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EDITORIAL

Why an independent, science-based Centers for Disease Control and Prevention matters

The scientific method and data-driven decision making are fundamental to public health. Until the SARS-CoV-2 virus landed in the US and the current coronavirus pandemic took hold, most Americans had gone about their daily lives without giving much thought to the processes that undergird our nation's public health safety net. The Centers for Disease Control and Prevention (CDC) is among one of several agencies comprising this safety net. It is designed to operate as an independent science-based institution in service to the public's health; agencies around the globe are modeled after the CDC and are grounded in similar principles. One primary responsibility of the CDC is to identify and make recommendations for specific interventions that should be implemented to maintain the public's health. Over decades, the CDC has steadily earned the trust of our nation's citizens. The most important driver of this trust has been the fact that the CDC functions independently, with scientists, not politicians, at the helm. It is in this context that the current situation of political interference in the CDC operations, an agency with a long and honorable history of creating policy and recommendations on science, is a threat to us all.

The existence of a CDC that is both independent and science-driven is fundamental to getting control of SARS-CoV-2 in the US. The CDC ably guided our country through the H1NI and Ebola crises of the past decade, employing the most current available science to shape public policy and health practice. Under the Trump administration, however, political appointees have taken control of the agency, overruling the recommendations of scientists. This practice also resulted in instilling doubt and uncertainty, effectively eroding the trust the public has in the CDC—at a time when it is arguably needed more than any of us have seen in our lifetimes.

We provide several well-documented instances of political interference in the CDC. (We cite these media articles and in-depth investigative reports because of the dearth of timely peer review citations.)

In May 2020, after the CDC published its investigation of an outbreak at an Arkansas church that had resulted in four deaths and detailed a superspreader event in which 52 of the 61 singers at a 2½-hr choir practice developed COVID-19 and two died. It prepared its recommendation that religious congregations "consider suspending or at least decreasing" the use of choirs, since singing in groups is a very efficient method of spreading the virus. This policy was developed by one of the disease detectives who investigated the anthrax attacks, and led the distribution of vaccines during the H1N1 flu pandemic when demand far outstripped supply. In a rapid series of emails, the Office of the Vice-President demanded the substitution of the White House version, in which the danger of singing was not mentioned.[1]

In June 2020, political pressure from the administration resulted in the CDC changing its recommendations about the potential risk of the coronavirus to pregnant women. In a June 28 email to the director of the CDC, a senior adviser to a top Health and Human Services official accused the agency of "undermining the President" by putting out a report about the potential risks of the coronavirus to pregnant women.[2]

In August 2020, the scientific community learned that the CDC modified its coronavirus testing guidance to exclude people who do not have symptoms of COVID-19—even if they were recently exposed to the virus.[3] This guidance was posted to CDC's website over the objections of scientists within the agency, who did not write it and had no ability to provide input. Instead, the guidance was written by a Health and Human Services (HHS) political appointee, and was dropped onto the CDC's website.[4]

In September 2020, the President appointed a top HHS spokesperson, Michael Caputo, to review and censor the CDC's official scientific publication, the Morbidity and Mortality Weekly Report. The publication, which is in the public domain, has a long history of providing "timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations".[5] Unfortunately, Mr. Caputo has no background in health or science. Caputo's chief advisor, Dr Paul Alexander, demanded the reports be held up until he could make editorial changes.[6] Emails between the two demonstrate ongoing attempts to silence the agency.[7]

Later in September, as the US approached 200,000 coronavirus-related deaths, the CDC posted guidelines that finally acknowledged that the virus spreads predominantly by air. This is very significant, as it guides ventilation practices for schools, hospitals, offices and other buildings. On September 21, days later, the guidance was taken down, with a statement they were posted in error.[8]

Public health nurses (PHNs) have long depended upon CDC guidance and information from studies in the MMWR for carrying out their responsibilities to keep the public safe. This important and previously impartial source of guidance is now being seriously questioned. Nurses have always been, and remain the first line of defense in fighting against any emerging infectious disease. Nurses everywhere should demand that CDC scientists remain free from political manipulation, and instead, follow the peer-reviewed processes that have served to protect the health of us all for decades.

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The COVID-19 pandemic is, sadly, still in its infancy—less than ten months old. As new information is constantly being gathered, analyzed and disseminated, access to transparent data through the CDC as an independent agency is essential as we work together to regain control of this virus, and our very lives. With the expectation that we will survive the crises the current administration has created, we must re-examine the rules and regulations that agencies like the CDC operate under, and ensure there are checks and balances in place to protect their autonomy and integrity.

Let's be clear. We do not know if public trust of the CDC can be fully salvaged in the foreseeable future. But we do know that wearing masks, refraining from closely packed gatherings, and taking a vaccine that has been proved efficacious in scientific trials are proven ways of preventing transmission of coronavirus infection. If the CDC is politically directed to undermine policies that prevent or minimize transmission, we ask that PHNs remain engaged in efforts to expose and oppose such practices. The American people have put their trust in nurses for years. We owe it to them to have our advice and information come from reliable, impartial, scientific sources.

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