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Marianne O'Hare: 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 health care of the future. This week Mark and Margaret speak with Dr. Celine Gounder Infectious Diseases Expert, epidemiologist and member of President Biden's Transition Advisory Task Force on COVID-19. She and others helped craft the policies that led to the dramatic uptick in vaccinations across the U.S. Like many other experts, she warns there's a threat of variants driving increased cases of COVID-19.

Lori Robertson also checks in, the Managing Editor of FactCheck.org she looks at misstatements spoken about health policy in the public domain, separating the fake from the facts, and we end with a bright idea that's improving health and wellbeing in everyday lives. If you have comments please e-mail us at chcradio@chcone.com or find us on Facebook, Twitter, or wherever you listen to Podcast and you can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Dr. Celine Gounder here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Celine Gounder, who served on the Biden administration's COVID-19 Transition Task Force. She's an Infectious Disease Expert and Epidemiologist at New York's Bellevue Hospital and Professor of Medicine at NYU.

Margaret Flinter: Dr. Gounder was the director of delivery for the Gates Foundation's HIV TB global response initiative. She's written extensively on infectious disease for the Atlantic, The New Yorker, The Guardian, The Washington Post, and is also a Medical Analyst for CNN, Dr. Gounder Welcome to Conversations on Health Care today.

Dr. Celine Gounder: Great to be here.

Mark Masselli: Yeah, that's great. You know, we're in this race right now, between the vaccinations and the variants and COVID-19 cases are in rise here in the United States, and elsewhere. And as we look at the United States, and places like Brazil, and Chile in Europe, what is most worrying to you about the plasticity of SARS COVID to as it continues to drive more troubling variant activity in the pandemic, I saw that Dr. Walensky from the CDC was talking about sort of being both scared and an impending doom on the horizon.

Dr. Celine Gounder: Yeah, first one pattern that we've seen, it's that when you have a plateau in cases, that is not followed by a decrease that is followed by

an increase, and then a spike up. And that is precisely what we are on the tipping point of right now. Another key pattern we've seen throughout this pandemic is that the United States generally follows Europe in its transmission of the virus by about three to four weeks. And so we've seen the spread of the B-117 variant, which first emerged in the UK, first in the UK, then elsewhere in Europe, and now to the U.S., and that strain is now becoming the dominant strain in the United States, it's almost probably at this point approaching 50%. And what's really important about that strain to know is that it is more infectious. So it spreads more easily from person to person, it's more virulent, so it causes more severe disease. And we've certainly seen at least in the UK, and Europe, younger people end up in the hospital sick with this particular variant.

You mentioned plasticity, what we've realized over the course of this pandemic, is that the virus can actually mutate pretty significantly with respect to the spike proteins. So those are the proteins on the surface of the virus that the virus uses to penetrate our human cells. And it's actually able to mutate in that spike protein pretty significantly and still remain able to replicate very often when you have mutations, that's a dead end, the virus is no longer fit. It's sort of like a congenital abnormality. And so the fact that it's been able to mutate and get ahead of us has been, you know, really dangerous. And so I think, you know, another lesson I would add to that list is, you know, all bets are off. What we thought we knew, based on other infectious diseases may not always apply with the Coronavirus and, and, you know, we shouldn't be overly confident in being able to project where things are headed.

Margaret Flinter: Well, Dr. Gounder I think we've maybe indulged in a little bit of feeling good about the success of the COVID vaccination effort here in the United States since January and since President Biden took office. But I think as you've pointed out, you know, it's good news a 100 million people have been vaccinated, but that leaves 200 million people who've not been vaccinated. And we know that the success has not been similar to the U.S. in some of the developing countries around the world. It seems it's in our best interest for this to be a global vaccination effort, not just a U.S. vaccination effort. What worries you, in addition to the humanitarian concern about other countries, just not having this, this headstart on getting their people vaccinated?

Dr. Celine Gounder: Well, as we've learned, what happens halfway around the world can have very real implications for our health, our public health, our economy. And so when you allow the virus to spread anywhere, it doesn't have to just be in the U.S. when the virus is spreading and replicating elsewhere, it has the opportunity to mutate, it has the opportunity to evolve, to where it can escape both our immune

responses to natural infection as well as our immune response to the vaccines. And it should not really be much of a surprise that the places -- the more infectious variants or the immune evasion variants are arising from our countries where they've allowed the virus to spread like wildfire. So the UK, South Africa, Brazil, and so that really is the substrate for the development of these more dangerous variants. So it's really in our own interest to make sure that the conditions for that kind of viral evolution are not there and not anywhere.

Mark Masselli: You know, I want to pull the thread on that as well, because it seems to me that we also have to start changing our message. Certainly the Biden team has been preaching, National Safety compliance and vaccine acceptance. But we're still feeling the after effects of the previous administration, which has led to health protocol resistance in many parts of the country. How do we leverage a better pandemic messaging, also, when things are changing, but you know, it's -- it's not what we've projected out? What changes need to be made in the administration's call to action to Americans?

Dr. Celine Gounder: Well, I think untold damage was done over the past year, with respect to science, communication, and public health communication. And I really think the message to everyone should be that you never politicize the response to a public health crisis. And that includes the communications around it. In a public health crisis, the job of politicians is really to step out of the way and you empower, you marshal the workforce, the supplies, the funding necessary for the experts to do their job, you know, but you really should allow healthcare providers, public health officials, and scientists to be the face of the response, to be communicating about the response and in a way that's really focused on just the welfare of the people.

Margaret Flinter: You know, Dr. Gounder, I was reading some of your background, and I'm really impressed and happy to see that it seems like wherever you are in the world trying to deal with these major health issues, you try and get out and talk to the people in the communities who are affected by it. And in fact, prior to the pandemic, you were doing that I think here in the U.S. embarking on a ill health tour, kind of a journalistic endeavor, as well as a medical one to explore some of the root causes of the hotspots in the country, particularly affected by disease or poor health or poor health outcomes. How do you think this pandemic might maybe hopefully accelerate our ability, our health system’s ability to recognize that and to address some of these root causes and drivers of poor health outcomes? Is there a -- can we look forward with some optimism that we will take what we've learned and use it to maybe lift the health of people across the US?

Dr. Celine Gounder: I am optimistic. I do think this has been a wakeup call for a lot of

people who might have heard of what we call the social determinants of health but just didn't really focus on that or didn't really think it was something that was part of their job to address. And I think this has really highlighted the importance of that kind of thinking that we need to be understanding of how, for example, structural racism has a very real impact on health. You know, how health reform and Medicaid expansion -- what that has meant in different communities during the pandemic, who was able to access testing or care and who wasn't and why. And finally I think we've also seen some of the vulnerabilities around transportation, especially in rural areas, and the need to bring services to the people not having to wait for people to seek out those services to brave the hunger games of online appointment making, but really to bring vaccination testing, etc, to people where they are.

Mark Masselli: We're speaking today with Dr. Celine Gounder, Member of the Biden Administration's COVID 19 Task Force and an internist, Infectious Disease Expert, writer and CNN medical correspondent, she hosts several podcasts, including at epidemic podcast, a weekly show on public health. You know Dr. Gander, I'm sure a lot parents' ears perked up, as you said that B-117 also was perhaps impacting children a little more, and you know, the CDC has recently released new guidelines for returning children back to their classrooms. But you've warned that back to school efforts will require more stringent parameters to safely return. And I'm wondering if you could share with us what teachers and staff need to do in addition to getting vaccines. Obviously, kids won't be vaccinated for a while at least those under 16. In many schools right now, lack of proper ventilation. What are your concerns? And what guidelines are you seeking?

Dr. Celine Gounder: I do think the CDC guidelines with respect to having students three feet apart instead of six feet apart are reasonable based on what we've seen, with respect to transmission. And that really points to the bulk of the transmission probably being airborne through aerosols, as opposed to being through droplet spread, or direct contact. That said, when you increase the density of people in a classroom, your probability of any one of those people being infectious it being possible that they could infect others, that probability goes up. And so that is still something that you really need to pay close attention to. And we really do need to be doing at least surveillance testing in the schools. So that we have our finger on the pulse of where things are headed, and whether we need to tighten up measures. I think ventilation is very important. In some places that could be as simple as opening a window, New York City, the Department of Health and the Department of Education teamed up to inspect classrooms and see what would work to meet certain thresholds for ventilation and in some cases, many cases, opening a window was enough. But that's

not always going to be possible. And so in some settings you might be putting in place for example, one of those HEPA air filtration machines.

Margaret Flinter: Well, while we've been so focused on the COVID pandemic, one of the things we're very aware of is that the other epidemics that were very much in our consciousness and at the forefront of our work, haven't gotten better. And certainly, the opioid use disorder crisis and deaths by opioid poisoning and overdose have continued to, I think, mostly climb. And then of course, the gun epidemic, gun violence epidemic is just right, in our faces and in our hearts this week. I know these are issues of concern to you as well. Can you share a little bit with us about where you think this administration and public health will go in this year to try and make progress on those two fronts, even while, of course, the COVID pandemic continues to consume probably much of our attention?

Dr. Celine Gounder: Yeah, so our incoming Surgeon General, Dr. Vivek Murthy, is very interested in all of the issues you mentioned, whether that's mental health, substance use disorders or the gun violence epidemic. And so I do think this is going to be front and center for him as he comes into office and gets to work. There's no question that there is an interaction among these different crises with respect to the opioid overdose crisis. We know that there's a connection between economic insecurity and what some have dubbed these deaths of despair, so people dying of an overdose, of suicide. And, you know, that also ties into gun violence because two thirds of gun-related deaths are suicides. So there's no question that some of the desperation from an economic perspective that's been driven by the pandemic is also driving those two other epidemics. I think the other issue with opioids is that because people have been isolated they have not had as good a access to health care, they may not have been able to, for example, attend group therapy or access opioid substitution therapy and the like, over the course of the pandemic the way they normally would. And one of the other pieces of advice we give to people is if you are going to use you do so with somebody else, so that if somebody overdoses there's someone there to call 911. And that's also really hard to do when people are socially distant.

Mark Masselli: You know, Dr. Gounder, we've had Dr. Fauci on a couple of times in this last year. And he's really talked about how the global health and scientific community have really come together and collaborated in ways they've never had before. And you're presenting this week at the wired health conference and I'm wondering what kind of lasting health transformation do you envision emanating from this crisis, especially as these new scientific and digital platforms for research and disease surveillance scale up?

Dr. Celine Gounder: I really hope we invest much more significantly in our public health infrastructure. And so that includes everything from your labs, and the workforce to staff those labs, bioinformatics is really key here too, because to do that genomic analysis, where we're analyzing the different variants, that's actually quite technical computer science kind of work. And so I really would like to believe that we will invest in that kind of capacity. One of the other areas where we've seen with respect to health tech, there being some major shortfalls is just in our data collection systems, being able to analyze that data in real time across the country. Some health departments are pretty well funded, have reasonably sophisticated systems. Others, I've even seen some that were still operating on MS DOS, you know, which is going back 20 years plus, right. So, you know, I would really like to believe that we invest in and take seriously the need to have the most up-to-date systems in public health, just as we do in many other industries.

Mark Masselli: You know, just one last on the variant issue, while the United States may be doing a great job, you sort of suggest there's a petridish out there in the rest of the globe, where this virus may not see a vaccine for years. What's the worry that it mutates past our current vaccine capabilities?

Dr. Celine Gounder: Well, I'm not sure that I would say that U.S. is doing a great job on variants. We're doing a great job on vaccination. We have scaled up our surveillance for variants s over the last couple of months, but we're still not really where we need to be yet. So I think that's one issue. I am very concerned that the virus may well continue to mutate that either the B-1351 or the P-1 variants which emerged out of South Africa or Brazil could mutate further to where the immune response to the vaccines is no longer protective. And there could be other variants, could be emerging elsewhere as well. So that really is something many of us are concerned about and worried about.

Mark Masselli: We continue to follow your work. Thanks so much for joining us today.

Margaret Flinter: We've been speaking today with Dr. Celine Gounder internist, epidemiologist and member of the Biden Administration's COVID-19 Transition Task Force. Learn more about her work by going to @justhumanproductions.org and follow her on Twitter @CelineGounder. Dr. Gounder, we want to thank you for your commitment to going where the biggest problems in the world are, for tackling these great challenges and global health. For training the next generation of healthcare providers, and for joining us today on Conversations on Health Care.

Dr. Celine Gounder: Oh, it's my pleasure.

Margaret Flinter: Thank you.

Mark Masselli: Ciao.

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

Lori Robertson: President Joe Biden has made some misleading claims while boasting about his administration's progress in getting Americans vaccinated against COVID-19. In remarks he made in February at a Pfizer manufacturing site, Biden claimed that the Trump administration had "failed to order enough vaccines." The Trump administration had contracts in place for plenty of vaccines for all Americans, provided other vaccines gained authorization. The President also claimed there was, "no real plan to vaccinate most of the country" when he took office. There was indeed a plan to acquire and distribute vaccines. The Biden administration has done more on increasing vaccination sites and vaccinators. As of December 31, 2020, the Trump administration had contracted to buy at least 800 million COVID-19 vaccine doses with delivery by July 31. Those doses included vaccines from four companies who had not yet received FDA authorization. There were at least 1 billion doses under contract as of January 2021. The government could acquire additional doses by exercising options to do so under the agreements with vaccine companies.

So the Trump administration had clearly ordered enough vaccine doses for the U.S. population. However, the issue is that only the Pfizer BioNTech and Moderna vaccines had been authorized when Biden made his remarks on February 19. About a week later, the FDA authorized the Johnson & Johnson vaccine. In December, Pfizer and Moderna had agreed to provide 400 million doses by the end of July for the two-dose vaccines. The Biden administration announced in February that the two companies would provide yet another 200 million doses by the end of July for a total of 600 million doses.

As for Biden's claim that there was no real plan to vaccinate most of the country, his administration has built upon vaccination plans made by the previous administration. Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, told CNN on February 16th, that there had been a vaccine distribution plan but a "rather vague plan on getting the vaccine doses into people's arms." The Biden administration has taken steps to increase the number of

people who can administer the vaccines and where the shots can be given. These steps have also come as vaccine availability has increased. And that's 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. Daniela Tudor had a revelation a few years ago, waking up on the cold floor of a jail cell, she could ask for help for her drug and alcohol addiction or she could die. She chose the former. Tudor then launched not only on her own recovery journey but on a broader quest to develop tools that can help all people grappling with addiction recovery to avoid relapse, which is so common, especially in the early days of sobriety, she realized that there needed to be more readily accessible tools for those in recovery to stay connected to their treatment goals beyond the 12-step meetings and the talk therapy sessions.

Daniela Tudor: So WEconnect help was created based on my own personal experience, I am in long term recovery. And I went through a four-week inpatient treatment program, where at the end of that four-week program, all I received was a piece of paper that listed an enormous amount of things I'm supposed to do on a daily and weekly basis for the rest of my life to stay in recovery. And I knew that building something on our cell phones that are with us, 24/7, regardless of where you're from and who you are, would be a way to bridge that gap and keep people accountable through an app to those activities.

Margaret Flinter: So she founded WEconnect a relapse prevention on the go mobile application that can be downloaded on a smartphone. The platform is designed to keep people engaged in their recovery plan using daily reminders and a reward system for when you perform the tasks that are essential to recovery.

Daniela Tudor: So for me, some of the key things activities that keep me accountable in my recovery are meditation, EMDR therapy, and community support meetings. The individual along with the support of our

certified peer recovery support specialists are able to input those activities into the app. And when it comes time for that activity to start, you simply check into it. You see at the top of the app, how you're earning your incentives. And either way, this incentive program is based on evidence based research called contingency management. So it's actually proven to show that it keeps people accountable to their recovery plans or their care plans. And in return, you get credit for completing them. And you can earn incentives or rewards like Amazon gift cards, which has been particularly amazing for populations like Medicaid in a various amount of settings where they can use those rewards and earn them and use them for things like getting their kids gifts or food or household item. The way that we've digitized it and the immediacy of that incentive, keeps people accountable to checking into those activities on the go.

Margaret Flinter: And the digital platform also allows everyone who's connected to the person's health care ecosystem to see in real time activities that are enhancing recovery and also when one might be at higher risk for relapse.

Daniela Tudor: We have trained peer recovery support specialists all across the country. And they get to leverage a tool that we developed called a data dashboard, where they can see in an instance if someone needs additional support or outreach and that is built through the app, keeping them accountable to those activities and the peer having insights on how they're staying accountable to those activities in real time. And again, the risk score shows like your engagement and your care plan activities which are correlated to then if someone falls off track, and I don't complete those activities, I know that the risk increases. And so that correlation is super important. And staying abreast of that in real time can make a big difference in someone's life. So it really allows for this connection of support 24,/7 and visibility so that when someone needs that added support, you know, not days or weeks go by which is without this program is what happens but rather gives insight and gives the option for connection in real time.

Margaret Flinter: Since the pandemic hit Tudor says the WEconnect platform has been a lifeline for those in recovery. Those now often cut off from meetings and in-person sessions during the shutdown.

Daniela Tudor: Actually, when the pandemic hit. Immediately, my heart went out for why none of us have support meetings to go to any more in person. So we immediately stood up with a set of partners, these mutual aid meetings that are online that are led by certified peers. And within just a couple of months, over 200,000 people joined from all states and several countries. I would say that your biggest strength is asking

for help. And that's not just in specifically with recovery. But anywhere. Our business would not be as successful as it is today. without us constantly asking for partnership or support. When I don't know something I ask about it. And I think that is strength. And I'm a big fan of Rene Brown, for example. So I find vulnerability to be true strength. But for anybody that feels stuck or feels like they're in a place where they want change but they're afraid of it. Asking for support is a huge sign of strength.

Margaret Flinter: WEconnect a downloadable app designed by people in recovery, for people in recovery, to help maintain sobriety with a support system in the palm of their hand, keeping them on track with health goals, staying connected to a care team and avoiding relapse. Now that's a bright idea.

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

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

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.

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