



GETTING COMFORTABLE

Six months into his new role as dean, Jonathan Mermin, MD, MPH, is listening, learning, and facing the future with excitement. We asked him to answer questions from faculty, staff, alumni, and students to share how his leadership is taking shape.

PHOTOGRAPHS BY MATTHEW SEPTIMUS



Q Public health is facing one of the most challenging periods in its modern history. Why did you choose to become dean of Columbia Mailman?

Because it brings me one step closer to Malecon Restaurant on 175th Street. In all seriousness, it's because I know we can make a difference. Public health and universities are under enormous pressure. Financial challenges are pervasive, trust in institutions has declined, and some of the issues we work on have become so politically polarized it is hard to discuss them in a measured way. But public health is often at its best in moments of genuine crisis. I have spent much of my career investigating and responding to infectious disease outbreaks. People are frightened, emotions are high, information is incomplete, and decisions must be made amidst many unknowns. That's when creative, rigorous, and well-conducted public health work sets about identifying what is happening, guides an effective response, and, at the end of the day, saves lives. The opposite is also true. Bad studies or poor decisions can make a crisis worse.

Columbia Mailman has experienced its own period of crisis over the past two years as the public health profession and academia have navigated a period of profound change, including shifts in funding, technology, and public trust. The circumstances are different from an infectious disease outbreak, of course, but some of the essential leadership challenges are similar: Understand what happened, listen carefully, distinguish facts from assumptions, make decisions, communicate honestly and frequently, and help people believe that the future can be better than what they are experiencing now. A crisis reveals weaknesses, but it can also clarify what matters and create opportunities for growth.

So, this felt like a great moment to become dean of the best school of public health in the nation. We have remarkable faculty, students, staff, alumni, and partners who are making a positive difference from Washington Heights to communities around the world. We help solve the world's most important public health problems. How could I say no to becoming part of that?

Q If someone returned to Columbia Mailman five years from now, what would you hope they would notice has changed?

I hope they would see a school recognized not only for outstanding teaching and research, but also for turning knowledge into healthier lives. Academic institutions understandably measure the number of students educated, grants received, and articles published. And those measures do matter. But they are not the ultimate purpose of public health, which is to prevent illness and death, reduce disparities, and help communities thrive.

I would like Columbia Mailman to excel even more as an educational institution, and also across the entire continuum of public health: discovery, implementation, policy, and evaluation. We should generate new knowledge, but we should also confront the persistent gap between what we already know and what people actually experience. Many effective interventions take decades to reach people who would benefit from them. Sometimes they never do. We should change that.

I also see us embracing new tools—in particular, artificial intelligence—for pedagogy and for public health practice. This summer, we have already issued grant opportunities to ensure our students can use AI when beneficial, and our research incorporates AI when it can make us more productive and allow us to do higher quality science. Students will become comfortable wielding AI when it will improve their capacity to do what they want to do, whether that is work or further education. But AI will not rule them.

Q What kind of leader do you hope to be?

Good leaders are stewards of the institution they represent. Columbia Mailman existed long before I arrived and will endure long after I leave. During the period in which I have the privilege of leading it, I want to recruit and support exceptional people, remove barriers to their success, use the School's resources wisely, and help our community achieve more together than we could accomplish separately.

There has been a reversal in several public health successes recently. Measles and global HIV are resurgent, and there is widespread reduction in trust of institutions and expertise. But those of us who are drawn to public health are inherently optimistic. We want to use what we know to make the world better. I want to support that esprit de corps for the entire School and our alumni.



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New leaders often quickly hear about their organization's major visible problems, and these have to be addressed head-on, carefully and effectively. Other consequential obstacles are often embedded in ordinary processes: a policy that has been in place for 60 years and no longer makes sense, an administrative burden that consumes time and adds little value, a promising idea that is ignored because of personality conflicts, or people who should be working together but have never met.

A good leader has to make decisions, explain them, and accept responsibility for their consequences. I try to be transparent about the reasoning behind decisions, honest about uncertainty, and willing to change course when the evidence indicates that we should.

Q How can the School best prepare students to work in public health in this age of distrust and misinformation?

Our first responsibility is to be trustworthy. We often talk about restoring trust in science, public health, government, or universities. This is important. But trust cannot simply be requested; it has to be earned through competence, honesty, transparency, humility, and consistent conduct. That starts with rigorous science that answers relevant questions. It also means distinguishing clearly between what we know, what we believe, and what remains uncertain. During a crisis, there can be pressure to communicate with more confidence than the evidence permits. In the long run, overstating certainty can damage credibility, even when it is done with good intentions.

We also need to be excellent listeners and communicators. Facts are essential, but people interpret information through their experiences, values, relationships, and histories with institutions. Public health professionals must explain complex evidence accurately and clearly, understand their audience's perspectives, appreciate the reasons why a message may not be believed, and tailor our communication appropriately.

And more than ever, in our age of rapidly spreading misinformation and disinformation, we need research to inform us. We don't yet know how make accurate health information go viral, or how to debunk false claims in a way that truly moves the needle. But we should.

Q How should Columbia Mailman equip students for a future in which AI will reshape research, policy, and public health practice?

New technologies can positively change the world. AI has already improved human capacity to accomplish what we need to get done, from more accurately

THE MAKING OF A DEAN

1986–1987 Mermin dropped out of Harvard for a year to help establish a study group on AIDS and public policy and worked with an interdisciplinary group of faculty to develop position papers on HIV policy issues.

1987–1990 While training for a medical degree at Stanford, he worked with other students to design, conduct, and analyze a case-control study that identified poor health outcomes in hundreds of West Virginians living near an oil refinery.

1992 He worked with researchers from Malawi and the Centers for Disease Control and Prevention (CDC) to analyze data from the first study documenting increased risk of newborn malaria infection in mothers with HIV infection.

reading medical images to writing code and analyzing data. However, revolutionary technologies can also weaken specific human capacities. Plato worried that writing would weaken memory. And it did. Most people in the world do not have the capacity to memorize the 100,000 words of dactylic hexameter in *The Odyssey*, but many people could in ancient Greece. When I was a kid, math teachers saw a calculator as a gateway drug to intellectual damnation. They were correct, in that most students today are far less facile with long division and multiplication tables than their parents. But the benefits ended up being greater than the losses.

AI has tentacles in all aspects of our society, so the impact will be great, and I believe its use will lead to widespread changes in the skills that humans in our society inherently possess. But, done well, we will also be able to use AI as an extension of our inherent capacity to accomplish great things.

Our students will use AI throughout their career. So we have an obligation to teach them how to use it well, evaluate it critically, and understand where it fails. AI can accelerate data analysis, identify patterns, support surveillance, improve communication, and make specialized knowledge more widely available. It will allow public health professionals to accomplish things that are currently impractical or impossible. But it can also reproduce bias, generate convincing falsehoods, obscure accountability, and encourage people to accept an answer without understanding how it was produced. That makes some foundational knowledge more important. Students still need to be fluent in statistical sensitivity, negative predictive value, causal inference, study design, ethics, and the realities of public health practice. You cannot determine whether an AI-generated answer is sensible if you do not understand the underlying subject. However, I also see our obligation to ensure that our graduates are sophisticated users of AI so they have the tools to thrive in the world when they graduate.

Q Many people think of universities primarily as places that generate knowledge. How do you regard Columbia Mailman's relationship with the communities it serves?

Universities are extraordinary places for generating knowledge. And Columbia is one of the best. Yet, our responsibility doesn't end when the study is over and the paper is published. The purpose of public health research is to improve health, and that means asking questions that matter—often those that arose directly from community experience. Some of the most meaningful public health is done when we work alongside partners to create solutions to the problems that prevent communities from being as healthy as possible, conduct the research using participatory methods, and then make sure the tools reach the people who need them.

Our location gives us a special opportunity. We are part of Washington Heights and New York City. Our partners expect us to be good neighbors, and they are right. Columbia Mailman has been intentional about being a dependable partner. Trust grows when relationships endure beyond individual grants and projects. We are more likely to ask the right questions, design feasible interventions, and achieve lasting results when the people most affected are genuine partners in the work. We have shown this in our work locally and in collaboration with people in many countries throughout the world. Public health doesn't have the luxury of choosing easy issues. If the problem were simple, someone else would have solved it already.

Q How do you hope Columbia Mailman students will be different when they graduate than when they arrived?

Of course, I hope they'll know more and have the skills to thrive in the world that greets them. I want us to help them continue to be intellectually rigorous, curious, creative, and humble enough to change their minds when the evidence changes. I want them to be able to distinguish between an interesting idea and an intervention that has been shown to improve health.

I also hope they will learn to be comfortable moving between different worlds. A public health leader may spend the morning analyzing data, the afternoon closely working with a community organization, and the evening briefing policymakers or speaking with journalists.

1995–1997 After a medical residency at San Francisco General Hospital, Mermin served as an officer with the CDC's Epidemic Intelligence Service, a renowned epidemiology training program, investigating outbreaks in Japan, Tajikistan, and California.

1998–1999 At the California Department of Health Care Services, he led investigations of disease outbreaks, including the first documented outbreak of intentional chemical food poisoning in the U.S.

1999–2006 In Uganda with the CDC, he co-led the first U.S. government–funded program providing antiretroviral therapy to people outside the U.S.

I hope our students leave with a sense of purpose that is at least as strong as when they came. Public health can sometimes feel like an invisible profession. When we succeed, outbreaks don't occur, children don't become ill, people don't smoke, mothers survive childbirth, people live longer and healthier lives. We improve the lives of people we will never meet. I hope our graduates leave here with the knowledge, judgment, and optimism to spend their careers doing exactly that.

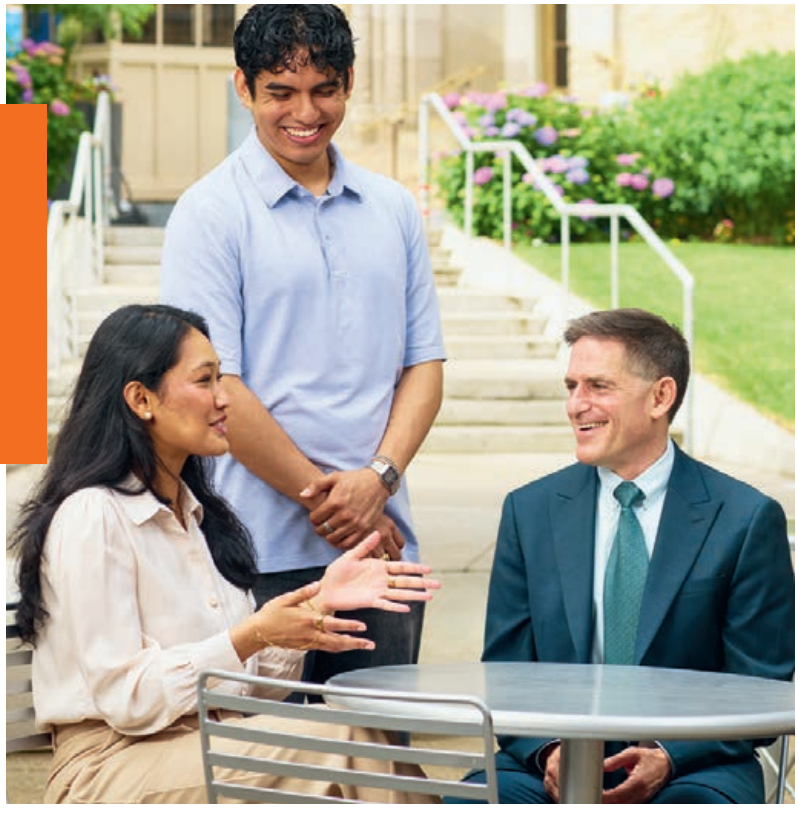
Q What has surprised you most since arriving at the School?

The talent and breadth of expertise here is extraordinary. I have met a faculty member analyzing thousands of organic compounds in blood samples to better understand and prevent disease, another developing a new statistical method to answer questions using less expensive studies, another implementing nationally representative studies in African countries that are the definitive measure of HIV program success, and another working in Washington Heights to prevent asthma in children. I have met with brilliant students who are dedicated to doing good in the world, who are able to discuss controversial topics more effectively and professionally than most people twice their age. There is remarkable opportunity here, in spite of—and partially because of—the challenging world outside.

I've also been struck by how deeply people care about this School. Faculty, students, staff, alumni, and members of our neighborhood community all have strong opinions about where Columbia Mailman should go. And, they have warmly welcomed me. I can ask for little more than that. ●

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2009–2013 After three years directing CDC-Kenya, he served as director of the CDC's Division of HIV/AIDS Prevention, where he allocated $400 million in annual funds to health departments.

2021 As acting director for the CDC's Center for Preparedness and Response, he supported health departments in their detection and response to biological, chemical, and nuclear threats.

2013–2026 Mermin served as director of the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, one of the largest CDC centers, overseeing research, policy, and programmatic work to decrease these infections.