Dr. Demetre Daskalakis on Public Health, Fascism, HIV and What's Next

The former CDC official discusses his departure, fascism, the erosion of trust in science, and what's next for him.

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In the center of the latest maelstrom at the CDC in the last week—quickly on the heels of a deadly mass shooter who killed a police officer and shot out multiple CDC office windows—has been Dr. Demetre Daskalakis, a career public health servant specializing in infectious disease who is well known in the HIV arena. Daskalakis resigned his position as director of the National Center for Immunization and Respiratory Diseases along with other career CDC officials on August 27th just as HHS Secretary Kennedy created chaos in his attempt to fire CDC Director Susan Monarez.

Daskalakis has achieved nearly folk hero status in the HIV community for his earlier HIV work in New York City that combined prevention tactics with compassion and a sex-positive point of view. His ascension to the CDC a few years ago was widely applauded, and it felt reassuring to have a well known community-based ally in its ranks. His work addressing and squelching the mpox outbreak only confirmed his reputation as a governmental official in whom the HIV and LGBTQ community could place their trust.

It has been an exhausting week for Daskalakis, who hasn't shied away from publicly expressing his dismay at the current state of science and the CDC in a flurry of national interviews.

I was pleased to have this interview with him from the perspective of an HIV community member and friend. It has been lightly edited for length and clarity.

How are you? You've been crushed with interviews. Personally, how are you feeling?

I'm feeling good, because I'm doing what is the right thing and that always makes you feel good. I feel scared, because my office (at the CDC) got shot at because of rhetoric, and a lot of rhetoric is being focused on me on various platforms. I wiped glass dust off my belongings (from the CDC windows being shot) when I left CDC, so that's something I'm remembering as I hear folks slinging expletives toward me online.

Jesus.

But I don't care, which is my superpower. But it is a bit disconcerting.

I don’t follow these wacky right-wing sites, are they threatening you? Do you have security alerts or what?

I’d rather not talk about security measures, what I have or don’t have, if that’s okay. When I was handling mpox (the painful viral outbreak a few years ago that affected gay men in great numbers), I was getting a wave of things… so this is not dissimilar. Its tempo has picked up, though, and the prominence of the people doing it, including some members of Congress, is pretty concerning. It would be really nice if my members of Congress in my area would reach out to me. I have reached out to them and have not heard back.

You know how much the HIV community loves you.

I love them back.

We’ve been watching you for a long time, since your days as an out gay physician doing HIV work at the New York City Health Department. You’re one of us. So it’s been an emotional time for us, watching what you’ve just been through and feeling that trauma, almost an emotional transference between us. Does that make sense?

Yeah. In the last few years, even though I have so much loyalty and dedication to the community of people living with or potentially at risk for HIV, my circle has expanded to those who protect children from vaccine-preventable diseases, and I hear the same thing from them. I can tell you I am getting the exact same transference from pediatricians and folks who run immunization programs around the country.

Do you feel unmuzzled since your CDC departure? Has that at least been a relief?

Yes. I really approached my job in public health with a willingness to work with policy makers and elected officials from whatever party they were in. What I’m doing today is speaking the truth about what’s happening in public health. There was a lot of tension in the last months and weeks, and there were things I wanted to say but I was busy handling weird communications from the Secretary. When that became impossible, that removed the muzzle.

I have friends that still give me a little side-eye when I use the phrase “fascist regime,” as if I am overstating things, but you have said it quite boldly in more than one interview.

It’s in my cultural genetics, frankly. My grandfather was killed in front of my dad in Greece when he was fighting the resistance in his village in Greece. Today, my village is being attacked and that village is the people that I serve. I know what that is about.

I don’t think many people think of fascism and public health as having much to do with each other.

Public health is really interesting because, though it’s really important, it’s softer, in terms of the science of protecting people’s health. It’s driven by guidance and interpretation. When ideology penetrates into science you are able to diverge the path of science. We’re seeing a subtle eroding

of confidence in scientific expertise. It's not hard to blend ideology into public health and then come up with messages that are absolutely incorrect, and that support an agenda rather than science

Your resignation letter criticizes public policy that is "designed to hurt" people instead of helping them. What possible advantage is there in hurting public health? Who benefits from such a thing?

I think that's a great question for Secretary Kennedy, I wish I knew his motivation. He promised to enter HHS with no preconceived notions, and introduced his notion of "radical transparency" and "gold standard science." Well, speaking of fascism, those phrases are just mottos. Those are just words, and antithetical to what he's actually doing. When I call it radical transparency and then provide no transparency, I speak it into being. If I call science that is not good science "gold standard," I have called it into existence as gold standard. Using false truth.

This "flood the zone" strategy on the administration's part—next week we'll be talking about the next outrage—appears to be working as designed, wouldn't you say?

Yeah. The trick is, it's like what they teach you when you're an intern. When you walk into a code (a patient emergency), take your own pulse first and then go in and do what you gotta do. We have to move beyond shock and awe and move into strategy and action. Rather than sit there and be paralyzed, take a deep breath and say the game is changing andl figure out how to make this work. Flooding the zone only works if you drown. Put on your life preserver.

I interviewed Paul Kawata last week (exiting director of NMAC and a 40-year veteran of the HIV arena), and he's traumatized from the last year, and I appreciated seeing a leader just as freaked out as the rest of us.

It's only human to feel feelings. I went through the beginning of COVID-19 in New York City, and people can still say things to me that can create a trauma response. Paul has discussed his trauma and has also demonstrated very effective leadership by discussing how he gets past it.

A good therapist. That's what he suggested.

Yeah. Good.

The common dinner conversation these days seems to be whether to move to Spain or Mexico. I get it, but the more I hear it the more I fear it is an escape hatch for the privileged. Are too many of us abandoning ship? Or do you have your own paperwork begun?

Oh, no. No. My mother and father immigrated to the United States and I believe in the mission of this country. I believe in staying here and doing the work I was put in the world to do. I don't foresee any reason to leave. Now, that could change, depending on what happens. But I'm in it for the long game here.

What do you think of all the folks moving out of the country?

People have to follow their own truth. People might judge me for quitting CDC.

Even before this latest crisis at CDC, HIV research had been defunded or stopped altogether. How deeply has this hurt our efforts for an HIV vaccine or cure?

One of the things that is important to remember is that with one stroke of the pen you can undo decades of progress. The trajectory of progress has been slowed because key programs have been defunded and key populations are being erased. We're going to lose ground in research and medicine. And if the United States creates a void, it's going to get filled by someone else.

Do you think other countries can take up the slack?

Yes, partially. The United States has been the leader in global health security. Things like knowing the formulation for the latest flu vaccine, knowing what's happening with polio, providing good guidance around HIV —but (letting other countries take the lead) means we lose key visibility to protect Americans on the ground here. That void is going to be filled by someone, but it may not be someone who is friendly to us.

People are holding out hope that a new administration will simply restart HIV research, but it isn't as simple as flipping a switch back on, is it?

Yup, that's right. It is not as easy as flipping a switch. That research is gone. And (regarding resources) remember mpox, even with optimal funding, was barely able to get research off the ground to keep time with the outbreak. When the next mpox hits, there's nothing there. Nothing.

You're a gay community leader and you're sex positive and your social media thirst traps are well documented. Is that frivolous to mention at a time like this?

I kill myself going to the gym.

Be proud.

I have a question for you. How come Secretary Kennedy can have shirtless pictures doing situps and pushups but my shirt comes off and all of a sudden everyone clutches their pearls? There are secretaries of defense with more tattoos than I have! Just sayin'. There seems to be a dual standard and it is designed to be weaponized to discredit my abilities and my knowledge. I don't care, because I am very confident in my abilities and my knowledge. Which all may be another reason the HIV community likes me. (laughs.)

What's next? Can you see yourself working in the government again, or even public health?

That's a great question. I can't speak for the future. I don't know where I'm going to land, but it's going to be in infectious diseases, it will let me have a voice, and I'll wake up excited to do it. Those are my criteria.

Can you offer some words to the loyal resistance who keep plugging away?

My advice when something unhinged happens is to lick your wounds quickly and move on. That’s my advice.

Thank you, Demetre. We love you madly, and that includes me.

I love you, too.

Mark
