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Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome Dr. Richard Besser, CEO of the Robert Wood Johnson Foundation and former CDC Director on the latest COVID strategies and called for an equity centered revamp of the CDC.

Dr. Richard Besser: We as an institution are looking to see what does it take to dismantle those systems that create the barriers to help from racism and other forms of discrimination.

Marianne O'Hare: Factcheck.org' Lori Robertson checks in and we end with a bright idea. Now here are your hosts, Mark Masselli and Margaret Flinter.

Mark Masselli: The new year begins with unsettling news. There's a highly immune evasive Omicron variant, it's called XPB, and it's quickly becoming dominant in the United States and about 75% of confirmed cases are reported to be XBB.

Margaret Flinter: Joining us to discuss this latest chapter in the COVID pandemic is Dr. Richard Besser, the President and CEO of the Robert Wood Johnson Foundation. He's been a leading authority throughout COVID. He's a former Acting Director at the Centers for Disease Control and Prevention.

Mark Masselli: Well Dr. Besser, welcome to Conversations on Health Care and Happy New Year.

Dr. Richard Besser: Happy New Year to both of you. It's, it's really great to be here. Thank you.

Margaret Flinter: Thank you.

Mark Masselli: Well, and you know, your expertise in the pandemic includes your leadership at CDC during the H1N1 pandemic. What's your latest thinking about this new COVID variant.

Dr. Richard Besser: As a nation and I think as a globe, we are ready to move on from COVID. COVID isn't ready to move on from us. It's really challenging. Early on in a public health crisis everyone's attention is focused on doing everything they can to reduce the impact. People are focused on doing what needs to be done. We're in a very different place in this pandemic. Now, where any thought of broad government interventions and mandates around behavior is a non-starter. Yet the virus itself is still charting an unknown course.

Margaret Flinter: Well, right before the holidays, you and other experts were sounding the alarm about the potential for hospitals being

overrun with the tripledemic threat. The patients with RSV or COVID and the flu, a lot of them children. What's the situation looking like right now on a national basis.

Dr. Richard Besser: So I'm a general pediatrician. And RSV is something that we would see every winter. But it wasn't something that that we really talked about as much as being a threat to the elderly. Adults with underlying medical conditions. And now we're in a situation where you have RSV the respiratory syncytial virus, we have influenza, and we have COVID. If you look at the overarching map, you see a situation where the color is not good. It's red in many different places.

I'm in New York City and the situation is red. And that's an indication that hospitals are being stretched. And that's a problem not just for people who have a respiratory infection that needs to be taken care of. But it's a problem then for people who have other medical conditions. So, it really is incumbent on all of us to do what we can to take the pressure off the health care system to ensure that the services are there for those who truly need them.

Mark Masselli: You know, China is seeing a wave of COVID infections, I probably should say a tsunami, there's been reported at least that 9000 people each day are dying of COVID in China, and the U.S. has imposed a Coronavirus test requirement on travelers from China. I'm wondering, is this a little too late when COVID is in every country in the globe? What's your thoughts on this?

Dr. Richard Besser: Yeah, you know, I think sometimes these kinds of measures are more for show than they are for truly controlling a public health threat. I remember back in 2009, when H1N1 was just starting to emerge. There were large numbers of people hospitalized in Mexico, but H1N1 was already in the United States. And there was a big call to shut the border down. And the mathematical modeling showed that it would be very ineffective. We're in a situation now where 300 people or more are dying every day in the United States from COVID. I don't think that testing requirements on people coming in is going to have any real effect on what we're seeing across the nation. It is useful for people to know if they have COVID. So they can get a appropriate treatment and take appropriate measures. But it's not like you're trying to prevent a big bump in the United States. Or if you are that's not the way that's going to do it.

Margaret Flinter: Dr. Besser, it's a very important role the foundation plays in the country as the nation's largest philanthropy dedicated

solely to health. And I understand that one of the roles that the foundation chose to play during these last three years of COVID, included keeping an eye on and developing a database of state policies that were enacted, specifically, in response to the pandemic, of all of these individual states creating all of their policies, are we moving towards a more coherent public health response?

Dr. Richard Besser: What became clear to us at the foundation during the pandemic, and following the murder of George Floyd and the call for racial justice in America, was the really disparate impact of this pandemic on people of color, on low income communities and people in rural communities. And what it led us to do as a foundation was to really focus in on issues of health equity, and you know, who in America truly has a fair opportunity for health? And who does not? And it's led us as an institution, to pursue our vision of a culture of health in a different way.

When we talk about a culture of health in America, we want to recognize that health isn't something that's given to you by your health care provider, it's something that is a result of what takes place in the communities in which we live and work where our kids go to school and play. And across America, people's ability to lead a healthy life is not the same. I, until recently lived in Princeton, New Jersey, where life expectancy at birth was 87 years, and I worked as a pediatrician in a federally qualified health center in Trent, 14 miles away, life expectancy at birth is 74 years.

So there you have 14 Miles, 13 year difference in life expectancy. What we saw during the pandemic was an amplification of that. And it led us to raise the question of why is it that in America, the color of your skin or how much money you earn is such a driver in terms of f health. And we as an institution are looking to see what does it take to dismantle those systems that create the barriers to health from racism, and other forms of discrimination. And we recently put out a call, really to the CDC to center equity in everything it does as our nation's leading public health institution, because without that, the next pandemic will have the same outcome as this one. But if we don't intentionally look at who has the greatest barriers, the disproportionate number of people of color, who are in jobs that don't have health insurance, jobs that don't have sick leave, or family medical leave, the disproportionate number of people of color who live in communities that lack access to high quality health care facilities.

If we don't address those issues, the next pandemic will have the same outcome as this one. And that's not something we as a society should be willing to tolerate.

Mark Masselli: A couple of thoughts there, certainly on health equity and the barriers to health, and certainly one of them is access to affordable health insurance. And one of the benefits, I would say that happened was the public health emergency declared by the president that really sort of allowed people to be on Medicaid. And that may come to an end, this could have a profound impact on the health equity, on the populations that the foundation is focused on, what's your thought about what Congress should be doing to address this issue, which could start to roll out as early as April of this year?

Dr. Richard Besser: Yeah, Mark, we're the only wealthy nation that doesn't ensure that everyone has access to high quality, affordable, comprehensive health care. And what we're going to see with those changes in the Medicaid policies, is a lot of people who are on the edge of falling off that edge, who currently have access to health care won't have that and, you know, the pandemic is not over. You want to ensure that everyone who has concerning symptoms is able to get in, be seen, be tested.

Individuals who are at risk for severe disease have access to have the high quality drugs that can reduce the risk of hospitalization and death. But you know, I'm very concerned this last Congress didn't take this on and make some of the changes permanent in terms of expanding Medicaid coverage. I'm very concerned that states are going to be able to put in more hurdles in terms of recertification as requirements to maintaining Medicaid coverage. That's going to mean a lot of people lose coverage as well.

There are many ways to get to universal health care. But as a nation, we have to agree that one’s income shouldn't determine whether or not someone gets basic medical care or basic services.

Margaret Flinter: Well, we want to really apply the foundation’s issue brief, the centering equity in the nation's public health system. Its said that CDC has to earn the trust of communities directly impacted by health injustice. And it has to support community based health infrastructure. What do you want that community health infrastructure to look like? What do you want the people leading and practicing in those systems to know and do and I think it probably ties to this interface between public health, primary care, community health, I would love to hear your thoughts on that.

Dr. Richard Besser: I've worked in community health centers for over 30 years, and have found it to be incredibly rewarding work. One of the big challenges is ensuring stable funding, ensuring access to the same services, the same drugs, the same care that you would get at a facility where someone of higher income was more likely to be getting their care. And that's not the case. In our issue brief, calling on centering equity in our public health system, we do call out the need for partnerships for engendering trust.