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Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter. This week we welcome New York State Health Commissioner, Dr. Mary Bassett, on shifting public health protocols for the next phase of the pandemic.

Dr. Mary Bassett: We have lifted the requirement that all people be masked or Vaxxed in public indoor spaces. We continue to recommend masking.

Marianne O'Hare: Lori Robertson joins us from FactCheck.org and we end with a bright idea that's improving health and wellbeing in everyday lives. Now, here are your hosts Mark Masselli and Margaret Flinter.

Mark Masselli: Our guest leads the health department in one of the largest and most diverse states in the country. She brings to this role an incredible background on the frontlines of health here in the United States and around the world and has often tackled deadly diseases such as Ebola Legionnaires disease, and now, of course, COVID.

Margaret Flinter: Dr. Mary Bassett is the New York State Commissioner of Health. She previously led the New York City Department of Health and Mental Hygiene and most recently served as the Director of Harvard's FXB Center for Health and Human Rights.

Mark Masselli: Dr. Bassett, Welcome to Conversations on Health Care. We start with the sad news about the passing of Dr. Paul Farmer, a Global Health Champion and Founder of Partners in Health. You were strong ally in his efforts, and so we'd like to ask you for your reflections?

Dr. Mary Bassett: Well, obviously, we're all stunned at this news. Dr. Farmer was only 62 years old. The last time I saw him was in Butera, Rwanda, where he died at a School of Public Health that he had established to offer frontline Public Health Training to people from all around Africa, and this was, I don't know, how many chapters he'd had, but this was yet another one of higher education. So he was an incredibly charismatic figure. I think we can credit a whole generation of young people who went into global health because of Paul Farmer. He always was outspoken, the need to protect the wellbeing of people who have been left behind all over the world. I just can't believe it really. He had three children, and I'm just so sorry that we've lost him. He had so much more to give.

Margaret Flinter: Well, thank you so much for those words, Dr. Bassett, and I will tell you we share I think as a country in the loss of just a tremendous person. I want to turn to COVID to ask you about the latest details about COVID and Omicron. Your State has lifted his mask or Vax indoor mandate for businesses, cases and hospitalizations are way down. But share with us how you think it's going in your incredibly diverse State as well from very urban to rural areas.

Dr. Mary Bassett: I became Health Commissioner on December 1, and our first Omicron case in New York State was identified on December 2 and all of us were amazed at the rapid spread of Omicron. That spike became a signature of Omicron and in New York State, we were clocking in over 90,000 cases a day in the first part of January. I'm pleased to say that we've been coming down steadily, and the most recent data show that something between 2% and 3% of people who get tested are testing positive. We've been up tenfold higher at the peak of the pandemic. So we're on the downside. We have lifted the requirement that all people be masked or vaxxed in public indoor spaces, we continue to recommend masking and of course, we very much want everyone who hasn't been fully vaccinated to become vaccinated and to get boosted. Our coverage is now at about 75%, New York State is doing much better than many other States. But we still need to be higher than that of the group in which we have the furthest to go are children for a long time we were under 30%. But, you know, that still remains low. This is for the 5 to 11 year olds. It's higher in the older age groups. We still have masking required on public transport and in hospitals, nursing homes, but no longer as you say in public indoor spaces.

Mark Masselli: Let me pull the thread a little on young people and you have lots of difficult decisions in front of you. When do you think the State will be getting closer to ending mask requirements for students and schools? And really, what's the timing on the decision? Any news you want to break today? We welcome it.

Dr. Mary Bassett: I will say what we have been saying is that we use a number of different metrics. Of course, we use cases that's the number of people who test positive. That metric is challenged. I could say by the fact that we have more and more home tests. We've sent out the door close to 35 million tests. So we aren't capturing as completely the people who are testing positive as we used to. Nonetheless, the direction of cases is helpful and we consider to see them decline. Hospitalizations are something that we look at carefully, and those are going down rapidly. So everything we look at is going in the same direction, and that's very hopeful. But compared to our low, in the summer of July, August of last year, we still have four times as many people in the hospital now than we had back then. So the Governor has said, when the kids come back from school, we'll have them returning with that, we hope, having performed home tests, and we'll look at all of our numbers and where we stand then and make a decision about masks in schools. So we're looking at a whole array, and I should add one more thing, as speaking of a Global Health Giant like Paul Farmer, that he's taught us that we have to keep in mind the whole world, and of course, we keep an eye out for any other variants.

Omicron went very quickly, it was sort of announced to the world on Thanksgiving Day, and we had our first case in New York just shortly thereafter, and the rest we've all witnessed. So we're also keeping an eye on the emergence of other variants. We would be concerned that we have protections in place in advance of the arrival of a new variant.

Margaret Flinter: Dr. Bassett, it's clear from your comments that you're keeping a very close eye on many, many data streams to inform decision making. But the New York Times recently reported that CDC hasn't been sharing all the pandemic data that it has with health departments like the one you lead. And then they said that the data collection is small and could be misinterpreted. But do you feel like you're getting all the data that you can from the CDC, as well as any other national sources?

Dr. Mary Bassett: We have a lot of data here and we have been contributing to the national conversation about vaccine protection. As you know, we have a wonderful group of data scientists who've been looking at the protectiveness of natural infection and vaccination. December 24, Christmas Eve, we released information about the much more rapid rise of hospitalizations among children. We also have wastewater data. We are collecting it now in five counties. We have received funding to extend wastewater surveillance to the entire State, and I have not heard this about the CDC. We all look to the CDC for data and for guidance. But of course, it is true that during this pandemic, States have occasionally had to make decisions that were out ahead of the CDC. New York State has done that as have other States. That's because we look at our data and tried to decide what's best for the people who live in our State.

Mark Masselli: You know, you've taken the lead on addressing what's called Long COVID. New York State has brought together an expert group of researchers, clinicians, social scientists, and other stakeholders to share their expertise and insight on this condition, the data seems to be a little scary in terms of the effect that long term COVID is having on people who might have had mild symptoms, but are facing a whole range of health conditions.

Dr. Mary Bassett: That's right, and it's really important that you raise this because there is especially with Omicron, a sort of sense increasingly that Omicron sort of not bad worse than a bad head cold, and we should all stop worrying about getting COVID, now that it's the Omicron strain, and we don't know yet whether the Omicron variant is associated with Long COVID. But I would expect that it would be. So we convened a group of really wonderful group of scientists, clinicians, people living with COVID, one of the things that we are looking to this group to is to try and give us guidance as a health department and what our role

might be. The NIH has the role and the resources to fund big studies, and they're doing that because it's clear that even when Acute COVID is over, there are going to be people who are living with Long COVID and it can be people who didn't even have symptoms at all, weren't aware that they'd been infected, as well as people who had mild symptoms, people who were completely fit and it seems to be sort of analogous in ways to chronic fatigue syndrome. But the science is still evolving. It could affect a fairly large number of people. Some studies suggest that up to a third of people may be affected with protracted symptoms. But it's clear that this is real. Many of the people who have it had encountered skepticism on the part of their health care providers.

Mark Masselli: And obviously it has an enormous impact on how one thinks about the health care system going forward and the additional demands that will be put on it.

Dr. Mary Bassett: Exactly.

Margaret Flinter: You know, Dr. Bassett, I think you probably have to spend 24 hours a day, focusing on COVID, and then in the other 24 hours a day, keep thinking about everything else that was there before COVID. I wonder if you could share with us the major health issues that you see facing your State at this point in time. Behavioral health issues are probably right there on the list, substance abuse, maternal mortality, but tell us what you're zeroing in on?

Dr. Mary Bassett: Well, one of the things about the New York State Health Department that is really kind of unique is that it has real in-reach into the healthcare delivery system. All of the things that we consider traditional public health, and an important role, for example, in addressing non-communicable diseases, which will remain the leading causes of deaths as COVID recedes and so we still have to work on with the advent of E-cigarettes, we have youth tobacco use back up at levels that it was 20 years ago. We have the problem of unhealthy food and the overweight and obesity and diabetes, which in many ways COVID really uncovered the failures of our system to keep people healthy. You mentioned maternal mortality, and that, of course, is one of the many conditions which shows a huge racial disparity in the occurrence that far more likely to have an adverse event as a pregnant person, if you are classified as African American. In New York City, this was one of the biggest racial gaps that I ever saw 12 to 1 higher risk of deaths related to pregnancy and delivery for African Americans.

So yes, we will be continuing to work on reproductive health issues, thinking through what we will – how we will respond as a State that has always given women trust in the event of a loss of row. And then there's a whole other side of the agency where we oversee Medicaid,

which provides a health insurance coverage for nearly a third of New Yorkers and figuring out how to bring closer together primary care and more traditional public health. So those all remain really the things that inspire me in public health. But of course, we have to be ready for the next emergency, and that's going to be likely include microbial threats, but also weather emergencies, climate change to all of it, I will bring an equity lens and that remains the sort of the North Star of my working life as a physician committed to public health.

Mark Masselli: Not only are these some challenges, but we're also seeing challenges I don't think we've ever seen before. Republicans now in other States are using Dr. Fauci in a negative way in their midterm campaign ads. I don't think we've ever seen a public health official positioned as a political weapon like this before, what will it mean to the public health profession?

Dr. Mary Bassett: And this has been a really difficult period for government public health. Maybe a year ago, the Kaiser Family Foundation did an analysis that showed that 150 State and local public health leaders had either left – had left their jobs either voluntarily or had been fired. So it's been a real hollowing out of government health departments because of the politicization of the COVID response. It began during a period when we had an administration that was really embraced scientific skepticism. So it's been a difficult time. Dr. Fauci is a national treasure in my opinion and he has continued to forge into the muddy waters to defend science. It's worrying, but a lot of this is not about facts. It's about trust and we have a really big job to do to rebuild the public's trust in public health and government more generally, and as you probably know, Governor Hochul has made it a priority to rebuild trust and I hope that we do that by telling people the truth, making clear that we will not hide things from people, and I think Dr. Fauci does all that and it's really regrettable that he's coming under personal attack. He has bodyguards. His family members have to have bodyguards.

Margaret Flinter: But you are a very visible public health leader that one of the big challenges that seems during COVID is we always want to follow the science in health care and public health. But sometimes we didn't have all the information we needed to know just the science wasn't catching up with the reality on the ground.

Dr. Mary Bassett: That's right.

Margaret Flinter: How did you learn to balance the science and the political considerations with so much going on? Share a little bit about what that journey has been like this year.

Dr. Mary Bassett: Well, you're right. I mean, COVID has really taught us to cope with uncertainty, and part of our problem is that our understanding has

changed, and the virus has changed, so people feel like they were told things that have no longer held up. They were told if they got vaccinated, they wouldn't get COVID. Now we know that's not true. We saw people – we've seen people get COVID more than once, and that's related to the waning immunity, which we have learned about, and to a changing virus, which unfortunately, will continue to change as long as we fail to get vaccine to the whole world. So I try to tell people what we know, what we don't know, people can cope with uncertainty. We all do to sort of act as though we can only share things that are incontrovertible, won't work.

I've only been at this for two and a half months so I think that it's been a good time for more openness at the department where I have much better lines of communication with New York City than there ever were in the previous administrations. So maybe also seeing less infighting will help people have a little more confidence in us.

Mark Masselli: Well, you've only been at that job for two and a half months. But you have a long history of international health work and your extensive experience working in Zimbabwe on AIDS treatment. There are a lot of theories about why Africa has been spared from the worst of COVID death toll. What's your thought about what's happening there?

Dr. Mary Bassett: Well, the first thing is, I think it's true that everybody thought that it would be a catastrophe in Africa, as the health systems are very fragile, the vaccine, as you know, has reached a very small proportion of the population. Even in a wealthy country in Africa, South Africa. I don't think more than a third of people have been fully vaccinated. And yeah, we haven't seen the mortality impact, and we would see that the way we saw with HIV, by looking at the graveyards, literally. I remember going during the height of the AIDS epidemic, to cemeteries and you would just see a line of grave diggers burying one person after another and the newspapers, the photographs of people, in the prime of life who had died. We have not seen that with COVID. One reason may be that people spend a lot of their lives outdoors, and it is true that there's not as many public indoor spaces.

Another hypothesis and I don't know how we would prove this is that people get a lot more infections and had a more kind of revved up immune system. Thank goodness, it seems to be true that Africa, which has paid so many high prices, Africa had the worst AIDS epidemic in the world, that maybe with COVID, they didn't pay as much. So I don't have an answer. There are people who think that the Omicron variant may have had the chance to sort of survive in an immunocompromised person, and you take multiply in that person and that's why we got such an unusual number of mutations in the variant, but it was related to the fact that many people in Southern Africa are living with HIV.

Margaret Flinter: Commissioner Bassett, you spoke a few moments ago about the degree to which health equity has really guided your work. We're in Black History Month. What more is on your agenda specifically about the degree to which structural racism has caused such health gaps between whites and communities of color?

Dr. Mary Bassett: Well, of course, you see these gaps in virtually any outcome. We saw with COVID, the Omicron variant, I think many people thought sort of swept like wildfire and affected everyone equally. But in New York State, the hospitalization gap between African Americans and people who are classified as white went up to two fold. And you mentioned structural racism, and it's a phrase that practically didn't exist in public health until the past couple of years and now we use it a lot, and what we mean by that is the ways in which racism works that don't require personal prejudice. A key example of that is Redlining. You know, people may say, Well, what does Redlining have to do with health, and if viewers aren't familiar with this, this was a program by the government in the 1930s as part of recovery from the depression, to make homeownership more accessible to Americans, and they created in over 50 states sort of credit worthiness of neighborhoods and routinely, African American neighborhoods literally had red lines drawn around them, that deprived them of credit worthiness, and made them victims of predatory lending practices. And in the neighborhoods that were redlined so many years ago, the infant mortality rate remains three or four fold higher than it is in other neighborhoods.

So this is an example of structural racism. If your neighborhood was redlined, you were not getting that government back mortgage, and that, of course, had real knock on effects. Owning a home is a principal source of intergenerational wealth transfer, and deprived African American communities have access to this asset. It wasn't forced not only by the banks, but by the real estate agents. So Redlining is an example of how multiple institutions work to create a wealth gap, which has translated into a persistent health gap. So when we talk about undoing structural racism, this isn't a small project. But key to it is always first having data. We, in New York State, are still working on improving our data on race ethnicity. To be frank, the city did a much better job of this. And then we have to look at every all of our programs and say, are we targeting them to the groups that need these interventions the most? It won't always be by race, ethnicity, and estate. As you mentioned, we have rural communities that are predominantly white, which have really been left behind, and the opioid epidemic, for example, uncovered that.

Mark Masselli: Well, thank you so much for shining the light on structural racism, and also your comments about Redlining. It reminds me of one of our heroes, Dr. Jack Geiger, who early on in the community health center

movement really said the things that can improve the community are bank lending practices. So thank you so much, Commissioner for sharing your thoughts and insights. You can learn more about Conversations on Health Care and can sign up for our email updates at www.chcradio.com. Thank you, doctor for joining us today.

Dr. Mary Bassett: Thanks so much for having me, and for such a wide ranging conversation.

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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: Neither primary vaccination nor natural immunity is generally stopping infections with the Omicron variant, but research shows booster doses substantially increase protection. Yet Republican Senator Rand Paul claimed in a late January interview that a case of COVID-19 provides, “An immunity better than the vaccine.” Recovering from COVID-19 is expected to confer some immunity from reinfection just as getting vaccinated prevents symptomatic illness. The Centers for Disease Control and Prevention says that several studies have shown that prior infection or vaccination provide high protection for at least six months against similar variants. Those who wish to engage in a vaccine or natural immunity debate can find studies supporting both sides. But the added benefit of vaccination is to gain immunity without having to suffer through an illness, possibly a severe one. And studies have found that having vaccination and a previous infection, so called Hybrid Immunity provides even stronger protection. Paul's office pointed us to a recent report from the CDC that found prior infections conferred more immunity against the Delta variant than the primary vaccination series. But assessments of immunity depend on the variant and the study period was before the highly mutated Omicron variant took over and before booster shots were widely recommended.

Since late January, the CDC has estimated Omicron accounts for nearly all the Coronavirus infections in the country. What's the stronger immunity to ward off an Omicron infection? Booster doses, whether you've had a bout of COVID-19 before or not. Research conducted by Alejandro Valles, the Principal Investigator at the Reagan Institute, and others found that people who had gotten a booster dose of an mRNA COVID-19 vaccine were making better antibodies than those who had received only two doses, those who had a natural infection or those with a natural infection and a two-

dose vaccination series. Three mRNA shots were better than having two plus a prior infection or only a prior infection.

Another CDC study using data from 10 States when Omicron was predominant, found vaccine effectiveness against COVID-19 associated hospitalizations increased from 57% effectiveness to 90% effectiveness at least 14 days after the third dose. That's my FactCheck 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. 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, and diseases such as malaria, dengue fever, and Zika are on the rise.

Dr. Scott O'Neill: This is one mosquito called Aedes aegypti that transmits a range of different viruses to people. That include viruses like yellow fever, dengue fever, Chikungunya, Zika, and the consequences can be very dire.

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 bacteria 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. So we're seeding populations of mosquitoes with our own mosquitoes that contain Wolbachia. Once the mosquitoes have it, they're protected from being able to transmit viruses.

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, and we would hope within 10 years, we could bring this intervention to 500 million people.

Margaret Flinter: The World Mosquito Program an effective targeted 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.

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Marianne O'Hare: 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 email us at www.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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