

Seven Deadly Sins Resulting From the Centers for Disease Control and Prevention's Seven Forbidden Words

Kenneth G. Castro, MD; Dabney P. Evans, PhD, MPH; Carlos Del Rio, MD; and James W. Curran, MD, MPH

On 15 December 2017, *The Washington Post* reported on 7 words to be avoided by the Centers for Disease Control and Prevention (CDC) in official budget documents (1). The forbidden words are “vulnerable,” “entitlement,” “diversity,” “transgender,” “fetus,” “evidence-based,” and “science-based.” Although the source of the prohibition is uncertain, this censorship, if real, carries the risk of jeopardizing the work of U.S. government-funded health care practitioners and professional organizations.

The CDC is the nation's leading public health agency and is trusted by health care practitioners and others as a source of credible information about population health and disease morbidity trends, outbreak response, reference laboratory diagnostic capacity, and evidence-based guidelines. We abhor this prohibition and predict that avoidance of these 7 words by the CDC will give rise to at least 7 harmful consequences, or “7 deadly sins.”

The first sin will be the breaking of the CDC's “Pledge to the American People,” in which the agency vows to “base all public health decisions on the highest quality scientific data that is derived openly and objectively . . . and treat all persons with dignity, honesty, and respect” (2). Acknowledging cultural, ethnic, racial, sexual orientation, and gender diversity is at the heart of treating people with dignity, honesty, and respect.

The second sin will be the violation of the Plain Writing Act of 2010, which requires that all federal agencies “improve the effectiveness and accountability . . . to the public by promoting clear Government communication that the public can understand and use” (3). Increased use of euphemisms as a workaround in budget documents obfuscates clarity in communication, transparency, and accountability.

The third sin is that self-censorship resulting from political messages by leadership and restrictions imposed by funding sources will translate into excessive caution among practitioners, which will limit the implementation of crucial services to communities throughout the world. For example, a past congressional mandate to allocate one third of the prevention funds in the President's Emergency Plan for AIDS Relief budget to abstinence-until-marriage programs was subsequently found to be ineffective in delaying initiation of sexual intercourse, compromised the value of science-based interventions, and wasted precious resources (4). Corrective action required reliance on “prevention science.”

The fourth sin will be limited integrity in the practice of public health epidemiology, which is meant to identify at-risk (or vulnerable) populations for targeted

interventions. Targeting funds, programs, and educational efforts to vulnerable and at-risk populations is the most efficient use of taxpayer funds. The CDC cannot afford to compromise its ability to provide clear definitions of at-risk groups or subpopulations by avoiding use of the word “vulnerable.” The dearth of data on transgender populations makes the targeting of this group particularly damaging.

The fifth sin is that the prohibition will detract from key actions throughout the world aimed at achieving the Sustainable Development Goals to end the epidemics of HIV, malaria, tuberculosis, hepatitis, and other diseases. This work requires evidence-based interventions targeting lesbian, gay, bisexual, and transgender communities to prevent HIV, sexually transmitted infections, and viral hepatitis. In a systematic review and meta-analysis of 15 countries, the odds ratio of HIV infection in transgender women was 48.8 (95% CI, 21.2 to 76.3) compared with other adults of reproductive age (5). Avoiding use of the word “transgender” is clearly counterproductive and risks continued transmission of HIV in an already vulnerable population. Similarly, Zika virus has been causally associated with congenital birth defects, and extant CDC recommendations explicitly state that pregnant women with evidence of infection should undergo targeted serial fetal ultrasonography every 3 to 4 weeks to monitor birth outcomes and prevent the congenital sequelae of this infection (6, 7). Clearly, the CDC will be unable to accomplish its mission by avoiding use of the word “fetus” in budget requests to Congress.

The sixth sin will be similar restrictions in other agencies, if they do not already exist. Prohibition of words in CDC budget documents is likely to extend to other agencies in the U.S. Department of Health and Human Services (HHS), such as the National Institutes of Health and the U.S. Food and Drug Administration, during their budget processes. At the time of this writing, the HHS budget Web site for fiscal year 2018 states that it “. . . prioritizes core services and programs and makes targeted investments in training and support of health care providers, innovative biomedical research, food and drug safety, mental health services, health care for American Indians and Alaska natives, early childhood programs, and services for other *vulnerable* populations” [emphasis added] (8). Scrubbing of flagged words from Web sites has been noted in other agencies (for example, “climate change” on U.S. Environmental Protection Agency Web sites), to the detriment of scientific inquiry and dissemination of information to the public.

Finally, the seventh sin will be the curtailment of joint development of evidence-based and science-based guidelines and policy statements with professional societies (9), a common CDC practice. According to the National Academy of Sciences (10):

The . . . Roundtable on Evidence-Based Medicine [was] convened to help transform the way evidence on clinical effectiveness is generated and used to improve health and health care. Participants have set a goal that, by the year 2020, 90 percent of clinical decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence.

We commend CDC Director Dr. Brenda Fitzgerald for her Facebook post on 17 December 2017, in which she assured CDC employees and the public that the agency had no “banned words” and that the CDC “will continue to talk about all our important public health programs” and “use the best scientific evidence available to improve the health of all Americans.” U.S. citizens, elected government representatives, health care practitioners, and professional societies—including the American College of Physicians—must remain vigilant to ensure that such limitations on language are prevented and that the CDC is held to its “Pledge to the American People.” The CDC is one of the most respected U.S. government agencies nationally and globally, and it should remain a source of much-needed leadership and scientific integrity in guiding the work of practitioners and the public to save lives and protect the health of people around the globe. Failure to do so will be damning, immoral, and unacceptable.

From Emory University, Atlanta, Georgia.

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Requests for Single Reprints: Kenneth G. Castro, MD, Professor, Hubert Department of Global Health and Department of Epidemiology, Rollins School of Public Health, Division of Infectious Diseases, Department of Medicine, School of Medi-

cine, Emory University, 1518 Clifton Road, NE, CNR Room 6013, Atlanta, GA 30322.

Current author addresses and author contributions are available at Annals.org.

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Current Author Addresses: Dr. Castro: Professor, Hubert Department of Global Health and Department of Epidemiology, Rollins School of Public Health, Division of Infectious Diseases, Department of Medicine, School of Medicine, Emory University, 1518 Clifton Road, NE, CNR Room 6013, Atlanta, GA 30322.

Dr. Evans: Hubert Department of Global Health and Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Road, NE, Mailstop 1518-002-7BB, Atlanta, GA 30322.

Dr. Del Rio: Departments of Global Health and Medicine, Division of Infectious Diseases, Emory University Schools of Public Health and Medicine, 1518 Clifton Road, NE, Room 7011, Atlanta, GA 30322.

Dr. Curran: Rollins School of Public Health, Emory University, 1518 Clifton Road, NE, CNR 8020, Atlanta, GA 30322.

Author Contributions: Conception and design: K.G. Castro, D.P. Evans, C. Del Rio, J.W. Curran.

Analysis and interpretation of the data: K.G. Castro, D.P. Evans.

Drafting of the article: K.G. Castro, D.P. Evans, C. Del Rio, J.W. Curran.

Critical revision of the article for important intellectual content: K.G. Castro, D.P. Evans.

Final approval of the article: K.G. Castro, D.P. Evans, C. Del Rio, J.W. Curran.

Administrative, technical, or logistic support: K.G. Castro, C. Del Rio.

Collection and assembly of data: K.G. Castro, D.P. Evans.