

# Unanticipated Pandemic Outcomes: The Assault on Public Health

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## ABOUT THE AUTHOR

The author is with the National Association of County and City Health Officials, Washington, DC.

 See also Kapadia, p. 706.

**P**ublic health is under attack during this pandemic. And that should frighten us all as a country. Our public health departments are under assault simply for doing their jobs.

Throughout the past two years of the pandemic, public health department officials and department staff have been physically threatened, intimidated, harassed, and politically scapegoated. These baseless attacks on public health professionals have spanned red and blue states, as well as urban and rural cities and counties.

Compromising the role of public health officials makes our nation less safe and less secure. Public health departments are unsung heroes and ultimate defenders of our health: before there is a COVID-19 test, before there is a confirmed case, before there is an emergency room visit, there is prevention. This is the principal tenet of public health. We must protect the role of our public health departments. We should be thanking them for their tireless work and heeding their advice, not threatening their safety, their careers, and their livelihoods.

Many of these attacks on public health are surprisingly well organized. Groups such as Freedom Angels, Sovereign Nation, the Boogaloo Boys, and

Colorado Counties for Freedom have coordinated strong pushback on public health measures in communities and have specifically targeted local health officials by generating messaging that includes personal attacks on integrity, conducting in-person demonstrations at the homes of public health officials, taking out radio advertisements against public health, and using other tactics to pressure public health officials regarding unpopular health orders and mitigation efforts.

The threat level to local health officials and staff has been so high during the pandemic that the National Association of County and City Health Officials (NACCHO) was quickly compelled to act. NACCHO worked to bring attention to the issue nationally by engaging with the Network for Public Health Law to look at what state protections exist for public health officials from a statutory standpoint. According to the resulting report, *Legal Protections for Public Health Officials*, 35 states and the District of Columbia have “criminal statutes punishing individuals who impede public health officials’ duties with such behavior.” Roughly 15 states “either do not have a statute protecting government officials in these circumstances or do not have one protecting public health officials.”<sup>1</sup>

NACCHO also sent a letter to Attorney General Merrick Garland strongly requesting protections for public health officials and the departments that serve them. The letter outlined some of the most egregious examples of how local health officials have endured everything from targeted efforts to diminish and cast doubt on their expertise, training, and experience to attempted murder. In addition, the letter noted that

threats and acts of violence against our public health workforce in their professional capacity have profound impacts on these individuals and their families. Some have had to move to driving unmarked cars or adding at-home security cameras, others have had to rely on police escorts and round-the-clock security, while others changed their children’s behavior worried about if they will be targeted instead.<sup>2</sup>

The ultimate impact of violence against public health departments has been a mass exodus of this critical workforce. Hundreds of local health officials have lost their jobs while trying to protect and defend the health of their community during their on-the-ground response to the COVID-19 pandemic. Significant numbers of health officials have stepped down, making tough choices to leave long-term positions and careers to protect themselves and their loved ones rather than continue to endure actual or perceived threats and relentless pressure.

The field of public health is losing leadership and irreplaceable experience during a public health emergency of staggering proportions. The compounding effect of this strain has taken a historical toll on our public health leadership. In a study of departures by *The New York Times*, more

than 500 public health department officials were documented as having left their role since the start of the pandemic.<sup>3</sup> These are only counts of individuals in the highest leadership role in their health department. There has not been as close tracking yet of other health department leadership and staff departures; however, it is believed that the pandemic has taken a similar toll on the whole of the health department workforce. These leadership losses arrive on the heels of more than a decade-long disinvestment in public health that resulted in a prepandemic 20% reduction in the local health department workforce and a less than stable infrastructure.<sup>4</sup> These cracks in the foundation of our public health infrastructure have only deepened during the pandemic.

Recovering from these losses to the field of public health will remain challenging. The more contentious serving in governmental public health becomes, the more difficult it is to recruit replacements. Even though schools of public health have been experiencing record enrollments, many graduates have not turned toward health departments to establish their career paths. NACCHO has been the leading organization to promote passage of public health loan repayment legislation geared toward drawing more of these graduates into public health by requiring a commitment to work at a health department for three years in return for loan forgiveness.<sup>5</sup>

We often describe our nation's nearly 3000 health departments as being on the front line of the front line of response, doing all they can to prevent people from needing a hospital or emergency room. Their role began immediately at the start of the pandemic. Local health

departments have been testing patients, managing case investigations and contact tracing for their communities, managing extraordinary amounts of data, providing wrap-around services for those isolating or quarantining, hosting community-based mass testing and vaccination sites, communicating with the public and the media, and regularly convening local partners including business, education, early child care, emergency medical services, police, fire, hospital systems, and providers.

We forget that local health department officials and their staffs are also real people experiencing this pandemic personally like the rest of us. They have performed their jobs with the utmost professionalism, dedication, and strength while navigating the same personal challenges faced by others in their community, such as child-care issues or the economic impact of laid-off family members. The importance of the role of local health departments in communities across the country will never lessen even as the total number of professionals committed to this work declines.

We have some rebuilding of resilience to do within our health departments. NACCHO worked with the Centers for Disease Control and Prevention on a recent survey of the field on the mental health effects of the pandemic. Much has been said about the impact of the pandemic on emergency care and hospital workers, but not enough has been said about the impact on our public health workforce. More than 50% of the survey respondents—and there were approximately 27 000 responses to this survey—demonstrated clinical signs of depression, mental illness, posttraumatic stress syndrome, or suicidal ideation. This is tragic, and we must continue to call on our federal health agencies to commit

specific investments to take care of our own, including provision of mental health services and other forms of assistance to our health departments to help them recover and rebound from this time of personal and professional crisis.

Our safety and health demand that public health officials make recommendations based on science and free from intimidation. They need our support. We must act now to protect public health. NACCHO is a key partner in the Johns Hopkins Bloomberg School of Public Health's We Stand with Public Health effort that is working to bring attention to actions necessary to support public health. This effort has included launching the We Stand with Public Health Call to Action Web site, which asks supporters to sign a commitment to stop workplace violence in public health. The campaign focuses on stopping the harassment of public health professionals by (1) reporting threats and violence against public health and working to hold accountable those who make take these actions; (2) asking Congress to require state and local monitoring and reporting of threats and harassment against public health workers for performing their official duties, including threats related to race, religion, sexual orientation, or gender; and (3) using existing statutes, and supporting new laws, to protect public health professionals.<sup>6</sup>

Let us all stand behind health officials and the staffs that serve their departments. Let them know that we see them, we trust in them, and we stand with them. Let them know that we will fight to restore trust in them and the field they have chosen to serve so nobly. And, above all, let us thank them for their continued strength and their unwavering service to our country. **AJPH**

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## CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

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# POSTPUBLICATION UPDATE

**September 14, 2022:** When originally published, the launch of the We Stand with Public Health initiative was incorrectly attributed to the National Association of County and City Health Officials (NACCHO). The Johns Hopkins Bloomberg School of Public Health established and is leading the website and the call to action to support public health; NACCHO is a key contributing partner. An erratum has since been issued, and this PDF has been updated to include the change. [AJPH](#)