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Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter. This week we welcome Pulitzer Prize winning science writer for The Atlantic, Ed Yong on the grim milestone of a million American deaths from COVID.

Ed Yong: There is no way of getting the risk of spillover and the risk of future pandemics down to zero, which means that we must be ready to intercept and deal with new pathogens when they arrive.

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

Mark Masselli: The 2021 Pulitzer Prize Board said our guest reporting was a "Series of lucid definitive pieces on the COVID-19 pandemic that anticipated the course of the disease illuminated U.S. government's failure and provided clear and accessible context for the scientific and human challenges at post."

Margaret Flinter: Ed Yong is a staff writer for The Atlantic and also a book author. He's been an independent guide for all of us during this pandemic. His story titled "How the Pandemic will End" is one of the most read pieces in the Atlantic's history.

Mark Masselli: Well, thank you so much for joining us, Ed. But before we get to COVID, let's just start out with the news about the Supreme Court draft that apparently will result in each State's needing to decide if abortions are legal. You focus in on how science is engaging with the realm of politics policy in real patients. I'm wondering what perspective and insights you can bring to the abortion story at this time.

Ed Yong: Look, I'm just going to say that abortion is healthcare. I think the ethics were very clear here and I'm not going to say any more about it because I've not reported on it. I think the pandemic has been characterized by a lot of people straying well outside their realms of expertise and unless I've actually done the work. I'm not going to opine on something that I'm not intimately familiar with.

Margaret Flinter: Well, then let's turn to COVID. We've heard the grim news showing one million Americans have died from this virus, roughly 30% of Americans are likely never to be fully vaccinated. Is this one of the most surprising parts of the COVID story?

Ed Yong: I don't think it's even slightly surprising. I think if you look at attitudes around vaccinations that long preceded COVID, you can very easily see all the seeds for what we're currently seeing now. It is neither surprising that much of the U.S. decided not to get vaccinated despite

the efficacy of the vaccines nor is it surprising that many people in the biomedical establishment were surprised by this. I think that we, as a country, have long had a very technocratic mindset towards health problems that we have sought solutions to large social problems through the fruits of the biomedical research enterprise and while those things are undoubtedly fantastic, they also have a limitation. The problem here is that a vaccine is a product and being a very tech focused nation, we assume that once we got the product, we would fix the problem. But a vaccine is useless without vaccination and vaccination is a system and the U.S. is riddled with broken inefficient systems. So vaccine delivery and access depends on things like whether people have vaccination sites near them, even the most recalcitrant anti-vaccine attitudes have the social dimension to them, they come down to things like trust, trust in the government, types of trust are sorely lacking in the U.S. I think, in part because you can't expect people to buy into a like an intervention like this, they just don't believe that the government has the best. And of course, in a situation like this, where people in positions of power now we're saying do this thing, a lot of people are going to go like why this thing and not all the other things that would have made our lives better that haven't been rolled up before now.

So the problems that we've seen in vaccine uptake are very much a part of all the other problems that have cost the U.S. response so dearly and I hope it's a chance for the medical solution to have a bit of a wake up call and think about how it's thinking about how to solve these very large, difficult problems.

Mark Masselli: Four years ago, you wrote an incredible article with the headline The Next Plague is Coming, is America ready? And it's literally a terrifying read, how much you accurately nailed down what was ahead of us. Here's a direct quote from that 2018 article. The White House is now home to a president who is neither calm nor science minded. I'm wondering if your reporting shows how different political leadership could have saved lives in 2020.

Ed Yong: I think having a president who was actively downplaying the pandemic who was hyping up false miracle cures really didn't help matters. There is a very interesting question to be asked about whether if we had a different president, someone more science minded, let's say if Biden was president at the start of the pandemic, would things have been better and honestly, I'm not sure the answer is yes. I look at how things have progressed over the last year and a half, despite as you say, vaccines being available a new, supposedly more science minded presidency and yet we still seem to be making the same mistakes. Again, more people have died since then, then in the preceding phase of the pandemic. And I think again, that should force us to question some of our assumptions. I am not saying that

the Trump presidency was blameless. But I also think that people who are pointing to it and it alone as the reason why the U.S. has failed so badly, we've had, I think that in some ways, the theatrical incompetence of the Trump presidency makes it very easy to think that's the sole problem and it distracts from the more banal forms of incompetence that we have seen since, both administrations have gone very hard on this very individualistic stance on the pandemic. This idea that we're going to use biomedical countermeasures, pharmaceutical interventions to get our way out of this without having to put in the work; things like masking, ventilations, testing, all the rest that will protect the health of the population at large. Both have failed in their own specific ways to really shore up public health at a time we really need it, and I think that Trump was deeply problematic and wrong in his approach to the pandemic. But I think if the only lesson we learned it was all on Trump, I think we've absolutely learned the wrong lesson. The problem was in the root stock. The problems are foundational and longstanding and fundamental.

Margaret Flinter: I like to then move on to talk about your article on how the pandemic will end. Dr. Fauci says the acute phase of the pandemic is over. What's your reporting telling you about what's likely to happen?

Ed Yong: I think everyone who's been reporting on this knows that predicting even the near term future of the pandemic is very difficult. I've just been interviewing healthcare workers they have across the country, and they really range the gamut from everything looks fine in my hospital to we're nearing with the way things were, the height of the Omicron surge in terms of new admissions. So things are varied, and things are going to be difficult to predict. I think that we, as a society, and certainly my profession of journalism, have this tendency to be very laser focused on the present. We want to know what is happening right now and that tendency blinds us to I think one of the biggest and most difficult aspects of the pandemic, which is that its toll is cumulative. The story isn't what is happening right now. The story is what has happened all together over the last two and a half years. And if you look at that, you'll see that certain groups have been disproportionately impacted by what has happened to healthcare workers are one very obvious one. The people I've talked to have been pummeled by relentless surges and have been repeatedly traumatized by the horrors of what they've seen in a way that isn't just going to go over even if as Fauci claims, the acute phase of the pandemic may or may not be over. But even if that's true, we're not grappling with all of everything that's happened before that point.

So long haulers are another group that has, that have borne the disproportionate and long term consequences of two-plus years of failing to control COVID. A huge number of them are still grappling

with long term symptoms. Many of them have recently experienced at a two-year anniversary of symptoms. I've written pieces about people who are grieving their loved ones. You know, by some estimates nine million plus Americans who lost someone very close to them to COVID. Many of the people including those who lost people in the very early phases of the pandemic are still grieving. They haven't had rituals of collective mourning and it's almost like they had to lock their grief in a time capsule, which is now reopening as much as society has decided to itself reopen. They feel raging and sorrow for all over again. I am concentrating my reporting right now on the groups of people for whom the pandemic very much isn't over. Immunocompromised people are another group it like this.

The question, when is it over? When is it going to end? And I think for a long time now, the real and most important question has been, who has to bear the risk that remains? And what can we do to protect and care for them? That's how I'm thinking about the future.

Mark Masselli: I'm wondering, as a journalist, how do you answer critics who say, the media filled the country with so much anxiety and worry that they've turned off readers and viewers that has caused confusion in so many people's minds?

Ed Yong: My duty as a reporter is to be honest and fair, and if things are bad, I'm going to tell people that things are bad. If things are good, I'm going to say that things are good, but the problem is that the pandemic is multifaceted, things have been bad for a long time and the fact that things have been bad for a long time doesn't mean that we suddenly throw our hands up in the air and say things are good now because we're tired. I think that's actually where a lot of people have got to. I think it represents a failure in our duty as truth tellers. We should also be holding power to account, a very timeworn phrase in journalism is that it's about comforting the afflicted and afflicting the comfortable and I think that actually we've done the opposite of those two things as a field for the last year and a half. I think journalists were among the people who got easiest and earliest access to vaccinations and many people simply decided that the pandemic was over and that it was safe because they themselves were safe, it became especially clear in the Omicron surge and it continues to be a problem now like rather than focusing our attention on the groups of people who are most likely who've been most harmed, we are sort of privileging people who are in the wealthiest, safest, most secure positions and this sort of ties back to my early answers about the pros and cons of medical interventions.

The problem here is that epidemics and medical interventions flow in opposite directions. Epidemics flow downwards into societies' cracks, taking out the most marginalized people along different access.

Medical interventions flow upwards into societies' penthouses, they are accessed easiest and earliest by people with privilege, wealth, money, connections, and power. Those people then decide the things over and they move on. And this problem was identified by folks like Bruce Link and Joe Phelan decades ago. In their Theory of Fundamental Causes, they talked about this as one as a factor behind the ongoing and persistent inequalities in health in the country, even though the specific pathogen of the day might change or even though medical progress is ostensibly made, why are the same disparities persistent? Why are the same people suffering over and over again, whether it's with polio or HIV or now COVID? It's because of this dynamic, and I think that we in the media are complicit in that and we should try and push against it.

Margaret Flinter: Well, Ed, we've also read your tough reporting about the public health field and note your writing that public health, in your words, willingly silenced its own political voice through the years. But public health stakeholders are speaking out at all levels now about racism, equity, and climate change. Are you seeing significant signs of change; is that generational or is the field just grappled with its necessity to speak out on these issues?

Ed Yong: There was a time in the sort of early 20th century when public health had this more of an understanding of the social dimensions of disease, the idea that things like poverty and inequality and lack of education, poor housing, poor sanitation, all the rest, were profoundly influenced which communities got sick and which didn't. It also led the field to be less political, less socially minded, less focused on action in fixing these large community wide problems, and instead, you know, hewing to this medical model of looking down a microscope and finding a way of annihilating the bug in question. That has been the case I think, for many decades in the early 20th century, is the rise of social epidemiology, the understanding of a social determinants of health. Over the course of the pandemic, we have people from across the public health be really grappling with the effects of racism on public health, the idea of racism as a public health crisis. But I think that that transition is nowhere near complete. But there are certainly many prominent voices who I feel who have promoted this very, very individualistic way of thinking about the pandemic that is contrary to the very tenets of public health, this idea that coping with a pandemic is now a matter of individual responsibility.

I think this is antithetical to public health for at least two reasons. The field shouldn't be about the health of the population. It's not just – it's about the health of the collective and especially in case of a pandemic, when individual risk only gets us so far, my health is profoundly influenced by the choices of the people around me, but it

also my circumstances constrain my choices. I lead a very privileged life and I have the option of doing a lot of things to protect myself. People from low income groups and marginalized groups don't have the same luxuries and public health should be focused on them. They should be focused on the people who have the highest risk of infection and long term disability and death, the people who have the least options for accessing vaccines or treatments or protecting themselves. I actually think that a lot of leaders in this space have done the opposite. They've had privilege that much more – privileged the privileged. They've thought about the pandemic really through this very individualistic mindset that I think seems to be contrary to the ethos of the entire field.

Mark Masselli: You know, I couldn't agree with you more, the work that we do in our daily life is providing health care to underserved populations. I think this notion of the collective is so important. How do you see that translating, though, seems to be that the public health system has somewhat been eviscerated prior to the pandemic? How do you see that change of philosophy translating into public policy?

Ed Yong: So right, and I think this is the big challenge for the field right now. The public health historians I've talked to have made this argument which I think is very solid that the field is shifting towards this biomedical paradigm, I mean, abandoning like its kind of social roots, also like narrowed itself. I'd say It abandoned alliances that animated into the early 20th century and it contributed to its own marginalization. But it's very hard to ride the ship, you know, public health has famously been underfunded for the better part of a century and continues to be despite everything we've seen in the pandemic. So how are a group of people who don't have enough funding, who are now being sort of harassed and vilified, meant to tackle problems as vast as racial inequality as poverty. It's surely beyond the mandate of public health to even think about these problems, and yet, it very much is within their mandate, right, because as we've said, like these problems are public health problems, we're not going to get to a better situation with the next pandemic without fixing them. So what do we do?

The thing that gives me the most hope is seeing the rise of a lot of grassroots activists groups, people who are fiercely campaigning for change in public health, in healthcare, in all the rest. Public health as it currently defines itself cannot do this problem alone; but it doesn't have to do this problem alone because there are other folks from all different aspects of society who are also doing that kind of work and who might not even think of themselves as working in public health like housing advocates. I've seen to so many groups from who've cropped up in communities of grievers, in communities of long haulers, in immunocompromised communities, people who have said

enough, like we are not going to let ourselves be ignored and neglected and marginalized any further, and I think there's power in that and I think there's especially power when those groups start to link up with each other as I see them currently doing.

The pandemic has been so far reaching, that's part of its tragedy. But I think that's part of the current opportunity where the groups of people who have been disproportionately affected are so vast in number that they could have a very strong presence in advocacy and in shaping our collective future. Moving forward, it's hard to be too optimistic about it. We've seen a lot of moves that I think will make us much less prepared for the next pandemic. We talked about the panic neglect cycle a lot. This idea that once a crisis hits, everyone freaks out because they're underprepared. But then once things get better, attention and investments are pulled away. We didn't even have to wait for the thing to be over this time, right? We have cascaded through multiple cycles of neglect, even while the pandemic has been in its acute phase. But there are large groups of people who refuse to let the lessons of the last few years be forgotten.

Margaret Flinter: And if people needed a reminder about why we need to sustain this kind of energy, you've written that new research shows that climate driven animal migrations are likely to make pandemics more likely in the future, maybe just share with our listeners, why is this so and fill us in what is called the Pandemesciene.

Ed Yong: To be clear, the Pandemesciene is a word that I made up to describe.

Mark Maselli: Etiologizing as well.

Ed Yong: Well, so there was – this story was about a study – about the ways in which climate change is going to affect our risk of pandemics. So, as the world warms, animals are going to be forced to relocate to new habitats to track the environments that they are best adapted to. As this happens, species that never previously coexisted, will suddenly encounter each other for the first time, creating opportunities for their distinct groups of viruses to jump into new hosts, and eventually into us. Their study shows that they are going to happen, these kinds of spillovers will happen disproportionately in the areas where humans are likely to inhabit, which is bad news for us. I think worst of all that they have already been going on, that this process is well underway, and we're sort of in the peak era of these new first encounters and new animal to animal spillovers because we already live in a world that's 1.2 degrees warmer than pre-industrial levels, that's plenty warm enough for this to happen. Even if from now on we curb all carbon emissions, we still have to cope with the consequences of what we have unleashed and what is going to happen in the near term future. This pandemic scene, as I called it once unleashed cannot be rebutted.

We now have to learn to cope with it. Everything we've gone through over the last two and a half years will happen again. It just will. I do think there's this sort of feeling and hope that this is a once in a generation event and I would certainly love it if that was the case. But I think it will happen again within my lifetime and I think we will see at least one new emerging or reemerging disease within the next few years and we have to be prepared for it.

Now in like the 2018 piece that you ask, we talk about things like surveillance systems, we talk about things like preparing vaccines for the most likely dangerous pathogens ahead of time. We absolutely need to do all of those things, but there is no way of getting the risk of spillover and the risk of future pandemics down to zero, which means that we must be ready to intercept and deal with new pathogens when they arise and that means that we need to fix those social problems that cost so many people dearly, this pandemic, and the ones that are going to cost us so dearly in the next one, normal led to this. So we need a better and better normal.

Mark Masselli: Ed speaking of the things that you wrote, you have a book coming out in June, titled An Immense World: How Animal Senses Reveal the Hidden Realms around us. I wonder if you can just share a little bit about that. I know our readers who follow you religiously would be interested in knowing – getting a little preview.

Ed Yong: So an immense world is about how other animals sense the world around them and it's about how each species humans included only perceive a very thin sliver of all there is to perceive. So other creatures see different colors that we do. They detect movements in water that we can't feel, they detect electric and magnetic fields that we can't sense, and thinking about the senses of other animals allows us to perceive things that might be familiar in everyday to us in a radically new and kind of magical way. When I go for a walk with my dog and I hope that for people who read it, the book is a source of joy and wonder and a time when – much of our lives have been dominated by darkness and sadness. These are rough times and I'm not going to pretend that reading my book is going to fix any of the vast systemic and social problems that we've discussed here. But I hope that it gives people that little shards of warmth into their soul at a time when I think that we all need a bit of that right now.

Margaret Flinter: They say that journalism is the first draft of history and you have so vividly captured this very challenging period. And thank you to our audience for joining us. You can learn more about conversations on healthcare, you can sign up for our updates at www.chc.radio.com. Ed, thank you so much for your writing and for joining us today.

Ed Yong: Thank you so much for having me on folks. I appreciate it. Take care of yourselves.

Mark Masselli: All right, take care.

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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: Those who are not vaccinated against COVID-19 are more prone to serious illness and are dying at higher rates than those who are vaccinated. But partisan social media accounts including a post by a member of former President Donald Trump's campaign legal team continue to misleadingly suggest the vaccines are unnecessary and discourage their use. On April 8, Democratic Representative Frank Pallone of New Jersey announced on Twitter that he had tested positive for COVID-19. Pallone who is 70 also wrote, “Thankfully, I'm vaccinated and double boosted so my symptoms are mild.” Shortly after that Jenna Ellis, a lawyer who served on former President Trump's legal team responded with a tweet that read, “Why are these idiots still thanking the vaccine, stop pushing the Vax.” But Ellis' suggestion that there is little difference in outcomes from COVID-19 among the vaccinated and unvaccinated is just plain wrong.

Data from the Centers for Disease Control and Prevention shows significantly high rates of hospitalization for COVID 19 patients who are unvaccinated compared with those who are fully vaccinated. For Pallone’s age range adults 65 and older, the rate of unvaccinated patients per 100,000 who were hospitalized was 79 while the rate for vaccinated patients was 15 for the week ending February 26. Those rates were down from a high of 481 for the unvaccinated and 55 for the vaccinated. In January, data presented to the FDA vaccine Advisory Committee on April 6, show that for immunocompetent adults, 65 years old and above, those who received a booster dose had an 88% lower risk of COVID-19 hospitalization than the unvaccinated four to six months later. That's my FatCheck for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

Marianne O’Hare: 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.chc.radio.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. There are lots of anecdotal studies supporting music's ability to trigger memory, or boost endurance or focus. This is the question that intrigued scientist Keiki Quranam, a Systems Biology PhD from Harvard, who wondered how could music be scientifically harnessed as a powerful precision medicine tool. They formed the Sync Project with a cross section of neuroscientists, biologists, audio engineers, and even some rock stars like Peter Gabriel and started by using Artificial Intelligence systems to analyze existing playlists that purport to promote relaxation, induce sleep, enhance focus, or athletic performance.

Keiki Quranam: And once we have this set of songs that our Machine Learning algorithms predict to be effective for a specific activity, we can then run studies using these devices like your heart rate monitors, your smart watches and actually look at how effective indeed is that song for that focus.

Margaret Flinter: Quranam and her colleagues note that most of us self medicate with music already, so why not harness this ubiquitous tool that's available to all of us and develop strategies and systems that might replace pharmacological interventions with musical ones.

Keiki Quranam: So we're literally walking around with 14 million songs in our pocket every single day. So we saw a great opportunity and really being able to understand how different types of music to affect both our psychological health as well as our physiologies.

Margaret Flinter: Quranam and her team see vast potential for reducing reliance on drugs by crafting personalized music interventions and the management of a variety of complex conditions such as pain management, PTSD, even Parkinson's disease.

Keiki Quranam: In Parkinson's disease, patients have trouble coordinating movements. So by playing them the right kind of music, it can be an external auditory support they have that's going to help them walk more smoothly.

Margaret Flinter: The Sync Project, combining computer technology and neuroscience physiology and musicology to harness the healing powers inherent in music. Now that is 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.

[Music]

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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