

## GUEST ESSAY

# What I Need to Tell America Before I Leave the C.D.C.

June 27, 2023

**By Rochelle P. Walensky**

Dr. Walensky is the outgoing director of the Centers for Disease Control and Prevention.

**Sign up for the Opinion Today newsletter** Get expert analysis of the news and a guide to the big ideas shaping the world every weekday morning. [Get it sent to your inbox.](#)

Exactly one year after the first laboratory-confirmed case of Covid-19 was identified in the United States, I began my tenure as the 19th director of the Centers for Disease Control and Prevention. At the time, vaccines were available, but new variants continued to emerge. I viewed my primary charge as bringing this country from the dark and tragic pandemic days into a more restored place.

In the two and a half years since that day, the world has faced an unrivaled density of public health challenges. There was the evolving Covid-19 pandemic, as well as the first-ever global mpox outbreak. The largest outbreak of the Sudan species of Ebola virus in Uganda in two decades threatened to spread across international borders; the first U.S. case of paralytic polio since 2013 was identified; over 80,000 immigrants from Afghanistan arrived, some with cases of active measles and other diseases that were contained; and the largest and longest highly pathogenic avian influenza outbreak among flocks of birds is ongoing around the world.

Public health work will continue to be critically important and the challenges just as complex. Yet I fear the despair from the pandemic is fading too quickly from our memories, perhaps because it is too painful to recall a ravaged nation brought to its knees.

As the leader of the C.D.C., I had the privilege of a unique perspective, seeing public health in the United States for both its challenges and its gifts. And yet the agency has been sidelined, chastened by early missteps with Covid and battered by persistent scrutiny. We tackled the aforementioned threats and barreled forward to address the hard lessons learned along the way. Even amid the challenges, Americans must recognize the need for a strong public health system and for a robust C.D.C.

I believe that scientific expertise should not take a back seat to partisan will. That said, public health and scientific recommendations inevitably intersect with social values and policy. Acknowledging this intersection is not to suggest that elected leaders — regardless of party — should disregard science or undermine its integrity. We in public health must recognize that recommendations do not occur within a vacuum; rather, they affect other sectors of American life — education, the economy and national security, to name a few.

The job of public health is to strike an appropriate balance between protecting the health of all those who live in the United States while minimizing the disruption to the normal functioning of society. The goal is to offer science-driven recommendations that balance protection and practicality in the context of one's individual risk tolerance and value set. For example, the question of how low the rates of infections in schools need to be for them to remain open has much to do with whether you have an immunocompromised family member in the household, or whether you can supplement education with personal tutors or whether you require school lunches for your child's nutritional needs.

All of this is made easier with strong institutions and a strong public health work force. Decades of underinvestment in public health rendered the United States ill prepared for a global pandemic. Some estimates suggest we are 80,000 public health workers short across the United States to meet basic public health needs. To this day some of our public health data systems

are reliant on old fax machines. National laboratories lack both state-of-the-art equipment and skilled bench scientists to work them. During the pandemic, the answer to these prevailing problems was a rapid infusion of money — resources that were swiftly withdrawn.

It is not enough to support public health when there is an emergency. The roller coaster influx of resources during a crisis, followed by underfunding after the threat is addressed, exposes a broken system and puts future lives at risk. Longstanding, sustainable investments are needed across public health, over time and administrations, to position the United States to be better prepared for the next large-scale infectious disease outbreak or other health threat.

The responsibility of the public health community and its leaders to articulate strategy and communicate regularly with the public has also never been more apparent. Four years ago, most people were much less familiar with the C.D.C. We felt our primary audience was mostly health scientists, academics and public health practitioners, and our initial pandemic messages were frequently speaking to those scientifically attuned. Today, our audience is all the people of this country — from those in the Bronx to rural Montana to the Chickasaw Nation in Oklahoma, all the way to Guam.

Over the past year, I started an effort, called C.D.C. Moving Forward, to address pandemic breakdowns and restore eroded trust. The goal is to make the C.D.C. the public health agency the American people demand and deserve. This includes many changes, among them more regular communication with people, politicians and other public health leaders. I found significant benefit in regularly meeting with members of Congress as well as visiting health departments across the nation and C.D.C. offices around the world to learn more about needs on the ground while discussing our shared priorities. Continuing this kind of work can go a long way in building trust and making clear the C.D.C.'s goals.

Delivering information both in scientific detail and in plain language can be challenging, especially when messaging is met by efforts to compromise our work with nefarious intent. As a society, we must be more discerning of dubious rhetoric. People deserve accurate information to make the best health decisions — accounting for their own vulnerabilities and ideals — for themselves and their families.

I'm hopeful for the future of public health in America because of the people I met during my tenure who, in spite of the challenges, care deeply about this work. Among the greatest gifts of my time at the C.D.C. has been meeting the people of the agency who worry about public health day and night so that you do not have to. Many spent significant time during the pandemic away from their families, because the task at hand was so important to the greater good.

Most people are likely to never know the name of the person who rappelled from a helicopter to drop Covid-19 test kits onto a cruise ship, nor the fear of a public health officer deployed to an Ebola-laden Ugandan community to carry out a family risk assessment. You may not have considered the grueling hours necessary to conduct door-to-door exposure assessments after the Ohio train derailment, and you most likely do not know the tenacity of the team of C.D.C. experts who, after months of investigation, isolated deadly bacteria normally found half a world away from a commonly sold air freshener (the contaminated batch now off the market). And that's how it's supposed to be. The people who do this work for you — who often put themselves in harm's way — serve you and the nation tirelessly, skillfully and selflessly.

I want to remind America: The question is not if there will be another public health threat, but when. The C.D.C. needs public and congressional support if it is going to be prepared to protect you from future threats. Godspeed to the 20th director and to my incredible friends at the C.D.C.

Rochelle Walensky is the outgoing director of the Centers for Disease Control and Prevention.

*The Times is committed to publishing a diversity of letters to the editor. We'd like to hear what you think about this or any of our articles. Here are some tips. And here's our email: [letters@nytimes.com](mailto:letters@nytimes.com).*

*Follow The New York Times Opinion section on Facebook, Twitter (@NYTopinion) and Instagram.*