

Reflections on Global Health

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As I am now retired, for this global health issue of the Delaware Journal of Public Health, I reflected on my 55-year career in varied health care settings around the world.

As a wide-eyed, eager medical student in India in 1962, I was awed by the diagnostic skills of our teachers. Upon graduation in 1967, I returned to Kenya, where I was born and grew up, and was posted to a remote area with very limited resources. The hard work, long hours, low salary, and an unending stream of patients from nearby villages did not dampen my spirits. After all, this was not a job or a career but a calling for me. I had always wanted to be a doctor, and felt that the clinical skills learned in India allowed me to take care of rural Kenyans with some confidence.

Political unrest and racial tensions in post-colonial Kenya led to an exodus of people of Indian origin. Fearing more turbulence, I took the ECFMG (Educational Commission for Foreign Medical Graduates) examination, which allowed me to come to Chicago in 1971. After completing a residency in Internal Medicine and a fellowship in Infectious Diseases at the University of Illinois in Chicago, I was exposed to academic medicine, advanced technology, and research methodology. The deep nexus between science and research and their relevance to public health became apparent. My work with new antibiotics taught me how bench research has a direct and essential connection to patient care and public health. In particular, my three mentors, Drs. George Jackson, Morton Bogdonoff, and Clifford Pilz were role models and became lifelong friends. They were distinguished physicians, renowned scientists, and editors of major national journals. All of them emphasized that healing requires compassion, caring, a constant desire to serve others and a thirst for new knowledge.

I have always admired America as a beacon of hope and inspiration for the entire world. Our people are kind, generous, and strong. We have superb scientists, universities, and the best health research infrastructure anywhere. Grants from the National Institutes of Health (NIH) have enabled extraordinary research. Epidemiologists at the Centers for Disease Control and Prevention (CDC) are disease detectives of the world, keeping a global eye on outbreaks such as Ebola, SARS, and COVID-19. The Food and Drug Administration (FDA) assures that pharmaceutical products, new bioengineering equipment, and vaccines are safe. The US Agency for International Development (USAID) is a major resource for numerous health and humanitarian programs here and abroad, and for a small investment, delivers huge global impact. The Agency for Healthcare Research and Quality (AHRQ) leads critical patient safety initiatives.

Locally in Delaware, a program for the disclosure of medical errors to patients and families, titled CANDOR (Communication and Optimal Resolution) was launched at ChristianaCare and other institutions across the nation with grant support from AHRQ. We have also benefited significantly from NIH funding and served Delaware well with this research.

The achievements noted above are currently threatened by an assault on these hallowed centers of learning, research, and public health. Since the inauguration of President Trump in January

2025, there has been a dramatic unprecedented attack on our universities, humanitarian efforts, and research.

The policies implemented by the newly created—and supposedly time limited—Department of Government Efficiency (DOGE) have dismantled a public health infrastructure which took decades to build. The pace and fury of the shakeup is astonishing. DOGE's stated mandate was to eliminate waste, fraud, and abuse; and we were assured that DOGE would use a scalpel, not a hatchet, to reach its goals. In reality, massive cuts in programs and personnel have taken place, and vital agencies have been significantly downsized or closed. The DOGE leadership does not appear to have checks and balances built in, and appear to have a 'free hand' to close down programs. They do not appear to have solicited advice from known experts in science, research, or technology before making massive and potentially damaging changes. Currently, thousands of federal workers have been fired, asked to resign, or have retired prematurely. One of the agencies referenced above—AHRQ—was dismantled on April Fool's Day this year. USAID seems destined for a similar fate, having already had many of their programs and staff eliminated.

These deep, unprecedented, and non-evidence-based cuts have shocked many. Numerous NIH grants are frozen or cancelled, and pending applications are in limbo. No one knows if current grants are safe, with scientists scrambling to determine how or whether they can continue their research and save their post graduate training programs. With the layoffs and firings of scientists from America's health & research infrastructure, the brain drain is likely to become a deluge.

Robert F. Kennedy, Jr, chosen to lead the department of Health and Human Services (HHS), is a vaccine skeptic who has repeatedly spread the debunked narrative that there is a link between vaccines and autism.¹ The CDC is now subject to censorship in research and publications, apparently based on political ideology. The hiring of a data analyst, David Geier, who is also a vaccine skeptic, to restudy the debunked vaccine-autism connection is deeply troubling.² The work of the non-partisan ACIP (Advisory Committee for Immunization Practices), the essential advisory on vaccinations, is threatened in this environment as well.

Let us not forget the overwhelming benefits of vaccines and their impact on deadly infectious diseases. As an example, *Hemophilus influenzae meningitis* in children caused 12,000 deaths annually. Current medical students have not seen a single case after vaccines eradicated the disease. There is currently a resurgence of measles in over 20 states. Over 700, mostly unvaccinated individuals, are affected.

A major lesson we learned from the COVID-19 pandemic was that when we have the will, and the government backs science, we can do amazing things. The novel mRNA vaccines, which saved millions of lives, were on the shelves in a record 9-month time frame. The pandemic also taught us that our public health infrastructure needs to be beefed up, not weakened. Recent actions by DOGE and HHS defy decades of knowledge in the field, and put us at increased risk.

Our proposed withdrawal from the World Health Organization (WHO) and the abolition of USAID programs are bound to impact tens of thousands of patient lives. Kenya and South Africa are already reporting critical shortages of antiretroviral agents which dramatically reduce HIV transmission between sexual partners, and infants born to infected mothers. We can now expect a rise in HIV infections worldwide. Locally, public health workers addressing this issue are themselves at risk, e.g., the esteemed Johns Hopkins Bloomberg School of Public Health in Baltimore laid off 2000 workers because of grant cancellations.³

Can this set of misguided policies be stopped?

In response to legal action, judges are temporarily blocking some of the executive decisions. The New York Times and the Washington Post have printed critical editorials. Recently, 1900 scientists signed a petition decrying this “assault on science.”⁴ However, I believe some legislators have not protested loudly enough.

What can we do? There are almost 15 million health care workers in the nation. There is power in numbers, and we must speak up, with evidence and science in hand. This may include advocacy within our organizations, our medical/public health societies, and our elected officials. Examples of such action can include phone calls, emails, town halls, and other forums to make heard the voice of public health, science and patient care.

Hubert Humphrey (Senator and 38th US Vice President) said:

“It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children, those who are in the twilight of life, the elderly and those who are in the shadows of life, the sick, the needy and the handicapped.”

I fear that many in our administration have failed that ‘moral test’. We must advocate for them to reverse the course.

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