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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, global health, and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with Dr. Ashish Jha, Dean of the Brown University School of Public Health, a renowned expert on pandemic preparedness. Dr. Jha examines the abundant caution by the FDA and CDC in delaying the J&J COVID vaccines due to a very rare risk of blood clots. Dr. Jha says the delay shouldn't impact vaccine distribution but may amplify vaccine hesitancy. He also states people who get COVID have a 95 times greater chance of deadly blood clot.

Lori Robertson also checks in, 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 well being in everyday lives.

If you have comments, please email us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program.

Now stay tuned for our interview with Dr. Ashish Jha here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Ashish Jha, Dean of the School of Public Health at Brown University. He's been advising national and international entities on how best to respond to the COVID-19 pandemic.

Margaret Flinter: Dr. Jha was the previous Director of the Harvard Global Health Institute and Faculty at the Harvard School of Medicine and the T.H. Chan School of Public Health. Dr. Jha, we welcome you back to Conversations on Health Care today.

Dr. Ashish Jha: Thank you for having me back.

Mark Masselli: Well, and there's just so much news that's breaking. We learned the first thing on Tuesday this week that the CDC and the FDA recommended a pause in the use of the Johnson & Johnson vaccines due to possible links to really an extremely rare blood clot. Our own organization, the Community Health Center, has administered about a quarter of a million vaccines, but less than 2 to 3% of those were J&J, which I believe reflects the national percentages. There's also news out today from an Oxford study linking the mRNA vaccines to similar

blood clot risk, which take on the abundance of caution by the FDA and the CDC on the J&J delay, and also this breaking news on Moderna and Pfizer blood clot links as well.

Dr. Ashish Jha: Yeah, so a couple of things. I mean, first is, it's really important remember how incredibly rare these things are, and we, the J&J vaccine, we think, and we don't have all the details, we think it's primarily in women 18 to 49 years of age, so women of childbearing years, and even in that group, the risk is so exceedingly small, that there's no question that for women who, let's say, may not have an alternative, or it's really good, let's say it's the best option for them in terms of vaccine, the benefits way outweigh the risks. And then the question, of course, is for other groups, men, people over 50, and based on the data we have right now, and we're still collecting it, the benefits way, way, way outweigh the risks. And this is in some ways, not surprising. I mean, we didn't see any of this in the clinical trials of tens of thousands of people. But once you start getting into events that happen one in a million, you're not going to see it in a clinical trial.

And the last point, I guess, I'll make is, we've just never done anything like this. We've never vaccinated 125 million people in four months as we have in the U.S., and not with this level of close scrutiny. So it's not surprising to see it. My sense is this kind of stuff happens all the time with other vaccines with therapeutics, but we just have never paid attention to it the same way.

Margaret Flinter: Dr. Jha, vaccine hesitancy has been with us really from the first days that there was a vaccine available even before it was available. But there's a real concern that this is going to accelerate and increase that resistance, that mistrust maybe of all vaccines. I'm not sure who did the study of the show the 45% of all republicans say they're planning to get the vaccine, but we see it in all groups, in our own patient populations in our communities, just a fair amount of skepticism. I think people have tried lots of different messaging, our approach is, usually just the facts, let's get the facts out there. But what are you hearing maybe from the communication experts and the social science researchers on how we overcome this resistance to the vaccine? What's the best messaging strategy?

Dr. Ashish Jha: Yeah, the issues around vaccine confidence really are important and obviously we're not going to be able to put this pandemic behind us if a large proportion of people choose not to get vaccinated. My personal view on this having talked to both communication experts and sociologists and anthropologists is we really should begin by trying to understand what's holding people back. What concerns do they have? Because I don't know anybody who says I don't want to protect myself, I don't want to protect my family. So clearly

something is holding them back and what is it? And sometimes it turns out is much more access and much more other issues. I've talked to people who've done the surveys and find out in focus groups, that part of the reason some workers are choosing not to because they've heard that after your dose, you feel terrible for 24 hours, and they can't afford to take a day off. Well, that's not classically the way we think about hesitancy, and so you got to come up with customized solutions.

I think there are some small proportion of people who just through sheer amount of misinformation are going to be very resistant and may take some time and effort, and there what you need is trusted voices who can speak to people. But I really think we have got to solve people's problems first. We've got to solve the access problems, have just to answer questions people have before we label them as anti-vaxxers, and try to browbeat them into getting the vaccine.

Mark Masselli: Well, I want to pull the thread on your enough people need to get vaccine vaccinated, and certainly the supply chain issues loom large. We heard a couple of weeks ago that the J&J production facility in Maryland was contaminated, millions of doses were lost. But it said the White House still says that it's on track for its 200 million vaccines in the first 100 days of the Biden Administration. But some feel this latest delay could affect the distribution down the line, and also we're seeing vaccine nationalism is also an issue contributing to global shortages. In this week, there was a consortium of former heads of state and the Nobel laureates who asked the Biden Administration to waive intellectual property rules for COVID vaccines. I wonder what your thought is about this movement towards a people's vaccine because we don't live in an island here. We need the whole world vaccinated.

Dr. Ashish Jha: Yeah, absolutely. This pandemic doesn't end if America gets vaccinated, the pandemic ends when the world gets vaccinated. As mind you that is a global pandemic. The problem is that building vaccines is far more complicated than I think most people appreciate. I don't think that the single biggest hold back of why we don't have more vaccines is Intellectual Property. IP is a part of the conversation, it certainly needs to be and I'm very open to making IP much more open. But it turns out making vaccines is fundamentally difficult stuff. These are biologic agents, and so you can't just have some random person just make vaccines and the J&J issue in that factory is a great example of a company that actually had a lot of experience and still made a mistake, and are causing a lot of contaminations. So you need open IP, you need a ton of technical knowhow.

One of the major things that's holding companies back right now in producing more vaccines is we're running out of raw materials, supply

chain issues, that's got to get dealt with. IP alone won't solve that. So you really need a concerted effort to address these issues, expand manufacturing capacity, and then IP is going to be part of that solution. How is that going to happen? It's going to require leadership from the Biden Ministration. WHO can't do this by itself. I don't see any other country stepping up in a way that the Biden Administration. So I agree the Biden administration's got to do more, and a lot of us have been pushing them to do.

Margaret Flinter: Well, maybe I'll take this moment to take our eyes off just the pandemic for a second and note for all of our listeners, that your research over many years is focused on how to improve healthcare quality overall, along with, of course, always thinking about controlling costs. we had this moment where we think maybe some of the lessons that we're learning during the pandemic as well as from the pandemic, they may inform what we can do going forward and Biden Administration has recommended quite a bit of improvements and investments that might help improve healthcare quality, accessibility, availability down the road, whether that's Telehealth or increased access, addressing disparities, what lasting changes do you think we might see? And do you have any optimism that there will be improvements overall to our whole public health infrastructure as well as our sort of personal healthcare system?

Dr. Ashish Jha: Yeah, it's a great question. I'm actually very optimistic about the longer term effects of this horrible pandemic on some of those things. So, on the public health side, I think we're going to see much more investment in the public health infrastructure, substantial improvements in the data infrastructure or the public health infrastructure especially around IT is really quite abysmal, quite primitive, it needs substantial investments. Think about things like the HITECH Act, which had these huge investments in hospitals and physicians, not on the public health side, that's coming, much more of a building up of the public health workforce. On the healthcare side, some of the stuff I think is clear. We're going to have the kind of rules that are going to stabilize the Affordable Care Act, I think we're going to improve access to insurance that way. But I also think that there's going to be a lot of efforts around improving the payment system. A lot of these innovations that happened as a result of the pandemic are here to stay. Certainly telemedicine is one of them. But you're going to see other ways that we're going to be starting to think about how to deliver care. Pandemics change things. They're so profound that people don't go back to pre-pandemic life in the same way. And I think there's an opportunity here to re-envision our healthcare system, the payment models, the delivery systems, and say, what do we want coming out of this pandemic? And I think what we want is more access, lower cost, higher quality, and I think that's going to be possible.

Mark Masselli: We're speaking today with Dr. Ashish Jha, Dean of the School of Public Health at Brown University. Dr. Jha, when you joined us a year ago, you were starting your new role at Brown University wondering whether you were going to be remote or in person. But now we're looking ahead to the fall semester of 2021. And a number of colleges will be requiring vaccinations. I'm not sure about Brown but Wesleyan here in Connecticut declared that it was requiring students outside of some with medical exceptions. And also, we're seeing many businesses, sports franchises in some countries requiring proof of vaccines. And I'm wondering what your thoughts are on vaccine passports and the role they may play in this sort of new normal that we're about to enter. Also hearing some talk, I think the head of Pfizer announced today and I think Dr. Fauci, might as well have said that, there's a booster in our horizon. What are you seeing?

Dr. Ashish Jha: Yeah, so Brown University was one of the first actually after Rutgers, Rutgers was the first university to announce requiring vaccinations, and Brown was second. We did this a couple of weeks ago. We did it because when we were planning the fall and spring of next year and said, what do we want? We wanted classes back normal, we wanted sports back, we wanted theater and arts back, we wanted dorms and kind of the classic college experience, and then we said, how do we make all that safe for people. And there's really only one way to do it, to make it truly safe and that was to ensure that everybody was vaccinated. And therefore, Brown is going to require that all students be vaccinated. We're working on policies around faculty and staff, a little more tricky but no question that we can do it for students and we will and I think it's good for students.

I have a high schooler, but I think, when she goes off to college, I would feel much more comfortable sending her to a college where everybody, all the students were vaccinated. So I think that's going to be really important. The issue of vaccine passports has gotten a few different issues kind of muddled. Why people worry about the government issuing passports? Passports usually come from the government. I see this as much more kind of vaccine certificates that private companies are going to be giving out. It's going to be a private sector set of initiatives, and really meeting a private sector need. You know, I've been hearing from theaters who say, well, how do we make sure that our theater is safe, so that you can imagine the audience if you've been to a Broadway show a lot of them are like super packed in together. How do you pack that many people in, who are going to sit together for two, three hours, and if you'd like them to not have to wear a mask and be quiet for three hours, there's only one way to do it.

I mean, there's a couple of ways you can do a lot of testing, but the easiest way is to make sure everybody's vaccinated. Well, you're going

to have to find some way to authenticate them. Private players want vaccine certificates. Therefore, private companies will figure out how to give them vaccine certificates. And the role of government in my mind should be to just ensure these things are authentic, they're secure, and they're private. So that that information then let's say isn't then turned around and sold to somebody for marketing purposes. There are some protections, patient protections that are important part of that. I am fine with the government playing that role. I don't think the government should be issuing certificates. I don't think they will in the United States. In other countries where the government plays a bigger role you can imagine them doing it. I think this is a private sector. It's a contract between individuals and sellers of services that say I want to only vaccinated people coming in and enjoying this. I don't know that the government can stop or should stop.

Margaret Flinter: I think I was momentarily thinking about a Broadway theater. That would be a great thing to be able to do again, but you know, it is springtime and here in New England our thoughts become optimistic. We've made progress and yet we look around the country and we're still seeing areas of surge. Our friends in Michigan certainly have been dealing with a very difficult surge. I am really curious what your feeling is at this point with all we know 15 months down the road, is it still the time to have shutdowns? Should our other strategies, mask wearing and social distancing suffice? Can people handle more shutdowns economically even from a mental health perspective? What's your thought is as we look around the country and probably we'll still see some more surges coming over the summer and fall months.

Dr. Ashish Jha: Yeah, so a couple of thoughts. One is, I'm hopeful that we're going to be done with surges by the time we get to the summer, we may get a little bump back again in the fall. But certainly, here we are in mid April and the next month or so remains tenuous in a lot of places. And that's because we have two sets of competing forces happening at the same time. The B117 variant and other variants are driving cases up. And vaccines are driving cases down. And it really is a race between these two things, and the country overall is pretty flat.

Michigan, unfortunately, is on the wrong side of that race where the B117 it's just a little further ahead, and it's causing these huge spikes. I am pretty optimistic that by the time we get to mid May, these things will be dramatically down, that case numbers will start coming down. Certainly by the end of May, by Memorial Day, you should see case numbers way down. All of this is contingent on a lot more vaccinations, which is all contingent on people having confidence in vaccines. If we end up with 40% of adults, 50% of adults unvaccinated, then we have a problem, then you're going to see more outbreaks,

and we're going to get into the summer months with things not looking great. But if people have confidence in vaccines, and we get into 65% 70% of adults, ideally more vaccinated, it really will make a dramatic difference.

Mark Masselli: Well, I was just thinking, as you were saying about competing forces, certainly ideology is playing your role as one of those competing forces. We see a stark difference between Democrats and Republicans in terms of their openness. I am wondering what's the best way to approach this. I've been talking a long time, we got to get away from the politics and back to the science on that. But I think there's an ideological divide in terms of what's the science telling us wondering what your thoughts about because we have to get to those larger numbers to really achieve whatever it's called herd immunity, or however you want to define it.

Dr., Ashish Jha: Yeah, I'm always reminded that Republicans and Democrats actually want the same thing, right. They want to protect themselves, their families, their communities, because it turns out Republicans and Democrats are all human beings and those are things that we all want. So the question is, why are some people more hesitant than others? And there are a lot of issues. It's about what information ecosystem you live in, what's the information you are being fed? There's a tribalism element here of people were---Democrats were a lot more skeptical during the Trump period and that split. I find that very unfortunate. I mean, I'm glad that Democrats started feeling better about the vaccine but I'm sad that the Republicans started feeling worse. And I'm also reminded that the latest polling, a majority of Republicans still want the vaccine even though it's lower than it is. So my take on this is, you know, I spend a lot of time on media, I spend a good amount of it on conservative media. And I try to address people's concerns. I try to hear what's on their minds, what's holding people back and I try to address it.

I think that's ultimately the way to win this battle, is to win the hearts and minds of people by understanding what's holding them back and sharing information in a way that they understand. I'm also very clear that I can be one messenger, but I'm not going to be the most effective. And so we need messengers from communities where there is a lot of lack of confidence to speak up about the importance of these things. And that's political, religious, civil society leaders.

Margaret Flinter: We've been speaking today with Dr. Ashish Jha, Dean of the School of Public Health at Brown University. Learn more about his vitally important work by going to brown.edu/academics/public health or follow his expert analysis on Twitter @ashishkjha. Dr. Jha, we want to thank you for being a beacon of light throughout this pandemic for offering guidance on the way forward. And thank you so much for

joining us once again on Conversations on Health Care.

Dr. Ashish Jha: Thank you for having me back. I really enjoyed it and hope that we can have another conversation again, as this pandemic gets into the rearview mirror.

Margaret Flinter: Absolutely, thank you so much.

Mark Masselli: That's where we want to see it. Yeah, thanks so much. Take care.

Dr. Ashish Jha: Take care. Bye bye.

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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: Social media posts repeatedly misuse unverified data from the vaccine adverse event reporting system to falsely claim that COVID-19 vaccines are dangerous and even lethal, but the government database is not designed to determine if vaccines cause health problems. Nearly 200 million vaccine doses had been administered in the United States by mid April. Most of those who have reported side effects have said they were minor such as pain or swelling at the injection site, headaches, chills or fever. Some people have no side effects at all. And a small number two to five people per million vaccinated have reported a severe allergic reaction called anaphylaxis, which normally occurs within a half an hour of being vaccinated. Yet over and over websites and social media posts improperly cite unverified raw data from the vaccine adverse event reporting system or VAERS as evidence that the approved COVID-19 vaccines cause widespread complications.

VAERS is an alert system managed by the CDC and FDA to detect possible safety issues in vaccines. Anyone can submit a report of an event to VAERS even if it's not clear that a vaccine caused the problem. All reports are accepted into the database without determining whether the event was caused by a particular vaccine. As the various website warns any report submitted to the database, "is not documentation that a vaccine caused the event." The main goal of the database is to serve as a signaling system for adverse reactions or events that were not detected during the clinical trials or before a vaccine entered the market. Patients, parents and caregivers are encouraged to report any important health problem after vaccination, even if they're not sure if it was a result of the vaccine. These reports create a public national database that allows government scientists

and others to rapidly detect unusual and unexpected patterns that later can be analyzed. It's one of the monitoring systems that enabled the agencies to detect six cases of a very rare blood clot that led the agencies to pause the use of the Johnson and Johnson vaccine. While they review those reports. More than 7 million doses of the J&J vaccine have been administered. And 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. Charles Slaughter [PH] learned the value of entrepreneurship from an early age first as a paper boy growing up in Connecticut, then with a bicycle repair business, he started at Yale. Later he took the passion globally as a field organizer for a micro finance company, Trickle-up. Then came his first successful venture TravelSmith a $100 million online clothing supply company for serious global travelers. But his travels also showed him another stark reality, the number of children dying in third world countries from treatable diseases due to lack of access to basic medicine.

Charles Slaughter: On average, in the countries we work somewhere between 50 and 100 out of a 1000 kids who fail to reach their fifth year. There's only three or four sort of major causes of this, diarrheal disease, malaria, and pneumonia. What is shocking is that all of those things can be addressed at extremely low cost. But the barrier is effectively delivering what we know works.

Mark Masselli: He wondered how we could put the power of healing in the hands of villagers themselves. And he realized the successful model already existed

Charles Slaughter: The challenge is how can we reinvigorate this idea of door-to-door healthcare make it both more impactful and financially viable in places where financial resources are extremely unlimited? I'm thinking about that I go, Wait a minute, hold the phone, isn't there a business model that excels at that, and you start to think about Amway, and Avon and Tupperware. Further research, I actually went out and enrolled as an Avon Lady and learnt, and tried to learn it from the inside.

Mark Masselli: After training as an Avon Lady himself, he founded Living Goods, a company that sells not makeup, but life saving essentials like drugs to treat malaria, and diarrhea and solar light.

Charles Slaughter: In a sense, what Living Goods does is quite simple. We recruit, train and support networks of community health promoters, who go door-to -door every day teaching families how to improve their health and wealth, and then making a living by selling high impact health products like simple treatments for malaria and diarrhea, healthy fortified foods, high efficiency cook stoves, solar lights, and water filters.

Mark Masselli: Sales associates go from home to home, in their villages, not just selling the goods, but teaching the families in the entire community how to use these life saving essentials.

Charles Slaughter: Every agent works as an entrepreneur. Under the Living Goods brand. We typically partner very closely with the local government. So where we operate, we are the Government's Community Health Army. And now perhaps most importantly, they get a smartphone. And that smartphone has a Living Goods designed application on it that can help them with a guided diagnosis of childhood diseases that enables them to register and support pregnant women and reminds them to follow up with those customers.

Mark Masselli: There are now Living Goods sale associates serving the needs of some 5 million residents through Sub Saharan Africa. And the results are quite impressive. In some cases, infant and child mortality is down 25% in the communities being served.

Charles Slaughter: I think within 10 years time, it's possible that every community who needs a community health worker can have one to make sure that that kid doesn't die of malaria or pneumonia or something else ridiculously simple that they needn’t die of.

Mark Masselli: Living Goods, a simple grassroots business model, facilitating the distribution of low cost, life saving materials to families living in low resource areas.

Female: Most of the health centers are very far. And these mothers, these fathers do not have access to these health centers. But with the Living Goods, we are always there for them. Anytime they come across you, you are ready, you have the medication, you give the treatment.

Mark Masselli: Generating income while saving lives and improving the health of communities as well. 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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