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Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome Dr. Tom Frieden, CEO of Resolve to Save Lives and Former Director of the Centers for Disease Control and Prevention, talking about a major overhaul at the CDC. Now, here are your hosts Mark Masselli and Margaret Flinter.

Mark Masselli: Big changes are on horizon at the Centers for Disease Control and Prevention, as well as the National Institute of Health as we continue to face COVID and Monkeypox challenges. The CDC is looking to do a better job protecting Americans and Dr. Anthony Fauci officially announces his departure.

Margaret Flinter: Here to discuss these topics is the Former Director of the CDC, Dr. Tom Frieden. He's currently the President and the CEO of Resolve to Save Lives, a nonprofit focused on making the world safer from epidemics.

Mark Masselli: Dr. Frieden, thank you for joining us, again on Conversations on Health Care.

Dr. Tom Frieden: Delighted to be here, and looking forward to the conversation.

Mark Masselli: Let's start with the news that Dr. Anthony Fauci will leave his role as the Director of the National Institute of Allergy and Infectious Disease in December and President Biden said, "He has touched all American lives with his work, the United States is stronger and more resilient, and healthier because of him." I'm wondering what your thoughts are, he's your friend, you've worked with him for a long time. Talk a little bit about his legacy, and also maybe what type of person or experience should be looked to fill this important role.

Dr. Tom Frieden: I first met Tony in the 1980s, when I was taking care of AIDS patients in New York City, trying to get people into clinical trials. And then I worked very closely with him during the Ebola epidemic of 2014 to 2016 in West Africa, and I really got to know Tony and his commitment to the public to public health, being focused on what's the right thing to do, and being able to communicate that very effectively. It's unfortunate that over the past few years, so many things, whether it's masks and vaccines or Tony Fauci have gotten partisan and political. Tony has advised seven Presidents. He was very close to both Presidents Bush, President Reagan, Presidents Clinton or Obama, and Tony tells it like it is. He doesn't sugarcoat things. Unfortunately, at this point, sometimes just stating a fact like hydroxychloroquine doesn't work may be seen as a political statement when it's really not. In terms of what comes next for NIAID, this is one of the larger institutes within the National Institutes of Health and Tony has played much more than that role because of his

influence with the White Houses, because of his influence with both Houses of Congress with both sides of the aisle, traditionally, and I think the next director, besides the question of why is he not Tony Fauci or she is why she not Tony Fauci, the next director will have the challenge of recognizing that that role may be much smaller than the various roles that Tony Fauci was playing.

Margaret Flinter: Well, we certainly share your positive assessment. Dr. Fauci remember him so well, from the early days of the HIV AIDS epidemic, and I know we all love both wish and well and look forward to hearing what he takes on next. But you led the CDC from 2009 to 2017 and we certainly have followed with interest now, the news review team. I was picked to interview about 120 agency staff and key external stakeholders, and we understand that you were one of the experts that they spoke with. The full report we haven't seen yet, but can you share with us what some of your sort of key recommendations and guidance would have been when you were interviewed by them?

Dr. Tom Frieden: I look forward to seeing the full report. I think you have to really divide problems intrinsic to CDC, and problems extrinsic to CDC and you can't sugarcoat the problems that are intrinsic, but you shouldn't pay for over the problems that are extrinsic. So, CDC is dealing with a public health system around the U.S. where state and local health departments have been underfunded for decades. It's also dealing with a health care system that's very fragmented. If you look at countries like the United Kingdom, Israel, they have a very coherent healthcare system. So it's much easier to get reporting and figure out what's going on with whether it's COVID or Monkeypox. Also within the federal government, CDC has had real challenges in the prior administration. CDC's advice was undermined, maligned, sidelined, and even in this administration, by insisting that moves to all of the media be done with the White House, you've seen an increasing polarization of attitudes towards CDC and though most of the media talks about how CDC has lost the public trust, and it's certainly true, that the trust levels are substantially down. When I was there, it was the second or third most trusted Federal agency, the Mint always didn't invest in that in that rating. But it's been primarily among Republicans, a big drop in trust among Republicans. That partly is a reflection of the partisanship that has infected the response to COVID. But there are also intrinsic problems at CDC and these are things that have been there for a while need to be addressed. It's very important to emphasize that, although those problems are real, it's also real that there are thousands and thousands of dedicated public servants at CDC, doctors, nurses, pharmacists, veterinarians, who have devoted their lives to public service and they still are some of the most knowledgeable and committed people anywhere in the world and the key is to ensure that CDC has the wherewithal to refocus on protecting Americans and the world from health threats.

I think many of the recommendations we've heard about make a lot of sense, focusing on quicker action, more practical recommendations. One of the things that will be very important in doing that is knitting together the Federal, State and local levels by having a big increase in the number of people who are CDC employees, but on loan to state city or local health departments, and then after two, three, four or five years, may rotate back to Atlanta. This is a way of aligning perspectives. It's a way of getting more people at CDC who understand what it takes to get the job done at the local level.

Mark Masselli: You know, the current head of the CDC is Dr. Rochelle Walensky, who has discussed the review and we want to unpack what's been reported and get your reactions and first, they'll create a new executive team to set priorities and make decisions about how to spend their annual $12 billion budget with a focus in on public health impact. I'm wondering do you think that's going to work. Do you think that's going to help seems to be perhaps a manageable size of a budget for a few people to decide? Congress can have input on that. How do you think that's going to work?

Dr. Tom Frieden: Well, the truth sad or not is that CDC does not set its own budget. Congress sets its budget in 150-plus different budget lines and the Director or the Executive Team have very little latitude to change that budget in any way. In fact, when I was CDC director, I was struck by the fact that as New York City Health Commissioner, a post I also held for about seven and a half years, I have literally 20 times more flexible dollars than I did as CDC Director. So, part of this is Congress, increasing the amount of cross cutting funding that CDC has, so CDC can focus on maximizing public health impact.

The organizational issues aren't simple. CDC is a large organization, there have been a few different attempts to have it run in a streamlined way. When I got there, there were something called coordinating centers, I disbanded those, I created Deputy Directors to oversee a cluster of centers. As with NIH, you have many different entities within the larger organization. The most important thing is that those entities function well in their own areas.

Then there are some adjacencies, some synergies that can be achieved, and the more Congress gives cross cutting funding, the more CDC can focus on protecting people against the biggest threats. The other thing that I think is an important direction that was outlined was focusing more on public health action, more on rapid response, and that's very important. I think, one of the implications of the fact that there aren't that many people who spent a few years on the front lines, that there are some people at CDC and that some of the culture there that's risk averse, that would rather delay a decision

than make a decision that may be wrong.

That gets back to communication, because ultimately, a lot of whether CDC is successful at regaining trust, and it has lost trust of the American people is how well it communicates? How well it says consistently, based on what we know now, here's what we're recommending. This is why we're recommending it. This is what we know and how we know it. This is what we don't know, and what we're doing to try to find that out and really talk through the details.

People often ask me, do I miss being CDC Director? And the honest truth is, no, but one thing I do miss is the ability to call up any of thousands of scientists, who are the world's experts in their area and that's a precious resource. And whether that's Monkeypox, or polio, or viruses, like COVID, or tuberculosis, or environmental poisonings, or what's causing heart attacks and strokes in this country and around the world, that's a wonderful resource. And the key is to translate that knowledge into practical, rapid action.

Mark Masselli: Wonderful.

Margaret Flinter: Well Dr. Frieden the kind of communication outward timely communication that may help regain the public's trust, of course, depends on communicating efficiently in word, and we understand that the review has indicated that two scientific divisions will now report directly to Dr. Walensky's Office. And that seems to be a change that's aimed at speeding up the delivery of data to that office as the key individual that's going to then communicate it outward to the country.

When you ran CDC, was slow data delivery an issue and does that really change internally as CDC? Or is that a function of the massive network of local and state health departments out there?

Dr. Tom Frieden: Well, there are a couple of questions in there; one of them is about data. And yes, slow data is a big problem, it's a big problem, it's not going to be quick to fix. It's a reflection of weak local health department's, weak of information systems in the healthcare system. And an approach at CDC that sometimes is not as efficient as it needs to be. There has been progress, but not nearly enough, and to be really frank with people, this is not going to get fixed overnight, this is going to take years to fix, but if you focus on the most important information and getting that information in and out quickly, understanding that you know, done is better than perfect, and perfect should never be the enemy of the good. This is a really important concept.

I think part of the challenge is now there's kind of a gotcha attitude towards CDC, Oh, you made this mistake. And CDC needs to be

comfortable saying, based on the best information we have today, this is what we believe, this is what we're recommending. This is why and that may change as we get more information, and getting that kind of expertise and recognition, that's very important.

The other part of your question has to do with direct reports to the CDC Director. I actually created the laboratory unit, because I recognized that there was weakness in the oversight of our laboratories, and I do think making that unit stronger, particularly because of the really serious mistake that happened early in the pandemic with laboratory tests, you need to have much more control over the laboratories. That office needs to be more powerful, when that's done by having it report directly to the Director or have, for example, budget authority over the different laboratories in the agency we're hiring a sign off on key hires. There are lots of ways to do it, but I do think that office needs to be even stronger.

Mark Masselli: You know speaking of being frank, I'm wondering if you can give us an assessment about Dr. Walensky, in terms of her ability to make these changes, what are the qualities that she possesses to make her that leader? And what are the limitations that she has that she may need assistance or to be focused in on?

Dr. Tom Frieden: Well, I'm not there now, and so I don't want to second guess her, the amount of pressure she's under really can't be underestimated. She's coming into an agency at the time of the worst pandemic in a hundred years, with staff who have really been beaten down for a few years, they've been working really hard, but not recognized. A lot of great work done, not appreciated, and a lot of challenges through the federal government, through the Congress, through the country. It's a very difficult position, and I think the key will be to enlist in this very appropriately directed effort the people within CDC, who understand the need for change, who have been working hard for dedicated public health and public service, and who will be the only way that this succeeds is if you bring the people along with you, and I think that'll be crucially important.

Margaret Flinter: Well Dr. Frieden, I think it goes without saying among all of us, that in government, there is always constraints and hurdles and obstacles and opportunity, but I have to say that I was shocked by what you said earlier, which I had just heard a few minutes before we started the show, that Congress actually sets all those line items of the budget for CDC. I was unaware of that, which seems like a very bad idea when we never know what the next thing is that's coming, that is going to pose a real threat. Is that part of the advocacy work that's underway and did that -- do you think contribute to some of the issues around what we're seeing, and I know, we may talk more in a minute about Monkeypox, or even COVID, about the ability to pivot on a dime, and

put your energy and your resources where you need to?

Dr. Tom Frieden: I do think that the fragmented budget of CDC is a big part of the problem, because what it means is that the incentives within CDC are to work within your narrow area, one of more than 150 areas. Only in the last couple of years, Congress has begun providing cross cutting funding in substantial amount and that's very important, and that needs to continue and that needs to expand.

Furthermore, it's crucially important that there be sustained funding for public health. Public health has worked in kind of a boom and bust mentality and experience. If there's an emergency, billions of dollars come in, they need to be spent quickly. It'd be better to get less money but more stable money. I don't mean a cut from their existing budget. But rather than get $5 billion to spend in a year, if you had $4 billion to spend over four years, that would actually do much more good. And that's why whatever mechanism, the ideal would be that Congress would identify certain budget lines that are required for our country's health defense. And then take those budget lines out of the budget dance, let them be funded by Congress based on an accurate assessment of need without having to rob Peter to pay Paul, without having to cut Head Start or Alzheimer's research to fund something that could save 1000s or millions of American lives. That kind of reliable sustained funding will be very important for avoiding the kind of vulnerabilities that we've had for COVID and other health threats.

Mark Masselli: You know, speaking about the threat of COVID we've had Dr. Fauci, Dr. Topol, Dr. Hotez, many others who've been on the show, all talked about the next pandemic as well. That this isn't the last pandemic we're going to face. And I'm wondering what your thoughts are about the bipartisan call on Capitol Hill for an independent COVID-19 Commission modeled after the 9/11 Commission? Where do you stand on that idea or conceptually about how do we analyze what we've just gone through so we can be better prepared for the future?

Dr. Tom Frieden: I think it's very important. There needs to be a clear look. More than a million Americans are dead. And if the U.S. had a death rate of Canada's, for example, most of those people will still be alive. What went wrong but more importantly what do we need to change so that preventable deaths like this in response to a health threat never occur at this level? You know, that the U.S. is an outlier. If you look at death rates for 100,000 people in high income countries, the U.S. has a much higher rate than most other countries. And that's not something where the U.S. should be number one. That's something where we shouldn't be a leader. And this kind of review is very important. I became CDC director after 9/11 and we look really carefully at the 9/11 Commission recommendations and those recommendations changed the way government does business. Did they fix everything?

No. Did they make it better? Absolutely. And there's also kind of a reckoning, it's important that that get done so that people who want to know the truth can know what really happened, what went right, what went wrong?

Margaret Flinter: Well, Dr. Frieden, we still obviously are in COVID and very concerned with continuing to address COVID. But the global Monkeypox outbreak didn't wait for the COVID pandemic to be over. That's arrived on our doorsteps and we're very engaged in the response to that here in our own state. But there's been criticism from the former FDA commissioner Dr. Scott Gottlieb that CDC had once again failed to expand testing fast enough in the early days of Monkeypox. I wonder if you agree with that criticism, and generally if you'd like to comment and how we're doing in responding to the Monkeypox epidemic? Certainly vaccines have been challenges in terms of shortages, although I think the pathway of getting them out to communities we learned a thing or two from the COVID pandemic, but what are your thoughts on that?

Dr. Tom Frieden: There's a real commonality between the challenges we're facing in COVID, in Monkeypox, and also in the polio transmission in New York and elsewhere. And it has to do with community engagement. Community engagement and building of trust is absolutely essential. When it comes to Monkeypox, this is overwhelmingly spread among men who have sex with men. And it's really important that local, city, state, federal and global public health agencies work really very, very closely with community members, community leaders, sharing information, sharing dilemmas, sharing resources, prioritizing vaccines, treatments, diagnostics of those who are most at risk, and doing everything possible to control the outbreak.

We are seeing a reduction in cases in some countries in Europe, and maybe a reduction starting in the U.S., but we have a long way to go. And we don't have enough vaccine. That's something else that should be looked at that was under a different part of the Federal Government that was taken away from CDC. The vaccine that is available is being sent out in ways that are not very efficient. So that's something that we didn't look at. But right now, the key is to engage communities. For example, we need to go to this fractional dosing approach. You get five times as many people vaccinated. Are we happy that we have to do that? No. We wish we had much more vaccine.

But work with community leaders, work with community members, get the vaccine out as quickly as possible, and see if there are people within those communities who may be able to carry the message that until you've been the recipient of two doses of vaccine, you might want to limit the number of sexual partners to people with whom

you're having ongoing relationship to reduce the number of anonymous partners because that's, this is largely spreading, and to provide clear information that Monkeypox, which is an unfortunate name is really uncomfortable. We haven't had deaths yet in this country, there have been deaths globally. But even people who are only mildly ill from it feel pretty miserable for weeks. And you don't want that spreading. We hope it won't spread for a long time or to a lot of society. But we don't know what will happen. It spread through intimate contact, which means that people who are other than men who have sex with men are not immune from it. And this is a real risk.

Similar thing happening with polio, you see very low vaccination rates in some communities. Unless there's engagement with those communities and building of trust, it's going to be very difficult to control. And that's the case in upstate New York, as it is in Afghanistan and Pakistan, and elsewhere around the world where polio sadly continues to spread.

Mark Masselli: Well, what a great prescription of building engagement to get to trust as something all of our institutions should be engaged in. And, you know, criticism continues to follow CDC. It's loosens its COVID guidelines for isolation and testing in schools and ended a previous recommendation that students quarantine if exposed to someone positive for the virus. And it said that schools should no longer conduct routine COVID testing for asymptomatic or unexposed students. Some critics have said the CDC is moving too fast. What's your take on this?

Dr. Tom Frieden: The situation now is really very different than what it was before. And I will say I've been very consistent about this in March of 2020, that we need to keep the schools open and functioning, because it doesn't make that much difference in terms of spread of COVID. And it makes a huge difference in terms of not just educational outcome but social development, economy and other things. So working to keep schools open and functioning as normally as possible is extremely important. I think CDC is in a position where whatever it recommends, there are going to be people saying too stringent, not stringent enough. That's why communication is so important. So it's not just a recommendation put on the web but one hour press conference with the top CDC experts in COVID, in schools, in transmission, in contact tracing and testing, to answer every question that media has. Why did you make these recommendations? What are they based on? What are the pros and cons?

And ultimately, the recommendations, school districts and state local city health departments will make their own determinations and the more CDC lays out why it's saying those things, the more consistency there will be understanding that different communities may with all

validity come up with different conclusions. They may decide we want masks or we don't want masks. We want them in this situation or not in that situation. But at least it should be explicit about what you're doing and why, and recognizing that the COVID situation today is really very different, for at least a few reasons.

One, COVID the virus is hitting a wall of immunity from both prior infection and from vaccination. And that prior immunity, although it doesn't protect very well from getting infected, does protect a great deal from getting severely ill and hospitalized and dying. And that transforms COVID from something that was much deadlier to something that's much less than. Second, we have great vaccines and apparently very effective treatment with Paxlovid. And that also transforms this pandemic to something that's much more manageable. We also understand how to control it more, and for the people who remain quite vulnerable those who have underlying conditions who are elderly and frail, in addition to vaccines and quick treatment with Paxlovid, you have also got ample N95 masks, which can be very helpful. So that people can make a determination, what's the risk, what's the benefit, and what do I choose to do that I can go about my life as healthily and productively as possible.

Margaret Flinter: Well, Dr. Frieden, we want to thank you for sharing your insights with us. We want to thank you for all of the great work that you've done in public health over a long career. And thank you to our audience for joining us today too for this important conversation.

You can learn more about Conversations on Health Care and sign up for our updates at www.chcradio.com. Dr. Frieden, thank you so much again for joining us today on Conversations on Health Care.

Dr. Tom Frieden: Thank you. It's been a pleasure.

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