Anthony Fauci, MD, will remain a prominent figure in public health even after he leaves his posts directing the National Institute of Allergy and Infectious Diseases (NIAID) for nearly 4 decades and serving as chief medical advisor to US President Joe Biden. During a recent interview, Fauci spoke with JAMA Editor in Chief Kirsten Bibbins-Domingo, PhD, MD, MAS, about his announcement to step down in December and the dos and don'ts of communicating science in a polarized era. The following is an edited version of their conversation.

**DR BIBBINS-DOMINGO:** Being the top administrator at NIAID is a very important position for shaping science. It's not always one that puts you right in the public spotlight the way you ultimately ended up with the advent of HIV/AIDS, and it requires a skill in public communication that we're not always taught when we're training in science and medicine. What led you to be effective in that position, and what types of lessons did you learn that made you such a good communicator?

**DR FAUCI:** I think I had a natural capability, but I give at least partial credit to the Jesuit training that I had both in college and in high school. For example, at Regis High School in New York City, they teach you right from the very beginning 2 tenets that I tell my fellows and students: Try and develop precision of thought and economy of expression, which means know exactly what your message is, know who your audience is, and say things in a way that’s concise—not meandering. It’s that focusing on knowing what your message is and being able to articulate it in a very crisp way. I have found throughout my career that if you meander around in trying to make a specific point, you lose your audience pretty quickly. If you don’t know who your audience is, you may have a good message but miss the way you present that message. Those are some of the guidelines that I’ve tried to sharpen in my own career and in my own practice of communication.

**DR BIBBINS-DOMINGO:** At the early phases of new health threats—like HIV, Ebola, and COVID—the science is unclear, and communicating at that point can be more challenging. What’s your advice for communication when the science is not yet certain?

**DR FAUCI:** I think it’s setting the ground rules in your communication. Sometimes, as hard as you try, it doesn’t work because the general public often doesn’t appreciate that you’re dealing with an evolving, dynamic situation—the way we were in the early years of HIV, and the way we certainly were in the early weeks to months of the COVID outbreak. Make it clear that you are going to communicate and often make recommendations and guidelines because that’s what the public looks to scientists and public health officials to do.

But when you’re dealing with the real-time emergence of new information, you’ve got to make it clear that, “To the best of our knowledge, this is the information we have, and therefore, this is what our interpretation of it is,” leaving the flexibility and humility to say, “Last month, we thought that the virus was not particularly transmitted efficiently, and therefore, there wasn’t that much of a need to be thinking about avoiding congregate settings or wearing a mask all the time. And now, we know that the virus has spread very efficiently from human to human, and that 50% to 60% of the time, it’s spread by someone who has no symptoms. And, in fact, masks actually do work outside of the health care setting.” That changes the entire dynamic of what you thought early on when there was a lot of information saying, “Well, it’s not a very efficient transmitting virus.” Then you find out it’s actually spread as much by aerosols as by droplets; we didn’t know that the first week of January into February. So when you talk to the public, you’ve got to continue to emphasize that you’re dealing with a dynamic situation, and you will have to change as new data and new evidence come out.

**DR BIBBINS-DOMINGO:** As scientists and as physicians, we’re oftentimes expected to be the experts and to speak with authority. That sometimes doesn’t match with saying, “We don’t know.” Now, we’re also talking about a highly polarized environment where people are coming at science, often times from very different points of view, and that can make communication even more challenging. You’ve faced that. Do you have strategies around communicating issues when you expect that the audience is going to hear the facts that you’re communicating in very different ways?

**DR FAUCI:** This has been both a challenge, and I think, sadly, one of the real stumbling points that we’ve faced as the experts communicating with the public. But I think it’s important to recognize that we have to be able to think about what the public understands and what they’re looking for, and then communicate in a way that reflects that understanding. It’s not always easy, but it’s something that we have to work at.
blocks in our response to this pandemic that we are currently experiencing. There are, in many respects, people who have complete disregard for facts, or distort facts, distort reality, deny data, and make statements that are not at all backed by scientific information. What scientists have to do is just stick with the science and stick with the data. It is very frustrating when you’re dealing with individuals, institutions, or groups that actually deny the reality or make statements that are not backed by facts. You can’t get rattled; just make sure you stick with the science. And you have to do that consistently. Consistency in science is important. Changing when change is warranted is important.

One of the classic examples where I found myself in a very difficult position was when I had to publicly contradict something that the president of the United States was saying. You have to have respect for the people you’re dealing with, but you also have to maintain your own integrity and fulfill your responsibility to the public that relies on you as a scientist and a public health official to give the facts and interpret them. An example was claiming that drugs like hydroxychloroquine were the new cures for COVID-19, which was not backed by any data whatsoever, and yet there was a lot of pushback. You just have to stand your ground and stick with the data, regardless of how much pressure is put on you. I did not relish the idea of having to publicly contradict something that the president or others in the White House said. I didn’t like that because I have a great deal of respect for the office of the presidency. But to maintain my integrity and to fulfill my obligation to the American public, which is where my obligation lies, I had to do that.

**DR BIBBINS-DOMINGO:** There is an importance—as a scientist, a physician, or both—to speak to the facts as we know them. Some of us will do it on very public stages, some in more closed spaces. But in this highly polarized environment, there’s also a greater attack on those who are speaking and fulfilling their responsibility as scientists and physicians. This environment probably has changed over your tenure. Do you think this environment is, in fact, more polarized and there are more threats to those who are speaking?

**DR FAUCI:** Without a doubt—it’s day and night. I have been the director of NIAID for 38 years; I’ve been dealing with HIV for the entire 41 years that we’ve at least recognized HIV. There were disagreements back then. I think the activist community played such an important role in bringing the need for flexibility to the attention of the science and regulatory community, but those were disagreements based on some sound principles of flexibility and inclusion. Right now, the attacks on science are very disturbing. I’m a public figure, so it’s clear that my life has been threatened, and my family has been terribly harassed to the point of my needing federal agents to essentially protect us all the time. But there are many, many scientists who are not as public as I am who also get terribly harassed by an antiscience type of trend. It is not totally pervasive throughout the country, but there’s enough of it to intimidate scientists wanting to speak out publicly on issues because of the fear of themselves and their family getting attacked and harassed. That is such an unacceptable situation in society, but it is, in fact, an unfortunate reality.

**DR BIBBINS-DOMINGO:** It is, and it does sound like it’s getting worse. Do you think that there are other things that we can be doing to enable scientists and physicians to speak out more effectively or to protect those who are?

**DR FAUCI:** Those of us in the field have got to continue to encourage the younger generation of people. Although this is a negative aspect of what we are unfortunately experiencing now, the rewards of going into science and the rewards of going into public health far, far outweigh the negative antiscience approach. Reach out to our younger colleagues and tell them that, “We need you in science. We need you in medicine. We need you in public health. Don’t be discouraged.” I believe this antiscience trend will not last for a considerable period of time because at the end of the day, the truth will always come out. People who are very vocal against reality, against facts, against data are not going to win in the end, so I would just hope that our younger generation doesn’t get discouraged.

**DR BIBBINS-DOMINGO:** In your statement where you announced your “retirement,” you made it very clear that you are not retiring, and I want to give you the opportunity to tell us what you’re going to be working on after you step down from your current position.

**DR FAUCI:** My wife tells me when people say that to just tell them, “You’re not retiring, you’re rewiring,” which is an interesting way to put it. I’ve had the privilege of personally advising 7 presidents of the United States and to lead NIAID for the last 38 years, so I would like to use that experience—by lecturing, by teaching, by writing—with the purpose of what I said a moment ago: to inspire the younger generation of scientists and would-be scientists and physicians to perhaps consider a career in public service, or even in the private sector of public health. If I could use my many decades of experience to inspire and encourage young people, that’s really what I want to do.