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Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter. This week we welcome former White House Coronavirus Response Coordinator under President Trump, Dr. Deborah Birx, who's written about her tumultuous experience in her new book "Silent Invasion."

Dr. Deborah Birx: Mishandling of communications by the Trump White House caused significant issues on the ground and caused amazing confusion.

Marianne O'Hare: We hear from FactCheck.org's Managing Editor Lori Robertson, and we end with a bright idea. Now, here are your hosts Mark Masselli and Margaret Flinter.

Mark Masselli: Joining our guest time is White House Coronavirus Response coordinator. The Press noted that she was careful to never openly criticize President Trump or his administration. But now Dr. Deborah Birx has had time to reflect and share her thoughts in her new book.

Margaret Flinter: Dr. Birx is a highly regarded infectious disease expert. She's the author of Silent Invasion, the untold story of the Trump administration, COVID-19, and preventing the next pandemic before it's too late.

Mark Masselli: Well, Dr. Birx, thank you for joining us. But before we get to the book, we start with the news that Vice President Kamala Harris has tested positive for COVID and the press has noted that this news is in conflict with the Biden administration trying to present a calm image about COVID. What are your thoughts about the Vice President's situation and how it relates overall to what the administration is trying to communicate?

Dr. Deborah Birx: Well, I think it illustrates our very dilemma right now. She was vaccinated, boostered and then re-boosted and I am sure she will do incredibly well. She has access to all of the really critical therapeutics. And I think that's part of the reason why I wrote the book, I could see people trying to make it seem as people who lived in rural areas that they were getting sicker because of how they voted. And I think what you have realized, in setting up your clinics across Connecticut, it's an access issue. And our rural health care is very much diminished, And very much similar to what I encountered in Sub Saharan Africa 20 years ago.

People just do not have access to top line medical care. I applaud them expanding access to antivirals into more pharmacies. If you had looked at that site a week ago, you would have seen about 10 sites in Oklahoma and 10 sites in Nebraska, that is not going to meet the needs of the people in the rural areas.

Margaret Flinter: Well, Dr. Birx, your book certainly addresses the very tough times that

we all went through starting a little over two years ago, and gives you a chance to set the record straight. But I'd like to, if I can go to a 2020 New York Times report that said, that mid April of that year that you would roam the halls of the White House, sometimes passing out diagrams to bolster the case that COVID had peaked. Looking back, what did that report get right or wrong?

Dr. Deborah Birx: Well, the only right part in that report was that I made extensive graphics every single day. So when I got back to the United States from Sub Saharan Africa on March 2nd, there were no, no really comprehensive data streams coming in to the Federal Government. We couldn't see any of the laboratories, we couldn't see any of the hospitals. Less than 40% of the hospitals were doing any type of reporting.

So, we took a while to assemble all of the data. Many of the private companies helped me, we called them to the White House beginning of March and they set up testing. Finally, I asked all the commercial laboratories that I knew well to develop COVID tests for the average American, and within literally working around the clock. Within three weeks. They had tests rolling out across this country. Imagine if that had happened in January, but two of the main company that was providing tests, Abbott and Roche, they were providing me the nightly reports coming off of on their instruments.

And I can tell you what it was like to receive those reports and see Columbia Hospital reporting 42% test positivity at NYU Langone reporting 52% test positivity. So, it was very clear that we were well into just dramatic community spread, and so what the graphics represented was an integration of cases and test positivity, and hospitalizations. And I wrote it every day. So every single day, every Cabinet member, the cabinet members, the members of the task force, senior leaders in the White House got a summary of the pandemic and graphs.

So, I don't go skipping through the halls of the White House, but I distributed those graphs every day. And it, in that particular what they're referring to is that April 11, because I asked him what, what are you referring to and I pulled up of course April 11th, and it said that I believed the cases had peaked in the metro area of New York, but we're expanding in Boston, Chicago, Detroit, several major metropolitan areas that had entered exponential growth. So, I guess if you only looked at the first bullet point, that things were beginning to stabilize six weeks in, in New York, you could have ignored the rest of the report. I don't just emphasize where things are improving. I'm very critical of my own use of data, and I make sure it's comprehensive.

Mark Masselli: Well, thanks for that clarification. And there was a lot of fascination

about you and your time in the White House. Some saw you as too deferential to President Trump, when he was in office, and some say, you may still reflect some of those using your book. And you're right that Donald Trump looms large, to be sure, but the scale of what occurred in 2020, was far greater than even him. You even said that more than 130,000 American lives could have been saved if Trump and the Republican governors had acted differently. Why won't you lay this at Trump's feet in your book?

Dr. Deborah Birx: In the book, I'm very clear about what went terribly wrong, and I'm just going to roll that back with when you talk about the Republican Governors. I spent a lot of time across the south in the summer surge with the Republican Governors, and a 100% of them mitigated at the level that I requested. So and that was the important piece to me when you were looking at their reality on the ground and understanding their situations. I didn't have any Republican Governor that I went to visit, refused to do the mitigation that we recommended, and indeed I learned from them. I learned from people who shared my views, and I learned from people who didn't share my views.

And that's the problem if we come into everything with a perception that he's Republican, and I can't listen to him, and I can't learn from him or he's a Democrat, and I can't listen to him and learn from him. We all have a tremendous problem. And that's why I wanted to make it clear that one of the most successful programs in the United States that was funded by the Federal Government, PEPFAR went through multiple presidents, four presidents now, 10 Congress's.

I was hoping that the book showed clearly what President Trump had really difficulty with, and I clearly stated these things were wrong. And they heard the pandemic, particularly related to communication, but on the other side, I think that White House allowed us to work in a way with the private sector that had never been done before. And that resulted in test therapeutics and vaccines. So, it's a very complicated piece, and that's why it took 500 pages to explain it, because I really wanted people to understand what has to be fixed, and what we should really learn from.

I'm deferential to every single president of the United States, I've worked with every single one since Jimmy Carter. I didn't always agree with what presidents were saying, but the presidents were elected by the people of the United States. And that required a level of respect. I find if you work with people coming from respect, you can get much more done.

Mark Masselli: Yeah.

Margaret Flinter: You know you talked about the experience of presidents, and I think

former President Trump, who may be President again, in the imaginable future, had the experience both of leading the country through the first pandemic in a 100 years, being right in the heart of things. And also the experience of being sick, had COVID himself. If he were to be back in the White House, and you kind of imagine that future. What do you think he would do differently that would guide him as a president?

Dr. Deborah Birx: I have never understood or spent enough time with President Trump to really answer that question. I hope as a country, we do three things. I hope we create a national transparent database where all community acquired infections are tabulated and very clear down to the most granular level, data transparency drives trust. And I think if every American could really see what was happening in their community from early community spread in younger age groups, gradually making it to the vulnerable community members, we have 35 million Americans over 70, only 1.5 million live in nursing homes. So majority of our individuals most at risk for this disease are in communities.

If we don't use that data, like we did in PEPFAR, to identify the gaps, overcome access and barrier issues and use that data to educate people on their risk and their needs. We're going to continue to have deadly surges and I think we're at a place where we have the tools that all Americans can survive and thrive in a time of COVID, but we are not still using the tools effectively. So I'm hoping long before 2024 and a new election that we have the systems and the agencies and our Federal institutions working in a different way and data available to every American so that they can make a really clear risk assessment of what they need to do to protect themselves.

I think the illustration of the Vice President is very clear, people get infected despite full vaccination and boosting. If she was someone over 70, with multiple comorbidities, we know that a significant number of individuals are still hospitalized, that were vaccinated and boosted and we know that some of them, succumbed to COVID. We have to change this. We need the Federal political will to actually make it happen. We're going to continue to have these surges, we can not wait till 2024 and hope that President Trump is different, if he was reelected.

Mark Masselli: Yeah, you've really laid out a clarion call for sort of reform and the things that really should be focused in on. Talk to us about the struggle that you're having, because obviously, people are looking at this through a political lens, right. And I'm wondering if you could just share a little bit about the struggle you might be having of trying to get the noise out of the room and have people really focusing on the seriousness of this problem, and the actions that need to take place?

Dr. Deborah Birx: One of the things that has concerned me the most watching these last two years, is as a Federal civil servant, as someone who spent 29 years in the military, as someone who served every president with respect, that because I went in the White House for a year to help our COVID Response that I have been interpreted as a political human being.

I never campaigned, I was never politically appointed by President Trump, I was retained after being appointed by President Obama. The fact that I'm having to break through that blue-red divide, that's going to pale how civil servants look at working at a high level with politicals. I had never made my politics known, which was important in the military, you couldn't go around saying when there's the hijack. So I took all of that very seriously. About half of the book is about what was going on in the White House, but half of the book is about what I learned being in the States, what I learned from governors and mayors, what I learned from the tribal nations, what I learned from people who are working in rural areas, and on tribal nation reservations to really tackle this pandemic.

Those are what American people need to see, and I think the other really amazing thing was going to over 30 universities, and seeing how many university presidents and student bodies figured out how to open safely, hopefully, the book is a wake up call for people to actually learn what we need to do. And we need to do differently, I think, after 9.11, and the 9/11 Commission changed how we gather intelligence in this country, public health and response to pandemics don't belong to any one agency, and I think we need that same approach of really being willing to look at ourselves and see where we failed and failed the American people, and fix it.

This is bigger than who is in the Oval Office, certainly who is in the Oval Office can really impact communications and communications is critical. So, I don't want to make light of that, the mishandling of communications by the Trump White House caused significant issues on the ground, no matter what state I went into, and caused amazing confusion among the American people, and so that has to be fixed, and there has to be consistency there, but we also have to have a safety net that says every American ought to be able to see the data themselves.

That's what we did in Sub Saharan Africa. All the PEPFAR data is public down to the single site serving small numbers of clients, because we want to make sure no matter where you live, that you can have the ability to be virally suppressed and thrive with HIV. So we want the same in this country with COVID.

Margaret Flinter: So Dr. Birx, I hear such resounding themes around communications, around access to services, and you know, I personally think it was a

great thing to see everybody being able to get a COVID vaccine regardless of their insurance status when we got to that point, that was a great moment. But the third theme, in addition to communication and access to services, is really data, data, data. And certainly the Center for Disease Control is working hard to speed up data reporting and its processes. I think, you know, most of us were kind of surprised that CDC didn't have the kind of robust, timely, daily data feeds coming in that I just imagined that they did. And I, what's your advice to CDC about what they need to do to get that input coming in from all points around the country?

Dr. Deborah Birx: Well, I saw this all the time in tackling pandemics around the globe, people decide that no one will do it, they don't ask, I went to all 6,000 hospitals and said, I need your daily admission data. It's nice to know how many people are in the hospital. But that doesn't give us any knowledge about where this pandemic is headed, how bad it's going to get in your area? How much human capacity you need, and how much we're going to need to support you, and how many supplies I'm going to have to surge to you including treatment?

So, we were not only collecting very little data, we were collecting the wrong data, you have to prepare for all types of pandemic. And I think for decades, CDC prepared for a pandemic based on symptoms and tracking people by symptoms. And in this 21st century, every single disease should be diagnosed laboratorily, we do that for diabetes, we do that by hypertension, for your cholesterol, we don't have people come into your clinic and say, I think I have diabetes and you say to them, Oh, I'm going to give you meds now.

No, you would get their glucose, you would get their hemoglobin A1c. And here we are deciding if people have flu or RSV, or adenovirus, based on symptoms, when we have the capacity to do this kind of sophisticated testing, obviously, because we were able to go from no tests to a million tests within a matter of months. So we have to, as a country, the public, there needs to be a public-private partnership around this data, that data needs to be transparent.

The hospitals and clinics have the data as well as the laboratories, no one has to have a separate data submission to the CDC that's just duplicative and causes unbelievable amount of additional work, all of this information is available electronically. What we need to ensure is CMS only pays for definitive diagnosed diseases when it comes to infectious diseases. And then we would know who had flu and who had COVID.

So there are some simple fixes. Obviously, that's what the nine pages at the back of the book are, that really ask Congress to look at this. CDC has to get out of that mindset that there's public health, and then there's health. There's just health, and we need to use health data to

tackle the pandemics that we have of obesity, opioids, TB, around the globe, and also hypertension, and diabetes, and use data in real time to improve each of those pieces. People told us that we would not be able to change the pandemic around the world in HIV, and we did. And now you do it through data, you actually document what's happening and who is at risk. And that's where you find what you've done. You saw the need, you saw the access issue, but you don't stop with one clinic, you look where they're still in need, I use data to find the patients who need to be served.

So, it is possible to change pandemics, and we have the luxury of having a vaccine and effective therapeutics. So we have the tools, but we have to utilize them in a data driven way.

Mark Masselli: Well, coupled with good communication, and in that context, let's discuss a current challenge we're seeing in our community health center, and less than 40% of patients who've received the COVID vaccine have returned to get a booster and I'm wondering what your thoughts of, that we can do better or differently?

Dr. Deborah Birx: Well, first and foremost, we have to be honest. And I think there was a lack of honesty about what these vaccines can do and can't do. They were never measured to prevent infection. We did not test people weekly in that phase three trial to see who got mild and asymptomatic disease to site vaccination. We didn't do that. We were only tracking in those trials, symptomatic disease and the comparison for efficacy was severe disease and death, and so number one, when we put these vaccines out there is tell the American people we don't know how well this will prevent infection.

We think it's going to be very effective against severe disease. Don't assume because you got the vaccine that you are now invincible and Superman. And I think if you had put the data up day after day and collected the information on breakthroughs, which were very evident in June of 2021 in the southern surge, the waning protection against infection, the waning protection against hospitalization, and the waning protection against death, and you made that available and understandable in real time, people would have seen the reason to get a booster. We went out there and said, this is a miracle -- it was, but it had limitations. It's fractured trust, because we're not being crystal clear to the American people.

I mean, the fact that we're coming out with data now, that says 50% of the people hospitalized in January, were fully vaccinated, that would have changed people's strategies, but now we're telling them the end of April when one of the most deadly surges has already passed through the country. These surges are predictable. This late spring surge happened last year, highly predictable, just like this late spring surge, we should be preparing right now, for a summer surge

and putting the data out daily to the American people, and how you're going to address those gaps. Every hospitalization and death at this point is a failure.

Margaret Flinter: Dr. Birx, I noted you mentioned the tribal nations, and your book has an important chapter about the tribal nations that really demonstrated the powerful role of community in curbing spread, despite the fact that they don't have the strongest health care system.

Dr. Deborah Birx: The tribal nations communicated continuously and presented the data about test positivity and where this virus is and why they're at the highest risk. People talk about black and brown Hispanic, and they always leave out the tribal nations, the tribal nations have the highest case fatality rate in any population. And they knew that, because they were collecting their own data, they were given inadequate testing, they are often far removed from health centers, and so what they had was a sense of community. And they utilize that sense of community to protect one another.

And I think the same thing happened at many of the universities and schools, the student body came together to really help other students focused on mental health and really ensured that students could survive. We have solutions in this country that really show how to communicate. And I think the other piece of that we haven't done is the behavioral research to understand vaccine hesitancy. It's very frustrating to me that we collect data on things and then we don't do anything to change the number. So we got to collect data and fix things.

Mark Masselli: Well, thank you, Dr. Birx, and COVID is an evolving story. Your book is an important part of the history. And thank you for your decades of service, not only in the PEPFAR HIV AIDS world, but also with COVID. And thanks to our audience for joining us, you can learn more about Conversations on Health Care, and sign up for our email at chcradio.com.

Dr. Deborah Birx: Thank you, and I appreciate so. I looked into everything that you were doing, starting with one becoming 200. You don't do that unless you're data driven and you saw the need and you found a solution. This is what we need all the way across the country.

Margaret Flinter: Thank you. Dr. Birx, thank you for joining us.

Mark Masselli: Congratulation and thank you so much.

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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 healthcare reform and policy. Lori Robertson is an award winning journalist and Managing

Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: The percentage of Americans without health insurance went down from 2020 to 2021. That's the latest information from the National Health Interview Survey. The estimates which are early released figures subject to some final editing and waiting are the 8.9% of the US population did not have health insurance at the time they were interviewed in the third quarter of 2021. It's a decrease of 1.4 percentage points from the last quarter of Donald Trump's presidency to the third quarter of Joe Biden's presidency.

The latest report from the National Health Interview Survey its report for the first six months of 2021 had estimated the number of the uninsured dropped by about 500,000 people in the first six months of 2021 compared to the 2020. Data for the NHIS are collected by the Census Bureau, which separately issues annual reports on the number lacking health insurance for the entire year. In 2021 11.3 million people were enrolled in Affordable Care Act exchange plans through healthcare.gov and state run marketplaces.

In this year's Open Enrollment Period, 14.5 million people were enrolled in plans for 2022 with 3 million of them being new consumers. About 79 million Americans were enrolled in Medicaid according to the latest figures from last fall. Employer based insurance remains the primary source of insurance for Americans with nearly half of the population on work based health coverage as of 2019.

And that's my 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.

For several decades, the CDC has been screening new mothers for issues that could signal a threat to the child's ability to thrive. The surveillance tool, the Pregnancy Risk Assessment Monitoring System,

or PRAMS, as its known, is a population based surveillance tool designed to identify groups of women and infants at higher risk for future health problems. Dr. Craig Garfield, founder of The Family and Child Health Innovations program at Lurie Children's Hospital in Chicago thought they were leaving out an important part of the equation, the dads.

Dr. Craig Garfield: CDC actually approached us, is because they have had for 35 years a survey of mothers in the perinatal period that gives us really good data on public health as they transition into motherhood. And they started to get back comments saying why is the only question that you asked me about my partner is whether he hit, kick, beat or slapped me during pregnancy. There's so many things that he did that helped me get through this pregnancy and you don't ask about any of those.

Margaret Flinter: Dr. Garfield partnered with the CDC and the Georgia Department of Health to pilot the deployment of a new surveillance tool. PRAMS for dads.

Dr. Craig Garfield: We ask questions about the dad's physical health, mental health access to health care dad's involvement with the baby, ideas around breastfeeding, because we know that the chances of moms successfully breastfeeding have a lot to do with if Dad is supportive of that as well. And then what other risky behaviors that dads might be involved in that we need to know from a public health perspective, smoking, drinking, having a gun, those sorts of questions.

Margaret Flinter: Dr. Garfield says identifying issues such as obesity or smoking in a father at the time of birth is an excellent time to empower the new father to address those issues impacting not only his health, but the health of mother and baby as well.

Dr. Craig Garfield: As a pediatrician I work with a lot of fathers and the fathers I work with all are looking at the time of birth to really be the best kind of father they can be. And a lot of that has to do with being able to maintain their own health so that they are there when their child gets older. They want to be there and be involved in different ways that maybe their father or their grandfather was.

Margaret Flinter: Since launching the pilot PRAMS for dads -- Dr. Garfield's team and the CDC have expanded the program partnering with several other states, including Ohio and Massachusetts, and inexpensive easily deployed surveillance tool, screening new dads for health concerns that could impact not only their newborn's future health, but their own health as well. And providing a reliable public health data set for individuals, families, clinicians, and population health as well. Now that's a bright idea.

Deborah Birx

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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 e-mail 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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