Harassment of Health Officials: A Significant Threat to the Public's Health

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ABOUT THE AUTHOR

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See also Kapadia, p. 706, and Ward et al., p. 736.

The article by Ward et al. in this issue of *AJPH* (p. 736) aptly quantifies the harassment and devaluation experienced by many public health officials in the earliest and darkest days of the COVID-19 pandemic in the United States. Local and state public health officials, who before the pandemic mainly worked behind the scenes to protect the public's health, were quickly thrust into the spotlight alongside their governors, mayors, and county commissioners to explain public health mitigation efforts such as business and school closures, mandatory mask orders, and social distancing recommendations. This new visibility led some members of the public to celebrate and thank these public health heroes, and others to disparage and vilify them.

The harassment of health officials has taken many forms. One of the most dramatic was the armed protest in the front yard of Ohio's then health officer, Amy Acton.[1] Others reported receiving death threats, being physically assaulted, and being the targets of racial, religious, transphobic, and sexist hate speech by phone, mail, or social media.[2–6] In some of these cases, the threats and harassment warranted state police protection with officers detailed to personal residences or police protection at public vaccination events, county council meetings, and school board meetings.[7–9] These events were serious, led to the resignation of several local and state health officials, and resulted in many others ending their public participation in press briefings and news conferences and playing a less public role in their jurisdiction's COVID-19 response.

Controversy and criticism in public health is not new, nor are isolated experiences of harassment of health officers. Before COVID-19, state and territorial health officials faced opposition from members of the public for supporting efforts to ban youth vaping and the sale of flavored e-cigarettes, for failing to support (and in some states for supporting) the use of cannabis for medical or recreational use, for enforcing vaccination requirements for school entry, or for supporting taxes on sugar-sweetened beverages. But these prior controversies and their discontents were few, local in nature, and less vehement. In their study, Ward et al. found that more than half of local health directors surveyed reported harassment of themselves, their staff, or their agencies in the study period (n = 1499) between March 2020 and January 2021. As Ward et al. describe, COVID-19–related harassment has been far more widespread, far better organized, and much more violent than anything we have seen before.

A VIEW FROM THE FIELD

As the executive director of the Association of State and Territorial Health Officials (ASTHO), I have seen firsthand the stress, strain, and cognitive dissonance that results from the denigration and defamation of our public health leaders. On the basis of my conversations with state and territorial health officials, I posit that almost every state health officer experienced some form of harassment during the COVID-19 pandemic. Most common are disparaging and offensive social media posts; public sharing of their work and personal cell phone numbers, e-mail addresses, residential addresses; or other virtual bullying. In some cases, this harassment includes the higher-profile cases of death threats, armed protests, and threats of physical violence requiring law enforcement protection.

How have we arrived at this point? How can a small but vocal segment of the population believe it is appropriate to threaten and harass health officials whose primary job for the past two years has been to protect us from a novel infectious disease that has claimed the lives of more than 900 000 Americans? One explanation is COVID-19's

emergence at the start of the 2020 presidential election year, appearing in a hyperpartisan environment full of "gotcha" moments and political scorekeeping. Facing the threat of COVID-19, America's leaders could have rallied around a collective, war-like response to an emerging global pandemic, but instead some used the virus and our response to it to strengthen, not to heal, bitter partisan divides. Health officials became targets of this partisan rhetoric and the public outcry that followed. The former Secretary of Health and Environment for Kansas, Dr. Lee Norman, astutely remarked on the *Rachel Maddow* television show shortly after his resignation in November 2021 that "public health has always been political . . . but never so partisan."[10]

WEAKENING PUBLIC HEALTH AUTHORITY

It is a sad state of affairs when those charged with protecting the public are instead disparaged by it. But as sad, unwarranted, and uncivil as the harassment of health officers has been, far more disastrous is the resultant long-term damage to public health authority that has followed. Public discontent with mask mandates and school and business closures catalyzed policymaker backlash against public health authority. By November 2021, almost every state legislature has seen the introduction of a bill to weaken or remove the emergency powers of governors and/or local or state health officials.[11] Successful efforts to reduce the power of public health authorities are a Pyrrhic victory: knee-jerk reactions that incite one's political base but with potentially deadly consequences for all of us when health officials' hands are tied in new outbreaks. These legislative attempts to purportedly check unbalanced executive powers are misguided efforts to score political points and win future elections. They come at the very perilous cost of weakening the ability of health officials to use necessary and important mitigation tools to protect the public from future public health threats. These efforts should concern us all, regardless of political ideology or partisan perspective.

Leading a state or territorial health department is not an easy job on a typical day, let alone during a pandemic. Who would want the position when you may face legislative roadblocks to your every move to protect the public's health and relentless social media trolling in the best of times, and death threats in the worst? Add to the mix "moral injury," a term used to describe the cognitive harm experienced when what we think is right and helpful is viewed by others as wrong and harmful, and our ability to recruit and retain health officials in the future may be seriously compromised. Ward et al. describe the number of voluntary resignations and transitions in health department leadership during their study period. Although not explicitly stated, many were most likely a result of the cognitive stress and moral strain of repeatedly trying to do the right thing and being punished for it. Moral injury, typically reserved for the experience of soldiers returning from war, is now common in the public health workforce. This might also partly explain why a significant percentage of public health workers reported experiencing a serious mental health condition, including depression, anxiety, and suicidal ideation, alongside the COVID-19 pandemic.[12]

TOWARD SOLUTIONS

Quantifying pandemic-related violence against health officials is an important part of chronicling the impact of the COVID-19 pandemic in the United States. But beyond merely telling the story of how bad it has been for public health leaders are the authors' suggested solutions. Some of these are tasks that ASTHO and its partners can commit to today, such as training leaders in how to address moral injury and how to respond to political conflict more effectively. Other recommendations are longer term but equally important and include mitigating the partisan rhetoric and political pressures that have led some members of the public to intimidate, vilify, or denigrate public health work. These efforts cannot begin soon enough: in November 2022, we will have 36 state and four territorial gubernatorial elections and perhaps as many transitions in state and territorial health officers shortly thereafter.

The harassment of health officials should be far more than a footnote in future chronicles of our COVID-19 response: it is an alarming symptom of a far more serious condition that has pushed some policymakers to undermine the authority of government health officials. Ward et al.'s recommendations to address harassment provide a path forward. We can manage the symptoms of this condition with training and peer support, but its treatment is a robust, high-functioning, and sustainable public health system from which we all benefit. Most important, and perhaps hardest of all, however, will be reminding all Americans about the importance of our collective good and that the benefit of avoiding future

illness and death often means temporarily compromising individual desires to assure the health of many. AJPH

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CONFLICTS OF INTEREST

The author has no conflicts of interest to declare.

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