

Mark and Margaret look back at 2020

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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, global health, and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret will take a look back at what was one of the most tumultuous years in the modern history of healthcare 2020, the year the pandemic swept the world and gripped the nation in its hole. Mark and Margaret looked back at their interviews with Dr. Anthony Fauci of the NIH. They welcomed Harvard Public Health Leader, Ashish Jha, Dr. Zeke Emanuel as well and Health Tech Innovator Dr. Eric Topol, who talked about the power of wearables in COVID-19 surveillance. We also welcome Congressman James Clyburn, who addressed health inequity against the backdrop of the Black Lives Matter uprising, and also welcome Michael Osterholm, now serving on President Elect Biden's COVID-19 task force.

If you have comments e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program, Conversations on Health Care. Now stay tuned for a look back at the tumultuous year that was 2020 here on Conversations on Health Care.

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Mark Masselli: Welcome to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter, here with our year end show.

Mark Masselli: Well, Margaret, it's the end of the year that can only be described as an unprecedented year for all of us. 2020 began with the emergence of this novel virus that grip Wuhan, China and within weeks it would have a name COVID-19, and within months it would overshadow all other news around the world from that moment until this one. This year, we have watched the global pandemic stricken tens of millions of people around the world, leaving more than 1.6 million people dead globally and more than 300,000 dead right here in the United States.

Margaret Flinter: Well, Mark, in more than 10 years that we've been doing the show, I can't remember a year in which a single crisis like the COVID pandemic dominated all news and really all elements of our lives. We were very fortunate to welcome some of the brightest minds in public health and infectious disease to the

show this year, incredible leadership starting with Dr. Anthony Fauci. Dr. Fauci is the Director of the National Institute for Allergy and Infectious Disease at the NIH. He joined us in early February, when still so little was known about COVID-19, how it's spread, how deadly it was, and how it would impact life here in the United States. I think we look back and say maybe Dr. Fauci was cautiously optimistic at that time that we could get a control on this pandemic, and then life moved on.

Dr. Anthony Fauci:

We know for sure that people have asymptomatic infection. We also know from anecdotal reports that are solid that there have been well documented instances of people transmitting the infection when they are asymptomatic. Now, what we don't know is the full extent of what the asymptomatic transmission is to the kinetics of the outbreak. Is it a major driver of the outbreak or is still symptomatic people the major drivers?

When you look at influenza, clearly, the major driver of influenza are people who have overt clearly recognizable symptoms. Right now, the big unknown is that the phenomenon of asymptomatic transmission we know exists, but to what extent does it exist, because that's going to totally impact how you screen people. It's going to totally impact the scope of the outbreak so that there'll be people out there who have no idea that they're infected that might be infecting other people. We need to learn that really quickly.

Mark Masselli:

It's amazing how little we actually knew about COVID at that time, Margaret. We had emergency medicine doctors in New York Times writer Dr. Sheri Fink join us in March, worrying that the lack of testing infrastructure for COVID was going to put a real strain on the health system. Ironically, a documentary she co-produced was airing on Netflix at the time Pandemic - How to Prevent an Outbreak. It literally coincided with a real pandemic.

Dr. Sheri Fink:

The docu series Pandemic, which is on Netflix, you said it's prescient, but in some way -- one way to look at it this is the whole reason we made a series about pandemics is because that risk is all the time here with humanity.

Margaret Flinter:

Sure.

Dr. Sheri Fink:

We hope that when people watch that they see we have a variety of people on the frontlines that are there all the time kind of trying to prevent these new viruses from jumping from the animal kingdom to the human, animal. Then from thereon what we do, and sort of the commonalities all around the

world with the challenges and the benefits the wonderful ways that people work together to try to limit the suffering and the damage.

In terms of the disruption, again, those are difficult choices. When do you shut a school? When do you shut a workplace? I think what I hear public officials saying now is that we need to start thinking, even if the virus is not currently circulating in your local area, you should start thinking about stocks of food at home, in case you have to stay home for a while, not major amounts. I've heard a couple weeks, perhaps just having dry goods, and it's always a good thing anyways to have that.

If you're somebody who relies on medications, making sure you have an extra amount of that just in case, and that could just be supply chain disruptions, other reasons why it might be difficult to get medications, for example. Just thinking about what you'll do if you have kids and their school is canceled. Thinking about how you might be able to telecommute if you can, so those are definitely concerns.

Margaret Flinter:

We were facing so many problems simultaneously around COVID-19, and one of the areas where some people really stepped forward with a focus on the data. There was a young entrepreneur named Tomas Pueyo, who developed a very compelling data analysis of the global outbreak early on tracking the countries that were doing very well in terms of containing the virus. His subsequent article, *The Hammer and The Dance*, gave us an analysis of what we had to do in the United States if we're going to be able to contain the virus.

Tomas Pueyo:

The hammer is this very blunt force that you apply indiscriminately. A scalpel enables you to be much more precise on exactly what you need to do. First, you need to test everybody because if you don't test, you don't know who is infected. If you don't know who is infected, you cannot isolate them to prevent them from being infectious. Then you also want to see all the contacts they've had over the last couple of weeks so that you can isolate them, or you can put them in a quarantine, you test them to see if they're positive, if they are positive then you isolate them, and if not you ask them to stay home for a couple of weeks, so that even if they are symptomatic they can't transmit the virus to anybody else.

If you do this, you can isolate only a few people and enable everybody else to go back to work. But those are not easy things to do. We all know that our testing is not at the right level. We know that our contact tracing is basically non-existent. We need to set up these things. The question is not

we've already been in lockdown, are we ready yet? But rather, what measures are we taking, and when are these measures going to be ready for us to [inaudible 00:07:49]. For example, everybody should be wearing masks, even a homemade masks, make a huge difference. It is a no-brainer, just everybody should be doing this. All of these things are pretty cheap to do, and we should be doing them all.

Mark Masselli:

We've heard from so many of our guest that we should have had a national strategy. But we had a 50-state strategy and maybe more than a 50-state strategy because you had a lot of cities breaking off on their own because there wasn't centralized decision making. We had so many great guest on Harvard Public Health expert, Dr. Ashish Jha shared his assessment of the federal government's bungling of the COVID-19 response, which at that time, he joined us in May, we had already lost 90,000 deaths.

Dr. Ashish Jha:

This really has been a really quite an unfortunate response by our federal government. I think it's sort of borders on a disaster, just really badly handled. If you ask the question, well, why do I use strong words like that? What does that mean? One of the things that we've learned from almost every disease outbreak, but boy, this virus more than most is that if you fall behind, and if you don't take it seriously, it is a punishing virus. A lot of people have gotten sick. As of right now, more than 90,000 Americans have died, and I think much of it was preventable. Wouldn't it have been hard? The answer is yes, it would have been hard to prevent those 90,000 deaths.

What should have happened is we should have developed a testing scheme early by kind of mid January, WHO had a test kit, we could have used that. When we try to develop our own and it didn't work, we should have moved quickly to harnessing the private sector. There are lots and lots of opportunities. We basically wasted about six to eight weeks not developing a test, and two months is a long time to lose in a pandemic. That was really the original sin in many ways, and driven partly by bureaucratic incompetence, but a lot by leadership at the White House that didn't want to see testing that really saw testing is somehow an enemy because it would reveal the number of cases we had.

One of the things I've tried to point out, testing doesn't give you cases. The virus gives you cases. Testing helps you identify them and do something about it. Instead of dealing with the fire, we put it under the bed and hoped that it would go away,

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and now the entire bed is on fire.

Margaret Flinter:

We've just seen it over and over as holidays and events came up, and we just couldn't seem to keep control of the situation. I think it was also in May that we welcomed Former US Surgeon General Dr. Vivek Murthy, who's been tapped by President elect Biden to fill that role again, which is very good news I think. He had already been concerned about some other American health scourges and while COVID dominated the scourge of loneliness and addiction, was also taking its toll on the American people. He talked about how this pandemic would only amplify these already existing huge problems that we were dealing with.

Dr. Vivek Murthy:

Well, I do think that is pulled back the curtain on what is broken in our healthcare system and in our public health infrastructure. Long before COVID-19 was on the scene, we had been under investing. I heard as I would travel across the country from State Departments of Health that would say, our budgets were cut during the Great Recession in 2007-2008, and when the whole economy recovered, our budgets never changed. At times like this, we depend on those local health departments to do contact tracing, to help with testing, and so the under investment that we have made in healthcare comes at a tremendous price.

I think that this is our opportunity to re-imagine what the health infrastructure of this country could look like. I believe that this is our opportunity to put forward a Marshall Plan for health that could build the public health infrastructure that we need filled with all of the core elements that we know are important from Sentinel Surveillance systems, to also the kind of preventive measures and programs that we know we need to help reduce the risk of diabetes and obesity and heart disease. During those times, we're not investing the resources that we need. It's our chance now, though, to think about how we fund outbreak responses, about how we build really modern age technology. It also is a time for us to have some hard discussions about how we use technology to ensure we know what's going on with public health while also respecting privacy.

Mark Masselli:

But you know, we witnessed another brutal reality this year the murder of George Floyd at the hands of the police, which sparked a massive outcry against entrenched racism in this country. The Black Lives Matter protest sprang up around the country. We were fortunate to have House Majority Whip, Congressman James Clyburn join us to talk about his

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dedication and decades of work in the Civil Rights Movement and how this moment of 2020 had brought us to this inflection point.

James Clyburn:

All of a sudden now I see Senator Mitt Romney marching in the streets in Washington DC and mouthing the words, I'm here to make it known that black lives matter. None of us, I don't think there's a single soul that have thought two years ago, they would see that phrase become a rallying cry, not just across America, but around the world. I think this lynching, and that's what it was, of George Floyd, I think that opened a lot of people's eyes.

When you see it, one picture is worth 1000 words. That picture spoke loud enough. That's why I have been saying we cannot allow this effort to get hijacked with the effort back in the 60s got hijacked. That is one thing John Lewis and I have talked about a lot. We were founding members of the Student Nonviolent Coordinating Committee, and we talked about often as to how that got hijacked.

We woke up one morning after doing great work, all of a sudden burn baby burn, all the headlines frighten people away. This time, someone is a tried that again, with defund the police. Nobody wants to defund the police. What we want to do is bring attention to the fact we need to reform policing. We got to re-imagine what policing is all about. We got to get away from the slave patrols, which gave rise to what we now call policing. I think people are beginning to talk to each other, talk with each other, giving great meaning to that motto that we use "E Pluribus Unum, out of many, one."

Margaret Flinter:

I do think back to sort of midsummer racial tensions were flaring all across the countries. The pandemic never really slowed its march. We had Dr. Zeke Emanuel joined us then in July and warned that this ongoing lack of a national response was going to lead to really bad outcomes.

Dr. Zeke Emanuel:

We have not had the leadership that we should in Washington. We needed leadership that would look at every component along the way, adequate PPE, adequate hospital beds, adequate ventilators, creating a vaccine, supply chains for testing, creating an army of contact tracers. Right now we need to be getting ready for actually deploying vaccines, no preparation done. We have had a lack of firm leadership.

The President has been obsessed by the economy, the stock index, the Dow Jones, but those are not going to respond well unless we actually have a response to COVID. I mean, people

tell you in polling over and over again, and also by their behavior, yes they're cooped up. Yes, the monotony is killing them. But they also are not going to fully engage in economic activity, sending their kids to school, going back to the office unless they feel safe. Right now, it's hard to feel safe in almost every state in the country.

Mark Masselli:

As tragic as the pandemic outcome has been, Margaret, there has been a remarkable explosion of scientific discovery around the disease. It's been heartening to watch this global collaboration of committed scientists coming together to solve this big collective global problem. One such scientist is Dr. Eric Topol, who is a Digital Health entrepreneur said that something as simple as a wearable fitness tracker could be an amazing tool for population health surveillance during the pandemic.

Dr. Eric Topol:

Right. Well, let me first start off with two technologies that I'm very excited about because I am remaining optimistic. Firstly, you touched on the fact that 100 million people in America have either a smart watch or a fitness band of some kind. It gives heart rate and physical activity. Turns out, that's a very crisp signal to be able to pick up COVID-19, as we already published for flu earlier this year.

We adapted an app called the Tech Study, and we have 40,000 Americans, every state is covered, although we need hundreds of thousands to do better. Fatigue is a very important part of COVID, early COVID-19, as is a resting heart rate. Fatigue is subjective, but when you're sleeping more and you're having less physical activity, along with a resting heart rate that increases, you can now get a diagnosis at least in a group and a cluster is likely. That technology we think is really vital because if we get into Digital Surveillance, it's very complimentary to testing because testing you can't do in 330 million people on a frequent basis, you have a one off measurement whereas a smart watch that people have or fitness band, all they have to do is put it on, you have a way to have surveillance of the country.

Germany has already initiated that in over 560,000 people. They call it the national fever curve, and they can look anywhere in the country to see if there's anything lighting up. That technology is exist today. It's basically just analytics and participation. Now the second technology that I think is coming in the next couple of months, which is transformative, or the rapid diagnostic test. These are 15 minutes, pretty darn accurate, relatively inexpensive, even down to a dollar and no

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less \$5, and you get the answer like on a paper strip, just like a pregnancy test and then you know you're good for the day. Those are two technologies that have nothing to do with drugs or vaccines.

Margaret Flinter:

You know, along with the scientist which I think really took center stage as people that we admire for their ability to create a solution to this problem with the vaccine. We've also admired some very smart, very dedicated journalists, who have been a lifeline of accurate information around what was going on. New York Times Reporter Apoorva Mandavilli is one of a handful of the prolific chroniclers of COVID information. She joined us to talk about the unique challenges of covering the science around this emerging pandemic, and also about the awesome responsibility of vetting information that the public desperately needs and really making sure we're sifting out fact from fiction.

Apoorva Mandavilli:

There's so much concerted attention being paid to this coronavirus right now and so many brilliant people working on it that we will uncover some insights that will translate to other diseases. For example, the airborne transmission that we were talking about, that's not just true for coronavirus, that's also true for influenza. There are experiments that were never really done with influenza, but now because of the urgency to do them for the coronavirus, we are learning a lot more about the flu virus and how that is transmitted by air.

Similarly, there will be insights we'll gain from vaccine studies. We're learning a lot more about the seasonal coronaviruses because we're studying this new one, something that people have never really paid much attention to, it was never seen like a priority. Yet, they cause most of the common colds, about 30% of common colds, and so it is important for us to know how they operate.

They're also just infectious disease insights into immunology. I think the general public is learning a lot more about how our human body works, how they respond to infectious disease works. I mean, I did not really think that I would be able to use the word plasma blast in a New York Times story, and yet that's what I'm able to do because people want to understand. People want to understand what antibodies are, what the virus really means, what all of these things mean. I think it's a great opportunity for us as a society and for scientist to really learn some new insights and to make sure that we all sort of share in that common knowledge.

Mark Masselli:

Well, in that pursuit of having all the views and we invited

many Trump Administration officials to come in, we were fortunate to welcome the Center for Medicare and Medicaid Service Administrator Seema Verma to the show in September. She offered her views on what they had done in terms of the rapid adoption of telehealth and other protocols to meet the challenges brought on by COVID-19. I would say, this has been one of the more remarkable positive benefits, if you will, if there's any way to say there's a positive benefit. But it has been the adoption of telehealth. I think it will have a long term impact on saving lives, not only in the United States, but all across the globe.

Seema Verma:

When it comes to telehealth, again, this was something that fortunately the agency had already been working on before the pandemic hit. We've recognized that Telehealth was in an area, one of our strategic initiatives is fostering innovation, and one of the things that we've tried to do is to make sure whether it's in the Medicare program that we're doing everything we can to foster innovation across our country, and telehealth was a great example of this. When the pandemic hit, we tried to do everything we could to expand telehealth and it wasn't just identifying services, we actually increased the number of services. There's now 135 services that can be provided.

We also got rid of barriers to make sure that different types of providers could use telehealth and can provide services. There are also barriers in the program that restrict the number of visits. For example, in nursing homes, you can only do one telehealth visit a month and we recognize that obviously it wasn't going to work. We've also made sure that it can be provided in different settings, so again just trying to get rid of all of that red tape around telehealth.

As I travel across the country, I'm hearing across the board, how valuable people feel telehealth has been. From providers, they're saying, look this isn't going to replace inpatient care, but it's certainly something that can augment it, recognizing that there's a lot of benefit, certainly convenience. In the case of a pandemic, it's actually protected our patients and protected our healthcare workforce.

The one -- a few areas where I think it's particularly helpful and that's in mental health. As we are seeing more in-person visits return, the one area where we continue to see many visits is in mental health and a lot of people just feel more comfortable doing that via telehealth. It reduces the stigma.

Margaret Flinter:

Then the calendar turned again, we were into the fall, still

hoping for a slowdown in the rise in the number of deaths. But Dr. Fauci rejoined us then just when the daily infection rates were spiking again, and he warned us if people traveled for Thanksgiving, we were going to see some devastating outcomes, and he was right.

Dr. Anthony Fauci:

Well, first of all, we are in a precarious position because I would have hoped that as we enter into the cooler months of the fall that the baseline of daily infections would be very low, well below 10,000. In fact, they range between 40,000 and 50,000 per day. In addition, if you look at the map of the country, somewhere between 30 and 37 states are having an increased uptick in the test positivity, which is a very accurate predictor of a surge in new cases, which already is showing itself in certain areas with an increase in hospitalization, and even an increase in deaths. Even though the total deaths come down in certain areas of the country, we're seeing hospitalizations and deaths go up. That's a very precarious situation to find yourself in as you enter the fall and the winter months.

What we need to do is we just have to double down on some of the things that we've been talking about all along. The five fundamental public health measures, universal wearing of masks, avoiding close contact, avoiding crowds and congregate settings, doing things more outdoors than indoors, and washing your hands frequently. If we just did those simple things, we would mitigate greatly this risk of having a yet again another surging of cases as we enter into the cooler season.

Mark Masselli:

Well, it was so good to have Dr. Fauci on two times during the pandemic. I think we learned so much from him and we learned also from renowned infectious disease expert, Dr. Michael Osterholm, who joined us in December, the author of hundreds of publications on infectious disease, including the 2017 book, *The Deadliest Enemy*. He's a member of the President Elect Biden's COVID-19 Task Force, and he really warned us that as promising as the vaccine uses, we really must adhere to strict public health protocol, and getting a large sector of the population to take the vaccine remains another challenge, Margaret.

Dr. Michael Osterholm:

Operation Warp Speed brought us vaccines, but will they bring us vaccinations? I think this is where we have fallen down and we need to really get up and catch up very quickly, and that is how do we help the public understand what these vaccines are all about. We have many people today that are highly skeptical of the safety of these vaccines thinking that based on

the name of what's happened that there are huge safety issues, and that's not just true for the general public. I've heard this over and over again from medical care providers, who they themselves say, well, maybe I'll wait a little while. Well, right now, we have almost 2,000 people a day dying from this disease. We can't wait for five, six, seven years to get better data, and we're going to have to make some tough but really informed choices over the course of the next few weeks to decide, are these vaccines what we need to do? I'm confident they are the ones we want. I can't wait to get in line to get mine when it's my turn.

But in the meantime, we need an extensive effort of outreach to first of all, to our medical care community so that they have the facts that they are not misguiding their patients by providing incomplete or not accurate information. Second of all, we have to reach out and involve the communities most impacted by this which are namely the black, indigenous and communities of color. We have to involve them and help them be the leaders in their own communities to get this vaccine out.

Margaret Flinter:

Well, I think one of the lessons that we've had over the years is no matter what the threat, we always see that there are great minds and committed people toiling on the frontlines to advance health and well-being of all people. They're doing it through science and a commitment to public health, and a general just commitment to their fellow human beings. President Biden has promised to make COVID-19 priority one, and we look forward to seeing the new approach of his administration and his team to help us carry through what now appears to be the point at which we can see a light at the end of the tunnel, there's still hardship to come.

Mark Masselli:

But we were fortunate again, to have so many guests, the people who are committed in fighting for health equality, and equity and justice, all of whom are seeking new ways to improve healthcare for the 21st century. We are always pleased to welcome these great minds to our show so that we can share them with you.

Margaret Flinter:

As we embark on 2021, we are so looking forward to the day when we are looking back on this pandemic tragedy. The lessons that we've learned from it, celebrating the science and the perseverance that got us through it even while we mourn those that were lost or those that were hurt and injured by the pandemic. But we hope it inspires a whole new generation of young people who are interested and passionate about

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science, about healthcare delivery, about public health, they have proven to be our greatest heroes in this time of trouble. It is a tremendous thing that we've seen such an outpouring of support and interest for these people on the frontlines, not just of healthcare, but certainly of healthcare and of science and of public health and community leaders.

Mark Masselli: On behalf of all of us here at Conversations on Health Care, we want to extend our happy holidays to all of you out there, stay safe. When it's your turn, please consider taking the vaccine. Thank you all and best wishes.

Margaret Flinter: Happy New Year.

Mark Masselli: Peace and health.

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Mark Masselli: You've been listening Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

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