

World view



By Mary T. Bassett

Tired of science being ignored? Get political

The idea that competent researchers are apolitical is false, and it costs lives.

During the COVID-19 pandemic, like many public-health experts, I have been asked to advise people to wear a mask, meet outdoors, wash their hands, keep 2 metres apart, stay home and get tested if they have symptoms, and participate in contact tracing. But researchers are expected to ignore societal structures that mean some people are less able to follow this advice. We are expected to account for individual risk factors that might explain who gets infected, who dies and how fully someone recovers, but not to imagine what public-health and health-care policies could make for better, more equitable health. It is time for researchers to change tack and step into politics.

Compared with some other countries, the United States underinvests in public health. And yet its health expenditures approach 20% of its gross domestic product, with higher per-capita health spending than any other nation. Clinical medicine glitters with technology and innovation. Perhaps that is partly why, in trying to keep up, public-health professionals tend to stress the technical nature of their field, its evidence base and its rigour. By 'staying in our lane' and out of politics and advocacy, did US researchers unwittingly help pave an open highway for COVID-19?

The presidents of the non-partisan US National Academy of Medicine and the National Academy of Sciences have publicly expressed alarm at the growing political interference in science. Working researchers' relative silence about such larger societal issues, often under the guise of professionalism, doesn't make for good science, although it might make for safer scientific careers. In the middle of a pandemic, good science identifies how to save lives.

The United States is not winning at saving lives. More than one million people globally have died from COVID-19; the United States, one of the wealthiest and most medically advanced countries, accounts for less than 5% of the world's population but for 20% of deaths. When adjusted for age, death rates are more than three times higher for Black, Latino/Latina and Native Americans than for white Americans (M. T. Bassett *et al.* *PLoS Med.*; in the press).

For health professionals, COVID-19 has revealed how epidemics are political, tracking through the fissures of society. Many health workers, some for the first time, are breaking the unspoken 'commitment to neutrality' and criticizing President Donald Trump's administration for its failures and its attacks on science. They are drawing attention to inequitable social policies, segregated neighbourhoods and inadequate labour protections as root causes of this tragedy.

A minority of researchers are working with activists on

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racial justice, but many avoid doing so out of worry that an 'activist' label could have negative implications for their careers. This is typically self-censorship, enforced by norms of 'professional' behaviour, but I think recent White House moves against providing racial-sensitivity training and acknowledging the impacts of racism will have a further, chilling effect. I have been cautioned more than once that my talking about racism was 'off-putting'.

As a former health commissioner for New York City, my hope is that this new 'political awakening' will endure and transform how scientists participate in political life. The label 'activist' should be an honour, not a slur or reproach.

This is why, in April, I was thrilled to get a call from Natalia Linos, the executive director of the FXB Center for Health & Human Rights at Harvard University in Cambridge, Massachusetts – the centre that I lead. She told me that she wanted to run for a vacant congressional seat in Massachusetts. In the middle of the pandemic, she felt that the attacks on science in Washington DC and the disastrous national response required people with her skill set to step up. Although she was ultimately not selected as candidate, she is right that we need more public-health experts in politics. Some will say that scientists entering electoral races will undermine other worthy candidates with more established political networks. Although this is understandable, the presence of scientific expertise elevates the understanding of science for all candidates, along with the public more generally. This is the best way to have a seat at the table when policy is made.

Germany and Taiwan, which have had successful responses to COVID-19, have leaders who are trained in science. The United States has equivalents in leaders such as Virginia governor Ralph Northam, a former physician, who expanded access to Medicaid (the health-insurance programme for those on low incomes) once elected to office. We need more such elected officials, and we should be encouraging when those from our community take that step.

At a minimum, let's ensure that we researchers apply our expertise to political advocacy. I am not saying that expertise in one area of science makes us experts overall. Still, when we decide that issues such as structural racism, climate change or income inequality are 'outside our lane', we betray both the professional reputation of our field and the health of the people we serve.

It is inconceivable that the COVID-19 death toll would be as high as it is today if the US political leadership believed in evidence, or had enacted egalitarian social and health policies comparable to those in other wealthy countries. Lack of affordable housing, universal health coverage and job protections are all public-health issues. So are low wages. Building the political will to address these issues will save lives. That's worth risking a job or a promotion. Let's use this public-health crisis to organize.

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