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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, and the great minds who are shaping the healthcare of the future.

Speaking of that, this week Mark and Margaret are speaking with Dr. Rick bright, renowned immunologist, vaccine scientist newly appointed Senior Vice President of Pandemic Prevention and Response at the Rockefeller Foundation. Dr. Bright resigned last year from BARDA at the HHS after filing a formal whistleblower complaint against the previous administration for mishandling of the pandemic. He is launching a bold initiative at the Rockefeller Foundation to build out a national and global infrastructure to improve pandemic preparedness and response.

Lori Robertson also checks in, Managing Editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives.

If you have comments, please email us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. Now stay tuned for our interview with Dr. Rick Bright from the Rockefeller Foundation here on Conversations on Health Care.

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Mark Masselli: Speaking today with Dr. Rick Bright, renowned immunologist, vaccine scientist and newly appointed Senior Vice President of Pandemic Prevention and Response at the Rockefeller Foundation. Dr. Bright recently served on President Biden's COVID-19 transition team. Prior to that, he was Deputy Assistant Secretary of the Biomedical Advanced Research and Development Authority at HHS. He resigned from the Trump Administration after filing a whistleblower complaint over its mishandling of the pandemic response.

Margaret Flinter: Dr. Bright has worked in numerous capacities at the Department of Health and Human Services, at the CDC, and the World Health Organization. His global health research has led to key advancements in vaccine and therapeutic developments. Dr. Bright, we welcome you to Conversations on Health Care today.

Dr. Rick Bright: Thank you both. It's a pleasure to be here.

Mark Masselli: Great. It seems like SARS-CoV-2 caught the global public health community, ill prepared for the magnitude of what was to come. I know our listeners want to know more about the pandemic prevention and response initiative that you're spearheading at the Rockefeller Foundation that really is focused on scaling up the capacity for surveillance and better management. Share with us and tell us more about this initiative and the impact that it's going to have on the current pandemic as well as those to come.

Dr. Rick Bright: You know, first I wanted to say it's about a year ago today that the World Health Organization made their formal pandemic declaration for what we now know as COVID-19. Since the SARS-CoV-2 virus and these variants of the virus have taken an enormous toll on lives, on economies and societies, and they've actually changed normal into something we're still striving to define.

Despite everything that we have lost, we are unfortunately still in no better position today to be able to rapidly detect and respond to or stop one of these viruses or variants of a virus from emerging because we still don't have a robust national or global early warning detection system or surveillance system to give the world that early warning that something new has happened, it can cause a lot of damage, and it's coming your way.

It is critical that we establish this global system to collect different types of data, data that are combined to provide a more valuable insight or guidance to inform policymakers and governments and public health officials around the world that a threat is coming their way. Sometimes even change the course of action in the phase of rapidly spreading virus such as the SARS-CoV-2 virus that we're dealing with now.

The Rockefeller Foundation, they have been making inroads and analyzing data around the world, focused on equity and access, improving health around the world. This is a culmination of many years of their thought that were catalyzed by this pandemic to launch an initiative, a global consortium that will collect a variety of data sets to better understand when something new has emerged. The genomic data, the epidemiological data to understand where the viruses are coming from, how the viruses are different in different parts of the world, the geographical mapping of those viruses and how they're spreading, and of course, that functional data is a virus, there's a mutation in the virus does it

mean anything? Does it change transmissibility? All of those multiple layers of data are what we plan to bring together into one institute, one system that will be able to very rapidly turnaround those insights to inform governments concentrate resources and stop a pandemic within the first 100 days of it appearing.

Margaret Flinter: Well, Dr. Bright, I think, on this anniversary, and I think it is an anniversary, we will long remember one of the bright spots, I think has been the way there was some collaboration and coming together, I think, particularly in the way that the scientist and biologist and epidemiologist came together around developing the vaccine. But maybe just tell us a little more about this consortium, when you think of the worldwide engagement that's needed in order to tackle something that you described, what is that built upon? Is built upon government, the World Health Organization? Tell us a little more about how you envision that consortium working.

Dr. Rick Bright: Well, as you mentioned, it's going to take everyone around the world working with the same data sets, the same types of standards, equitable access to the information all at once. I think it was really a surprise to most of the world that the United States would find ourselves in such a challenging position to respond quickly and effectively to this pandemic, or any pandemic. I think that ties back to a lack of a nationally coordinated strategic plan, I think we see that in many parts of the world.

We want to lay out a blueprint, and that's what we're doing in the United States and that's what we're also in conversation with the United Kingdom, and how they've brought together a consortium within the UK that brings together these various facets. Aligned within our country, the ability to detect these various multi-dimensional characteristics of a rapid -- rapidly emerging threat and spreading threat and characterize it quickly and understand it and inform politicians and public health advisors. But then also work with our international partners in an philanthropic organizations such as the Gates Foundation, Skoll and Wellcome Trust and Institute Pasteur, working with WHO to not each of us build our own system with our own language in our own processes, our own computer systems, our own databases, but to align with those organizations into one coordinate system.

Imagine the weather system, how does the weather system work around the world? In the United States, we have NOAA and it collect lots of information that affects the weather in

the United States, and we have a National Weather Service. I think over 195 countries feed into a consortium, the World Meteorological Organization, and share those weather sensors and data and reports and they're all different, but they're able to bring it together, and you can have this really powerful mapping where weather threats are emerging around the world. I can go to that site right now and give a forewarning that the tsunami is coming our way.

We need to think about viruses in the same way as we're thinking about weather, and that is a globally coordinated system understanding tracking and warning in an equitable, real time manner that threats are coming your way, and here are actions that you can consider to help mitigate the damage.

Mark Masselli: Well, I really love that analogy. I think that makes it clear for people and the sort of tearing the geographic mapping the multiple data streams all coming into one place. Today, this morning, people are picking up the paper and they're seeing the vaccine companies have to respond to these various variants, mutation strains whatever that are coming. I'm just wondered what your thoughts are on currently sort of mapping that out in sort of understanding whether or not science can keep up with the changing mutations, it's coming. What do you say to people now who are saying I love what you just said and I'm kind of lost because I'm reading all these activities that are going on to deal with what's happening, the mutations of the variants?

Dr. Rick Bright: Well, actually, we're living in remarkable times. I also like to think of it moving forward to a new normal, and the convergence of a variety of technologies that are now going to enable us to respond more rapidly to these emerging threats as we face them in the future. It does take this early warning system, and then it also takes the investment, the decades of investments into new vaccine technologies.

When I was the director of BARDA, we invested in a number of new purpose built vaccine technologies messenger RNA or mRNA. This technology was meant to respond rapidly for a rapidly emerging virus or pathogen that get in front of a pandemic and halted as quickly as possible, decades of investment were put in into that technology. However, we didn't really see live fire test, except in 2020.

2020 we were given an opportunity to test how rapidly these new technologies. What we saw was remarkable, and how quickly they can respond and make a vaccine tailored to the emerging threat as quickly as possible. In less than a year, we

had information, enough information to be able to start vaccinating people that we're seeing it roll out now. The variants right now are the biggest threat to the vaccines, but they're more threat to the vaccination process.

As we've invested in early warning, and we can use technology to identify variants, so we need to get much, much faster, because right now we're identifying a variant about four months after it emerges. But already, we're seeing that we can take information about those variants, we can send that information or share that information with these manufacturers with these technologies.

Moderna is already starting a new clinical trial that contains the variant, and not only contains the variant the B351 that was first identified in South Africa, but it also has another arm of that trial where they're testing multivalent approach. Some of the new variant vaccine composition along with the existing virus composition, and I think that only took them about 10 weeks or 6 to 10 weeks to make that new composition and test it.

At the same time, though, we need to still invest in the downstream administration technology. We could make a lot of vaccines, but we haven't invested into our public health systems and vaccine administration systems and tracking and tracing to understand who needs the first dose. We haven't invested yet in the technologies to remove the barriers to rapidly vaccinating people. There are technologies on the horizon that will allow us to put vaccines in a simple band-aid looking patch, and those patches could be distributed much more easily. They can be put in the US mail or distributed around the world in courier services to make sure that people are vaccinated more easily. We're living in remarkable times.

Technology is converging. A lot of the investments that we've made over the last couple of decades, and are battle tested now from this pandemic, they identify at work that we still need to do. But I think before we see that next pandemic, we're going to be a lot smarter, a lot faster, and these new technologies can play a critical role in making sure we don't find ourselves in this situation again.

Margaret Flinter: Well, on this one year anniversary of the declaration of the global pandemic, I think your words bring a lot of hope. But I wonder as we talk about this unbelievable use of our technology and advancement of the technology to the place where people in the streets actually understand what messenger RNA is.

We also have been confronted in this pandemic year with just the tragic inequities in the way different groups of people were affected, and all of the technology will help enormously. But at the same time, there's the science and the art of changing the way we care for people and the way we bring people into the fold to understand what is going on and comment about the other partners that are really in the business of human behavior, and trying to make sure that we attend to that side of things the next time.

Dr. Rick Bright: Well, it’s absolutely critical. I believe the consortium itself is going to focus on the science and technology and data to create that early warning system. With this new knowledge that is available to everyone around the planet at once, then every country would have equal access to the information that could guide them to contain either that virus or that pathogen within their borders so technology can only do so much. I mean it is the human behavior. It is the transparency of the knowledge and how it is communicated to everyone all at once.

An example you just gave how to breakdown complex technology language such as mRNA, or messenger RNA to everyone so they can understand and not be afraid of the technology. I'm from Kansas and I love my family in Kansas and compared to science and technology world I immersed myself in, they lead a pretty normal life. I'm trying to communicate sometimes to people everywhere across our country and across the world. Science in my brain is complex for a scientist and so that highlights the need to invest more in community messengers to the trusted messengers in every community, in every culture.

We can't really communicate the same way in large cities that we do in small rural cities, we can't communicate across all populations with the same language. It’s really incumbent upon us to be sensitive to that to equity, reaching people and communities that are really hard to reach.

There's been a really bad history in our country, inappropriate experimentation, populations have been taken advantage of in the name of advancing science. Those issues are still ingrained in our cultures, in our community, and we have to overcome that we cannot dismiss them. To me, that means an extra responsibility on myself, on scientist, on public health officials, on governments around the world to go the extra mile to reach that last mile.

Just having me on television or our podcast isn't enough, I

have to make sure that I'm holding hands with the next person, either in a consortium approach, in my community to make sure the information is shared and understood at all levels. That is the only way we're going to stop this pandemic, and the only way we're going to prevent future pandemics that will be how we break those data down, that information down so everyone can understand it, trust it, and respond to it to stop a pandemic in his tracks.

Mark Masselli: We're speaking today with Dr. Rick Bright, vaccine scientists newly appointed Senior Vice President of Pandemic Prevention and Response at the Rockefeller Foundation. Dr. Bright recently served on President Biden's COVID-19 transition team.

I hate to take you backwards because I think you're a forward looking optimistic person. You said science is complex, but ethics is very straightforward and you have them, and I think our listeners need to know, you really in the Trump Administration sounded a clarion call. You filed a whistleblower complaint about unproven drugs, you really stood up and I think that's why people look to you, and you just laid out for us the ethical foundation for whatever has to happen in terms of communication is really about transparency. It's honest communication. Can you just walk through a little for our listeners, just to remind them of what you saw and the actions that you took during this last administration?

Dr. Rick Bright: Well, I don't like to go back.

Mark Masselli: Yeah, I know.

Dr. Rick Bright: I mean, but it is a really important perspective to understand how we got where we are today in the United States and actually where we are in the United States and where we got the United States did impact the rest of the world as well. What I felt really unfortunate at the time, one year ago, back up a year ago today, there are so many global experts that knew what was happening, could see the writing on the wall, a novel virus had emerged and people in populations in China, it was clearly causing disruption, it was clearly spreading person to person and causing a lot of illness and death, and it was clearly spreading out of that region.

It was very frustrating for me as a scientist who spent my career thinking about a pandemic response and thinking about the coordination and transparency and communication needed to get in front of a pandemic and contain it as quickly

as possible. Having work in the previous administration, the Obama Administration, with a team of dedicated experts to put together a playbook for the United States, and our role in global communications in partnership with the WHO and other global entities whose role and mission was to inform the world of a crisis and to stop it as quickly as possible. Then to find myself in a situation where people weren't listening, the red flags couldn't be any reder, the fire couldn't be any larger, and yet, I encountered politicians and political leadership that just seemed completely unwilling to recognize the true threat and take appropriate action to get in front of the virus to see the delay in the United States, better testing capability.

It was frustrating to know that there was virus among us. Yet politicians were telling the public that there was no threat or the threat was low because we didn't have it, all based on our lack of testing. There was information that we knew about on the inside, it was not allowing Americans to prepare for this psychologically, physically, emotionally, for what was coming their way to see step by step, our position in the world of being dismantled. Then all of a sudden finding America isolated, trying to figure out things on our own.

In the academic world, academic group standing up trackers, for example, because the US government wasn't tracking or wasn't sharing information, private sector organizations trying to fill in the gaps for the public health organization. I was encouraged to see that happening, very frustrated to see there was no national leadership, there was no national strategy. All of these private efforts and academic efforts didn't have a place to go to, they didn't have a central coordinating effort, synergistic impact to try to stop the pandemic, and then to see the rest of the world struggling on their own without America's leadership, without America's seat at the table. I don't think it could have gone worse in many ways.

What encouraged me, so here's the optimist in me, is that groups continued onward, scientists continued on put in the government. They kept their eye on the ball, in terms of pushing forward development of tests and vaccines and therapeutics and getting that information, and supporting those companies to accelerate data so we can get those vaccines and the test available as quickly as possible. Scientist in the companies worked hand in hand with scientists in the government, hand in hand with scientists at the FDA and BARDA, NIH and CDC on their own to push forward all of the efforts.

I had confidence every day in the integrity of the scientist in the public and private sectors and academic groups doing their work without compromise. I knew that once we had those tools, they would have high quality. Then of course, you saw CEPI the ACT Accelerator, the WHO, GAVI, the COVAX group on vaccines, the Bill and Melinda Gates Foundation, FINE [PH] and the Global Fund. I call those out particularly because they stood up this international organization called the ACT Accelerator focus on drugs and diagnostics and vaccines to make those available with a focus on the rest of the world, particularly the heart of the reach those without access and capabilities. Those groups went on.

Fortunately, I'll say that proudly, fortunately, we have an administration change, but I believe is impactful in managing through this pandemic and prepare us for the next one. The Biden Administration and the people going into that Biden Administration have their eye on the ball, we have already seen tremendous impact from their effort, from their focus, from their transparency, from their communication, from their efforts to reach every person in the community recognizing how hard it is, pulling the chair back up to the global table, investing in this act accelerated and COVAX Institute re-affirming their partnership with a WHO, that is the type of leadership that the world needs to see from the United States to get us through this pandemic.

I'm confident of the things that they're doing because I had the privilege of serving on an advisory panel for the COVID response during the transition. I know the blueprint that they've put in place to get us through this pandemic and then make sure that this never happens again. I'm so grateful for their efforts and their leadership.

Margaret Flinter: We have been speaking today with Dr. Rick Bright. He's the newly appointed Senior Vice President of Pandemic Prevention and Response at the Rockefeller Foundation, and you can learn more about his incredible and important work by going to the www.rockefellerfoundation.org or follow him on twitter @Rick A. Bright.

Dr. Bright, we want to thank you certainly for your tenacity and your scientific rigor, but also for your honesty and your clear eyed look at how things unfolded, what went wrong and your optimism about how we get it right in the future. Thank you so much for joining us today on Conversations on Health Care.

Dr. Rick Bright: Thank you. It's my pleasure.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Despite claims circulating on social media, there's no evidence that approved COVID-19 vaccines cause fertility loss. Although clinical trials did not study the issue of loss of fertility has not been reported among thousands of trial participants, nor confirmed as an adverse event among millions who have been vaccinated. In fact, some of the vaccine trial participants got pregnant.

In early February, reproductive medicine groups released a statement assuring patients that there's no evidence that the approved COVID-19 vaccines can impact the capacity to conceive children. “Loss of fertility is scientifically unlikely.” The reproductive health experts concluded in their statement. Another document prepared by the American Society for Reproductive Medicine in December said there was no reason to delay pregnancy attempts because of being vaccinated since the vaccine is not a live virus.

Multiple false claims tying the Pfizer BioNTech and Moderna vaccines with infertility have been in circulation both in English and Spanish for months. Scientist have already debunked a false rumor that baselessly claimed the vaccines could train the body to attack a protein vital for the formation of the placenta.

Dr. Paul Offit, a pediatrician and vaccine expert at the Children's Hospital of Philadelphia said people shouldn't be worried about COVID-19 vaccines causing infertility. He said it is very hard for a vaccine to do something that natural infection doesn't do, and fertility loss has not been reported even after roughly 67 million people in the US have been infected with SARS-CoV-2 according to antibody surveillance studies. That’s my FactCheck for this week. I’m Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country’s major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you’d like check, email us

at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversation highlights a bright idea about how to make wellness a part of our communities and everyday lives. Pregnancy is normally an exciting time for most women. But according to the research an estimated 10% of prenatal women experience some kind of depression during their pregnancy, and many are reluctant to treat their depression with medication for fear of harming the fetus.

Dr. Cynthia Battel: In fact, a higher percentage are experiencing lower grade depressive symptoms so they might not meet full criteria for major depressive episode, and left untreated those mild to moderate symptoms can progress in some cases lead to a more serious postpartum depression.

Mark Masselli: Dr. Cynthia Battel is a psychologist at Brown University with a practice at Women's and Infants Hospital in Providence. She and her colleagues decided to test a cohort of pregnant women to see if a targeted prenatal yoga class might have a positive impact on women dealing with prenatal depression.

Dr. Cynthia Battel: It was a typical kind of Hatha Yoga, breathing exercises, meditation exercises, and we enrolled 34 women who are pregnant who had clinical levels of depressions, and we measured their change in depressive symptoms over that period of time.

Mark Masselli: Not only were women able to manage their depressive incidents, they also bonded with other pregnant women during the program and found additional support from their group.

Dr. Cynthia Battel: The initial signs from this research are really encouraging. We found that women on average were reporting much less. Women who are depressed during pregnancy, unfortunately, do often have less ideal birth outcomes. One thing we're interested in seeing is when we provide prenatal yoga program, can it improve mood and then can we even see some positive effects in terms of the birth outcomes.

Mark Masselli: A guided non-medical yoga exercise program designed to assist pregnant women through depression symptoms, helping them successfully navigate those symptoms without medication, ensuring a safer pregnancy. Now that's a bright idea.

[Music]

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

[Music]

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.