

**TOO MANY DEATHS,
TOO MANY LEFT BEHIND:
A PEOPLE'S EXTERNAL REVIEW OF THE CDC**



FACT SHEET

The US population has suffered worse health consequences due to COVID-19 than comparable wealthy nations.¹ However, when U.S. COVID deaths surpassed 1.1 million in January 2023, with [over 500 daily COVID deaths](#),^{2,3} rather than pausing to acknowledge the grave loss, President Biden moved to end the COVID-19 State of Emergency. Ending the state of emergency without a plan to make its public health measures permanent, will worsen the inequities, which have marked the COVID-19 pandemic in the United States.⁴ We join the [World Health Organization](#), the [AFL-CIO](#) and growing voices to say the COVID-19 pandemic isn't over, and the CDC and Biden administration's response has left too many people behind. The public deserves accurate information and guidance from their government, based on the latest science, and that is the CDC's job. Everyone deserves their best chance to be healthy. That includes the right to make sure their basic needs are met without risking severe illness or death from COVID-19.

Who are we?

The People's CDC, a volunteer-run coalition of public health practitioners, healthcare providers, educators, and people from all walks of life PLUS nearly 500 health workers, community leaders and public health researchers and practitioners who participated in a survey to evaluate the CDC's pandemic management.

What we did

When the CDC announced it was conducting an [internal review](#) in 2022, we launched a People's Review of the CDC. We surveyed nearly 500 public health experts and community leaders and reviewed over 200 journal articles, government reports, news articles and white papers.


What we found


We found that the CDC has prioritized individual choice and [short-term business interests](#) over sharing accurate scientific evidence with the public and protecting population health. The result: hundreds of thousands of preventable deaths (including over 250,000 deaths, even in 2022 when politicians and medical professionals suggested the pandemic was over) and millions disabled by Long COVID, which disproportionately impact older adults, chronically-ill and disabled people, working class and communities of color.


Instead, the agency should base public health guidance on the best scientific evidence and recommend policies that give everyone a chance to be healthy. The CDC must partner with and protect communities most impacted by the pandemic, share accurate, evidence-based information, and encourage people to protect one another using layered protections to decrease COVID-19 transmission. [Emerging variants](#) can already evade existing vaccines and [treatments](#). That's why a multifaceted, sustainable approach to the COVID pandemic is essential to protect people, the economy, and future generations.

Why did we undertake this review?

In 2020, the first 100,000 deaths from COVID-19 shocked the nation. But now politicians and even some medical professionals suggest the pandemic is over, although [over 250,000 people](#) died from COVID in the US in 2022 and over 1.1 million since the pandemic began.⁵ We observed urgent warnings that the CDC was straying from its history of promoting evidence-based public health. Here are our top red flags:

 **The CDC leadership downplays the serious threat COVID-19 continues to pose**, likening COVID to the flu⁶ and creating [maps](#) which deemphasize the risk of COVID transmission, in spite of the fact that COVID has been the third leading cause of death in the US since the pandemic began,^{7,8} and as many as [36 million Americans](#) have been impacted by Long COVID,^{9,10} which is keeping [4 million Americans](#) out of work.¹¹

 **The CDC leadership has shifted recommendations following pressure from influential [business interests](#)¹² and aligned public health guidance with [political interests](#)¹³ over scientific evidence** to create an atmosphere where workers and consumers are willing to put their lives and health at risk to work and shop in unsafe conditions.

 **CDC guidance pushes individual choice over a population health approach to protect everyone.**¹⁴ Life expectancy in the U. S. has [fallen drastically](#)^{1,15} because the CDC has lost its focus on population health. Furthermore, **this approach devalues the lives of high-risk individuals** (4 in 10 US adults¹⁶) **by burdening them to protect themselves**,¹⁷ instead of encouraging everyone to protect each other.

As the People's CDC, we believe that a well-informed public would agree that we shouldn't [tolerate](#) hundreds of thousands of preventable deaths each year from COVID-19 nor the continuation of a largely preventable mass disabling event. **The CDC and elected leaders often reference the need to “meet people where they are,”**¹⁸ and use this as a reason to remove public health protections, **but repeated polls show that the U.S. public [favors COVID-19 protections](#) when infection rates are high.**¹⁹⁻²¹ And because of misleading messaging from CDC leadership and the Biden administration, most people don't know when COVID-19 transmission rates are high.²²

What we found: Our Top 10 recommendations for the CDC

1. Treat COVID-19 like the serious threat it is.

The CDC should communicate that COVID has been the [third leading cause of death](#) in the US for the last 3 years, including 2022. Current vaccines help prevent serious illness and death. Yet, because COVID is being allowed to spread without mitigation, new and potentially worse COVID variants are constantly emerging, such as XBB and BQ subvariants,²³ which can [evade existing vaccines](#) and some [COVID treatments](#).^{24,25}

2. Inform the public that Long COVID is disabling [millions of people](#)¹⁰ and can affect anyone, including kids.²⁶

Even after mild infections, COVID-19 can cause Long COVID, an umbrella term used to describe a constellation of conditions such as blood clots, heart attacks, strokes, brain fog and many others that can cause serious acute and long term syndromes. Medical literature suggests Long Covid impacts between [10% to 70%](#) of people following COVID infections.²⁷ The CDC should educate the public that Long COVID is an important reason to prevent COVID transmission, especially because [repeated infections](#) increase the risk developing of Long COVID,²⁸ and push for increased Long COVID research, centered on patient-identified priorities.

3. Emphasize that COVID is airborne.

The CDC should better educate the public that COVID-19 is airborne, meaning it can spread and stay in the air much like smoke when infected people exhale, talk, sneeze or cough, especially in poorly ventilated, indoor settings.^{29,30}

4. Promote a comprehensive pandemic plan, using [layers of protection](#) to decrease COVID transmission.

The CDC should recommend a comprehensive pandemic plan based on scientific evidence, which supports the combined use of masks, ventilation, testing, and vaccines together to filter the virus out of the air and decrease COVID transmission.³¹ The CDC should implement early warning systems to prevent surges by using local community transmission (corrected for low rates of testing) and wastewater data to trigger mask mandates and other mitigation measures, instead of the Community Levels map, which emphasizes hospital capacity rather than sickness and Long COVID.

5. Teach people that protecting each other is the most effective and ethical approach to end the pandemic.

[Universal masking](#) is much more effective than individual masking to prevent COVID transmission, and some people can't wear masks.^{32,33} The CDC should promote a community-care approach, encouraging everyone to protect each other, and recommend [universal mask wearing](#) when COVID rates are high, which is [effective](#) at reducing COVID transmission.³³⁻³⁶

6. Partner with impacted communities to plan pandemic responses.

An equitable pandemic approach should partner with impacted communities to sustainably address health inequities, and increase access to public health protections, such as high-quality masks and respirators, ventilation, and sick pay. Communities that have been most impacted by the pandemic include COVID-bereaved people; people with Long COVID; immunocompromised, chronically ill and disabled people; in-person workers, including health care workers; people who live in congregate facilities or who are incarcerated; older adults; and structurally marginalized and minoritized communities, including low-income communities, immigrants, and Black, Indigenous, and People of Color (BIPOC).³⁷⁻⁴⁵

7. CDC policies should protect the rights of all people to meet their basic needs without risking COVID infection.

When a masked person is surrounded by unmasked people in poorly ventilated spaces, [even the best masks](#) can't guarantee 100% protection. N95 respirators are highly effective, but they are expensive and not available for children, and people can't wear masks all the time. The CDC should advocate for increased access to free masks & N95 respirators, and increased access to layered protections, such as improved ventilation, free PCR and rapid tests, and universal mask requirements in public spaces and essential settings, including classrooms, workspaces, public transit, and healthcare settings, as well as accessible in-person and remote options for work and school.

8. Base recommendations on the best available science.

The CDC should base public health guidance on scientific evidence and minimize potential corporate and political conflict of interest in policy development and implementation.

9. Gather and use the best data in order to make the best policy.

The CDC should push for investments in improved wastewater data collection, using it in combination with transmission data to offer more accurate assessments of COVID-19 transmission. Only [4% to 5% of COVID infections](#) are reported,⁴⁶ because fewer people are testing and rapid tests are not reported, whereas wastewater data can detect SARS-CoV-2 shed by people with and without symptoms, and can serve as an early warning.⁴⁷ The CDC should further invest in improved genetic sequencing technologies to track new variants of concern and push for better data sharing and collection of race, ethnicity, occupational, and disability and sexual-orientation and gender identity (SOGI) data in order to understand the impact of COVID-19 in different populations.

10. Build a sustainable public health and social safety net to respond to COVID-19 and future pandemics.

Ending the state of emergency without a plan to make the vital public health measures it provided permanent, will only worsen the inequities, which have marked the COVID-19 pandemic in the United States.⁴ Instead, the CDC should publicly advocate for the COVID-19 Public Health Emergency measures which expanded access to health insurance, food stamps, paid leave, improved ventilation, and COVID vaccines, testing and treatment, among others to be made permanent and expanded upon in order to address inequities and build a resilient public health infrastructure for this and future pandemics.

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