

AJPH Podcast: Harassment of Public Health Officials  
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Alfredo Morabia

AM = Alfredo Morabia  
VY = Valerie Yeager  
TQ = Tom Quade  
BR = Beth Resnick

*[musical prelude]*

AM Hello, everybody! Welcome to this new podcast of the American Journal of Public Health. This week, we are going to talk about harassment and violence against public health officers. This is an issue we've covered in the Journal in the May issue, but where are we now with respect to this harassment? Is it still continuing? What do we have to expect for the fall if we have a new wave of Covid, if things become dangerous and new measures need to be taken in terms of masking or lock-downs or schools, et cetera? And what [in the end], the balance of the activity of all those health officers over the last two years? Why did it lead to this type of violence and harassment? And why don't people just praise their achievement? And, we'll have more chance to come to discuss this. First of all, I'm going to let my guests introduce themselves, starting with Valerie Yeager.

VY Yes, thank you very much. I'm Valerie Yeager. I am a professor at the Indiana University Richard M. Fairbanks School of Public Health in Indianapolis, and my research focuses on public health systems and services, primarily the public health workforce as well as things like accreditation and systems changes within public health nationally and at the local level.

AM Thank you, Valerie. And then we have Tom Quade...

TQ Good afternoon, everyone. My name's Tom Quade. I am former President of APHA; I am also a former local health officer; I've been in local governmental public health for more than 20 years, always at the city and county level, most recently as the health commissioner in Geauga County, Ohio. And I'm fairly active in public health systems beyond the governmental public health departments involved with the Council on Education for Public Health, the Public Health Accreditation Board, still with APHA and some others as well. I'm really thrilled to have the opportunity to join you today.

AM I'd like to start with you, and I'm enthusiastic about what public health officials have done over the last two years. I'm a historian, and I've never seen such an achievement, so can you tell us how it was to be health officer on boots on the ground during those two years and what did you achieve in Ohio where you were?

TQ Sure. I'll start by saying this was one of those events, Covid, was one of those events that I think every health officer who was a health officer always feared would happen on their watch, and we always sort of went to bed each night praying it was not going to happen on our watch, and it did. This was one of those things that, as we know, hasn't happened in a hundred years, and actually the last time it happened was why every health department in Ohio was formed a hundred years ago. We were actually all celebrating our centennial anniversaries coming into Covid because of the [sort of] pandemic a hundred years earlier. So, it was, it's sort of interesting timing. We have to remind ourselves in these, the sort of that time of crisis in, it's really sort of March 2020, where things started happening so quickly, and we knew that something big was going on. Initially, people looked to us as they had in the past before things became extra charged, and as this is a health event, it's a public health event, let's look at the

experts. And that's, I think, usually where most folks start. We have some major disruptors this time around that we have never really experienced before when different voices from different places in leadership, and it was, that was something that we weren't ready for. Because I remember back in grad school, studying what happened. We all had pan flu plans, and they really were very similar to what we had for Covid. I mean, it was different name and, but in terms of isolation, in terms of reporting and surveillance and all of this, it was very similar to what we had learned 20-something years ago in grad school. But nobody had ever thought that we would have this injection of antagonism towards a profession or field or science and really just a denial of the science.

AM Yeah, but, I mean I know there is this denial and this violence, but I still—take someone my age. CDC doesn't want to say 99% of us have been vaccinated; says more than 95%. When have we done this in the past? I mean, 65% of the population—these are, and in Ohio you have all those small places that you have to reach. It's not that people warn them and get the vaccine. You have people that--

TQ No, that's a great point, Alfredo. The, so we almost were living two lives with some of our folks, because we had the folks who were so vocal and antagonistic did not represent the majority, even in local communities where one might assume they did. When I was in Geauga County, we did have a very local subset of the population that were very antagonistic. But, we also had one of the highest vaccination rates in the state for our population over 65. We have, oh I want to say, between 15-20% of the population in that county were Amish, and we always had a very challenging time with getting them to access the vaccines at hand whether they're childhood immunizations that folks had been more comfortable; but we had some of them in our mass

vaccination clinics being driven by others that sort of squat in the back of their car to come to our vaccination clinic so they wouldn't be told on, but they were coming and maybe getting [the] vaccine. And so, we did have a number of successes, and it was just like everything else, I think. In addition to the public health world, everything was through Covid. The things that went well were. We rarely talk about the things that go well, so I'm glad to have the question. We almost always talk about the things that surprised us that didn't, and I'll say that while we did experience a tremendous amount of antagonism, we also got thank-you cards almost every day. We got people bringing us boxes of cookies for staff. I mean, that was there. It was just, you know, it was a strange time.

AM And I want to ask you, Valerie, Lori Freeman from NACCHO in her editorial when you wrote your editorial about [press links], she mentioned that this harassment and this violence seems to be organized. It seems to be like very specific subgroups that were organizing this. It's not like it was spontaneous reaction of the population, but it's out of this context, January 6, the changes in Supreme Court, the political conservatives. What do you think? What's your perception?

VY I can't really say whether or not it's organized, but I can say that we have politically divided in a more severe way than we've ever seen, historically. And so this politicization of Covid-19, public health's response effects, as well as the politicization of science in general is fueling that backlash. And so, people find like-minded others to collaborate with in sharing opinions and voicing those opinions and acting on those opinions. Of course, social media provides a venue for that organization and collaboration and the sharing of things like personal information about individuals in leadership roles within public health so that they can garner more individuals to, as we say, doxxing or harassing individuals at their workplace or at their home.

AM I'm ready to be convinced that it's a spontaneous popular reaction, but I still think that we have a very specific situation for Covid and vaccines, is that people who voted with their arms. Often, we don't know what people think or, but here we know. That 65% of the population went and got their shot. Isn't this something that tells us that people who are anti-public-health are really a minority, very vocal, but a minority?

VY I'd like to think that they're a minority. Individuals getting vaccinations is one way to, to assess where the population stands, that's good. We did have some policies that encouraged that. There were organizations that mandated vaccinations, so that might have increased people's uptake of the vaccine but not necessarily swayed their opinion about public health. But given that public health's awareness rose through the protracted emergency that we've been in with Covid-19, it means that public health is now part of the vernacular. It's part of dinner table conversations; the names of local health officials or state health officials are part of people's conversation. They're in the media; they're being discussed in social media platforms; and they're the face of some of the initiatives that are out in the community to mitigate transmission. So, any kinds of mask requirement or the social distancing efforts, they became associated with a term that many people, prior to Covid-19, weren't aware of which is public health. And there was even this study that looked at awareness, and awareness rose 11% between 2018 and 2020. So, people were less aware of it, and then once it became something that was associated with their limitation on individual liberty it became something that people have an opinion about.

AM Absolutely, very interesting. Thank you, Valerie. And here we have Beth Resnick who joined us back, just before you intervene, I saw you raised your hand. Can you just introduce yourself briefly so that our listeners can know who you are.

BR Oh yeah, absolutely. Thank you so much for having me join the conversation. I'm Dr. Beth Resnick; I'm the Assistant Dean for Public Health Practice and Training at the Johns Hopkins Bloomberg School of Public Health, and got involved in this issue because obviously, as it sort of exploded as we started getting involved in Covid response, realizing that we really weren't expecting this and didn't have anything really set up to think about this, so our group at Hopkins started to track it and study it. And I'd like to just add a little bit to what Dr. Yeager was saying about, you were asking is this spontaneous public response or is it a coordinated effort from a small minority. I think there's two key points I'd like to make about that. One is, this is why we need a reporting system, right, so we can understand these things better. Some of what we're finding as we're studying this is that it's kind of a combination of a mix, but without a reporting system you would have no sense. Right? So, we've had researchers at Hopkins that have also been getting these messages, and we found out when we started to research it and have it reported is that often times it was a coordinated campaign. But you don't know that, right, so without a reporting system we're kind of fumbling around here in the dark. We don't know. Number two, I would actually make the point of does it matter in the sense that what's the impact, right? So, our public health workers are getting harassed. Does it matter whether it's from someone in their local district or someone from far away? Probably not. They don't know, right? You're just getting the, most of it is electronic, especially in the midst of the pandemic it was. So regardless of where it's coming from, it still has a very chilling effect and impact on our work, and that's ultimately what we need to think about, right? So how do we address it? I'm nervous that people are trying to sweep this under the carpet—oh, it's just a few eccentric people on the ends and really everyone else is still supportive of public health. I'm so sure that's true,

and in truth the impact that even the small minority, if they're screaming loud enough, has really devastated the field in terms of the mental health impacts and the long-term implications. People had their family members threatened. I mean, this is not something we can just say oh this is going away and it's not a big deal. I think we're the same things now around abortion, around gun violence, around many of these issues. And as Dr. Yeager was saying, people are threatening the credibility and pushing back against science. So, we as a field, we have to step up. We can't think oh this is just a few minor--

AM Yeah, yeah, thank you, thank you, Beth. I totally agree, and I think it's very serious, and it's something we need to fight, respond to, but I also think that [when] we have done here, people have been working on the ground for two years to achieve incredible things with respect to Covid-19 in terms of vaccinations, getting tests, et cetera, information, and the fact that there is this general idea that it's an overwhelming backlash by the majority of the population, I think this works against public health. And it may not be the truth. It's terrible! It is like January 6<sup>th</sup>! It's all, this is terrible, but it doesn't mean that a majority of the population is against public health today, and I just wanted to stress that. And Tom is here, and tell us what happened to you in your--

TQ So I—if it's, I don't know if it's the majority. I think in some communities it's absolutely the majority. I think in other communities it's a minority. I think that in some regards, we need to also understand who's moved by that, and we've talked about how it absolutely is devastating to the morale of the public health workforce. And I have colleagues that are dealing with PTSD from the experiences. But there is this echo chamber between those folks, the mob, however big or small the mob is, and the political leaders—and I use the word leaders generously—with

whom they identify because they feed each other. And we as a field, as a profession, are going to be experiencing this post-Covid until that leadership, and that leadership at the local level doesn't change very often because gerrymandering and the other reasons. But when they hear those loud, even if it's the minority, we have then, we have issues of public health authority being stripped by local—by state legislatures. It's happening here in Ohio. When we can't do the basics that no one knew we were doing because it so offended them, they didn't even know we were doing it, but now it's so much in the spotlight that we'd lose these authorities. And Covid was really that confluence of events where, I mean, public health has always practiced at that intersection of balancing personal freedom with societal benefit, and you can do this as long as it doesn't interfere with somebody else's health and safety. And so we've always had these sort of tensions. This one absolutely was exacerbated; we had a very visible strategy that became the thing: a mask. I mean who knew. I'm glad it wasn't pants, frankly, but it was a mask. And so it became team for and team against without any sort of understanding of what that meant. Now, my own experiences, as I said, most of these were positive; frankly to go back to that earlier conversation of how organized is it, most of the negativity that we experienced in Geauga County, the person at the head of every parade was an elected official. And they were pretty far on the right-hand side of things elected officials. I had one, one of them was one who told me, previously unrelated to Covid, I won't wear a seat belt because the government says I have to wear a seat belt, right? Then I told him that's between him and his dashboard, but that's the mentality of the leadership. And these were the folks that were really the ones out front with the pitchfork and torches when they'd come to the department school board meetings and the board of health meetings. Yeah, but then we also had the folks that we didn't hear from that we had

massive numbers coming to our vaccination clinics; we had massive followers on our social media; I did a radio broadcast every week. We did recorded media presentations every week, and if I missed one week I got a hundred emails saying hey I missed it this week, could I put it out. So, I know that we have a lot of that, but we, ultimately, and I'm working with a group of folks including representing APHA but I think it's being led by American Hospital Association that they chose, ASPA's on there, and others on preparing for the next public health--

AM Yeah, yeah, and we're going to get to that. I wanted to ask Beth, your survey you took to a lot of public health officers, what came out? What were the main findings of your study?

BR Yeah, so thank you, and actually, Tom, thank you for adding in about elected officials. I was going to say that's the biggest thing, too, I think. They forgot to show their support for public health, and the long-term consequences of this, places in Ohio is one of them, right, where the state legislators tried to gut public health authority. This is going to be long lasting, so we can't, again, keep this off the radar. So, I really appreciate having this conversation today. So, our findings, they were from the first part of the pandemic; we're continuing to research so we can get the second half. So, ours was from March 2020 til January 2021, so again, that first part. And we found over half of the health departments had some sort of harassment; and then the CDC, back to Tom's point about the mental health impact, have done two surveys now and found nearly half of the workforce has some kind of mental health impact from all of this, either PTSD or long-term issues, concerns, so this is again something that as a field we really need to think about. Some of the work that we're hoping to continue to do and need to get support for is to really build in the mental health and wellness and protection of our workforce as part of the core public health infrastructure. We're now looking strategic plans for states and things—now, again

this was all pre-Covid, to be fair, but nobody looked at their mental health and wellness and protections of their workforce. They talked about training of the workforce, diversity of the workforce, having enough people in the workforce; but I think this is a real wake-up call that could actually really help us going forward thinking about the workforce as a core piece of that public health infrastructure.

AM Yeah, absolutely, and before Covid, we had published the result of a public health survey they do regularly about what people in the workforce face; and the issue of mental health was not there at all. There were many other issues and it was boring, no creativity and things like that, but the mental health—and so, Valerie, what are the solutions for, how do we go forward to do what Tom and Beth propose?

VY Could I just respond to--

AM Please, yes, yes...

VY Burnout and the mental health of the workforce... I've just finished an analysis of over 5,000 qualitative responses from public health workers nationally on the PH WINS survey from 2021, so to Beth or Dr. Resnick's comment about her work was a little earlier in the pandemic, this survey was conducted in September through January of 2022. So a full, almost two years into the pandemic, and they asked workers what they thought about how their environment was impacted by Covid-19, and when we coded it we expected harassment and politicization to be one of the primary themes and it actually wasn't even in the top 15. The most common thing that people spoke about was their pride in public health work, and I want to just highlight that our workforce, despite being burned out because burnout was two, the second most common theme, our workforce still feels pride in what their doing and that may mitigate some of the

negative impacts that the Covid-19 harassment or the extensive long hours, which in fact when I looked at co-occurring themes, while harassment did co-occur with burnout, the vast majority of the burnout questions and the issues with PTSD seemed to be with the long hours and the suffering that their community experienced. So, there's still a lot more to learn about the long-term impacts on the workforce, but it didn't appear that harassment was at the forefront of their thoughts two years in.

TQ I'm wondering about a selection bias of those who are still around two years in. I know that we had--

VY That's a good point.

TQ We had lost probably half of our workforce at the county where I was by the time we got to midway through 2021, and I actually, my local antagonists stormed a board meeting and painted a pretty rough picture of me as a tyrant and so forth which—I was both too liberal and a tyrant, so I probably [unbalanced] them, but was, my contract was terminated at that meeting without further discussion. And there are whole lot of folks that are doing wonderful jobs and feel very strongly and recognized for that. I think it is somewhat geographical and tied to the locale and the local politics, the local service. Covid was the first time that everybody got a glimpse of public health practice in the same way. We would have a segment of our populations where communities that would interact with public health who are WIC program. We'd have a segment that would come through our restaurant inspections. We'd have a segment that would come through our septic and water programs. We'd have all folks that would just only know us because they were bitten by a dog. This was the first time that everybody saw us at the time coming from, looking through their own lens and their own experience, and those lenses had

different filters. Some if I'm a small business owner that was told either I'm essential so I have to go to work or I'm not essential so my business is shut down. I mean, there is so much that added to that normal existence of public health in a community at a time when this terrible thing was happening and everybody needed somebody to point a finger at. So, I think we were an easy target, but I know that public health is strong. I know that we still did so much of what we needed to do; in fact, in Geauga County we went through national accreditation during Covid and were successful. I mean, we still did the things that we needed to do which was a challenge but is a testament to the public health workforce and it's a workforce that is mission driven as much as any other workforce and profession, I believe, that there is. And I think that's why it will be resilient, but it's taken a beating at the moment.

AM Yeah, I mean, that's fantastic to listen to you all and I think what you say is that we're in the situation of crisis, and the crisis has also a lot of very positive aspects to it and I mean, the real definition of public health, and as Valerie was saying before, I'm pretty sure before the crisis, before Covid, a lot of people didn't know what public health is. I mean, at least that public health is different from medicine, because a lot of people think that public health recommendation is like a doctor prescription. They don't realize that it's a collective response to a collective threat and needs to be enforced. These types of things were not in many people's—but I propose that we close with a few minutes now, I'm going to Beth, you can start, and Tom and Valerie. Just give us your concluding words and then we'll stop.

BR Thanks, and thanks Valerie for sharing the PH WINS findings; I think those are going to be really important to get a better sense of the big picture, and I do think that we need to study this more and get a really clear understanding of what happened and what the impacts are. And as

Tom said, there are so many nuances to this, but one piece that I don't think has been mentioned that I want to share, because I think it's very important, is in terms of thinking about the future and the students that are looking towards public because I know I saw a student on a discussion forum at my school talking about oh I would have loved to have worked in a health department but I don't want to go there now, those people are getting beat up for doing their jobs. I mean that's like literally what that student said. If we need to rewrite the story to more accurately reflect sort of some of the positivity, then we need to do that, too. But this is really important, I think, to going forward to our future and how we can share and train our future public health employees that hey some people are going to push back and this is how we can handle it or what we can do, right? So, again, preparation and understanding what it means to be a public health professional and having pride in the importance of the work I do. Thanks for having this conversation, and great to talk with all of you.

AM Tom, your final words?

TQ Oh absolutely, and again, thank you for the opportunity. The, I think we are in the process of learning but this is what we do in public health. We assess, we learn, we adapt, we move forward. I think that we can, hopefully, are no longer naive about the world in which we live. I think, again, we saw a stronger response, both support, both antagonism. I'd never in 20 years plus had death threats and I was getting them with some regularity without, actually, we were fairly gentle in our response in Geauga County. But they still came. That said, this is the world in which we live in right now where even this balance between, that where public health lives, this balance between individual rights and collective well being is part of our historical moment right now and will be, and I don't think it's going to go away anytime soon. And we're really in

a profession that, that epitomizes, that's where we live right at that intersection. And whether we need really good crossing guards at that intersection or we need some yield signs or whatever it is that we at that intersection, we'll find it and we'll move forward because that's what we do and because we're public health.

AM Absolutely, and thank you, Tom. And you, Valerie?

VY To thinking about where we go from here and protection of public health workers, I think there are three opportunities: We can pass policies that criminalize harassment against public health workers, health officials. So of those laws already exist towards public servants, but they aren't in all states and they could be strengthened. We can also support the dissemination of clear communication both from the federal government down to the states and locals so that they have consistent information to provide to the community. I saw a lot of comments about inconsistent communication internally and externally; and in an event where there's changing science and changing guidance, consistent information will help to quell some of those concerns of the community in what they're hearing from public health. And I think the third thing is preparing our health officials for handling the politics and handling the media and thereby public opinion so the leadership institute that ASTHO has for state health officials does do some of that, but we need leadership institutes for local health officials that can provide some of that training and expertise as well. There is a push for it, there's a recommendation out there; it just hasn't gotten underway yet.

AM Thank you--

BR And policies to support workers, number four, but yes, perfect.

AM Yeah, thank you, all of you. I think you've really showed that it's a very complex situation and we should not caricature it as a backlash against public health like public health has taken a beating. I think really the health officials have been absolutely remarkable. I would say the biggest failure of our system and it reflected on the official is the surveillance system. We have a surveillance that completely failed until today and we cannot track even the evolution of the pandemic today. We cannot track the equity aspect of the impact of this pandemic; this is a major issue, and if we had a strong surveillance system, public health officials would have easy, it easier to communicate, to make decisions about schools, businesses, et cetera. So, thank you, all of you, for this great podcast, and I wish you all the best and see you soon!

*[musical postlude]*