. The Parliament and the Executive should have the **constitutional** duty to oversee this work and to inform citizens and intermediary bodies about it.

In fact, on reading the reports issued by these various organizations, we can see that the current pandemic situation was predicted, like many others (major nuclear accident, "multifactorial" consequences of global warming, major cyber-attack, large-scale terrorist guerrilla warfare, localized or general food crisis, multiplication of serious pathologies caused by the accumulation of polluting materials in the environment). What is at stake is the **application of prevention and crisis management measures** that had been planned and have not been respected (lack of protective masks and products to test Covid-19, persistence of the diffusion of endocrine disruptors in the environment ...).

The identification of threats and the development of action plans will give precise indications on the priority areas of **basic and applied research that will be supported by** the public authorities.

When it comes to **prevention**, everything starts with **environmental protection**: reducing dependence on fossil fuels, using renewable energies, mainly solar, electrifying vehicles, fighting against the loss of biodiversity, conditioning public aid to targets for reducing GHG emissions, eliminating waste through the development of the circular economy, rejecting programmed obsolescence...

In the field of **health care**, the priority of **prevention** implies that efforts should be education, particularly at school, to re-engage strongly with occupational and school medicine, and to fight vigorously against the factors of vulnerability: alcoholism, smoking, obesity, excessive sedentariness.

A proper health policy should put the **patient** back in the center of the device. **Primary care** medicine (general practitioners, pharmacists, private nurses, etc.) must regain its place in the front line. This is the right way to relieve congestion in the emergency services, to develop a prevention policy (vaccinations, advice, screening, etc.) and to allow the hospital **to devote itself**, at the highest possible level of excellence and with sufficient resources, to the care required by the nature and seriousness of the patient's situation. The proper articulation, on a daily basis, of the different links in the care chains must be the first concern of the ARS (Regional Health Agencies).

As a primary instrument of health prevention, the **quality of food will be a** priority: vigorous and constant support for organic farming, dietary education, etc.

Collective catering, especially **school canteens**, will be a point of application of this orientation (products from organic farming, Label Rouge and/or local products).

**The local production**, distributed in the shortest possible circuits, will be organized and preserved upstream: market gardening close to cities, local breeding and processing, shared gardens, municipal vegetable gardens, etc.

**Local distribution platforms** (purchase-delivery), a dematerialized version of the fairgrounds, will be set up and, if necessary, managed by the public authorities.

Generally speaking, for prevention as well as in the event of a crisis, **citizen mobilization**, i.e. the **mobilization of** all citizens regardless of their social categories, is a condition for success.

This citizen mobilization presupposes the existence of a climate of **trust between the** population and the leaders. Confidence requires a feeling of sincerity from the said leaders, based on transparency, clear and constant instructions, commitments kept, respect for intermediary bodies, elimination of **conflicts of interest within the** advisory and decision-making bodies...

**Social dialogue** will be the preferred method for bringing democratically decided reforms and measures into concrete social and economic life, sometimes under the influence of necessity and urgency.

It is also through **tripartite social negotiation** (State / employees / companies) that the revalorization of certain professions, until then gradually "forgotten" and whose decisive character for public health and social life clearly appeared during the Covid-19 pandemic, will have to be achieved.

This work of revising salary scales and the rules for changes in remuneration will have to be carried out in a large number of professional branches. It will also serve to establish true equality between women and men. Equal pay for equal work.

A **policy of social justice and reduction of inequalities** is needed to "Embarking" the working classes in the process of environmental preservation and crisis management, to ensure that they are not excluded and, above all, that they are not the victims, unless they take the risk of rejection and conflict, and therefore of failure.

From this point of view, our country is fortunate - which it has given itself - to benefit from **important social regimes and systems**, to control the risks of everyday life, to compensate for their effects, to reduce inequalities, and to take care of "fragile" populations.

We have seen, especially in recent crises (the financial crisis of 2008, the health crisis of 2020) the major role they have played in keeping social and economic life afloat: unemployment insurance, health insurance, pensions, RSA ... imagine what would have happened without them.

As for their cost, beware of false debates: it is a question of **redistributing resources** to compensate for risks and hazards. In the end, beyond charity, these means contribute to the maintenance of the activity and constitute, in fact, a support to consumption. And consumption, especially in times of recession, means growth and employment.

In fact, solidarity corresponds to the well-understood interest of each social category. This being said, the best way to make passive spending active remains the **creation of jobs**, **which** must be the central objective of any economic policy.

A country that wants to have a real prevention policy and ensure good crisis management when the time comes needs efficient **public services with** high quality staff.

As instruments of citizen equality and guarantors of the general interest, they must be able to rely on **strong and independent public** expertise.

This naturally concerns employees of the State and local authorities. and hospitals, but not only.

For access to health care for all, **medical deserts will** have to be resolved.

**Very high speed internet access for all can no** longer be postponed. It must be provided in the short term on public funding. And the situation of people "excluded from digital" will have to be resolved quickly (mediators, procedures and equipment adapted ...)

In order to ensure the **continuity of the public service of education in all** circumstances, all schools, teachers and students will be equipped and trained in such a way as to be able to switch to forms of distance education (in whole or in part) without delay and without damage, in particular without increasing inequalities.

In the same way, communities will implement adaptable **individual and collective transportation systems**, with soft mobility being concretely encouraged.

Publicly supported transportation-on-demand services will compensate for the difficulty of installing public transportation in some areas. And, where they exist, public transportation will have to be able to change its methods, speed, frequency, schedules, fares, etc. according to the needs of the moment.

In the city, flexibility in the use of roads will allow the **space to** evolve.  
**reserved for pedestrians, bicycle paths...**

In reality the crisis (or crises) generated by the Covid-19 pandemic will lead our societies to "**relearn the long time**" and anticipation. It is first of all a question of state of mind and of method, it affects all fields of activity, in rupture with the short-termism imposed by ultra-liberal ideology and the lifestyles it generates. Without this **rupture** we will not get out of these crises in the long term and will probably be condemned to manage them in the long term.

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