

Mark Masselli (00:04)

Our guest is the renowned and acclaimed Dr. Anthony Fauci. He's here to talk about his new autobiography *On Call, a Doctor's Journey in Public Service*.

Dr. Anthony Fauci (00:14)

It became clear that in order to preserve my own professional integrity and to fulfill my responsibility to the American public, that I had to publicly disagree with the things that he was saying, which was very painful for me. You know, the people who are attacking me now and are the, are the very, very avid supporters of former President Trump mistakenly thought I was doing that to undermining, which was not true.

Margaret Flinter (00:43)

The Washington Post calls Dr. Fauci book, gripping, it's his own account of a six decade career in high level public service that put him in the room with seven presidents through some of the world's most harrowing health crises.

Dr. Fauci (00:56)

Unlike other respiratory illnesses, this is not a seasonal virus. It's a virus that persists, that has an uncanny capability of continuing to evolve. We've had multiple variants. We have a new variant now. Doesn't seem to be more serious at all, but it seems to evade some of the protection that you get from vaccines and from prior infection.

Margaret (01:20)

And this is *Conversations on healthcare*.

Mark (01:31)

And Dr. Fauci, welcome back to *Conversations on Healthcare*.

Dr. Fauci (01:35)

Thank you very much, Mark. Thank you for inviting me back.

Mark (01:38)

Oh, that's great. You know, you've written such a compelling book, and one of the first chapters is titled, becoming Dr. Fauci. You know, you're born on Christmas Eve, you grow up in Brooklyn into a loving Italian American family. You play baseball and basketball. Got into a few fisticuffs, but it's your years of internship in residency where you say you found yourself. What did you find? What was the inner voice that you kept hearing that motivated you?

Dr. Fauci (02:05)

Well, Mark, you know, as I tried to articulate in, in, in the memoir what I learned from those early years in that working class section of, of Brooklyn with my family and my father, being the pharmacist in a small mom and pop type of pharmacy, that really served as the hub in the neighborhood of taking care of people, being the, the local psychiatrist, marriage counselor, and person who, you know, filled prescriptions. And if the people could not afford their drugs, my father would often just give it to them. So, you know, on the, on the one hand, the bad news is he was a terrible businessman. But on the good news is that he instilled in me, as well as my mother did, this feeling of community service, of being, taking care of people. And throughout my young childhood, my adolescent years, and then I believe underscored by my training in Catholic schools, you know, the Dominican nuns in our Lady of Guadalupe, and then Jesuit priests who the theme of the high school, Regis High School that I went to in New York City, as well as Holy Cross College, which was a Jesuit school, was men for others, it was an all boys school. It hopefully someday will be men and women for others, but it was men, men for others. So I was trying to figure out how I could best fulfill that, training and, and innate feeling that I had about service and medicine was the answer. And, and, and that's why being a physician and then ultimately a scientist, and then ultimately a public health person, and then finally for the many years, a public health person, I, I just felt that that was exactly what I was meant to be. So I, I believe those early years was the early foundation of that, which is why I began the book with those early days that I experienced in Brooklyn.

Mark (04:12)

Yeah, You found your people and your cause.

Dr. Fauci (04:15)

Yes.

Margaret (04:17)

And we remember those neighborhood drug stores that were very much the, the counselor in the neighborhood for people about their health and, and what they needed. So really appreciated your, writing about that. And then, the trip, you know, after, college to medical school and residency, I think, in New York, very intense period of time, which you write about, so powerfully. And then down to Bethesda, Maryland, and I know this is the late sixties, there were a number of factors maybe that got you to Bethesda initially and ultimately to the National Institutes of Health. Share that journey with us. How, how did you get from medical school down to Bethesda?

Dr. Fauci (04:57)

Well, as you correctly said, Margaret, I did my residency at the, last part of the 1960s, which was right in the middle of the Vietnam War. So we all assumed and, and were willing to do that, that we would have to serve three years in any of the following organizations, either the United States Public Health Service, which is a uniform service, the army, the Navy, or the Air Force. I was very interested in infectious diseases and the interface between infectious disease and immunology. And the NIH had, you know, a very, very fine program in that. And I thought that would be a good place to get training, both from a basic and clinical research as well as to expand my clinical horizons, because I went down there and got my board certification in infectious diseases and in clinical immunology. So I went to the NIH with the purpose actually, of ultimately getting that training, fulfilling my responsibility for the draft, as well as to then go back to New York and practice medicine in New York City. But as they say, on the way to the forum, something happened. And what happened was my introduction to the discipline of basic and clinical research, which really fascinated me because I felt not only could I fulfill my need to take care of patients, individual patients, but it would give me the opportunity to perhaps get involved in some studies based on basic research, but manifested in clinical research that might allow me to have a multiplier effect where what I did and what I invested my time and my effort in would be not only for the individual patient that I was taking care of, but that perhaps could be used by others based on the papers and the clinical trials and the research results that we published. And fortunately, we were really quite successful. So I wound up going back to New York Hospital for an additional year to complete my clinical training as Chief Medical Resident at the New York Hospital, Cornell Medical Center. And then I came back to the NIH as a senior, a very young senior investigator, and began my career in basic and clinical research. And I did that from set 1972 on, which as you know, from the book, I won't jump to that, but that was fine and great, and I was doing things that I really enjoyed and I was very productive. And then in 1981, along came HIV and aids, and that changed everything for me.

Mark (07:50)

You know, I wanna pull the thread on that training that you had, the sort of foundational training, in medicine in the sixties. You'd be trained then, and you, you'd end up being one of America's most important health advisors. But I'm sure back in the sixties, you might have watched Dragnet and remembered Sergeant Joe Friday's most memorable line, just the facts, ma'am, just the facts.

Dr. Fauci (08:14)

Nothing but the facts.

Mark (08:15)

Nothing but the facts. And yet you would encounter problems that required more than science, but in fact, some diplomacy. In, in the eighties, you're confronted with AIDS and had to address the real concerns of people like Larry Kramer. But most recently with Covid, you had anti-vaxxers, including members of Congress. I'm just wondering how well were you trained back in the sixties and seventies for these encounters, which really were beyond dealing with the facts. And, you know, if you sort of look at what's happening now in terms of how generation of physicians and scientists are being trained, are they prepared not only to address the science, but also this larger societal engagement which you had to master?

Dr. Fauci (09:02)

Well, the answer, the short answer, Mark, is no. I mean, there's no specific formal training in that regard. And, I had to really learn, you know, on the fly as it were when it became clear, and, and you correctly pointed it out, is that, that really introduced me was the situation with HIV, where it was a disease that was at first quite mysterious. There was a lot of stigma associated with people at risk for, and who were infected and who were living with HIV even before we knew it was HIV. And there were some interesting, encounters, which was very valuable to my development because, it, it taught me that you really have to listen to people and keep an open

mind. And, you know, the activist movement, I think, historically is gonna go down, as one of the most important advances in the interrelationship between science, medicine and the people that science and medicine supposedly serves. Because we were trying to do things in the established way with a disease that was far from anything that we knew in the established way. It was a brand new disease. It was afflicting a particular subset, at least in this country. And they wanted a say, they wanted to be heard as to what they felt would be important for the scientific and regulatory community to best serve them. And when the scientific and regulatory community did not serve them well, because we had not experienced anything like that, they were trying to do their best. But you had young men mostly who actually were in a system that was geared to a disease that was not anything like HIV. So they began protesting and being, you know, iconoclastic and confrontative and theatrical. One of the best things I've ever done in my life, Mark and Margaret, was to actually maybe call upon my training in my younger days of empathy and open mind and caring about people. So instead of running away from their protests, which most of the scientific community and the regulatory community did, I invited them in, which shocked them because no one up to that point was interested in what they were saying. And when I sat down and listened to what they were saying, they made perfect sense. And I said to myself, if I were in their shoes, I would be doing exactly what they were doing. You know, fast forward to what John Lewis def famed and iconic, civil rights person said, you know, we made trouble. But it was good, good trouble. Yeah. And I think that the AIDS activists made trouble, but it was good trouble. And thank goodness we listened to them because we made the interaction between the scientific and regulatory community and advocacy something that was productive instead of negative.

Margaret (12:28)

Well, Dr. Fauci, it seems in, in reading your book, that one could make the case that you learned everything that you needed to know for the rest of your career about speaking truth to power, about watching out for the needs of marginalized and disenfranchised people, about being willing to say the truth, even when it's not popular, and, and such great stories, that have come out of that time. It's a lesson for the ages, and yet there's always surprises. And it seems to me, in, in reading a book that one of the surprises to you perhaps, is that we, that the science has not yet allowed us to figure out that we can develop a vaccine or if we might be able to develop a vaccine or when we might, have a vaccine. I wonder if you'd like to talk about that in terms of, for all that we, the science and the tools we have, there's certain things that we just have not yet been able to do with regard to this.

Dr. Fauci (13:25)

Yeah, great question, Margaret. I'll try to be as succinct as possible, but, well, what I explained in, in, in the memoir is that one of the fundamental principles of vaccinology is that you try as best as possible to mimic natural infection with your vaccine, obviously, without hurting the patient. Because if you look at the diseases, smallpox, measles, polio, which have a certain degree of morbidity and mortality, the overwhelming majority of people recover from those diseases and then develop a degree of protection to prevent them from getting reinfected with the same virus, be it measles, be it polio, be it smallpox. And that was predicated on the fact that the body had the capability of mounting inadequate immune response. So vaccinology over the years figured out ways, one way or the other, to get the body to respond in a way that would respond to natural infection. So the mantra of the vaccines was mimic natural infection in a safe way. The only trouble with HIV is that alone among the pathogens that we have dealt with, we don't make an adequate immune response against HIV. And once you get exposed to the virus and it integrates itself into the genome of certain subset of your cells, the reservoir is there, and the immune system is incapable of eliminating it. So, natural infection is not the key to getting a good vaccine. You don't want to mimic natural infection. You want to do even better than natural infection does. And up to this point, Margaret, we have not been able to crack that nut. We're getting close, but it is, is it requires a degree of understanding the mechanisms of in, of reaching into the, the, the very early precursor cells of the immune response and coaxing them to make broadly neutralizing antibodies. The normal vaccine approaches that we've taken don't seem to do that, but there's a lot of really good work going on. I have cautious optimism that we will get an HIV vaccine, but it's one of the more difficult tasks scientifically than we've ever faced.

Mark (16:00)

You know, I wanna talk about, one of your relationships with one of the seven presidents that you served, and also, what might be hopefully a new discovery. And it was last year when we were together at Aspen Ideas Health. We had the opportunity to talk to you about PEPFAR and your relationship with President, Bush, and the incredible work that went on, in Africa because of his leadership. Now there's also good news that Gilead has developed a twice year subcutaneous injection, hopefully to prevent HIV that at least seems to be, succeeding in late stage trials. I'm wondering a little bit about, president Bush and that relationship that you had

in, in, in the great work that happened under PEPFAR and also, what do you think of this, potential, very important, hopefully discovery?

Dr. Fauci (17:00)

Well, Mark, two great questions. The PEPFAR program, I think is an example of a number of things. One, the leadership that a president of the United States could provide that would have enormous impact on global health, number one, and the importance of bipartisan cooperation, which we seem to be lacking over the last few years. You know, when we developed, along with the pharmaceutical companies, really extraordinary combinations of antiretrovirals that not only slow down the progress of disease, but actually suppress the virus to below detectable level so that people who are living with HIV could almost have essentially a normal lifespan. The drugs were so extraordinarily effective. That started with a triple combination in 1996, and from 1996 for the next few years, up to 2000, we'll say most of the developed world had the drugs to be able to give to the persons in their country who were living with HIV. It completely transformed the disease. However, in the developing world, particularly Sub-Saharan Africa, where 65 to 67% of all the infections occur, those physicians, nurses, and healthcare providers were as frustrated in the year 2000, 2001, as I was in 1981, 2, 3, 4, 5. Back then, we didn't have any drugs. But then in 2000, 2001, in Sub-Saharan Africa, there were drugs, but they couldn't afford it. So I was very struck and disturbed by this disparity and this lack of accessibility. So I was doing whatever I could, but we didn't have any resources. Lucky for the country, the world, and everyone, president George W. Bush felt very strongly that as a rich nation, as he said very clearly, he articulated it well. He felt we have a moral obligation as a rich country to not allow people to die and suffer from a preventable and treatable disease, merely because of where they happen to have been born. So he sent me to Africa to test the feasibility and the accountability of a program that might transform HIV/AIDS in the developing world. So I worked on it for several months with his staff, several people in the White House staff, and we put together the architecture of a program that started off as a \$15 billion program, treating 2 million infections, preventing 2 million infections, and caring for 10 million people, including AIDS orphans in about 14 countries, thanks to the bipartisan spirit in this country, led by a Republican president. We wound up putting the program together 20 years later in December of 2023, we had a reunion of the original group, president Bush, Laura Bush, and the team right here in Washington DC and the data were discussed. It was extraordinary, Mark and Margaret, after 20 years, we had spent over \$105 billion. It now involved 50 countries and 25 million lives were saved. That is the result of a combination of a president who is inspired to be able to do good for the world besides our own country, and by bipartisan support for a very good cause. It's a great example of that.

Margaret (20:54)

It is a wonderful story. And, I think it was George Bush Sr. Who talked about the thousand points of light, if I'm remembering that being one of his Yeah. Statements. And, and PEPFAR certainly is a, a light among many lights. And you know, you talk about those 20 years and in between, you know, more or less, those 20 years, there's Zika and there's Ebola, and there's swine flu and so many crises, that you dealt with and contributed to. But I, I do wanna just, one more...

Dr. Fauci (21:23)

But Margaret, before you go on, could I just, I, I wanna make sure I answered Mark's second question very, very quickly. You know, there, there's an injectable drug now that you can give twice a year, Lenacapavir, which is just extraordinary. In a recent trial, it had essentially a hundred percent efficacy in preventing, acquisition of infection in cisgender women. I mean, that is a major, major breakthrough in prevention. And that's something, you know, when you talk about, we will not successful yet in developing a vaccine, but this is gonna have major implications, particularly in the developing world. Anyway, I'm sorry for interrupting you.

Margaret (22:07)

Not, not at all. Absolutely. I'm, I'm glad you made the point and that that news, has been very exciting. But I did wanna just, before we leave, PEPFAR, because it was so successful, it has been, and is, still such a very, critical part of the response. Where does that stand? Now, I understand Congress only approved money until March of next year. Some folks say that PEPFAR's really gotten wrapped up in some of the contention about the abortion issues and funding, and that's why it's on a tight leash. Do you have a sense of what the game plan is for a really secure future for PEPFAR?

Dr. Fauci (22:42)

Well, you know, the game plan is to, you know, ask yourself a simple question. You know, this has been the most successful public health global health program for a single disease in history. It saved 25 million lives now because of the political divisiveness we have. There's just trying to somehow or other connect it with, you know, abortion and things like that, has nothing to do with that at all. And what's happened that it generally over the

last two decades has relied on a five year authorization to allow the program to be able to plan ahead and to prepare the amount of resources that they would need. Now, all of a sudden it's got tied up in political wrangling, which is really unfortunate when you have a program that is the shining light of what America can do. And it has made our country, particularly in the developing world, just a hero country. I mean, the people respect us and love us for that. You know, one of the few things that we can say consistently, everybody agrees that they love us for, and to interfere with that would be such a shame if you do that. But nothing but just frank political reasons.

Mark (24:06)

You know, you, you take, you take us through in the book, through Ebola and Zika, and then you start focusing on Covid, which you call a disease like no others. Margaret, I remember Dr. Fauci on February 22nd, 2020 on our show, and he said, this thing, this coronavirus does one thing really well. It mutates. And, you know, it's, it's, it's going to be very difficult. So when you say it's a disease like no others, we, we remember, we remember those words well, but you also, had to engage another president. And you write that President Trump said, at first that we are all counting on you. I'm just wondering, when was the first moment you realized that President Trump support was slipping away, and maybe your thoughts on what caused it?

Dr. Fauci (25:00)

Well, Mark, in the first couple of months, he, he, he was cooperative in the sense of listening to what we and the other advisors were saying about what needed to be done, particularly when things were getting really, really bad, you know, about slowing it, the curve and flattening the curve, et cetera. He was hoping desperately that it would act like influenza. In fact, as I mentioned in the book, he had a hard time distinguishing 'cause he wanted it to be like influenza, that it would go away when the springtime came, you know, when March and then early April. And then when it didn't go away, I think he really got very anxious because of the economic implications and the fact that we were heading towards the election season for a reelection, and he started to say things that were frankly not true, like it was gonna disappear like magic. And when it didn't disappear like magic, he was saying, well, we have a magic elixirs. Along comes hydroxychloroquine. So once he started to say that, it became clear that in order to preserve my own professional integrity and to fulfill my responsibility to the American public, that I had to publicly disagree with the things that he was saying, which was very painful for me. You know, the people who are attacking me now and are the, are the very, very, avid supporters of former President Trump mistakenly thought I was doing that to undermining, which was not true at all. It was very difficult for me. Yeah, because of the great deal of respect I have for the presidency of the United States to have to contradict what the President said. I had no antipathy towards him, but I just had to tell the public what the truth was. And for that, was unleashed on me by his supporters, an incredible amount of vitriol and attacks that persist and even accelerate to this day.

Margaret (27:03)

Well, we are among the people who, were glued to the news reports that you provided. So it was a huge public service to the country during that whole period of time. And I know you've moved on, to new roles and new work, but gotta ask you while we have you, summer is upon us, there's news reports of rising covid cases this summer, and that the virus may already be evolving beyond what, is in store for us in terms of the fall boosters. How do you assess the situation? I'm sure you're still in touch with your colleagues as they think through what comes next with covid.

Dr. Fauci (27:38)

Yeah, I mean, obviously, unlike other respiratory illnesses, this is not a seasonal virus. It's a virus that persists. It has an uncanny capability of continuing to evolve. We've had multiple variants. We have a new variant now, doesn't seem to be more serious at all, but it seems to evade some of the protection that you get from vaccines and from prior infection. So one of the things we have to do is to realize, particularly vulnerable people. I mean, most of the people have either been infected and or vaccinated. So there's a degree across the country of protection, predominantly against severe disease and death, not necessarily against reinfection, but it's the vulnerable people that we worry about, the elderly, those with underlying conditions, people with obesity, people with diabetes, people on immunosuppression, drugs for autoimmune diseases and cancers and things like that. So that's the reason why I believe that we likely will have to continue to boost people as new variants arise, because I don't see this thing disappearing because it's such an incredible capability of spreading from person to person at those are the kinds of things that just don't get eradicated, and they don't get eliminated. You have to live with it, hopefully at a very, very low level that does not disrupt society and does not have too much of a negative impact, particularly among vulnerable people.

Mark (29:17)

You know, Dr. Fauci, I wanna ask the question about this. Was it a lab leak or a jump from an animal, but from the perspective of a scientist who's trying to develop a vaccine for this or a cure for this, does it matter? Do they need to know, that, or or is it just a sideshow? Not a sideshow, I know it's an important issue, but just trying to think about it from, from your vantage point as somebody who, who would look at this and say, can we develop a, a cure for it? Or, or, or some form?

Dr. Fauci (29:50)

Well, it's here, it's here. So you have to deal with what you're being confronted with, and that's the virus, the type of virus that we're gonna have to develop a vaccine for, which we did. By the way, Mark, we have one of the most successful vaccines. The number of people whose lives have been saved in the United States is measured in several million globally. It's double figures, million. So of course, we, we don't know, we don't know exactly what the origin is, but whatever it is, we've gotta make sure that we prepare for the possibility of this happening. Again, whether it's lab leak or whether it's natural occurrence, we need to continue to do the science and bolster up our public health capabilities.

Margaret (30:36)

Well, Dr. Fauci, your book offers many lessons, lessons for people thinking about medicine and research and careers, but you also, devote a good amount of time to talking about how to make life successful, how to have a two career, household. Certainly Dr. Christine Grady, has been your partner in all of this as your wife, and a bioethicist and clinical nurse specialist, I believe, as well. So three children, incredible career, marriage partnership. What advice do you have for the time strapped professional couples who are trying to raise children and trying to lead the kind of lives of, service and professionalism that you've been able to do? We think you've done a great job with that. Tell us some of your tips.

Dr. Fauci (31:23)

Well, you know, I, I, I have to Margaret, in all honesty, give all the credit to my wife. I am not the, the poster child for good work life balance. So my, my secret was to find the right partner. And she's just an amazing person and has helped me to be able to, you know, put in the amount of time, not as much as I want to with our children, but she does. She, she's just amazing. I, I could write a book about that. So my advice is find a really good partner who can help you and who can advise you, who can support you, and who does not feel shy about being honest with you and helping to make you a better person, which she very much has done.

Margaret (32:11)

And congratulations to both of you on becoming grandparents.

Dr. Fauci (32:15)

Oh, Thank you, Margaret. Yeah, it's really a thrill.

Mark (32:17)

And Dr. Fauci, thank you for your time for being a good husband. And we hope, and also for just sharing your life's work. I think it's an inspiration for all of us, and I think it will help the next generation of leaders in our country as they battle with difficult problems. Your autobiography is titled On Call, A Doctor's Journey in Public Service. It's published by Viking. Thanks to our audience for being here. Be sure to subscribe to our videos on YouTube. Find us on Facebook and X with our account name, CHC Radio. As always, you can go online to chc radio.com to sign up for emails. You can also share your thoughts and comments about this program, Dr. Fauci, we always appreciate seeing you. Thanks again for...

Dr. Fauci (33:02)

Thank you so much. Thank you, Mark. Thank you, Margaret. It's always great to be with you guys. Take care.

Margaret (33:07)

Really, really a pleasure. Hope to get to continue the conversation.

Mark (33:11)

Absolutely.

Dr. Fauci (33:12)

Take care. Thank you so much.

Mark (33:13)
Ciao.

Margaret (33:17)

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