

Andy Slavitt

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Moderator: 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.

This week Mark and Margaret speak with Andy Slavitt, recent Senior Advisor to President Biden's White House COVID Response Team, Former Acting Administrator for the Centers for Disease Control and Prevention. And the guy accredited with stating the Affordable Care Act signature effort, the launch of the Insurance Exchange portal, www.healthcare.gov. He is author of Preventable: The Inside Story About of How Leadership Failures, Politics and Selfishness Doomed the U.S. Coronavirus Response.

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

If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. And you can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Andy Slavitt here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Andy Slavitt, recent White House Senior Advisor for President Biden's COVID Response Team. He previously oversaw the deployment of www.healthcare.gov under the Affordable Care Act and was Acting Administrator for the Centers for Medicare and Medicaid Services under President Obama.

Margaret Flinter: Mr. Slavitt is host of the podcast In the Bubble. And he is the author of a new book, Preventable: The Inside Story of How Leadership Failures, Politics, and Selfishness Doomed the U.S. Coronavirus Response. Andy welcome back to Conversations on Health Care.

Andy Slavitt: It's great to be back.

Mark Masselli: You know Andy, before we get to your book, I want to hear your thoughts about the Supreme Court's most recent ruling which upheld the ACA for the third time. And obviously had it gone the other way, it would have jeopardized health coverage for millions of Americans. I wonder if you could talk about the significance of the Supreme Court decision on the law that you've been so intimately connected with, and what does the latest development pave the way forward in terms of health policy.

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Andy Slavitt: Well, the ACA has become kind of integral to life for many Americans and many American families. Not just the 30 billion people that get insurance through ACA, but the now many, many protections that most all of us in the U.S. take for granted, protect us against pre-existing condition, discrimination etc. And for a lot of people you know sort of in the sword hanging over their head that someday you know even though they have got a chronically ill child that someday someone may be able to take away their insurance. And so and the most important thing is that I think that sword is gone. I think the lengthy threats around from the executive branch of Donald Trump, the House and the Senate trying to repeal the Bill, court cases, you know we should now move on and be able to talk about, how to give Americans more security and have a more affordable and better operating healthcare system.

You know it's worth pondering, you know the Court basically said [inaudible 00:03:17] that the plaintiff didn't even have standing, which means that they weren't being harmed by the law. It's worth pondering why people would sue to take away other people's healthcare and rights, when they themselves were not even being harmed. So I think it, that's maybe another story, but it's something that it would be really good for us as a country to come to grips with.

Margaret Flinter: Well I, for one am very glad to have this third one behind us. Certainly remember the first two. So this is a good day in healthcare, but you certainly have racked up quite a bit of experience stepping into help in times of crisis. You helped rescue the Online Insurance portal back in the early days, the ACA was successful, I think we remember the website kind of crashing and burning, as people tried to get on and take advantage of trying to get healthcare.

But in your book, you talk about your reluctance, perhaps to step into the fray, once again to do it. Maybe share with us a little bit about that decision to go back in, how you pulled the team together to confront the crisis. I think there is a lot to be learned from how that happens in a moment of crisis, the war room conversations, if you will, that helped ultimately shift the pandemic strategy in this country to a much better place.

Andy Slavitt: Well for me it started even earlier, it sort of started when the pandemic began and the book Preventable really outlines what happened. And from beginning of my conversations with Jared Kushner who I spent the better part of the year talking to, and Deborah Birx, Anthony Fauci, as well as people from all across the country that were impacted, doctors, nurses. So this really lays out kind of in a narrative from what I saw and how that all worked and it culminated, didn't know that when I was writing the book. But at the end of this, it culminated in the election of Joe Biden, and a real

commitment on his part, to really taking accountability for this crisis and ending it once and for all.

So he was, you know in doing that, it is sort of hard to resist the call, no matter what you do in your life, when so much is at stake. I mean think back to the time, it wasn't long, thousands of people a day were dying, we had really no inventory of vaccines, not enough vaccinators, not enough places for people to get vaccinated. Only 40% of people, said they even wanted to get vaccinated, but so much at stake, new variants coming in.

And so for me and for all of us, who had the privilege of being working inside of the White House, it was incredibly critical mission that and I worked with great people to do it and get it done and then try to demonstrate to this country that when we, on our best days, we can accomplish anything we want to.

Mark Masselli:

You know Andy in war and in pandemic leadership matters. And I think we've a tail of two responses and we watched in 2020, the country go from this runaway pandemic, killing thousands of Americans per day as of the other day, 600,000. But 2021, we saw an enormous shift in terms of the reduction in deaths. Obviously the President announced today 300 million vaccines delivered. And you say that previous administration committed several deadly sins, tell us what they were and describe how the Biden strategy has altered that and changed trajectory?

Andy Slavitt:

So first of managing a pandemic is hard, you know sadly you're going to lose people. And I think we should be careful about being too critical about people for making well-meaning mistakes in the fog of war. Those are not the kinds of things that I think I found fault with or we find fault with in the book. But there were three when I call deadly sins that come out of this book that I think you can see up close. One is beginning with the President's willingness to deny the pandemic for too long. We now know that he knew in January that people were going to be dying in large numbers. And he went to bed every night, presumably soundly and it wasn't until the NBA called its season off at March and the stock market went down, that forced him to even publicly acknowledge the pandemic. If he would have simply said, "Hey we've a problem, and we're going to have to get through this together", would have saved so many lives, if he would have done that in January. The fact that he didn't and then continued to downplay the virus, is I think, the very deadly sin.

Second is the quashing of dissent. There is a scene in book where Alex Azar is about to go on Fox & Friends, and it script says, the things are going well, but could change rapidly. Now first of all things were not going well, but it was that phrase, "but could change rapidly", the White House saw that script, pulled him from Fox & Friends, and then

forbade him from talking to the media for 45 days.

So imagine this, here we're in a global pandemic and our own Department of Health and Human Services, he isn't allowed to talk to the press or the public. And that became a pattern throughout the administration that whole year, where anytime somebody spoke up against the narrative that Trump wanted which was basically that this whole thing is just overblown. Whether it was Deborah Birx or Tony Fauci, or Nancy Messonnier, he would silence them and ostracize them.

So because it's a novel coronavirus and no one has the monopoly and the answer, you need dissenting voices, you need experts, you need scientists, you need people to say what they think. But he viewed that as a reflection on him in his reelection, and so that was the problem.

And the third deadly sin which is almost for extra credit, was you know the pandemic is hard enough, but he saw in it an opportunity to take advantage of the divisions in our country and turned the pandemic into something political. You know I talked to world leaders who said, you know no one, not everyone loves masks you know we have plenty of debate about whether to wear them, we've got a plenty of debate about social distancing and lockdowns etc. those are all very legitimate conversations. But what the President did is, he took this a step further and said, basically, this is in a matter of identity. And once you saw that his supporters were at one side of this, he as a populist, he played into that. And so he basically undermined the ability of the country to respond.

Mark Masselli: And it seems like that's stuck, right, I mean that's still with us today, that third sin is.

Andy Slavitt: We're living with the legacy.

Mark Masselli: Yes, we're going to live with that legacy for a long time, the other ones you know, administration are always silenced –

Andy Slavitt: Because if you could deal with this on it's merits, you get a real conversations with people about masks yes or no, you know the tradeoff between economic and health issues, all of which are very legitimate conversations to have. But he took this out of the realm of legitimate conversation and into the realm of something quite different.

Margaret Flinter: Well, I think Andy, one of those that we look back on, was the issue of, should it have been to state-by-state response or a national response. And what we seemed to see was, a lot of competition and really on almost competition being promoted between the states, competing for PPE, competing for the vaccines, competing for the supplies to go with the vaccines.

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You warned against a state based approach especially in a pandemic. And on the theory that we're always going to have national challenges that come out as I hope for the next pandemic and so I'll save it for the next lifetime maybe, but we know that these things will happen again, what should have happened? And how you know what flaws did it reveal in our system that maybe if we can do better the next time on?

Andy Slavitt:

Look, it's a big country and there is no questions that we need to allow people who are regional and local leaders to be very involved, but that's not what we're talking about here. What we're talking about here, and I had this very conversation with Jared Kushner which I outlined in the book, is that, they made a very deliberant, specific decision that their strategy, their political strategy not their pandemic strategy but their political strategy was to allow Trump to get credit for opening the country and then shift responsibility to the states. And what they called the State Responsibility Handoff; it was literally the name of it. And when things went wrong as they inevitably would, he could blame the Governors and blame the states and for any bad moves if they had to shut things down again, he wouldn't have to be the one to do it.

And that, you know I talked about it in the book there is this expression that Barrack Obama used to use, which was something to the effect that it was a basketball expression, it was some people like to have the ball in their hands at the fourth quarter. And Donald Trump wanted no part of the ball. Donald Trump wanted the ball as far away from him as possible. And there is really no way to manage yourself and your country through a pandemic, without taking responsibility. And the interesting thing is, my political calculation is that he would have been politically rewarded, if he would have said, "You know I'm doing the best I can, I'm working on this, I'm trying to protect every life" emphasized a degree of empathy at a loss which he never did for the people we were losing. And he went the other direction and I don't think it worked out.

Mark Masselli:

We're speaking today with Andy Slavitt, recent Senior Advisor for the White House COVID Response Team. He is author of a new book, Preventable: The Inside Story on How Leadership Failures, Politics and Selfishness, Doomed the U.S. Coronavirus Response. Congratulations it's already a best seller. And you know just diving into the book, you outlined some of the heroes and you talked about how some people were muzzled in the administration and you know we certainly have had both Dr. Fauci and Rick Bright on the show, who both were clarion voices during the pandemic. Rick certainly paid for it with his dismissal for publicly speaking the truth. And I'm wondering if you could just tell some of the other outstanding heroes, there were millions on the frontline doing it, but inside the bubble, people who

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were standing tall.

Andy Slavitt: Well look, you got it exactly right. I mean two decades ago, Tony Fauci and his team and the people at BARDA which Rick Bright ended up overseeing, created this platform that's mRNA platform over the last two decades. And many people were involved and the people from the private sector, people from the public sector, people from Republican administration, and Democratic administrations, it's truly an American success story that many people should be proud of and take credit for. You know when it came to early January, a few people sprung in action, one was Fauci and Barney Graham who worked on his team, getting the sequence over to Moderna and on January 13th, Moderna started working on the vaccine.

The other person who is a complete unsung hero is a career civil servant name Peter Marks. So Peter is in the FDA. Peter came up with this idea that he called Operation Warp Speed, this was an earlier inclination of Operation Warp Speed and it was very interesting idea. Now he is a Star Wars fan, so that's where he gets the Operation Warp Speed from. And he says, and this idea rather than waiting for, we know who all these vaccine companies are, rather than having them all do a bunch of work and submit it to the FDA and having us evaluate it, why don't we send people from the FDA in BARDA and NIH out to do the work with the companies, so that we can make the observations as they are making them, and we don't have to do this back and forth. And that cut down tremendously the amount of time than it was going to take.

What makes him an even greater hero is they then went to the Trump Administration to Alex Azar and said, "This is our idea, what do you think?" And Azar liked it. And ultimately Congress funded it. But then what happened is that, the White House saw this as the political opportunity. And so they invited Peter Marks into the White House and said, we're going to run Operation Warp Speed out of the White House. And then it became something very, very different, and it became, the President's way of demonstrating that he had this virus beat. And so he used that to then saying, we're going to get vaccine even necessarily before it was ready.

And so what Peter Marks did was he did something that was almost never done in the history of politics. Is he said, "I'm leaving the White House and going back to the FDA, because we need people with sound judgment to evaluate when these vaccines are ready." And then when the President Trump said, later that he was going to force these drugs to be approved, he had a meeting the next day with a bunch of people, who they knew would get out. And he said, "If these drugs are approved, and they are not safe or effective, I'm going to publicly resign." So he was not only the creator of this approach, but

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then when the approach started get abuse, he went to navigate it and it's really a terrific story.

Margaret Flinter:

Well that is a name we want to remember and a wonderful story, thank you for sharing it. You know we seem to be well-passed the days when we're seeing thousands of cars roll through our mass vaccination sites, vaccines were falling off, precipitously. But we still have population, significant numbers of people outside the mainstream, maybe underserved, hard to reach, vaccine hesitant, however you want to think of it, the Biden team has got the Community Corps forum to address the needs of vulnerable populations, our health departments are working with people to get help out there. But there is a real urgency with this variant in our probably not distant future and it's spreading rapidly. What do you think about the next phase of vaccinations? How are we going to get back to that sense of urgency, to get that last larger group of people vaccinated? And why are those people so vital to stopping this pandemic?

Andy Slavitt:

Well so I think we have some people and I would put myself in this category to whom a vaccine was not a very difficult decision. I knew right away that it was something I would do. And I wanted to do it as quickly as possible. And that describes a lot of people in this country. There is another set of people, there is probably another couple categories of people to be fair, one of whom says, you know what, I need to think about it more, I need more data. It's a more considered decision, it's something I'm putting in my body, and I want to make sure it's safe and what do I know about it. And I think we need to take a step back and really respect that process, respect the fact that for some people this is the decision I wanted more information about.

Now the best thing we can do for those people is get them that information in a trustworthy, reliable way. Fortunately the vaccines are so effective, we're so blessed and so well tolerated, that I think when people do their homework, they will end up doing what many people who have been on the fence have done, and they will come over and take the vaccine. I think there are couple of -- moments, when the FDA gives final approval, for the Pfizer and Moderna drugs, I think those will be similar moments where we'll see more people.

So that's one set, and then there is another set of people who I would just describe as frankly where the vaccines is not that higher priority. And for both of those groups, they are not anti-vaccine, they have taken the rest of their vaccines. But for this group, they are generally speaking under 40. So people over 40, 75% have started the vaccination process, for people under 40 is less than half. People under 30 it's even lower. And for those people you know if they walked into some place they were going anyway and someone had a

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needle out and said, "Hey would you like to get vaccinated?" They would very likely do it. But it would have to be easy. And so I think we're going to have to continue to make it easier and easier and increase access.

Mark Masselli: Andy, the President just returned from a successful meeting with the allies of the G7 also the Putin Summit, but I liked how he struck the chord as he was departing to announce that he was donating 500 million vaccines to the world's most vulnerable countries. It's called the global pandemic and I think the only way America is going to get out of it, is if there was a global solution. And so it's great that the new administration is taking this lead. Talk to us about the U.S. role in global health, we're back with the WHO, and working with COVAX, and you know it's so important. But how can we leverage the global health defenses for future pandemics and what role should we be playing?

Andy Slavitt: So I was really pleased, that on my last day in the White House was the day that we made the announcement of the half a billion doses. You know it felt to me like one of several things that was where I had hoped you know quite honestly well in advanced where our hope would be when I left, because I had planned on only coming in and serving 130 days. And there is no question that we can't vaccinate the globe without cooperation from all the wealthy countries in the world, the pharmaceutical manufacturers and many, many other things. You know we need about 11 billion doses to vaccinate the world and it's going to take us a long time, it's not going to take us until you know we won't get it all done in 2021, it's going to take us likely till 2022. And that's with increasing manufacturing capacity, increasing global cooperation through COVAX and quite frankly a lot of money, tens to billions of dollars. And then we'll still run into problems of distribution and vaccine hesitancy and all the things that we've run into here.

So it's going to take a lot of work. The U.S. will play a leading role, I think making the commitment that we've to basically buy and donate half a billion vaccines to poorer countries and middle income countries, is the right way to think about it. But the longer term, you can imagine the U.S. becoming kind of the world's arsenal for vaccines. And you can imagine the development of capabilities and capacity here in the U.S. that will make us a global leader. And I think that's part of the vision that the President has.

Mark Masselli: Well, and I think the President just announced the \$3.2 billion for the antiviral program for pandemics which really is starting to some of those building blocks, because it not only a humanitarian site, purely economics for the country, and we're a global power, a global commerce is going on. And so we really need to make sure that we

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meet what you're laying out here.

Margaret Flinter: We've been speaking today with Any Slavitt, he is the recent Senior Advisor to President Biden's COVID Response team, the author of a new book, Preventable: The Inside Story of How Leadership Failures, Politics and Selfishness Doomed the U.S. Coronavirus Response. Learn more about his latest endeavors by following him on Twitter @aslavitt and Andy, we want to thank you, after your dedication to stepping in when there is a need for real leadership, helping to fix some of our healthcare systems biggest challenges over the years and for joining us again today on Conversations on Health Care.

Andy Slavitt: Well, thank you both. It's a pleasure to be on and an honor to serve.

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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 U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: A new study found there was no negative effect on sperm levels in man after receiving the COVID-19 vaccines, undercutting suggestions, that the shots affect male fertility. But social media post have made the baseless claim that vaccinated man "are effectively sterile." Experts say, there is no evidence that the vaccines cause infertility in man. And there are new data that's further rebut the online claims.

In a study published on June 17th in the Journal of the American Medical Association, researchers at the University of Miami reported that they found no significant decreases in sperm measurements among a group of healthy men before and after receive of a COVID-19 vaccine. The team collected semen samples of 45 men, 18 and older before receiving either the Pfizer-BioNTech or Moderna vaccines and again more than 70 days after receiving their second dose.

Daniel C. Gonzalez, a medical student at the university and one of the study's author said in his statement that 70 days is enough time to see if a vaccine impacts semen. The researchers measured volume, concentration and the total amount of moving sperm and found no declines post-vaccination. Researchers at a hospital in Israel have reported similar findings in a study that has not yet been peer reviewed. That study evaluated the sperm production in 43 men before and after receiving the Pfizer vaccine.

The Society for Male Reproduction and Urology, and the Society for the Study of Male Reproduction issued a joint statement in January, saying "COVID-19 vaccines should be offered to man desiring fertility,

similar to man not desiring fertility, when they meet criteria for vaccination.” The statement notes that some men could experience a fever as a side effects following vaccination, which can cause a temporary declined in sperm production. Experts say, a fever could affect a man’s fertility for upward of three months. But that’s any fever, not something unique to a fever following vaccination. And that’s my fact check 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 checked e-mail 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 Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Anxiety disorders are on the rise among the nation’s youth and experts in the field of child psychology, feel the conditions start much earlier in childhood and is far more common than previously thought. With an estimated one in five children being affected, but too often these so called internalizing disorders go undiagnosed.

Unlike children with more expressive conditions, such as ADHD or Autism Spectrum Disorder, young kids struggling with anxiety or depression, often internalize their symptoms and may just seem like an introvert to the casual observer. University of Vermont, Child Psychologist, Ellen McGinnis says the process of diagnosis for younger children is often painstaking and it can take months to confirm. Dr. McGinnis says the traditional method of diagnosis involves creating scenarios that induce anxiety, followed by behavioral observation by clinicians and the results can be inexact. So she teamed up with her husband and fellow researcher biomedical engineer, Ryan McGinnis, to create a wearable sensor that can pick up on physical cues that suggest the presence of anxiety, using Accelerometers and simple algorithms to compare normal stress responses.

Ellen McGinnis: The device is called Inertial Measurement Unit and it’s about this size of the business card. And so we strap that through belt on each child, and when they did the mood induction task that has an Accelerometer in it. And so we're able to pickup you know angular velocity speed of how much the child have been bending forward and backward and turning side to side. And it actually picks up 100 samples per second, so much more than the, you know the eye can see. So we're able to see if kids with anxiety and depression move differently in response to a potential threatening information. And

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they do, so kids with disorders turn further away from the potential threat than kids without a disorder.

Mark Masselli: The research paper shows the device was nearly 85% accurate in making a correct diagnosis. And she says early diagnosis is the key to avoiding more damaging manifestations of anxiety disorder, later on. A simple, wearable tool that can assist parents and clinicians in determining if a child is suffering from anxiety disorder, leading to less guesswork and more rapid diagnosis and treatment, now that's a bright idea.

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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

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Moderator: 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 e-mail 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.

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