

Dr. Tom Frieden

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Female: 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 former CDC Director Dr. Tom Frieden, CEO of Resolve to Save Lives an initiative of vital strategies, a global entity seeking to save 100 million lives worldwide. He talks about their new report, Epidemics That Didn't Happen, which claims millions of lives could have been saved in this pandemic if countries were better prepared with public health infrastructure. He also addresses vaccine hesitancy, and the proposed FDA ban on menthol cigarettes.

Lori Robertson also checks in Managing Editor of FactCheck.org looks at misstatement spoken about health policy in the public domain separating the fake from the facts. We end with a bright idea that improving health and well being in everyday life. If you have comments, please email us at CHCRadio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. And you can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Dr. Tom Frieden here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Tom Frieden, President and CEO of Resolve to Save Lives, an initiative of vital strategies, which is seeking to save 100 million lives globally by addressing cardiovascular disease and preventing pandemics.

Margaret Flinter: Dr. Frieden served as the Director of the US Center for Disease Control and Prevention, and he was the Health Commissioner for the City of New York. Dr. Frieden, we welcome you back to Conversations on Health Care today.

Dr. Tom Frieden: Great to speak with you, looking forward to the talk.

Mark Masselli: Yeah, and we really appreciated reading your report Epidemics That Didn't Happen, really which I think makes a bold declaration that the COVID-19 pandemic could have been, say, prevented or contained, I should say. The report highlighted countries that responded well to the pandemic, as well as the deadly outbreaks. What if you could share with our listeners some of the success stories and where things went off the track for others?

Dr. Tom Frieden: Well, the bottom line is that epidemics don't have to happen.

Every day there are epidemics that are being prevented around the world, and we wanted to shine a spotlight on some of them. For example, Monkeypox in Nigeria where a single case led to a rapid alert, there were good guidelines in place, an intensive response followed, and here were no further cases, or in Brazil where the threat of a massive yellow fever outbreak led to very aggressive, effective action to vaccinate or in Kenya where a community volunteer recognized the risk of Anthrax and stopped an outbreak there. These are success stories, and they tell us that epidemics don't have to happen, but only if we invest in it. We're going to need sustained financial resources, but also stronger technical skills around the world, as well as better institutions, a stronger WHO, regional centers for disease control and stronger health departments in countries, states, provinces, cities, and localities all around the world.

Margaret Flinter:

Well, and Dr. Frieden, here we are today just watching in horror at what's going on in India, the news reports on a daily basis just as raging surge of COVID-19. The idea of hospitals collapsing, being unable to accept patients, it's really overwhelming. We're seeing some of this in Brazil and Latin America, worry about variants, not enough vaccines. We would really welcome you laying out what should the global community be doing right now to address these hotspots around the world. We certainly want to prevent these in the future. But right now today, with what we're seeing in front of us around the world, what should the global community be doing in your opinion?

Dr. Tom Frieden:

There's something that every country can do. First off, we have to recognize that although in the US we're turning a corner, we're going to see, as I've been predicting since January, many fewer cases by June, we'll be toward a new normal over the summer and at the new normal by the fall, as long as we keep it up and don't get thrown any worse curveballs with the variants. But globally, there isn't nearly enough vaccine, and even if there were, it wouldn't drive down cases fast enough. That's why we need to first and foremost, protect health care and health care workers. Mask up, distance and avoid super spreading, continue essential services, including schooling, vaccinate especially health care workers, and the elderly.

We have to learn and adapt. The virus is learning about people. It's adapting. It's evolving. We have to learn and adapt also, and part of that means making sure that we avoid those super spreading events that we mask up, and that we

vaccinate as quickly and strategically as possible. But you know, what has been most concerned is that we don't have enough vaccine. Although there are rosy projections for 2021, the plain truth is that the manufacturers missed their target for 2020 by 96%. Current manufacturing is running at about a quarter what it needs to be.

What we think needs to happen is that all proven vaccines need to be scaled up as quickly and safely as possible in terms of production. But we especially need to look at the mRNA vaccines, particularly Moderna which was paid for by US taxpayers. That vaccine, mRNA vaccines are kind of like an insurance policy against variants, against production failures, because mRNA production is more a chemical process as opposed to a biological process with AstraZeneca, or J&J vaccines, which is much less certain.

They also -- mRNA vaccines can be scaled up more quickly, maybe six months or nine months after starting, and they can be made in large numbers and they're easier and easier to handle in terms of the temperature requirements. We think there needs to be manufacturing hubs in various countries around the world for global supply. That's our insurance policy, because the pandemic won't be over in the US until it's over globally.

Mark Masselli:

I think that's such a important point that it's Planet Earth, and we all need to work together. But you say the United States was woefully unprepared for the global pandemic and that we lacked the supply chain for PPE and hospital equipment, medication, vaccine productions, as you just talked about were off and certainly the distribution of those, so many of these limitations and shortcomings were revealed. I guess what's next as we prepare for the next pandemic, which you say is absolutely a certainty and could be far worse. I was just thinking you were talking about the mRNA vaccine, nine months also seems like a long time. Is it that we can prepare for production on those because it didn't take long to develop, it took a while to produce it. Is that right, in large enough volumes?

Dr. Tom Frieden:

Well, for the mRNA even with a variant, we think it's just a matter of months before we could have a new vaccine already. There are clinical trials of vaccines against variants. But the broader issue is preparedness, and that goes beyond vaccination. It's true that if we had global mRNA vaccination hubs, they could be a very important platform for future vaccine preventable diseases. But we don't know what the

next threat will be. We know there will be another threat, maybe we don't get so lucky, not that this is lucky, but maybe there won't be a vaccine against it and we'll need to use treatment or other modes of prevention. The key is that we have a system that can find outbreaks rapidly when they first emerge, respond effectively and prevent them wherever possible. We've proposed a global target for that, that we call 717 that every outbreak of a new health threat anywhere should be able to be identified within seven days. Within one day it gets reported, investigation begun and response begun, and within seven days effective response in place. If we do that we'll be much safer and much more secure.

Margaret Flinter:

Well, Dr. Frieden, one of the biggest COVID-19 challenges we faced here in the United States, no surprise to you, was just how deeply politicized this became. I honestly can't remember another situation quite like it over the course of my career. We were so fascinated by the work that you did recently in the focus group led by GOP Pollster Frank Luntz in the De Beaumont Foundation, I think described a group of self-described Trump voters, many of whom were very skeptical about the pandemic, skeptical about the vaccine, probably safe to say, resistant to getting the vaccine. Tell us what you learned from that experience. Did it surprise you? Was there a new information that really changed the way you thought about this and would approach this going forward again?

Dr. Tom Frieden:

First, I think we have to put things into perspective. We think masks and vaccines are controversial, but actually 80% of Americans have been wearing masks, and about 80% of Americans plan to get vaccinated. We're not talking about a large number in terms of vaccines. The problem of vaccine access remains quite a bit larger than the problem of vaccine hesitancy. You wouldn't get that from reading most of the news media because frankly, hesitancy makes a better story than access. But access is a real issue and access means hours, languages, distance, cultural sensitivity, getting vaccine into doctor's offices, so it can be done as a routine, making it easy for people so that -- in public health we always like the healthy choice to be the default choice, it should be very easy to get a vaccine.

But with the group of Trump voters that Frank Luntz and the De Beaumont Foundation put together, it was really interesting to hear the extent to which they feel so alienated from the health, the political system. They didn't want to hear about vaccines from any politician, not even from President Trump, of whom they think very highly. They want to hear

about it from doctors. There were certain messages that really resonated with them.

There's a lot of concern about vaccines, people think I'm putting this foreign substance into my body, and why was it develop so quickly. There were some messages that really did make a difference. One of them was that if you get the virus it's going to spread all over your body in billions of copies for a week or 10 days. If you get the vaccine, it'll be in your body for a day or so and then it'll be gone. It will save your body to trouble of getting infected to learn how to fight the virus.

We also had to clarify that the mRNA vaccines were not rushed to the market, they moved quickly but not rushed. They're not in a year. This is 20 years of research, and there weren't corners cut on safety, they were red tape cut, and that's why it was able to be brought to the market so quickly. It's also really important to make the point that nearly every doctor who gets offered the vaccine takes it. This made a big impact on them because they trust their doctors, doctors can be crucially important messengers, plus, the quicker we get vaccinated, the quicker we'll get our jobs back our economy back. Vaccinating can save at least 100,000 lives of Americans who would otherwise be killed by COVID.

Mark Masselli:

We're speaking today with former CDC Director Dr. Tom Frieden, President and CEO of Resolve to Save Lives. I saw the recent Republican ad made by physicians, Republican congressional leaders, I believe, who certainly got that message out. I think this work is so important that you're doing even if it's 20%, it's an important group of people that we reach out to because it seems to be growing over time, the folks who are having these feelings in it. Sounded like some of it was also around their sense of maybe not libertarianism, but the sense of independence, concern for their body and purity and other things.

There's, there's such good work that's happening here and I think it's so important to try to figure out how to translate that out into the field. Our own organization has given out about 400,000 vaccines. We know the importance of being everywhere. I love your new initiative that you have diners, dentist and dollar store is very important. We have our own at the ABC, amusement parks, beaches and Chambers of Commerce. We're all headed in the same direction of trying to pull everyone together.

Walk us through some of your strategy to reach the hardest one translating in this particular group so that people who

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aren't Republican congressmen and aren't physicians can also use this in the field, because we now have this difficult task of really reaching -- considering here -- we're here in Connecticut and done a reasonably good job. But there's a big number still the reach, and I think the public would appreciate to hear from you about a roadmap to get to that final hurdle, get over that final hurdle.

Dr. Tom Frieden:

What we're seeing is the movable middle is moving. The proportion of people who were not sure about vaccination, they're getting vaccinated. I think they'll increasingly get vaccinated. In fact, the number of people who are somewhat reluctant has steadily decreased. What we're left with are people who have a lot of concerns, and some of them are going to be very difficult to reach. Some of them won't be reached at all. Many of them will be reached by their doctors and that's why getting vaccination into doctor's office is really important.

Also overcoming reluctance with convenience really works. It's great idea amusement parks, beaches, chambers of commerce, shopping centers, there are lots of ways that make vaccine more routine so that somebody says, oh I'll do this. In terms of how to convince someone, I think that has to start with listening. What are their concerns? One thing we've heard on these focus groups is people really feel not respected and not listened to, and every group deserves to be listened to, respected. The fact that they have concerns validated even if those concerns aren't accurate or aren't fact based.

For an issue like, I'm worried about putting an impurity into my body and I want freedom. I think what we have to think about is what about the virus? That's a big impurity. If you're on a ventilator that's about as far away from yet being free as you can be, and still be alive.

Margaret Flinter:

Really, really great points. Dr. Frieden, I think we first came to know of your incredible work when you were the Commissioner of Health for the city of New York and the work that you did around smoking cessation which was just so life changing really in the United States. We were very happy to see the FDA just issued a ban on the sale of menthol cigarettes which has certainly been also contributor to some of the racial ethnic disparities that we've seen in smoking.

Then a little bit more good news, the Biden administration's just made it a little bit easier maybe for frontline providers to participate in treating opioid use disorder with Buprenorphine. Tell me or tell our listeners, why are these moves so

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important, addressing nicotine on one hand, opioid addiction on the other, which remains such persistent and deadly threats to the health of the public?

Dr. Tom Frieden:

Well, I'm really encouraged by these two moves, which both came in the past week. I've been advocating for 15 years to do away with the irrational policy on Buprenorphine. Buprenorphine is an opiate, it's the only opiate that is less likely to kill you or get you addicted than heroin and yet it's the only opiate for which there were these extensive cumbersome requirements to prescribe. It was completely irrational, I think well meaning but irrational, and so that has been largely done away with, not completely but largely, and now many more doctors should be able to prescribe it. There's a misunderstanding here that Buprenorphine just replaces one addiction with another. Buprenorphine addresses a chemical craving in the brain for opiates, and people who are on opiates. It's really important to get much more widely used, so that's a really big move.

The second is even bigger, menthol cigarettes are the major way that kids and especially black African-American people get started on cigarettes, and banning menthol, which has just been announced, it hasn't been done. It's got to get through the courts, it's got to get through regulation, but a big step forward, really a big step forward is a huge move to continue action that can make tobacco history. We can have a generation grow up not addicted to tobacco, we can reduce health disparities because of the huge amount of menthol because of the vigorous marketing by the menthol cigarette makers in black communities. These are big public health moves.

I think, with progress on COVID in the US and on tobacco, and we hope on opiates and other public health issues, we could begin to reverse what's a really bad reality in the US, which is that we pay a lot more than other countries for our health care, and we live shorter lives with more disability, we can reverse that. We can have longer healthier lives and get much more for our health care dollars.

Mark Masselli:

In reversing that save tens if not hundreds of thousands of lives. I want to get back to your thought about how we might proceed with the next pandemic, which you say is probably somewhere around the corner. We had a 50 state strategy, and I'm wondering if that makes sense to you. One sort of element of that, I'm wondering if you support giving vaccines to people even if they don't live in the state that they're

receiving it. It seems to now what we have is the borders are drawn around the state and one state may be efficient, the other less efficient, and we seem to be narrow minded in this. What's your thought about how we might proceed in that area?

Dr. Tom Frieden:

Well, as we look back at COVID we'll identify many problems. In 2020 we saw the lack of organization, the lack of a plan, the lack of reliance on science, and really poor communication. But even if all of those political issues had been addressed, there were preexisting weaknesses, preexisting conditions in the public health system. One of them was the lack of good coordination among federal to state and state to many city and local health departments. We have to have a more joined up response, a more coordinated response.

In terms of vaccines, we are increasingly having plenty of vaccines and it should just be much easier for people to get vaccinated. We should do away with photo ID requirements for vaccination. We should do away with appointments and have walk up increasingly. We should do away with residency requirements. However, we really need to double down on reaching the unreached. There are many communities around us urban and rural, Democratic and Republican, white, black, Latino, Asian, that don't have adequate access. We need to do more to get ready access because the pandemic isn't over.

If we keep at it, we should be in a much better condition by the summer and at the new normal by fall in the US. But globally, we're looking at another year or two of a severe pandemic unless we do much better with control and with vaccine production and distribution.

Mark Masselli:

Let me just ask about vaccine cards or for travel restrictions, are you supportive of having some identity card, or vaccine identification for people in terms of people who are coming into the country and also for us traveling outside of it?

Dr. Tom Frieden:

I first wrote on this a year ago, and what I said is they're inevitable, they're going to happen, so let's make sure they happen in a good way. First off, it has to be voluntary, opt in only. Second, you have to control privacy, so that your data isn't used for anything other than what you want it to be used for. Third, you have to have a paper analog. If someone doesn't have a smartphone, they should be able to have the same privileges as someone who does. But done right, I do think that vaccine verification or vaccine certificates can facilitate reopening. They can't change the unfortunate and tragic reality that we don't have adequate vaccine access

Dr. Tom Frieden

globally.

Margaret Flinter:

Yeah. We've been speaking today with former CDC Director Dr. Tom Frieden. He's the President and CEO of Resolve to Save Lives an initiative of vital strategies. You can learn more about his very important work by going to Resolve to Save Lives.org and please follow him on twitter @Dr. Tom Frieden. Dr. Frieden, we thank you so much for your decades long commitment to improving global health and well being for leveraging the tools of public health to improve outcomes and for taking the time to come and join us today on Conversations on Health Care.

Dr. Tom Frieden:

Thank you. It's been a pleasure speaking with you and thank you for what you do great.

Mark Masselli:

Great.

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

Lori Robertson:

On April 23rd, the Centers for Disease Control and Prevention's Advisory Committee on immunization practices voted to resume the use of the Johnson & Johnson COVID-19 vaccine was a warning that there may be an increased risk of a very rare but dangerous blood clotting condition. The vote came 10 days after the CDC and Food and Drug Administration on April 13th recommended "a pause in the use" of the Johnson & Johnson vaccine out of an abundance of caution due to six reports of a rare blood clot combined with low levels of blood platelets among more than 7 million J&J vaccines administered.

At the April 23 meeting a CDC scientist presented nine additional reported cases bringing the total confirmed cases to 15 out of nearly 8 million vaccine doses as of April 21st. Three of the 15 have died and four were in intensive care. 13 of the cases occurred in women between the ages of 18 and 49, and two involved women between the ages of 50 and 64. These reported cases after vaccination with the J&J vaccine appear to be similar to heparin-induced thrombocytopenia, a condition in which the body has an immune response after a

patient receives the anticoagulant drug heparin, causing both low levels of blood platelets and blood clots. One hematology expert told us there appears to be overlap between the two disorders.

The 15 cases after vaccination in the US represent nearly two in one million of the nearly eight million J&J vaccines administered since 13 of those cases were among women under 50, the incidence would be seven in one million for women ages 18 to 49. The FDA has added warnings to its emergency use authorization of the vaccine and its fact sheets for healthcare providers and vaccine recipients, saying the reports of these conditions suggest an increased risk of the rare blood clot combined with low levels of blood platelets, one to two weeks after vaccination.

The FDA fact sheet for vaccine recipients says, "The chance of having this occur is remote." The CDC Meanwhile, says. "Women younger than 50 years old especially should be aware of the rare risk of blood clots with low platelets after vaccination, and that other COVID-19 vaccines are available where this risk has not been seen." 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 check, email 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. While the world grapples with a global pandemic, public health experts have been simultaneously battling another ongoing health threat. Mosquitoes are considered one of the deadliest animals on earth, leading to hundreds of millions of illnesses and some 2.7 million deaths per year globally. Diseases such as malaria, dengue fever, and Zika are on the rise.

Dr. Scott O'Neill:

There is this one mosquito called Aedes Aegypti that transmits a range of different viruses to people. They include viruses like yellow fever, dengue fever, Chikungunya, Zika, and the consequences can be very dire from a loss of life through to

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crippling social and economic cost.

Margaret Flinter:

Dr. Scott O'Neill is the director of the World Mosquito Program, which has developed an innovative approach to eradicating the threat.

Dr. Scott O'Neill:

I was particularly interested in this bacterium called Wolbachia. This bacterium is present in up to 50% of insects naturally, but not this one mosquito that transmits all these viruses. When we put the bacterium into the mosquito the viruses couldn't grow any longer in the mosquito. We're seeding populations of mosquitoes with our own, mosquitoes that contain Wolbachia. We're able to spread the mosquitoes across very large areas very quickly. Once the mosquitoes have it they're protected from being able to transmit viruses. When they're protected, the humans are protected as well.

Margaret Flinter:

Dr. O'Neill's team released the genetically modified mosquitoes into a targeted area and the results showed a dramatic reduction in human infections.

Dr. Scott O'Neill:

In Northern Australia we deployed the Wolbachia over quite large areas, entire cities, and we've seen essentially a complete elimination, 96% reduction in dengue in those cities. We believe if we can scale this intervention across entire cities, we can completely prevent the transmission of diseases like dengue, Chikungunya, and Zika.

Margaret Flinter:

The World Mosquito Program is one of the six finalists in the MacArthur Foundation's 100&Change competition which awards a \$100 million grant to innovative public health interventions.

Dr. Scott O'Neill:

We're hoping that over the next five years, we could bring this technology to protect 75 to even 100 million people. We would hope within 10 years we could bring this intervention to 500 million people.

Margaret Flinter:

The World Mosquito Program, an effective targeted genetic engineering approach to eradicating the threat of deadly mosquito borne pathogens, leading to a dramatic reduction in harm to public health, 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.

Dr. Tom Frieden

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Female:

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