DECLARATION

FOR

THE ABOLITION OF THE PRINCIPLE OF HUMAN QUARANTINE AND FOCUS ON CAPITALISM & SANITATION

PRELIMINARY DRAFT, 20 December 2024

The **mission of public health** is to identify and support (at the lowest possible cost to society) factors that promote human life expectancy and happiness. Using measures such as Happy Life Years can ensure that public health addresses both physical and mental health.

This Conference, held on xx (TBD) in xx and attended by xx medical and public health experts, examined carefully the extent to which human quarantine is aligned with this mission. For purposes of this conference we considered the broader definition of quarantine – being the isolation or other restriction on movement **of the healthy**, which can take a number of forms such as social distancing, focused protection, traditional maritime quarantine, mass quarantine such as lockdowns and reverse quarantines such as school and border closures. It is an iron law that there are very few quarantines in world history that did not fail. By that is meant a failure to prevent the spread of the relevant quarantine disease on a sustainable basis. But all quarantines – without fail – caused vast harms.

However, the standard public health literature today takes the following approach: "What most public health literature says is this: "I don't know for sure if quarantine works, I don't think we can say for sure if it will work, and I know for sure that it can cause great harm, but we must still impose it".

Instead, early and effective isolation of the sick is the most efficient remedy. It targets resources where these are needed, and allows the normal processes of life to continue unhindered - so people can achieve their life goals and maximise their happiness and health.

At the end of its deliberations the Conference affirmed that policies of capitalism and sanitation are evidence-based, hence scientific, but quarantine is not – and must therefore be abolished.

1.1 Quarantine is the restriction on movement of the healthy

Wendy Parmet noted in 2007 that "public health practice distinguishes between isolation, which applies to someone ... who is known to be contagious, and quarantine, which applies to not-yet-ill people who or goods that may have been exposed to a disease"[1]. The "may have been exposed" clause is extremely broad and can incorporate those who have been exposed and those who might be exposed. Quarantine is of two types: land and maritime.

Cordon sanitaire is border closure, a sanitary cordon, imposed to protect the healthy from potential carriers of disease. This is effectively reverse quarantine, which separates the perfectly healthy from those who might have a disease or have been exposed to disease. Figure xx outlines the various types of quarantine, and key characteristics of quarantine.

[1] https://www.nejm.org/doi/full/10.1056/NEJMp078133

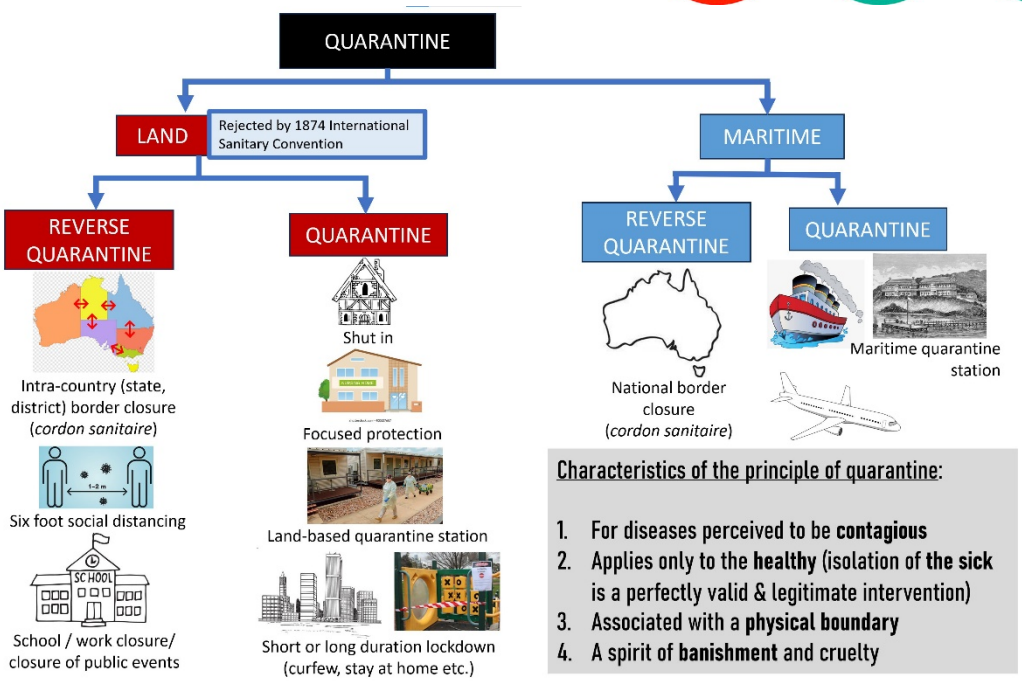

Figure xx: A broad classification and illustration of various types of quarantine

1.2 The founders of classical public health wanted the complete abolition of quarantine

1.2.1 *The positive sentiment in the literature about quarantine effectiveness*

Since its inception in the mid-14th century, quarantine has been used widely across the West, and later across the world, in the belief that it is a proven "gold standard" for the prevention of the spread of disease. There was never any such proof; all proofs point to the contrary. It is a Fool's Gold standard.

A vibe has been created in favour of quarantine by positive or neutral comments about quarantine in public health textbooks, books on the history of disease, books by economists and comments in newspapers and public media by "experts". In addition, theories based purely on mathematical models, "ethics" and the precautionary principle have been deployed in to argue that quarantine is a proven gold standard for reducing the spread of disease. This kind of thinking, which breaches the precepts of empiricism and science, is Scientism. Unfortunately, the tradition of empiricism that was started by the Sanitarians has long been lost in public health.

1.2.2 *The Sanitarians explicitly called for the abolition of quarantine*

At least till the early 20th century, quarantine was almost entirely implemented for diseases which are **biologically impossible to stop via quarantine**, because they do not transmit directly from person to person. Such disease included the plague and typhus which require vectors such as rats and fleas to transmit bacteria, or yellow fever which requires mosquitos. Other "old" quarantine diseases such as cholera can only be transmitted through human waste which is later ingested due to bad hygiene. For such diseases, sanitation, hygiene and good housing that reduces access to rats and fleas, is the remedy; quarantine has precisely zero chance of reducing the spread of such diseases, and in fact, almost certainly increases their spread.

It took Dr. Charles McLean's lifelong study (he lived from c.1766-c.1824) to show that none of these diseases are contagious, nor had quarantine ever worked; instead, it always caused harm, including an increase in deaths from the disease for which it was established. In an undated (c.1821-1824) pamphlet, *Obligations of Governments to Abolish the Laws of Quarantine* Dr Charles McLean had declared, "the Quarantine Laws are … invariably found to increase sickness and mortality". He conducted the first cost-benefit analysis of quarantine which showed the enormous harms to society of quarantine, and (separately) assessed that quarantine kills around a million people each year, worldwide. He concluded that quarantine must be abolished, about which he wrote innumerable books and pamphlets in the last two decades of his

life. In place of quarantine, he advocated city-wide sanitation. By now means was Maclean the originator of the idea of sanitation, which had slowly been emerging in the general public's mind, but he specifically supported "aqueducts, common sewers, neatness in house", opposed "crouding", wanted stagnant water to be cleared, and wanted "more commodious and airy forms of the houses" for the poor.

His work finally did get some traction – but after his death. His work set in motion a scientific process of inquiry which culminated in the first major government *Report on Quarantine*, produced in 1849 by the British General Board of Health, led by Edwin Chadwick and authored by Dr Southwood Smith. The Board strongly recommended the abolition of quarantine and its replacement by sanitary regulations: "The principal ground on which we have objected to the continuance of quarantine is that the fundamental principle on which it is based is fallacious, and that the only means of preventing the origin and spread of epidemic disease is the adoption of sanitary measures. … [W]e therefore accompany the proposal to **abolish quarantine with the recommendation to substitute for it a plan of sanitary regulation**." Note that their *primary* recommendation was the abolition of quarantine, only then was sanitation to be considered. Sanitation was a *secondary* recommendation.

In an 1866 compilation of Dr Southwood Smith's writings, we find that "Substitution of sanitary measures for quarantine restrictions would render the importation of any disease from one country into another in the highest degree improbable". In 1883 Edwin Chadwick wrote: "[c]ordons sanitaires, internal as well as external by quarantine, … aggravate instead of mitigating the evils." The first Chief Medical Officer of the UK, Sir John Simon (1816-1904) used similar terminology to call quarantine "paper plausibilities" and "an elaborate example of leakiness". In a 1851 lecture, Dr John Snow (1813-1858), celebrated for his studies on clean water, said: "With regard to preventive measures, I entirely agree with the Registrar-General, that 'internal sanitary arrangements, and not quarantine or sanitary lines, are the safeguards of nations. For I believe that quarantine would often be evaded, and is altogether unnecessary".

Quarantine should have been abolished over 170 years ago, but vested interests blocked its abolition.

1.2.3 *It is not just for non-contagious diseases that quarantine causes harm*

Maclean pointed out that quarantine could never have worked *even* if the medieval quarantine diseases had been contagious. He and the Sanitarians knew of a number of contagious diseases such as smallpox, measles, lues venerea, exanthemata and scarlet fever. Maclean showed that it wouldn't matter even if the plague and yellow fever were contagious: quarantine could never work. In his 1817 pamphlet he has a bold sub-heading: "Absurdity of the Quarantine Laws, *even according to the Doctrine of Contagion*". In other words, quarantine is "absurd" even if the concerned disease is contagious.

Quarantine, he showed, is *necessarily* porous. He compared quarantine to Milton's poetic metaphor: "But these are false, or little else but dreams, Conjectures, fancies, built on nothing firm". Quarantine doesn't work because of what can be called human factors, i.e. practical issues related to human behaviour. Maclean pointed to problems with the convoluted laws: "the laws of quarantine are absurd" and that they are "inefficient for their object" (can't be practically implemented). He cited examples of fraud and corruption, and of people concealing their sickness, as reasons why quarantine was always breached. He questioned the delusions and "gratuitous assumptions" of quarantine officials who "suspected" ships of harboring disease. (Both type 1 and type 2 errors operate: ships with disease are missed from quarantine; ships without disease might get quarantined.) We provide further reasons for such failure, separately below.

Basically, while quarantine might well be viable for animals under controlled conditions such as chicken farms, it is impossible to implement it in human society where all kinds of human factors come into play. This was highlighted later also by the UK chief medical officer Dr Arthur Newsholme who wrote in 1918 about the "**difficulty, amounting almost to impossibility**, of preventing the spread of infection [Spanish flu] in the domestic circle".

1.2.4 *The 1912 International Sanitary Convention opposed all forms of land quarantine*

Despite the politics involved, which prevented the total abolition of quarantine, the International Sanitary Conference of 1912 in Paris specifically rejected land quarantine. Article 45 said "Land quarantine **must**

not be resorted to"[2]. This is a broad statement which covers all forms of land quarantine including workplace closures, school closures, targeted isolation of the healthy elderly or the young, or any other form of restriction on the movement of the healthy. No exception is intended. Further, the convention only allowed the isolation of the sick at the frontiers: "Only such persons as show **symptoms** of plague, cholera, or yellow fever may be detained at frontiers".

Maritime quarantine of the healthy is also entirely worthless. Instead, fumigation & sanitation, as well as isolation of the sick is the appropriate remedy. But at least land quarantine should have been abolished in all laws across the world at that stage.

1.2.5 *The dismal failure of medical science to review quarantine*

The failure of the medical establishment to abolish quarantine is all the more troubling since biological science had advanced considerably by the later part of the 19th century. By that stage it was clear that all diseases for which medieval quarantine had been imposed were non-contagious (the plague, typhus, cholera and yellow fever). The possibility of quarantine being effective for such diseases did not even arise. Quarantine should have been abolished at least for such diseases. But biologically impossible quarantine continued till 1994, for example quarantine in 1892 in Hamburg against cholera and , race based border inspections of Mexicans (not Canadians) to prevent typhus, continuing full-blown quarantine machine for all medieval quarantine diseases well into the 20th century, and quarantine for the plague at Heathrow airport even in 1994 to "protect" England against the Indian plague.

Some doctors like Dr E.W. Hope (1928) raised this matter but quarantine has continued unchecked, and even expanded to diseases like the flu which even medieval quack doctors never dreamt could be controlled by quarantine.

1.3 The actual science of quarantine

The science of quarantine can be summarised in the following facts:

1.3.1 *Fact 1: Quarantine is futile for non-contagious diseases*

If a disease is not contagious, such as the plague, cholera, typhus or yellow fever, quarantine cannot possibly – even theoretically – stop its spread. Typical of this is the plague, which is caused by a bacterium that is transmitted via a flea bite, with the flea being carried around on a rat (or other animal) until it dies; at that stage the flea feels the need to abandon the dead rat and look for an alternative abode. We know for sure today that quarantine diseases of the medieval era were entirely non-contagious, i.e. not transmitted person-to-person. Medieval quarantine was a form of quackery, no more.

1.3.2 *Fact 2: Quarantine for contagious disease is almost certain to fail*

While it is impossible for quarantine of non-contagious disease to provide any benefit, only harm; the situation is not much better for quarantine of contagious disease.

The flu, Ebola, smallpox, SARS are all contagious. Quarantine almost always fails in such cases (while *medical isolation* of the sick and symptomatic is highly effective). Charles Maclean had shown that quarantine would fail *even* for contagious disease, due to human factors. Quarantine is primarily a **human interactions** question. It is a question that requires inputs from psychology and economics, and from public administration. It is at its root an organisational question, almost entirely dependent on non-doctors for implementation. A 2024 working paper by Sanjeev Sabhlok, Paul Frijters, Gigi Foster, Jay Bhattacharya and Ari R Joffe entitled, "The Failed History of Quarantines, and Its Implications for Public Health", points out that human factors such as information gaps, incentive issues, ignorance, laziness, sleepiness, human error, deliberate breaches, and a lot more, make a dog's breakfast of any attempt to reduce the spread of contagion. It is a delusion to think that we can operate quarantine like we might operates a controlled burn in forests. For a controlled burn we have extensive information, but viruses cannot be seen, let alone controlled. Even hospital-grade medical isolation under highly controlled conditions fails, with over 100,000 people dying each year in the USA from diseases that they acquired during a hospital visit. If professional isolation of the sick under controlled conditions in an advanced

[2] https://treaties.fcdo.gov.uk/data/Library2/pdf/1921-TS0002.pdf

country like the USA is hard, it is harder by orders of magnitude to isolate the healthy under uncontrolled conditions, or in less developed countries.

Asymptotic spread is typically over-hyped but it does exist; however, its spread can't be controlled in human society. Therefore, human quarantine is fundamentally not feasible.

There is no intelligent quarantine

In a 1913 textbook, *Preventive medicine and hygiene*, Milton Rosenau wrote that "[e]ven during epidemics influenza may successfully be kept out of institutions by an intelligent quarantine". He had, just before this statement, noted that quarantine is only viable "provided mild cases and carriers could be recognized; this, however, is not practicable". With PCR tests, the testing for carriers was taken to the extreme and actually tried everywhere in the world during covid. And it failed. Just like even medical isolation under stringent controlled conditions fails in most cases. The virus still can't be stopped; instead, the harms of locking up healthy people rachet up dramatically.

"Intelligent", targeted or "sweet spot" quarantine such as **focused protection** or **lockdown for a short duration** is also porous because of human factors. Worthless measures like masks and Perspex partitions that give people a false sense of security. All the while, harms to the elderly who are imprisoned under focused protection, keep mounting. Another such example is **school closures**. As noted in a textbook in 1949 by E. W. Caryl Thomas, "the children will probably congregate elsewhere, so that contact is not avoided by closing the school… Further, infection [such as the flu] is often brought into homes by adults who infect the children… On the other hand, closure lessens the possibility of detecting the source of the infection, and also reduces the likelihood of detection of fresh cases in the earliest stage". The loss of education of children and mental harm from isolation mounts. Instead of school closures, sick children should be asked to stay at home.

Had "focused protection" been called focused isolation, it would have passed the test of evidence.

It is well known in the medical literature that isolation is the weakest link in hospitals, with around two million people worldwide dying each year from infectious diseases that they caught in the hospital. Instead of strongly isolating the sick elderly during covid (with humane care), we locked the healthy inside aged care homes along with the sick. This was similar in its effect to house quarantine during plague - in which entire families were locked up inside plague affected homes.

Result: Virtually no elderly person in any aged care facility escaped from covid. In fact, since resources were wasted in useless activities to restrain the movement of the healthy elderly, instead of focusing attention only on the sick, it is very likely that the lack of focus on the sick increased the spread of covid in aged care homes.

Just like there is conclusive evidence that plague quarantine increased plague (and other) deaths, so also covid quarantines failed to stop covid and increased other diseases (the elderly panicked and also did not receive care for other diseases which afflicted them).

The "socialist calculation problem" plagues quarantine models

It is mathematically trivial to model a sweet spot for quarantine. But models are not science. Attempts to prove quarantine effectiveness through a suite of mathematical models are misleading and dangerous. The "problem of socialist calculation" precludes the possibility of these models providing any useful scientific information. There was a craze in economics in the 1930s to prove mathematically that socialism works. It seemed intuitive that if the government knows all relevant information, it can set prices for everything, including wages, and manage everything perfectly without inflation or shortages. All this while ensuring due reward for innovation. But this is a delusion. The planner can never acquire all necessary information and even closely mimic what the market does. The socialist economy is a delusion that must necessarily fail.

Almost the entire 20th century was spent by economists in demolishing such models. Today, no economist believes in such models. Mathematical models of quarantine fall in the same category. It is intuitive and simple to design mathematical models of quarantine that can work wonderfully in the abstract but these models of quarantine entirely fail to represent the human reality.

Once human incentives, information problems and chronic human failures are taken into account, these will necessarily fail, even as they cause enormous harms. For instance, there is constant influx and egress

of humans nursing homes, each person with his or her own life history, training, incentives, motivations and needs. There is simply no way to successfully impose a "modest" human quarantine. There is no way to administer only the "right" amount of "poison".

The slippery slope

Any quarantine benefits are offset by the **slippery slope.** Its **scope expands** as panic sets in. In nursing homes, more and more "checks" are introduced, not just daily PCR tests but masks, plastic sheets, leaving food outside the door, not caring for the elderly, etc.

The missing "off" switch

It is easy to start quarantine, **hard to switch it off**. It is like a train run amuck: it can't be stopped or controlled. The powerful incentives crated by the slippery slope make it almost impossible to stop quarantine once gains momentum. The following is a typical conversation:

> Q. When do you know when to re-open a school?
>
> A. When there is no more infectious case.
>
> Q. But if the school is closed how do you know that a student is still infectious?
>
> A. Mumble mumble …

Even if some restrictions are switched off, others remain. Many restrictive policies implemented during quarantine tend to continue for ever, even after the "pandemic" is over. Even today, doctor appointment websites insist that the patient should declare if he or she has covid.

Thus, short duration "intelligent" quarantine is delusional. The concept of focused protection in nursing homes is a good example. Whatever the concept might have originally meant, it ends up causing the healthy elderly to be placed in solitary confinement and away from their loved ones, even as the quarantine is porous – even today, long after the alleged "deadly" pandemic of covid has passed.

In brief, the probability of failure of quarantine is nearly 100 per cent (unlike a controlled burn), but harms to society are large and guaranteed.

Empirically, quarantine almost always fails. A few extreme exceptions (such as in remote islands) merely prove the rule.

1.3.3 *Fact 3: Harms to healthy people from quarantine are guaranteed*

Even as empirical failure of quarantine even for contagious disease is almost certain, **"collateral" or adventitious harms from quarantine are guaranteed**.

A cost benefit analysis of quarantine will show that quarantine **always** causes more harm than good.

One of the greatest harms caused by human quarantine is the exacerbation of panic in the medical staff and the general community. The act of implementing quarantine confirms to the mind of the ordinary person that the disease is lethal and everything must therefore shut down, including usual healthy and disease prevention activities. Governments double down on "emergency" orders and operate blindly, like a Nazi war machine. Courts support government mindlessly. Media increases the drama and panic to increase eyeballs. Nursing homes impose extreme restrictions, the elderly are subject to solitary confinement.

After Charles Maclean's CBA of quarantine over 200 years ago, the first such CBAs have been prepared in recent years for the covid lockdowns by a few economists. These show that the magnitude of harms from quarantine exceed any (unlikely) benefits by many orders of magnitude. Quarantine is a deadly quack "remedy", which does not cure, only causes harm.

For the society as a whole, **overall harms always *vastly* exceed any elusive benefits**. By all means let's isolate the sick (even more strongly than we do so at present), but let's not stop the normal life and movement of the healthy (the "asymptomatic"). All levels of quarantine must be abolished.

1.3.4 *Fact 4: Animal and human quarantine are vastly different*

Quarantine of animals typically involves a highly controlled environment, with consequently a much higher likelihood of success without, in the process, causing harm to the animals. Animals don't have a

future career, and their mental health is of modest concern. Animal experts find that even animal farms are not highly controlled and that great care is still needed to enforce quarantine. Nevertheless, animal quarantine and related policies can continue, where these are considered to be cost effective.

Such policies are however, entirely unsuitable for humans. As shown above, not only is human quarantine porous but enormous harms to the healthy kick in. This declaration therefore applies only to human quarantine.

Figure xx summarises the historical failure of quarantine:

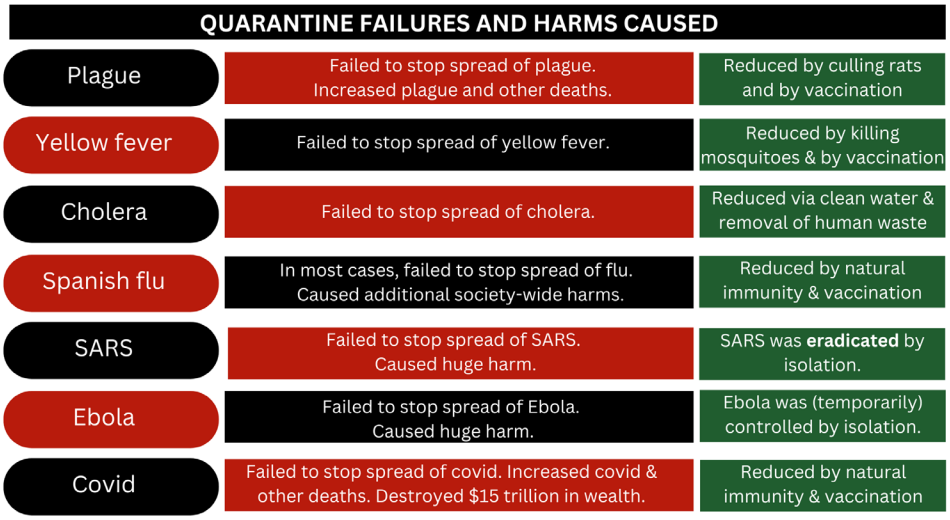

Figure xx: Historical failure of quarantine

Figure xx lists the various types of quarantine in order of harm caused to the healthy.

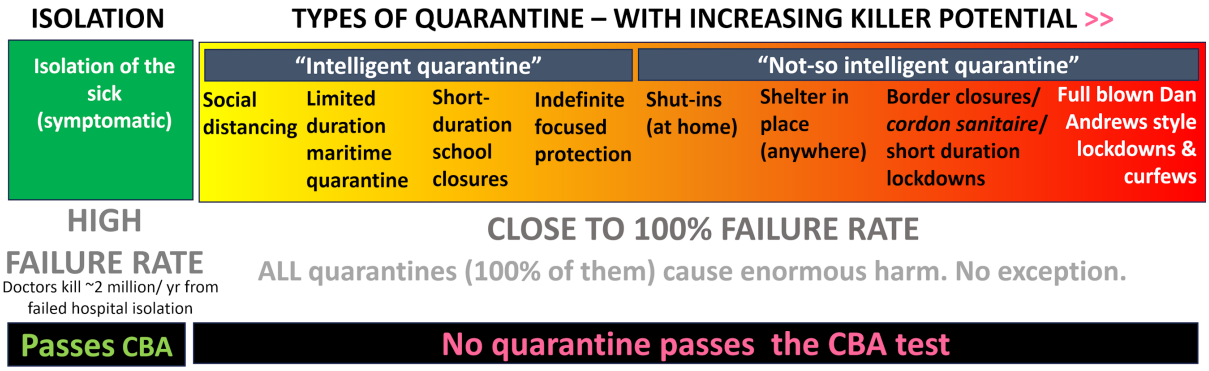

Figure xx: A continuum of harms caused by quarantine

1.4 Call to abolish quarantine

Human quarantine was, and remains, the biggest quack "remedy" in the history of medicine, a fool's errand. Quarantine started at a time when there was no knowledge of the aetiology of disease. Today, when we know much more, including extensive understanding of human incentives, information and behaviours, this form of quackery must go.

We the undersigned reassert the call of Charles Maclean, Edwin Chadwick and Dr Southwood Smith for the permanent and comprehensive abolition of **all** forms of human quarantine. The healthy must never be restricted in their daily activities; instead, depending on the disease, sick individuals should be adequately isolated. Also, **sanitary inspections** of incoming ships or of the general public at the borders can continue to reduce the prospect of introducing pests and vermin. This includes delousing of any passengers who are found to harbour fleas. None of these inspections impose a restriction on movement after the short period of sanitary inspection.

1.5 Sanitation is science-based, but capitalism must come first

1.5.1 *Capitalism underpins increase in life expectancy*

The data are clear: the best way to increase a country's life expectancy is through policies which help increase its per capita GDP. Higher levels of GDP allow people to purchase food, healthcare and education, and society to purchase sanitation.

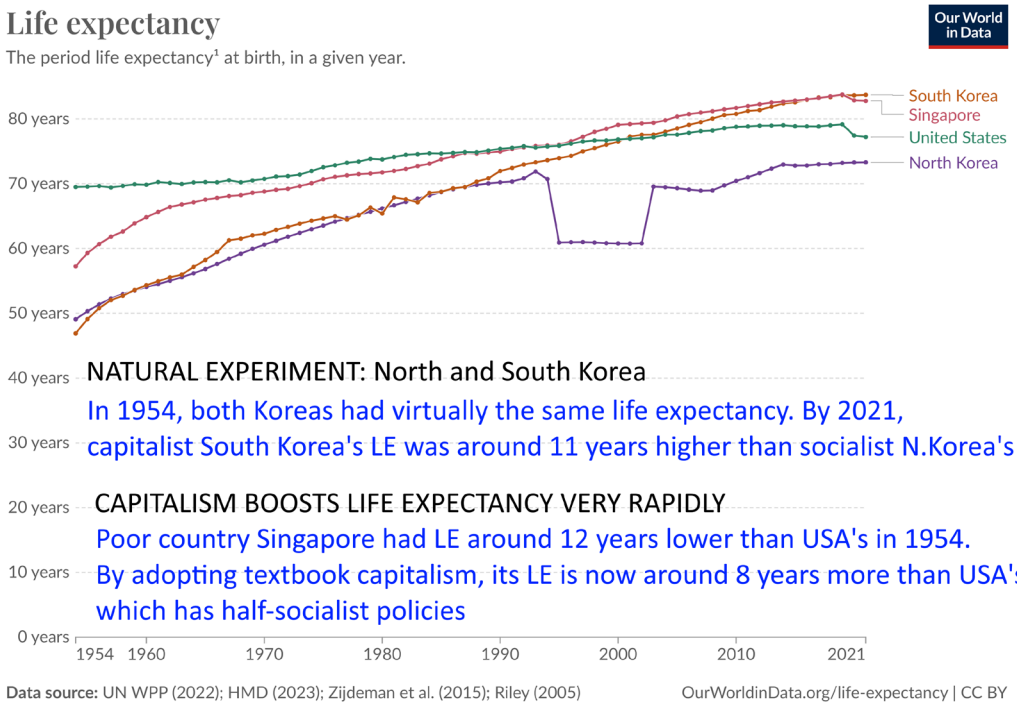

Figure xx: The life expectancy is related to the level of economic freedom and hence income levels of nations

Such policies involve higher levels of economic freedom (capitalism). Socialism, on the other hand, curbs productivity, innovation and education, and lowers potential GDP.

Singapore is a good example (Figure 2) of the huge success of capitalism in increasing life expectancy. Its life expectancy was nearly 20 years less than that of USA in 1950 before it adopted textbook capitalism. By 2021, its life expectancy was five years higher than that of USA. Another way to verify this is to consider the natural experiment of North and South Korea. The data are unambiguous, here as well: socialism kills.

In particular, capitalism helps reduce undernutrition which is the big child killer. The WHO website notes that: "Globally in 2022, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height) ... Nearly half of deaths among children under 5 years of age are linked to undernutrition". When undernourished children suffer dehydration from lack of sanitation, their recovery from disease becomes harder. The remedy is capitalism.

1.5.2 *Sanitation gap*

Although advances in sanitation were introduced before any scientific understanding of the reasons, we know that its benefits are based on real science. But it remains a highly neglected area of public health. There is a huge **sanitation gap** across the world with over 10 million people each year dying from causes that could potentially have been prevented by sanitation. No one in the public health community has declared that an emergency, even as every minor blip (e.g. monkey pox) is hyped up as a public health emergency with major news releases and interviews. The following data, from the WHO's website[3] are self-explanatory:

- In 2022, 57% of the global population (4.6 billion people) used a safely managed sanitation service.

[3] https://www.who.int/news-room/fact-sheets/detail/sanitation

- Over 1.5 billion people still do not have basic sanitation services, such as private toilets or latrines.
- Of these, 419 million still defecate in the open, for example in street gutters, behind bushes or into open bodies of water.
- In 2020, 44% of the household wastewater generated globally was discharged without safe treatment (1).
- At least 10% of the world's population is thought to consume food irrigated by wastewater.

The chart on the left in Figure xx shows the sanitation gap mainly (but not only) in Third World countries.

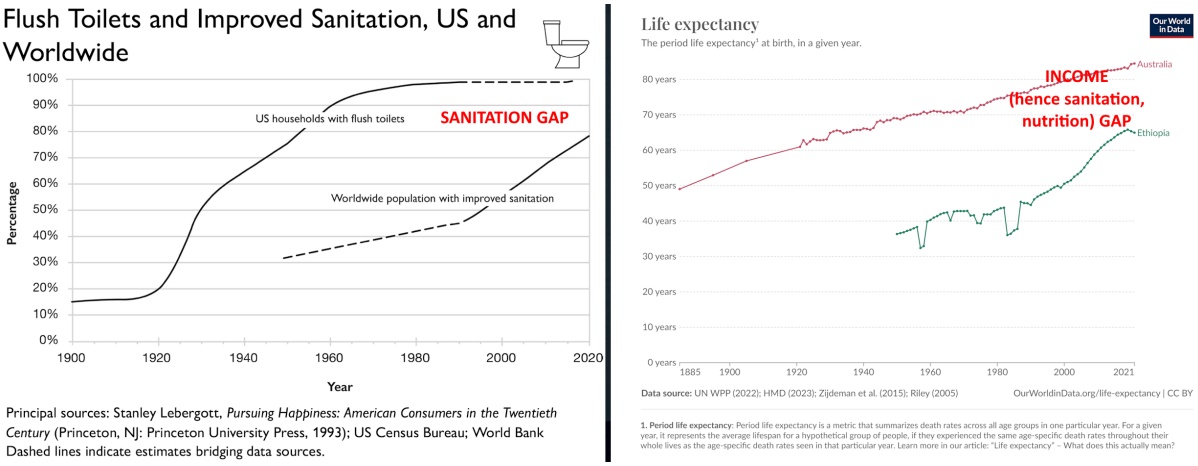

Figure xx: Sanitation is absent of dysfunctional across most parts of the Third World, leading to low life expectancy

Wherever countries adopt policies based on economic freedom (capitalism), they can expect better health outcomes. But the Third World is smitten with socialism. Until it adopts capitalism, public health can try a phased approach:

- A focus on clean drinking water and education in hygiene in Third World countries PLUS
- combined sewerage system for poor countries like England that can't afford a separate system, with education of citizens not to use filthy rivers or oceans AND
- only for the truly rich nations, a separate sewerage system - because the statistical value of a life saved in such nations is higher than the statistical value of life saved in the Third World. E.g. Australia, Singapore have separate systems.

1.5.3 *Only the richer nations can afford sanitation*

Figure xx illustrates how richer nations are able to reduce sanitation-related mortality.

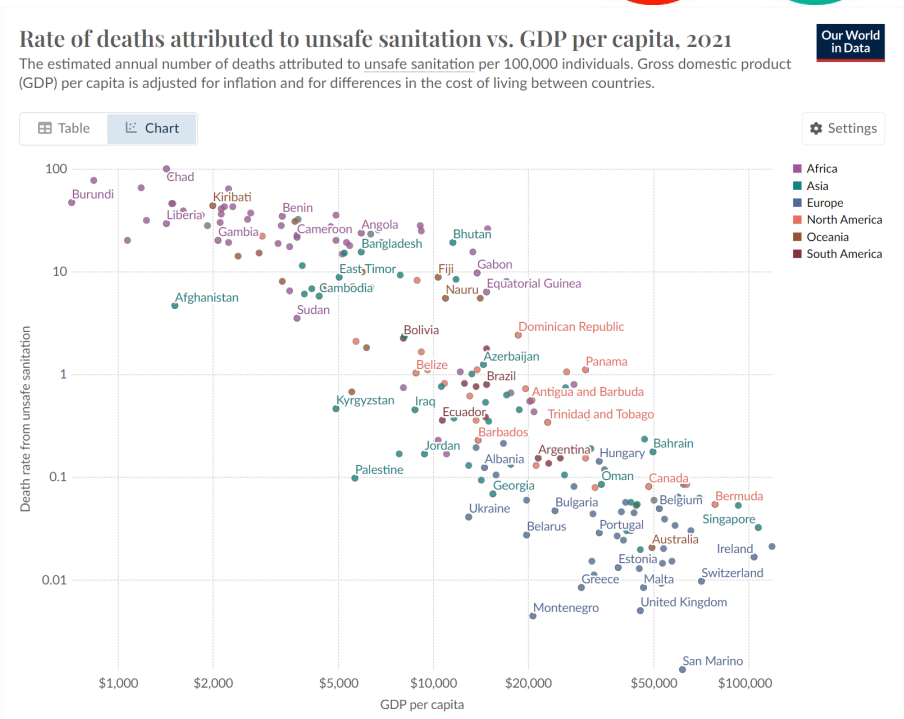

Figure xx: Capitalism generates resources for improved sanitation[4]

1.6 Re-focus on sanitation

The financial harms across the world from quarantine during covid have been astronomical, easily in the range of $15 trillion (apart from harm to many lives). If even a small fraction of this money had gone to fund sewerage systems in the Third World, millions of lives would be saved on a regular basis, including millions of children below the age of 5.

Public health has entirely lost its focus on sanitation, which was the revolutionary remedy offered by the Sanitarians. Sewerage systems either do not exist in most parts of the Third World, or are dysfunctional, leading to the flow of human waste and bacteria into rivers and storm water drains (and general roads and streets). The lack of understanding of hygiene in the Third World is also a problem that takes millions of lives. Public health needs to re-focus on sanitation and hygiene in which the best returns on investment are likely to be achieved for the enhancement of public wellbeing.

1.6.1 *The re-focus will need to be through institutions of capitalism*

Chadwick's reforms were ultimately underpinned by the ability of London to afford at least some kind of improved sewerage system. That affordability came from capitalism. The way to refocus on sanitation is for public health to strongly advocate for the institutions of capitalism (property rights, etc) – which automatically generate resources for better sanitation. The boost to incomes from capitalism will provide individuals with the ability to afford better housing and plumbing, and governments with the resources to fund better sewerage systems (while avoiding corruption, due to good institutional frameworks).

1.7 Scientific study of quarantine

We call upon the medical community to expend adequate resources to study the science behind quarantine and to bring to an end scientism such as mathematical models, ethics or the precautionary principle. Our conference has provided many leads for research, including the release of a textbook on the topic. The textbook provides extensive proofs for the claims made in this declaration.

[4] Source: https://ourworldindata.org/grapher/death-rates-from-unsafe-sanitation-vs-gdp-per-capita

1.7.1 *Consideration of a new Isolation Hospital system*

The Sanitarians were correct in their prescriptions even though they didn't know the precise aetiology of the quarantine diseases. Our problem today is that public health lives off blind belief in quarantine, even as (general) hospital-grade infection control fails to stop the spread of contagious disease. As noted above, nosocomial infections kill over 100,000 patients and medical staff each year in the USA. What we need to deal with serious contagious disease like SARS or Ebola is a full-fledged Isolation Hospital system, a genuine gold standard for infection control, which will **actually** stop the spread of infectious disease from sick patients. Such a hospital system will likely impose a huge cost on society, but will be vastly cheaper than impossible quarantine, which only kills and harms, without any benefit. The preventative cluster is outlined in the schematic chart below (Figure xx).

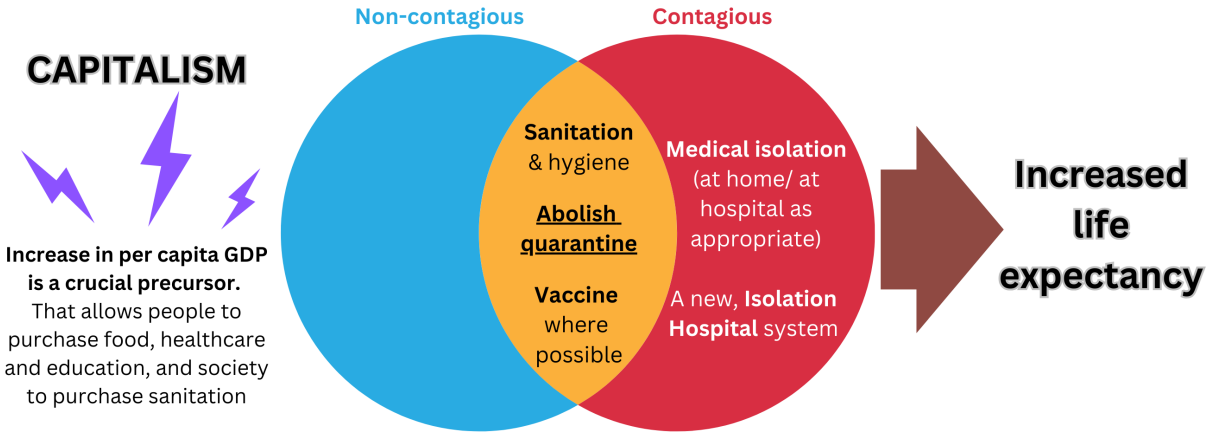

Figure xx: The cluster of appropriate policies for improved life expectancy including the prevention of the spread of disease

1.8 Centre for Scientific Public Health

For public health to ultimately become a form of science rather than political ideology, it will need to focus entirely and rigorously on **empiricism**, willing to prove to any intelligent person its recommendations. A number of reforms are needed in the way public health is conceptualised and taught, but that is the topic for a separate declaration. At this stage we resolve to [fund/recommend] the creation of a Centre for Scientific Public Health. The centre will focus on things such as the science of quarantine and the scientific methods suitable for public health.

SIGNED [*only* by MDs and PhDs of public health]