Dr. Sheri Fink

[**Music**]

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 Dr. Sheri Fink, Pulitzer Prize winning author of Five Days at Memorial on the devastating aftermath of Hurricane Katrina, and one of the producers of Pandemic: How to Prevent an Outbreak, now out on Netflix. Dr. Fink talks about the outbreak of the Coronavirus, what governments, health systems and individuals need to do as the disease spreads across the U.S.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing 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 podcasts. You can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Dr. Sheri Fink here on Conversations on Health Care.

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Mark Masselli: We are speaking today with Dr. Sheri Fink, Pulitzer Prize winning New York Times correspondent and author of Five Days at Memorial: Life and Death in the Storm-Ravaged Hospital, harrowing account of chaos in hospital after Hurricane Katrina. Dr. Fink is also Executive Producer of the documentary series Pandemic: How to Prevent an Outbreak now airing on Netflix.

Margaret Flinter: She has worked extensively as a relief worker in disaster and war torn regions. She has earned multiple writing awards for her coverage of the Ebola epidemic, of the genocide during the conflict in Bosnia, and Herzegovina and the aftermath of Hurricane Katrina. She earned her PhD and MD degrees at Stanford University. Sheri, welcome to Conversations on Health Care.

Dr. Sheri Fink: Hi, thank you for having me.

Mark Masselli: You know, you just published a very powerful piece in The New York Times that asked really a very simple question – Is America ready to handle a new pandemic? – and you have noted that our health system while it's robust, has a series of deficiencies and something

you examine closely in your book about hospital failures post Katrina. I'm wondering based on your experiences and your research, what should our hospitals and public health officials be doing to better prepare for an epidemic like COVID-19 and is there enough time?

Dr. Sheri Fink: Well, deficiencies are one thing and then also just the very fact that it's hard to be perfectly prepared for an extreme crisis. There's a triage that goes on every day there are everyday health needs, but this certainly is one of those rare but very foreseeable and potentially quite severe types of disaster scenarios. Certainly, these kinds of scenarios that we're seeing now have been on the planning books for a long time. There should be some level of preparedness, but what we know from those planning exercises is that we do have vulnerabilities.

I just was listening to the World Health Organization leaders speak today, and they said every country should be looking at its capacity to provide critical care and ventilators. The Coronavirus, of course, in most people is a mild illness, 80% in China have not needed healthcare. However, there are those more severe cases that can turn into pneumonia where you do need to be on a ventilator and have that kind of critical care life support for a while before you get better. That is really where our healthcare system, one of the places, and I'll talk about one other, but obviously hopefully most of our hospitals that do have critical care facilities are really thinking hard now, looking at how they can provide that care with the surge in patients and being creative.

I spoke with some hospital executives last week that were thinking, could we provide critical care on a regular unit by staffing it differently? How can we block off areas of the hospital if we don't have enough negative pressure rooms, which is sort of like that extra set of airborne precautions, even though they're not really sure that Coronavirus can spread through the airborne route versus droplet and contact. Those are the kinds of creative thinking, looking at stocks that's one thing that's the extreme sick people, and I just listened to a press conference with Seattle health officials, and they said that some of their hospitals are already feeling a strain, are already overtaxed. They actually asked people with mild illness to not flood into hospitals so this is already happening. We've seen it in China where some hospitals were overwhelmed, and we may be seeing that very soon in parts of the U.S.

Then the other big thing, of course, is detecting people keeping the health work for safe from the first person at the door, whether it's a guard or a registration official having the ability to put a mask on somebody and protect them protect others at the hospital. So those infection control and prevention types of steps are very important. There should be good communication from hospitals to the staff. I've

spoken with many regular frontline staff at hospitals, both medically trained, nursing trained as well as just regular folks, and not all of them have had great communication on this yet, so the leadership might be preparing but that word needs to get out to the health workforce.

Margaret Flinter: Well Sheri, I think you are so right. We certainly are aware of a lot of fear and confusion at the community level and of course we want to do everything possible at the community level to reduce the burden on the hospital so they can take care of the people that can only be treated in an inpatient setting. I think people generally do better when they have some sense of power and control over what they can do to prepare and protect their family. Your recent New York Times article offered, I thought, some great information about COVID-19, what it is, how it spreads, and most importantly what every day people can do about it. You offered some simple precautions on how people can protect themselves and their family, so share those with our listeners, if you would.

Dr. Sheri Fink: Yeah, so simple and so important, and I think it's – I am really sad to see how much panic and fear and confusion is out there. That's unfortunate because there are steps that people can take to prepare to protect themselves and their families. Again, that reminder that in most cases this is a mild illness but for certain populations if you're older they say over 60-65 that's not considered older to a lot of people these days, and as well as if you have like many people chronic health conditions, you're going to want to be even more careful.

Okay, so what are those steps and I would say before I get into the actual steps, number one step is turn to good sources of information, keep your eye if you're a social media type on the local health department, what they're recommending, because that's what's happening in your area and that can change. And then of course the federal health officials in the U.S. the CDC, www.cdc.gov Coronavirus site and the World Health Organization as well www.who.int/coronavirus. So go to trusted sources for information. What are they all saying? They're saying the same things. Wash your hands. If you are out in the public and you touch some things you're going to not want to be touching your face.

It's something humans do we touch our faces a lot, but this is how this virus is already known to spread. There are things we don't know yet but there are things we do know. Touching your eyes, your nose, your mouth, you don't want to do that. Start practicing now. It's very hard. You'll catch yourself touching your face many times. And then of course to protect others. If you've got a fever and cough, signs of illness, you want to stay home and cover your cough like that. Use a tissue, wash your hands, again that hand hygiene is so very important.

Those are some of the really simple but what people say are very effective things and actually washing your hands a bit longer than most of us do, and you can go on the web and get some videos for how to do that. I think, I can't remember how many seconds we're supposed to –

Mark Masselli: 20

Dr. Sheri Fink: I thought it was around 20, yeah, which again, feels long.

Mark Masselli: I think there are some songs you can sing along that are short to the –

Dr. Sheri Fink: Oh that's right.

Mark Masselli: I think you make a good point that governments are playing such a critical important role in addressing fear and confusion. We had Dr. Anthony Fauci on the show the other day, just as the epidemic was spreading beyond China, and he certainly has had decades of fighting pandemics. We've sort of noticed a shift in the past week or so in how the messaging is now getting out to the public, which may be leading to some confusion. You talk nicely and directly about going to the local government, but in general, how should the larger government address the fears informing public and making sure the threat is being properly addressed by experts well versed in evidence based science?

Dr. Sheri Fink: I mean, I think you just said it yourself, which is that, obviously, sometimes public officials who are not trained in science have to make some of these really tough decisions about major measures to try to counter an epidemic and those are hard choices. Those are choices like things that can disrupt our lives, shutting schools or sporting events or whatnot. Those are tough questions that officials have to make government officials and I don't envy them. But it's certainly, certainly important that when they make those choices that they rely on the experts who know this best and of course there are things we don't know yet but there are some things we do.

One of the very interesting and important aspects of this outbreak is that a lot of science is being done very quickly. If you go to the major medical journals they're constantly putting up papers, and more and more information is coming out of China where they've had thousands of cases. It's important that we have the experts weighing in on what the measures should be and that the public be able to access that information.

Margaret Flinter: Well Sheri, you're one of the executive producers on the new documentary Pandemic on Netflix, and that is the most unbelievably prescient thing I've ever seen in terms of---

Mark Masselli: Timing, timing, timing---

Margaret Flinter: Timeliness. Your experts in the documentary examine what can happen in a very short order when a pandemic takes hold and infrastructure breaks down, and you've alluded to some of this. We've certainly through the media watched the shutdown of everyday life in Wuhan as the virus rapidly spread there. We've seen quarantines, travel restrictions, huge disruptions, and travel, and it's starting to filter down to the local level. I think when the Louvre closed in Paris, that really kind of shook us all when we think about just what we expect to always be there and available. Help us better understand what large scale disruption might look like in the United States and just your opinion on what kind of preparation for that might be prudent?

Dr. Sheri Fink: Sure, well, I should say that so the docu series Pandemic which is on Netflix, you said it's prescient, but in some way the whole or one way to look at it it's the whole reason we made a series about pandemics is because that risk is all the time here with humanity.

Margaret Flinter: Sure

Dr. Sheri Fink: We hope that when people watch that they see we have a variety of people on the frontlines that are there all the time kind of trying to prevent these new viruses from jumping from the animal kingdom to the human animal. Then from there on what we do, and sort of the commonalities all around the world, but the challenges and the benefits the wonderful ways that people work together to try to limit the suffering and the damage. In terms of the disruption, again, those are difficult choices when do you shut a school, when do you shut a workplace.

I think what I hear public officials saying now is that we need to start thinking even if the virus is not currently circulating in your local area, you should start thinking about stocks of food at home in case you have to stay home for a while, not major amounts. I've heard a couple weeks perhaps just having dry goods and it's always a good thing anyways to have that. If you're somebody who relies on medications, making sure you have an extra amount of that just in case that could just be supply chain disruptions, other reasons why it might be difficult to get medications, for example, just kind of important things to do.

Thinking about what you'll do if you have kids and their school is canceled. Thinking about how you might be able to telecommute, if you can, and I know some of these things are very hard for people who might have jobs where they're working paycheck to paycheck where they have to be present. Those are definitely concerns but definitely something to start thinking about. It's just going to be area by area. Some of the measures taken in China was discussed today with the World Health Organization. Those were very, very extreme

measures in Wuhan. They said that somewhat less severe measures, also aimed at containing the virus in China have also been effective. I think that everybody is trying to figure it out and there's no 100% - there are benefits and risks of these different approaches.

Mark Masselli: We're speaking today with Dr. Sheri Fink, Pulitzer Prize winning New York Times correspondent, author of Five Days at Memorial: Life and Death in the Storm-Ravaged Hospital. Dr. Fink is also Executive Producer of the documentary series Pandemic: How to Prevent an Outbreak, now airing on Netflix. I want to pull the thread on the statement about the supply chain because we're seeing now in China where they're running out of protective equipment, mask, protective clothing and the like, and just trying to think a little bit about maybe the redesign that's going to happen in the health system. I know, we've been advocating the use of Telehealth. If people are self-quarantined, we have to figure out ways, there's going to be an enormous amount of anxiety that's going on in people and to the extent that we can leverage technology I think we want to – so we have both sides. One people who are going to go out and start hopefully not hoarding but certainly appropriately getting supplies, supplies are running out, and then we've got a health system you talked about earlier, that may be strained and how we can re-imagine the delivery system people. Any sort of general thoughts on those?

Dr. Sheri Fink: Sure, absolutely, I spoke for the story that we did that came out this weekend about is our society prepared, our hospitals, health sector prepared. I spoke with a lot of hospital executives and emergency folks, and they are already experiencing shortages and difficulties getting some protective equipment, particularly those N-95 masks the higher filtration masks that are really mostly only needed by health professionals who are going to be really close to patients. That is already a concern here and you saw over the weekend, again, some plans that the U.S. has to help ramp up some production there. That's very important, **and I forgot the rest of the question, I am sorry, I've not been sleeping much**.

Margaret Flinter: You have a lot on your mind, and one thing that is on the minds of healthcare people and I think this is translating to the consumer and the patients in the community as well, is the whole area of testing. People are used to, there's a issue in the community go and get a test, you think you have flu, your provider will often do a flu test. The CDC had been doing targeted testing for the presence of COVID-19 in a handful of cities but not widespread or extensive testing. Most facilities do not have the necessary testing kits is at least our understanding so far. There's been some questions back and forth I'm not sure where that's landed about the adequacy of the test themselves, and perhaps most importantly the criteria for testing, who should we use one of these test kits on? What are your thoughts

on how we address the need for better testing and the infrastructure to meet that demand because that is going to be something that really bubbles up I think very quickly from the community.

Dr. Sheri Fink: Yeah, I mean, that's already been an issue. Certainly, the limited testing that the U.S. has been able to do has limited the ability to detect the virus and certainly that's very clear in Washington and the officials that are talking about how the fact that they couldn't test and that the criteria were so stringent for so long, really until last week. We were supposed to only test if somebody had been to China within the last 14 days or had been exposed to a known case. They said that that definitely hampered their ability to understand that the virus was already circulating in the community, which we now know. That is an issue what we've seen as of late last week is that state health laboratories now are able to test and they're ramping up and there is also there are many plans to allow hospital laboratories that have the capacity to do this test. Of course, there are frontline clinicians are saying we want to be able to do rapid tests right here in our clinics and so on. I know that technology or I've heard it is being worked on. I don't know what the timeframe for that is, but it's certainly, certainly a recognized need. As long as we can't test widely or just do wider surveillance we don't have a sense because you have a lot of mild cases of how big the issue is and where the outbreaks exactly are.

Mark Masselli: And, you know, we're certainly looking at the rapid test. We run a large health system entirely focused in on uninsured and underinsured people who live in poverty, and this is a real anxiety and we talked a little earlier about supply chains limitations and hopefully leveraging some Telehealth. But you actually---

Dr. Sheri Fink: Oh yeah, that was what I was going to tell you.

Mark Masselli: Do that but also talk a little bit about your own experience in Bosnia, in Africa with the Ebola outbreak. What did you experience there and certainly in Katrina is some of that so maybe supply chain and just touch on some of your on the ground experience?

Dr. Sheri Fink: Well, I thought what you said about Telehealth was a really good point and I feel like we've been talking about Telehealth and medicine for so, so long and it hasn't quite. I mean, it's just starting perhaps to really get to that place that many people had envisioned. I was speaking with one hospital executive of a very large hospital health system in the New York area, Northwell Health and they already have EICUs. I hope I am getting that right but where they do some even remote monitoring of their ICU patients and can sort of, of course multiply, keep eyes on things when clinicians in the unit might be busy, computer algorithms to pick up issues that patients might be having. They were envisioning a role for that perhaps to be helpful in a surge standpoint.

You're absolutely right Telehealth you know, right now I just heard officials in Seattle just pleading with the public to not run into hospitals if they have a mild illness. If there was a system whereby those people could get good advice by calling a phone number, that would be terrific. Certainly this morning in New York City a phone number was distributed by the Mayor for people to call. If those are linked up in a good way then you could imagine that could be very helpful because of course you want to reserve that hospital capacity for the people who really need it. But you also want to make sure that people who might have the illness know what to do to protect themselves, their families, and can get care if their cases worsen.

This sort of fear and panic and the human sort of reaction to extreme situations by being afraid, I think it just highlights the importance for people who are in leadership roles to keep that communication going to try to – our people in our healthcare industry work really hard they are very passionate. But we also have to pace ourselves because this could be a long haul to get that fleet, make good decisions, communicate regularly, tell people if you don't know, and I think that trust with the public when it breaks down is really tough and we do see that whether it's domestically in other countries whatever the emergency. Those are our common themes. We also see really, really great examples of people coming together and wanting to help out and that's sort of where the beautiful side of humanity comes out and we do show that in the Netflix series. I think it's a scary prospect, a new virus emerging that could be deadly and cause suffering, but we do have our human sort of our humanity and our skills and our resources to help to counter that threat.

Margaret Flinter: We've been speaking today with Dr. Sheri Fink, Pulitzer Prize winning author of Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital. She's a New York Times correspondent and the executive producer of the documentary series Pandemic: How to Prevent an Outbreak now airing on Netflix. Learn more about her impressive body of work by going to www.sherifink.net or www.facebook.com/sherifinkbooks and please follow her on Twitter @SheriFink. We want to thank you for your willingness to walk straight towards all the crises in the world that you've walked towards over these decades so that we can all have better insight, better understanding and hopefully better preparation for what is to come.

Mark Masselli: And just also a shout out to the Times coverage, which has just been really comprehensive and very informative I think across the board, so thanks to all---

Dr. Sheri Fink: I've been working very hard here so thank you for saying that.

Mark Masselli: Yeah

Margaret Flinter: All right, thanks so much.

Mark Masselli: Thank you.

Margaret Flinter: Bye, bye

Dr. Sheri Fink: It's my pleasure. Thank you.

[**Music**]

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: Through a TV ad and Twitter, Democratic Presidential Candidate Mike Bloomberg and President Donald Trump are arguing about Trump's actions on preexisting medical conditions. Bloomberg charged in an ad that Trump had broken a promise to protect those with preexisting conditions. Trump fired back on Twitter, "I was the person who saved preexisting conditions." In fact, Trump backed Republican plans that would have weakened the protections in the Affordable Care Act. Under the ACA, insurers can't deny coverage or charge more based on health status. Those provisions of the law have primarily affected the individual market where those without insurance through an employer or a government programs such as Medicaid buy their own policies. Before the ACA, premiums on the individual market were often set based on health status and coverage could be denied entirely.

The Republican Repeal and Replace bills debated in 2017 did include some of the ACA protections but not all of them. In particular, the GOP plans could have caused some with medical conditions to pay higher premiums. The Trump administration also has backed a court case arguing the ACA is unconstitutional. In a 2018 letter, then Attorney General Jeff Sessions said if the case were successful ACA provisions regarding preexisting condition protections would need to be eliminated.

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. Students of public health are often tasked with devising interventions for addressing some of health's biggest challenges. For Harvard T.H. Chan School of Public Health students Dan Wexler and Priya Patel, their idea netted an award and launched a business idea at the same time. The students were tasked with addressing food insecurity in underserved parts of the world, including in neighborhoods in their own backyard, families living in high poverty, low resource area and finding fresh affordable healthy food in neighborhoods with no grocery stores or food markets. They thought of the current trend of healthy meal or meal services like Blue Apron and wondered what if we modified that business model to serve the needs of those living in food deserts.

Wexler and his partner sourced food delivery companies that could provide pre-packaged meal kits, with all ingredients included even spices, dressings, and recipes and instead of home delivery approach they designed refrigerated kiosks that could easily be placed in local neighborhoods. Wexler says they wanted to make the idea of healthy eating and meal preparation as simple as possible.

Dan Wexler: I think the biggest change is that there is no delivery system door to door per se, and that by going and setting up these kiosks in the community you can have a very lean design, you can have – you don't need a storefront. You don't need to pay for shipping. You don't need to have inbox refrigeration, and you are very much addressing the needs of access by physically saying, hey here is healthy food. It's convenient because everything you need is in the box. The directions are simple and very picture based as there's a lot of literacy issues, and so just really thinking about how can we take all those lean design principles to facilitate access that really I think make it a solution that has the potential for impact.

Mark Masselli: They also conducted research with local ethnic groups to create recipes that would resonate with their families.

Dan Wexler: Then we just went down to the community and did taste testing at the Farmers Market and talked to people and said, do you like this, what do you want to be able to eat for dinner, how do you want to cook – so basically we have some dishes that have similar textures similar spices. One thing that we found is there's a little bit of contention between parents who want to eat more traditional foods and kids who want to eat more American foods, and we tried to alleviate that and bridge those gaps to one of our recipes, for instance, is a chicken pot pie pasta. So it's kind of American it is fun sounding, but also we use a lot of traditional seasonings and spices.

Mark Masselli: Customers can simply walk to the kiosk and purchase their meal kits with the SNAP cards or cash, and the added benefits. The Kiosk will be run by the residents of the neighborhood giving them an opportunity to purchase the kiosk and run them like a franchise offering an economic benefit to the community as well. Their idea earned them the Rabobank-MIT Food & Agribusiness Innovation Prize, and $15,000 in startup money to launch their enterprise. A low cost portable healthy meal service placed in portable kiosk and food desert neighborhoods, offering families a simple solution to address the problem of poor nutrition providing an economic opportunity at the same time. Now that's a bright idea.

[**Music**]

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health

Margaret Flinter: 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 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.