Interview with Dr. Sara Cody ’85, Health Officer and Public Health Director of Santa Clara County, California

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Dr. Sara Cody ’85 graduated from Stanford with a bachelor’s degree in human biology. She earned her Doctor of Medicine at Yale School of Medicine and returned to Stanford for her residency in Internal Medicine. Pivoting to public health, Cody completed a fellowship with the Epidemic Intelligence Service (EIS) under the Centers for Disease Control and Prevention (CDC). Cody now serves as the health officer and public health director of Santa Clara County, California. For this interview, the Stanford Journal of Public Health sat down with Cody about her career path to public health in Santa Clara County and her outlook on future directions of public health.

What was your career path after graduating from Stanford as a human biology major?

My career path was a little bit meandering. I finished Stanford in 1985, and I was out of school for the next four years, traveling, and working a whole bunch of different jobs. I did some work in Central America, I did an internship in Washington, DC, and I was basically trying to have experiences that would help me figure out what I wanted to do with my life.

Sometime during that period, I decided that I wanted to be a doctor. Public health felt like a very broad field and I wanted to get a specific set of tools that I could bring and offer when I went into public health. I hadn’t finished my pre-med requirements when I was an undergraduate, so I had to go back to school. I ended up living in San Francisco, taking classes at San Francisco State, working a bunch of odd jobs, and then applying to medical school.

I went to Yale from 1989 to 1993 and I did my thesis with a mentor in the School of Public Health at Yale. But while I was in medical school, I thought that what I wanted to do was be a primary care physician and do clinical care in an underserved community, so I pivoted more to public health care delivery, rather than public health.

I decided to do a residency in Internal Medicine, mostly because most of the people that I met who really inspired me were internists. It’s also pretty broad: you can have a foundation and go a lot of different ways with a residency in Internal Medicine, and I ended up coming back to Stanford, sort of by serendipity and sort of by chance.

When I was an intern in my first year, I did a rotation in infectious diseases and met Professor Julie Parsonnet, an infectious disease doctor. She told me about her experience as an Epidemic Intelligence Service (EIS) officer at the CDC, where she described it as the most exciting two years of her whole career. I thought she'd had a pretty exciting career so that just put this bug in my ear. It felt like that actually resonated with my early roots in human biology and my early interest in taking a broader perspective on health. Long story short, after residency, I decided to do a two-year EIS fellowship and matched with an EIS program in the Bay Area.

How did you get involved with public health in Santa Clara County?

While I was working for the CDC but assigned to the state of California, I did super interesting investigations that were centered in Santa Clara County. I got pretty interested in the county and realized that really interesting disease outbreaks happened in the county, mostly because the population in Santa Clara County is so demographically diverse. People who live here have families that are from every corner of the globe and end up here. Because of that travel back and forth and the connections all around the globe, the infectious diseases that you see here are so diverse and reflect the community that lives here.

For the first 15 years, I just did communicable diseases, so I was in the Public Health Department. I was one of a small number of physician health officers. I practiced infectious disease Global Health domestically in an odd way, just because we saw these international trends and infectious diseases in Santa Clara County.

I've been the health officer since 2013. In 2015 the department director left, and the county executive combined the roles, so since 2015, I've been both the health officer and department director.

What is the focus of your current work in your roles at Santa Clara County?

From 2020 to 2023, all I did was pandemic. Since then, I took a nine-month sabbatical. I then came back and part of it was honestly putting the department back together again. People were pretty traumatized and pretty exhausted, and we had a lot of turnovers, and so it's like getting a team to come together and be functional again, a lot of organizational changes and that kind of thing. I would say we're still in the middle of doing that work.

The other thing that happened during the pandemic was that we got this big bolus of funding from different federal grants, and we were able to build some infrastructure that we never had before. Now it's challenging because those grants are ending and we're facing what's called a grants cliff: the county has a structural budget deficit. We're now in the process of trying to see where we can cut and shrink but not compromise too much of the infrastructure that we built. So right now, what I'm doing is more

administrative and operational, trying to ensure that the infrastructure in the department remains intact enough so that we can so everybody can do their job and protect people's health.

What are your perspectives on the present challenges and future directions of public health in America?

Since the election, I think about this a little bit differently. I'm actually quite worried about public health for many different reasons.

One is funding. I don't think that society really has this shared agreement about who's responsible for public health. Is it counties? Is it state? Is it the federal government? Who's responsible for protecting the public health in a community? So the funding for the work that we do is a totally different mix depending on where you are.

In Santa Clara County, we're lucky that we live in a pretty affluent county with a county government that understands the importance of public health. About half of our budget is county general fund and then the other half is some combination of state and federal grants.

But in other counties, it's mostly state and federal grants. And you can't do public health alone. So if the county next door isn't able to protect the health of their public and is primarily state and federal funds, and if that federal funding dries up, then they can't do their work. And if the county next door can't do their work, neither can either.

One of my main concerns is that a lot of the federal support for the work that we do in counties is probably going to be compromised, and because states and counties also have shrinking budgets, I don't think that states and counties are going to be able to fill in the gap that that we might have in federal funding. So in the next several years, one of the very basic things that we're all quite worried about is big cuts in funding for work that we do, and it's going to be very difficult to figure out how to patch things together in order to get funding.

The other thing that I really worry about in public health is the amount of circulating misinformation and disinformation, which was very challenging during the pandemic. It takes a lot of resources and bandwidth to counter that: to have people understand what the truth is, how to get the information they need, to make sense of the world, and to make good decisions for themselves and their families. I think that that's going to get even more challenging with this next administration.

During the pandemic, a lot of institutions, including public health, lost public trust, and it's very difficult to do work in government if the public doesn't trust you. Even if we execute perfectly in local government, it matters but it's not the whole story because there's no trust in federal institutions or state institutions.

What do you see as ways to counter misinformation and disinformation in public health?

I think that we have to do a better job of understanding why people believe something that doesn't seem like it's based on science or evidence. Even where there's extraordinary evidence to the contrary, people are still believing in something different and acting on it. What we have to do in public health is try to dig in quite a bit to understand why.

Another reflection I had from the pandemic is that we made decisions and told the public we were doing these things because that's what the science said. These were about no one being immune to COVID, and with the death rates, and places where it is spread: if we don't stop the spread here, people are going to die.

But in some ways, like when I issued the Shelter in Place Order, there is a value attached to that: that I value life over liberty. It's true that we were in an exponential growth phase, and if we didn't have any other tools, if we didn't shelter in place and stay away from each other, it was going to spark chains of transmission and people would die. There's plenty of evidence for that.

But I then took the extra step and said: I value people not dying. I assumed that everyone held the value that preventing death was the core. Well, it turns out not everybody shared that value. There are people who feel that the value that really holds is liberty, that each person should have the freedom to decide for themselves whether they get to move about or not. There were protesters in front of our home for much of the pandemic, and that's what they were angry about: I was a tyrant and I was compromising their freedom. But I wasn't thinking of this during the pandemic.

The truth is that in public health we act on science and we act on evidence, but in order to make policies or advanced policies, we then layer in values, cultural norms, and all these other things. For restoring trust in public health, it's important that we try to pull those apart and be very clear about when we're talking about evidence and then when we're adding a value to it, and just be explicit about what our value is. That may be one of the things that people had a really hard time with: they feel like 'Who are you to say, who are you anyway, who are you to impose your values on me?' But in this case, it's not values, it's the evidence, the data, and the facts.

I don't know if that will restore trust, but I think that we have to do a lot more deep listening to understand why people believe what they believe and what it is that's bothering them. For people who don't trust what we're doing, I don't think it's enough to just say, 'Well, the evidence is this, and the science is that.'

If you were in a country with traditions that went back centuries, the cultural norms are stronger and are gonna hold. I actually think that that's one of the reasons why many countries all over Asia did so much better during COVID. For example, in Japan, they share these values, they all agree about life over liberty, and they also all have a sense of collectivism.

In America, we're very much about individualism. So many cultural differences made it really difficult in the US with the incredible heterogeneity and because we are a deeply, deeply individualistic society, especially here in Silicon Valley.