CDC Admits Problems

The proof will be in your ability to change. Next up is monkeypox.

August 24, 2022 By Paul Kawata

My world is literally out of focus (cataracts), and I am mad and concerned. If the last two years were not enough, now we must fight monkeypox (MPV). How much more must we endure? There is too much pain and loss. I am exhausted by the suffering, overwhelmed by the fighting, and worried about SCOTUS.

Leaders are not supposed to say these things publicly. We are supposed to be the paragon of virtue and hard work. These unrealistic pictures are why so many fail or quit. I'm speaking my truth so you don't have to feel alone. Life is hard and there is no clear end. The only thing we have is each other.

Last week the Centers for Disease Control and Prevention (CDC) publicly admitted what we all knew: their response to COVID was less than ideal. This announcement was unprecedented and hopeful. They've made a commitment to be ready for the next pandemic. I hope they understand that monkeypox is here. Their ability to stop MPV before it becomes endemic will demonstrate their real-world capacity. I want CDC to succeed but can't turn a blind eye to the challenges.

This week Daniel Driffin and Damián Cabrera have two meetings with the White House to talk about monkeypox. Surgery makes it impossible for me to attend. I've asked them to do four things:

- Fight for more vaccine
- Ensure vaccine equity
- Work to overcome vaccine hesitancy
- Remember SCOTUS

At their meeting with Mr. Fenton and Dr. Daskalakis, they will be joined by people who got monkeypox. There is too much fear and discrimination. These community leaders will ask the White House to fight the stigma associated with this virus. To understand that it is rooted in homophobia and racism. During these difficult political times it may be used as a weapon to discriminate against the LGBTQI community.

We've also invited David Garcia, the executive director of Affirmations in Michigan. Recently, he

shared the frustration of getting MPV vaccines to his community. NMAC asked him to share his story. In some regions it is the “Hunger Games” to get shots.

I know the White House and CDC are committed to these values, but can they deliver? As we saw with COVID, CDC’s ability to communicate basic messages often got lost in their efforts to be scientifically accurate. They feel the responsibility to be the CDC, but that happens at the expense of clear messages that community can understand. The world has changed and their position as the ultimate authority is irrelevant in the age of TikTok. The old paradigm of doctors in white coats must give way to the reality that America is diverse and complex. We want to see our faces in the leadership and programs. Communications from old White cisgender men does not cut it in the new world.

To be clear, Dr. Walensky just got to the CDC and these challenges go back decades. COVID showed what the HIV community already knew: our movement needs a CDC who understands how to reach the communities highly impacted by HIV and now Monkeypox and who understands that leadership is collaborative, and their responsibility is to build a bigger table. The days of telling us what or how to do it are over. We wasted too much time on DEBBIs and EBBIs.

If I seem bitter, please know it’s not because of the CDC. My bitterness comes from a world that feels unrelenting and out of control. Just as I was getting ready to exhale, there is another virus that some people will use to make political points. I can feel the judgements oozing from their pores. Gay and bisexual men are getting what we deserve. They see and judge us as scum. With a bible in one hand, they believe we are going to hell. Don’t let your urban bubbles fool you. We are in a fight for the soul of America and we could lose.

Our fight against monkeypox, like our fight against HIV, must address the racism and homophobia that these viruses engender. Whether we like it or not, these political hot buttons are inextricably intertwined with our efforts to end the HIV epidemic and our work to stop monkeypox from becoming endemic. I worry about the government’s ability to fight what might be inherent in its systems. For too long government systems were built on values that did not reflect community with systems that reward compliance at the cost of innovation. The search for scientifically proven solutions assumes a static community when the opposite is true. COVID/HIV/monkeypox solutions need flexibility and innovation. That is not usually a strength of government. I wonder if change is even possible.

I know the leaders at CDC are good competent people who want to do the right thing. The challenge is they live and work in a system that was built decades ago by alpha White male doctors who were taught to be gods and not collaborators. To them weakness was a problem and not a virtue. They were going to save us from ourselves rather than take the time to understand and celebrate who we were. Thank you, CDC, for admitting there was a problem. The proof will be in your ability to change. Next up is monkeypox. Can you put together systems that are more than just getting out vaccines? Monkeypox, like COVID, requires targeted outreach to communities that might not trust the government. As we’ve learned with HIV, it’s not enough to just provide the medication; we must build systems that reach people where they live. Systems that understand

and celebrate the communities needed to be reached.

Yours in the Struggle,

Paul Kawata

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