Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome Dr. Atul Gawande, Assistant Administrator for Global Health at USAID, the world's largest international aid agency on global health challenges around COVID, the war in Ukraine and monkeypox.

Dr. Atul Gawande: We've not only dealt with monkeypox, we had outbreak of Ebola in the Democratic Republic of Congo, lots of fever in Guinea.

Marianne O'Hare: FactCheck.org's Managing Editor Lori Robertson checks in, and we end with a bright idea improving health and wellbeing and everyday lives. Now, here are your hosts, Mark Masselli and Margaret Flinter.

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Mark Masselli: Our guest is an accomplished surgeon, entrepreneur and author. He even received a MacArthur Genius Award. He's now putting his considerable talents to oversee the global health programs for the United States Agency for International Development known as USAID.

Margaret Flinter: Dr. Atul Gawande is the USAID Assistant Administrator for Global Health. The US government is the largest donor to Global Health in the world, and Dr. Gawande is the point person on that spending.

Mark Masselli: Well, Dr. Gawande, welcome to Conversations on Health Care.

Dr. Atul Gawande: Delighted to be here. Thanks for having me.

Mark Masselli: I want to talk a little bit about monkeypox cases are indeed rising in the United States and around the world, what's our state of readiness in your mind?

Dr. Atul Gawande: We know it is a painful rash transmitted by intimate contact, heavily driven in recent months in the gay population, among men in particular who have multiple partners, but also spreading more widely than that population as well. On the one hand is it an epidemic that has spread across borders and behave the way that we see pandemics behave? Yes. Is it formally a pandemic, which also implies a level of severity where this is not mortal? Regardless, there is a need to if we can to contain the spread reverse course and try to avoid what's happened in parts of Africa where it's become endemic, and see whether it's possible to prevent that happening at the global level.

Part of my job, a little bit about your comments about the role I've taken on in leading Global Health is that the role involves having --- I have 2,500 people dispersed around the world whose job is to help respond to crises, and those can be outbreaks of all kinds. In the last few months we've not only dealt with monkeypox, we had outbreak of Ebola in the Democratic Republic of Congo, lots of fever in Guinea, Marburg virus, which has 88% mortality and behaves like Ebola, but does not have a vaccination or treatment and two cases of that in

Ghana. When I think about outbreaks and their potential, those are included in the kinds of areas that I'm most worried about, even as we're addressing monkeypox. What matters is what happens long before it hits the headlines and how we contain and be prepared for these kinds of outbreaks.

Margaret Flinter: Dr. Gawande, it would be a pretty vast understatement to say that your role is enormous, and that the role of USAID is enormous in the world. Just a few months ago I understand you were at the Ukraine Polish border. I wonder if you could share with us what you witnessed there and how does USAID responding and helping on the medical front of things with injuries and just the sheer level of trauma that people are experiencing there?

Dr. Atul Gawande: Yeah, the Russian government's war on Ukraine has had devastating effects on people's health, and that has so many different dimensions, and my job has been to lead USAID's efforts to provide support to the government of Ukraine to enable keeping their population as safe and have a medical response that's functional. In the first couple of weeks, the situation they were up against and that we immediately dove into help with was that 90% of the pharmacies closed, the supply chain for medicines almost instantly evaporated, all of the liability contracts that had European suppliers driving trucks around the country that disappeared with the force of the war conditions.

Then add to it, there came cyber attacks from Russia to try to take down the entire electronic record system and function of the hospital system across the country. Supplies of oxygen were bombed on the ways to the hospitals, and so it was critical to provide support to the hospital system and the ministry there that ultimately got more than 5,000 humanitarian actors plugged into a common distribution system where they could access information on what the core needs were and then cover supplies, and have the routing setup. We played a important role providing assistance to enable some of those capabilities. Within a matter of a month it got up to 50% of pharmacies open. Now it's past 80% of pharmacies opened in the areas that are not under attack.

The second has been moving the electronic health record system into the Cloud, and having been through our upgrade to Epic at the Mass General Brigham, which was a couple year rollout, moving an entire country's electronic health record system to cyberspace and hardening it against cyber attacks, unbelievable. The teams and the capabilities that I get --- I'm fortunate to be able to have who can deploy that kind of capability. It's just a small indication of what we've had there. We've seen, in addition, enormous public health needs, from addressing availability of emergency contraception for the enormous number of rape victims to there have been cases of

diphtheria, there have been cases of polio that were being responded to, there were tuberculosis.

Multidrug-resistant tuberculosis has been at already at one of the highest levels in the world in Ukraine. And then the presence of more than 10 million refugees internally and externally has added to that. The response has been tremendous as a partnership we've gotten to have with the Ukraine Government. But the needs are serious and ongoing and taking place under tremendous instability, and so that ongoing support is going to be necessary for a while to come.

Mark Masselli: We also know you're very concerned about the skyrocketing COVID cases in the Ukraine as the vaccination rates have dropped. What's the latest in how they're dealing with the pandemic during the war?

Dr. Atul Gawande: Yeah, so they've been able to restore supplies of vaccines, including COVID and general public health response. Another thing we did, for example, was we were able to buy a year's worth of supply for the 250,000 HIV patients who need their medications to stay alive. On COVID vaccination, we've ensured adequate supplies. Then the government has remained quite functional and maintaining primary health care clinics and vaccination services and capabilities. The challenges that Ukraine has long faced and that got accentuated during the COVID pandemic has been a high rate of vaccine disinformation that has led to low rates of routine immunization to begin with, which is why they've been susceptible to measles outbreaks, vaccine derived polio, and that has been no different under COVID.

When they're under attack, and it's difficult to make basic primary care functions, COVID is on the list of many things that public has access. But the vaccination rates have remained low for lots of reasons with misinformation being still part of that picture, but hardly the only part given the conditions in different parts of the country.

Margaret Flinter: Well, Dr. Gawande, I'd like to turn to yet another area of concern. The US Supreme Court, obviously recently overturned Roe vs. Wade. We're hearing from international activists that even before this decision, countries that were receiving US dollars were hesitant providing abortion services, doing anything related to abortion for fear of losing that money. Now, they believe that the court's ruling may have a chilling effect of family planning and reproductive around the world. What's the administration's take on that? Is there any reassurance that we can give other countries?

Dr. Atul Gawande: I share the concern about a threat to women's rights and threat to those in the lesbian, gay and transsexual communities. First of all, our administration, the Biden-Harris Administration remains 100% committed to securing the reproductive rights, reproductive health,

the sexual rights and health of the world's population, and we will continue to be defending those basic rights and enabling capabilities to provide support. Second, we have long been under restrictions, that funding cannot be used for abortion, and none of the Supreme Court ruling has changed that. But there has been sometimes, as you said, some instances of concern about a possible chilling effect. I've been in touch over the last several weeks to address questions and meet with our partners.

The United States is the largest supporter of family planning around the world, there has been bipartisan support for decades that have made us really the leading experts in how to ensure modernized forms of family planning reach the world, making sure that women have rights to be able to space their births, have timing of their births be planned and that voluntary family planning is a critical right that we have supported around the world. We're getting the same kinds of stories in ways that we're just becoming familiar with now in the United States where the right to abortion has been eliminated by the Supreme Court. That is the fear that women who come in with, say, bleeding or sepsis from unsafe abortion, can they get appropriate medical services, and are sometimes at risk of being denied.

We've worked to communicate that post-abortion services are absolutely necessary for our partners to be able to provide that. Second, that women who are undergoing miscarriages need life saving services and that those should not be withheld, and maintain support funding that those are there. Those are just some examples of the areas where there can be risk of great misinformation or just fear or a chilling effect that can cost women their lives. That is exactly the fear I have about the Supreme Court ruling domestically.

Finally, I'll just say, there's a lot of fear that we're hearing that this is just the tip of the iceberg that Clarence Thomas included in his judgment that next the Supreme Court would look at the right to privacy over sexual conduct and gay marriage. Abroad, there is a great deal of fear in the LGBT community that this would affect their rights sometimes in countries where we fight really hard to protect those populations that their lives are literally at risk in many of the countries that we're working to protect these populations. We don't want to see them become even more endangered.

Mark Masselli: Well, that's such an important message. Thank you for sharing that. I want to talk a little bit about the investment that American taxpayers are making into global health. I think it was Fiscal Year 2021 $11 billion was provided. Then I believe there was a supplemental of $9 billion provided for COVID-19. While we know this is a very small percentage of the overall budget, I'm wondering how you communicate to people on Main Street that they're really getting

their values worth in terms of the investment that we're making?

Dr. Atul Gawande: Well, it's a lot of money, no question about it, billions of dollars. Being really clear that we want to fight diseases where they start, we want to enable people to survive and our interconnections in the world that enable supply chains enable jobs, we are one world that is deeply interconnected and not just disconnected countries. We've had decades of bipartisan support, conservatives and liberals coming together to sustain work that has made sure that HIV, for example, has declined in mortality and is beginning to be increasingly controlled with countries reaching epidemic control. We've been eliminating malaria country by country from the world. We have a series of neglected diseases from elephantiasis, lymphatic filariasis to liver cysts and other parasites that have been able to be controlled.

Furthermore, we've been not only one of the biggest donors enabling women's rights and sexual rights and family planning access in the world, but our work with maternal and child survival has been critical to work that ensures people live long enough to become healthy members of society that enables the prosperity of the world to grow. We've had year after year of steady reduction in global mortality, so that life expectancy has grown enormously around the world.

What I'll point out is that we've just endured during the last few years, the first reduction in global life expectancy in more than a century. That's how bad that has been in the pandemic. Only a minority of those deaths have come directly from infection by COVID. The pandemic resulted in rising food prices that have led to acute malnutrition, led to health workers being sick themselves and therefore not being able to provide services. It's made fragile health systems around the world, even more fragile with mortality rates for under age five children as well as mothers in childbirth. Those mortality rates have risen for the first time in decades.

Part of our work, the critical part of our work is ensuring that we are in a global community where we have discovered in the last century how to make it so that the average person can live 80 plus years of life. That is included 6000 drugs, 4000 medical and surgical procedures and a couple of thousand public health interventions. Our job has been to deploy that capability town by town to everyone alive. Even with the United States, we have large parts of the population that don't get the benefit of that capability. Part of the reason I took this job is COVID made it clear how interconnected we are, and there are two billion people in low income parts of the world who simply don't have access to the basic medicines, the public health interventions that make it possible to have that lifespan and that kind of productive contribution to society. When we don't support and enable that capability to grow, we end up paying the

price for it in many, many ways, from direct infection to our own political loss of support, and so politics matters, and then it matters economically too.

Margaret Flinter: Well, Dr. Gawande, I think you just shone a spotlight on another critical issue, and that is the critical role that health care workers play in making this happen in delivering the essential health services and contributing to the health of the population. To that end, I think President Biden has rightfully said that the COVID pandemic put an entirely new spotlight on that issue. The administration's pledged a billion dollars for a Global Health Worker Initiative that I understand USAID will manage. Please share with us how this effort will protect and also grow the health care workforce internationally?

Dr. Atul Gawande: I came in with three core priorities that I wanted to accomplish. Number one was to make COVID into a manageable endemic respiratory illness, and that's happening. We have the arsenal in the United States but we don't have that arsenal rapid diagnostic test, antiviral pills, vaccines deployed for more than two billion people of the global population. Second, is making us better prepared for the next pandemic and responding to outbreaks. Third, is reversing the loss of global life expectancy. All of that work flows through one, it's the same workforce, and that's the primary health care workforce in particular who are the backbone of the ability to respond.

That all comes down to is there a frontline workforce of community health workers plugged into primary health care clinics where the workers are salaried and paid on time. They're trained, they have the technology and support capabilities that they need, whether it's diagnostic kits or basic tools, and are they managed and plugged into a primary health clinic in an effective way? Where that's been deployed, I was in Ghana just a few weeks ago and in a in a randomized trial that they actually conducted before deploying it nationwide, they found that they had a 50% reduction in child mortality within three years, 70% reduction within seven years.

The fertility rate as family planning became available also improved. That capability, deploying that workforce capability is the single best investment we can make, not so much to pay the worker salaries, but to provide funding that can enable everything from training --- we have played a critical role in making sure that there's adequate nurses being trained in school supported, physician training for primary care, but then also that the supply chain capabilities are there and that the systems are in place that enable all of that workforce and do it in coordination with everyone from the world bank to the countries on the ground. That work is crucial. That's why the President's commitment of the billion dollar investment, which is on the one hand a tiny percentage of payments for health care in the world, but

has a huge outsized impact that can leverage an enormous amount of funding from countries themselves and trained workers who will be a generation that can make a difference. We did this in South Korea at the time that it was a rural impoverished community. We backed the training of the physicians and nurses there. We've done it in Costa Rica and it turned both of those communities into places with an average 80 plus year life expectancy and enormously more economic prosperity.

Mark Masselli: Let me get in a quick question. Your life and career have been dedicated to redefining reimagining health care delivery system. Now your office houses the Center for Innovation and Impact. It supports breakthrough innovations and advances efforts in digital health and human centered design. What are some of the successes you're impressed by?

Dr. Atul Gawande: I'll give one example, and that's the oxygen program that the Center for Innovation and Impact created. We saw when India got hit by COVID people dying for lack of oxygen. It has been a huge missing gap across much of the world. You can't do emergency C-sections, you can't do newborn rescue, you can't --- there's so many things as childhood pneumonia is the biggest killer of children under age five. In COVID you need oxygen. The team was able to design an approach that wasn't just about shipping oxygen, but about changing the markets for oxygen.

People pay 10 times or more for oxygen in low income countries. The access to supplies aren't there, the factories aren't there, and so they have enabled the distribution of the equipment to set up oxygen production, enabling bulk liquid oxygen then to get delivered to key clinical settings. That capability was thought to be something you couldn't build and sustain a living ecosystem to make possible. I've seen it, I've seen it in places across every continent that have had these setups put into place with training and support for the people who then maintained and can continue that capability.

It's not just about the breakthrough innovation. It's the follow through innovation. Oxygen, we've had available for a century, but how you can make it widely available in the world scale up and bring that productive capacity to millions of people, that's the remarkable thing that the Center has been able to provide.

Margaret Flinter: We've been speaking today with Dr. Atul Gawande, the USAID Assistant Administrator for Global Health. I want to thank you for joining us. I want to thank you for your decades' career long championing of health and health care for all. And thanks to our audience for joining us. You can learn more about Conversations on Health Care and sign up for our email updates at www.chcradio.com. Dr. Gawande, thank you again and best of luck in this enormous role

that you've taken on.

Mark Masselli: Absolutely.

Dr. Atul Gawande: Thank you for taking the time. It's been really great to talk to you.

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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 health care 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: The Food and Drug Administration and numerous peer reviewed academic studies have concluded that medication abortions are safe and effective, and that serious adverse events for medication abortions are relatively rare. Recent research was conducted on women who received abortion pills through the mail after a video conference with a clinician rather than in-person from a medical clinic. That research didn't appear to show an increase in “serious safety concerns” the FDA said. But South Dakota Governor Kristi Noem, who opposes abortion, defended her state's ban on prescriptions via telemedicine appointments by calling medication abortions “very dangerous medical procedures” and claiming a woman is five times more likely to end up in an emergency room if they're utilizing this kind of method for an abortion.

Noem’s press office said, Noem meant to say four times more likely, and it cited research on emergency room visits by women with Medicaid coverage who got medication abortions. The governor isn't citing the study correctly however. It found that women who got medication abortions were 53% more likely not four times to have a subsequent emergency room visit for an abortion related reason than a woman who received a surgical abortion. But other researchers warn that the study only tracked ER visits, not whether those visits required medical intervention. One researcher noted that many people may visit emergency rooms because they don't have a primary care doctor, and this is particularly the case with Medicaid enrollees.

Other research published in 2015 on women in the California Medicaid program tracked ER visits as well as diagnosis and treatment. It found that major complications meaning cases that required hospital admission surgery or blood transfusion were relatively rare in both medication and surgical abortion. Medication abortions are done early in pregnancies and now account for more than half of abortions in the United States according to the Guttmacher Institute, which researches reproductive health. In

September 2021 the Biden Administration announced that the FDA would allow women to receive abortion pills by mail instead of in-person at a medical clinic or hospital for the duration of the COVID 19 pandemic. In South Dakota Noem signed into law the state's ban on medical abortion by telemedicine in March. That's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

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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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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. While the world grapples with a global pandemic, public health experts have been simultaneously battling another ongoing health threat. Mosquitoes are considered one of the deadliest animals on earth leading to hundreds of millions of illnesses and some 2.7 million deaths per year globally. Diseases such as malaria, dengue fever, and Zika are on the rise.

Dr. Scott O'Neill: There is one mosquito called Aedes Aegypti that transmits a range of different viruses to people. They include viruses like yellow fever, dengue fever, chikungunya, Zika, and the consequences can be very dire from a loss of life through to crippling social and economic cost.

Margaret Flinter: Dr. Scott O'Neill is the Director of the World Mosquito Program, which has developed an innovative approach to eradicating the threat.

Dr. Scott O'Neill: I was particularly interested in this bacterium called Wolbachia. This bacteria is present in up to 50% of insects naturally, but not this one mosquito that transmits all these viruses. When we put the bacterium into the mosquito the viruses couldn't grow any longer in the mosquito. We're seeding populations of mosquitoes with our own mosquitoes that contain Wolbachia. We are able to spread the mosquitoes across very large areas very quickly. Once the mosquitoes have it they're protected from being able to transmit viruses. When they're protected, the humans are protected as well.

Margaret Flinter: Dr. O'Neill's team released the genetically modified mosquitoes into a targeted area and the results showed a dramatic reduction in human infections.

Dr. Scott O'Neill: In Northern Australia we deployed the Wolbachia over quite large

areas, entire cities, and we've seen essentially a complete elimination, 96% reduction in dengue in those cities. We believe if we can scale this intervention across entire cities, we can completely prevent the transmission of diseases like dengue, chikungunya, and Zika.

Margaret Flinter: The World Mosquito Program is one of the six finalists in the MacArthur Foundation's 100&Change competition, which awards $100 million grant to innovative public health interventions.

Dr. Scott O'Neill: We're hoping that over the next five years, we could bring this technology to protect 75 to even 100 million people. We would hope that within 10 years we could bring this intervention to 500 million people.

Margaret Flinter: The World Mosquito Program, an effective targeted genetic engineering approach to eradicating the threat of deadly mosquito borne pathogens leading to a dramatic reduction in harm to public health. Now, that's a bright idea.

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Mark Masselli: I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

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Marianne O'Hare: Conversations on Health Care is recorded in the Knowledge and Technology Center Studio in Middletown, Connecticut, and is brought to you by the Community Health Center now celebrating 50 years of providing quality care to the underserved where health care is a right not a privilege, www.chc1.com and www.chcradio.com.

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