

Dr. Anthony Fauci

Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter. This week, we welcome Dr. Anthony Fauci back to the show, talking about concerning new variants, a fall winter surge expected, and his own plans for life after the National Institutes of Health.

Dr. Anthony Fauci: I'm not negotiating any position until after I leave the government so that there is no question of any conflict of interest.

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

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Mark Masselli: He has been called 'America's doctor', and after almost 40 years he's stepping down as the top infectious disease adviser in the United States. His work has spanned from the AIDS epidemic to the COVID pandemic.

Margaret Flinter: And we, of course, are talking about Dr. Anthony Fauci, and as you've heard, Dr. Fauci has decided to leave his post at the end of the year as Director of the National Institute of Allergy and Infectious Diseases, and as the Chief Medical Adviser to President Biden. We'll be asking him to reflect on his incredible career in a bit, but we're going to start by asking some questions about the latest on COVID.

Mark Masselli: Well, Dr. Fauci, welcome back to Conversations on Health Care.

Dr. Anthony Fauci: Thank you so much. It's good to be with you again.

Mark Masselli: Yeah. And you know, we know this is your fifth appearance with us since the pandemic began. And as you may know, our listeners are from Federally Qualified Health Centers, free clinics, safety net hospitals, all across the country, and so appreciate the opportunity to hear from you. We know one of the things that you, I think, reminded us early on in our conversations, was that the Coronavirus mutates. And we know you're closely tracking the wide range of what are called Omicron variants, or sub-lineages, including BQ.1 and BQ.1.1 and even XBB. That's an alphabet soup. Yet, the current 21-day moving average of new deaths seems to have decreased significantly compared with the previous average. Can you tell us where we are at this point?

Dr. Anthony Fauci: Well, we're really at a point that may be a crossroads here, because we're entering, as we all know, into the much cooler weeks and months of the late fall and early winter. The numbers are down, clearly the number of cases per day, even though the actual numbers are very likely an undercount. But nonetheless, the trend is down. The number of deaths are down, but not as much as we'd like to see.

We're still hovering around 350 to 400 deaths. But when you compare it, to where we were several months ago, when we had hundreds of thousands of new cases, and there was one period when we were up to 800,000 and 900,000 cases a day, and 3,000 to 4,000 deaths per day, we're doing much, much better than that. Now, however, as we're entering into the cooler months, we are starting to see the emergence of sub-lineage variants of Omicron, the ones that you mentioned correctly, BQ.1, BQ.1.1, XBB and others, as well as BA.4.6.

The problem with these is that even though they are sub-lineages, and likely would be covered by either prior infection, immunity, or immunity induced by the BA.5 bivalent, nonetheless some of those variants will escape the protection from monoclonal antibodies like Evusheld, which is a very important tool in pre-exposure prophylaxis for people who are severely immunocompromised, such as transplant patients, and people on cancer chemotherapy. So that's the thing that's of concern to us is that some of our tools in our armamentarium may be negated if in fact these newer variants become much more dominant than they are.

Margaret Flinter: Dr. Fauci, it's hard for me to believe that we're going into our third fall and winter season with the COVID virus being of such concern. But we also go into the season as we do every fall, looking at flu, and this year also what appears to be an increase in RSV virus. And this year, I think we don't have the protective mechanism that we had in the last two years of pretty widespread masking, which seemed to have blunted some of the flu epidemic at least last year that we predicted. What's the latest on this situation? Are you anticipating a worse than usual flu season in terms of morbidity and mortality?

Dr. Anthony Fauci: Well, flu is one of the more unpredictable viruses that we have. However, if you look at history, history tells us just what you are suggesting. Australia had a relatively more severe and early flu season, and we often follow what happens in Australia with regard to influenza. So we should be expecting that we are going to have a moderate at best and a severe at worst flu season. Also, as you mentioned correctly, we're starting to see a significant uptick in cases of Respiratory Syncytial Virus. So it really is almost a negative trifecta. We're going into the fall, we have new variants, and cooler weather, always is threatening when it comes to COVID. We've been through, as you mentioned now, the third time we've been through this. Influenza plus RSV, it's going to be very confounding and might even stress the hospital system, particularly for the pediatric population. And that's one of the reasons why we say over and over again, now is the time to get your updated BA.5 variant for COVID as well as your flu shot. We don't have a vaccination for RSV, but we do have vaccines for flu and for COVID. So we need to utilize the countermeasures that we have available to us.

Dr. Anthony Fauci

Mark Masselli: You know, as you indicated, we're moving into that cooler season, and obviously this is a time where people are traveling, visiting families, celebrating together. I'm not sure people are completely listening, but we hope they are, and it sounds like the vaccination strategy is something that we should lead with. But what other advice would you have to people and precautions that they should take? Have you seen any of these messages working effectively? I'm sure you're a connoisseur of what's resonating with the public.

Dr. Anthony Fauci: Yeah. Well, we're really challenged right now, because as we all know, people are fatigued with COVID, fatigued with any kind of restrictions. We're not talking about restrictions now. We're talking about commonsense public health practices. So, what can we recommend in addition to the vaccines that we've just discussed? First of all, you're right, people are much, much less utilizing mask wearing. But as you get into the winter months, remember the reason why we had such a decrease in influenza and other respiratory diseases because people were wearing masks in indoor congregate settings. Even though COVID is at a lower level than it was like a year ago, nonetheless particularly if you are a vulnerable person yourself, elderly, or an underlying condition, or you have in your own household people that you really don't want to bring infection home to them, then you should consider when you are in an indoor congregate setting, wearing a mask. I'm not talking about mandating anything because once you say that, it's radioactive for people. So, we're talking about commonsense public health practices.

The other thing that we should utilize and not forget that we have these tools, is that we have these rapid 10-minute tests that if you are going to be in a situation where you're having people over your house, or at a social setting, and you have vulnerable people that are in your family, or that you don't want to spread infection to, then utilize testing. We see that now when there are social functions, where the requirement for entering is showing that you had a negative test that day, that is a very good way of making sure you don't spread infection. So, utilization of tests, wearing masks where appropriate, and getting vaccinated, those are three very important tools we have in our armamentarium.

Margaret Flinter: Well, I think most of us have added a new tradition to Thanksgiving dinner called do your test before you walk in the front door, and it's a very helpful tool to have. But Dr. Fauci, as you know, your words, the terms that you use as such a national public health leader, are very closely followed. So we'd like to ask you, would you say that we're still experiencing a pandemic, or are we out of that phase now? And I ask that in part because there's this question whether the Biden Administration will or should extend the COVID-19 Public Health Emergency, which of course has expanded access to care for people

Dr. Anthony Fauci

who are ill with COVID because of the continuation of Medicaid benefits for longer periods, and also increased the access to telehealth for both Medicare and Medicaid.

Dr. Anthony Fauci: That decision is going to be made by the Secretary of Health and Human Services, Secretary Becerra. But when you ask about terminology, which sometimes can get caught up in semantics, are we in the very fulminant stage of the pandemic where we were having 800,000-900,000 cases and 3,000 to 4,000 deaths, the answer is obviously no. The numbers tell you that. However, when you talk about do we still have widespread infection throughout the world, including in this country, with 400 deaths per day, yes, of course. We're still in the middle of this. It is not over. And I believe, and many of my colleagues, that if we are going to accept endemicity, the word that people use, or living with the virus, we want to get it much lower than it is right now. 400 deaths per day is not an acceptable level that I believe we should accept and say, "Okay, that's not okay. We've got to get it much lower than that."

Mark Masselli: And I want to talk a little bit about economics. As you know, community health centers care for about 30 million patients, and 90% of them are living at 200% of poverty and below. And, as we've noted, Americans are not really rushing to receive the fall COVID booster, and now there's news that Pfizer says the vaccine list price could be \$130 per dose, and Moderna at 60 once their government contract ends. Now ultimately experts believe most Americans will pay nothing out of pocket, but others say this commercialization will create access barriers for vaccines and tests and therapeutics. What's your feeling about all of this?

Dr. Anthony Fauci: Mark, I don't want to opine on that because that's not my lane, economics and healthcare delivery. I'm a researcher and a public health person. So if I make a statement of that, you'll guarantee those who like to distort things, will certainly take that out of context. So I'm going to punt on this one.

Margaret Flinter: Okay. Well, Dr. Fauci, you may punt on this one too, and that is entirely your prerogative. But again, as a community health center, this one is of real interest to us, and we looked at POLITICO's analysis of how each state performed during COVID in four categories. One was health and health outcomes. But the other was the economy, social wellbeing, and education, obviously all big pieces of the social determinants of health that we're so concerned about. Minnesota performed evenly across the board, and its governor said that they wanted to look at all of the consequences, not just the health outcomes but the social implications in the economy. As we go forward with, you know, more epidemics and pandemics no doubt in our future, do you think that that's a fair and useful way of looking at

impact and judging decisions and options?

Dr. Anthony Fauci: Yeah. I mean you don't want any one factor to just be the dominant one, and it has to be a balance. You have to be concerned about optimally protecting the people by public health measures, like we had to do in the very acute stage of the outbreak. But you also have to consider other aspects, impact on the economy, as well as impact on the health and wellbeing of people outside of the realm of getting infected, the negative impact for example of restrictions, particularly children, which is why I have always been saying despite people distorting that, I have always said we need to do whatever we can to safely keep children in school. And you do that by making sure they're surrounded by people who are vaccinated, that you have good ventilation, that you have other things that can safeguard the health of children while keeping them in school because we know of the negative consequences of prolonged periods of time keeping children out of school.

Mark Masselli: Well, I'm going to move my question back to a new lane about the public health sector. Your service with the Federal government over the decades has coincided with deadly viruses that have taken really an incredible toll on our country and the world, HIV, Ebola, and now COVID. How can we, in public health, get more ahead of these threats, and what kind of additional support does the public health sector need? Are we ready for the next pandemic that is probably around the corner?

Dr. Anthony Fauci: Well, you know, Mark, what I do, and I believe it can clarify some people, there are separate buckets as it were of preparation for pandemic and response to pandemic. One is the purely scientific, and the other is the public health including public health infrastructure. Historically, if you look at what the success story of COVID was, it was the investment made in biomedical research to prepare us to be able to respond in absolutely unprecedented record time in the development of a vaccine. That was the scientific preparedness and response because of investments in biomedical research. We have not done as well in public health, mainly because we've allowed our public health infrastructure, particularly at the local level, to essentially attenuate over years, probably as a result of being a victim of our own success in the prevention of childhood diseases with vaccinations and antibiotics and antivirals, so that the infrastructure that is at the core of a good public health response needs to be built up substantially over the next few years if we really want to respond from a public health standpoint adequately to the next inevitable outbreak, whenever that might be.

Margaret Flinter: Dr. Fauci, among your many and legendary contributions, I think that your service to the country as a mentor, and somebody who has, I

think, been developing leaders who will serve us for decades to come, are among your most prominent. You've served seven Presidents. You've had this incredibly long tenure as a Federal scientist. What's your biggest lesson to share in terms of leadership that you've passed on to your mentees?

Dr. Anthony Fauci: Well, you know, leadership, there are many aspects of leadership. The ones that I tend to pass on to the people that I had the privilege of training, is one, maintain your highest level of integrity and principles, lead by example. And that's the point. I mean, a leader that leads from behind is not a leader. By definition, it would be an oxymoron. What you have to do is lead by showing that you are willing, able, capable of doing the things you're asking people to do. Be crystal clear in what your mandate is. One of the failings of some leaders is that those who they are supposedly leading, are not really quite sure where the leader is taking them. You've got to be very, very clear this is our goal, and this is how we get there. Get good people, and let them loose. Don't micromanage. But make sure the direction is clear so that everybody is pulling in the same direction.

Mark Masselli: Well, you're at this inflection point in your career, and you've been careful not to call your departure 'retirement'. I'm wondering if there's anything more you can share about what you'll do next. I noted that you are also somebody who studies history and appreciates it. You talked a little bit about what was just recently happening in Australia. But I think a lot of people are wondering whether or not we're going to see some writing as you are taking the next step in your career. What can you share with us about the next chapter?

Dr. Anthony Fauci: Well, I can't because I don't know what my base will be, where I will be. I mean I will be in Washington DC, everybody, that's for sure. That I can tell you for sure that I will be in Washington DC. Because I want to be very strict, and go according to the ethical rules, I am not negotiating any position right now until after I leave the government so that there is no question of any conflict of interest. But I can tell you broadly, and you were hinting at it, Mark, is that I want to utilize the 54 years of experience I have at the NIH, 38 of which is as director, and my experience with seven Presidents, to use that by writing, by lecturing, by getting involved in advisory capacity to inspire particularly the younger generation to get involved in science and medicine, public health, and particularly, to seriously consider public service. I will do that perhaps writing a memoir. I mean I can't say for sure. But that's one thing that I might do because people might be interested, particularly the younger people, of what the different milestones in a person's career. Because I know when I was a very young investigator, I would look to people who've accomplished a certain amount, and want to know what's the story behind how they

Dr. Anthony Fauci

got there, as a guiding post for younger people. So I think there'll be plenty of opportunity for me to do that, and I look forward to it.

Mark Masselli: Wonderful.

Margaret Flinter: Dr. Fauci, our familiarity with you, if not your familiarity with us, goes back a long time, and to the early days of the HIV epidemic. And you've been just so incredibly effective and powerful in helping to move, move us closer to the end of the HIV epidemic. But I know you have had a longtime goal of seeing us have an HIV vaccine. What does the future look like on that front?

Dr. Anthony Fauci: Well, it's very clear that it is a very formidable scientific challenge, for reasons that HIV is so different fundamentally from any of the virus we've had to deal with because of its ability to integrate itself into the genome of a cell, and once you get that initial infection, which other vaccines can essentially eliminate so that you don't get disease, that's not the case with HIV. You have to do better than natural infection, because natural infection does not give you an immunity to prevent you from reinfection, or even to clear the virus from the body. So, I don't want to give a pessimistic view, but I can say for sure, because I've been working on it now for over 30 years, it is a formidable scientific challenge that we may not ever be entirely successful with. We've done extraordinarily well in the development of drugs not only to treat infection with HIV, but as pre-exposure prophylaxis to prevent infection with HIV. Hopefully, some time, and I hope I'm around to see that, we will get a safe and effective vaccine. But again, it is really one of the most difficult scientific challenges we've ever faced.

Mark Masselli: Well, thank you Dr. Fauci for always putting science first and leading us with expert guidance throughout this pandemic. We look forward to staying in touch with you about all the activities in your future. And thank you to our audience for being here. You can learn more about Conversations on Health Care and sign up for our email updates at www.chcradio.com. Thank you again Dr. Fauci for all the time—

Dr. Anthony Fauci: Good to be with you.

Margaret Flinter: Thank you Dr. Fauci.

Dr. Anthony Fauci: Yeah, my pleasure. Good to be with you all. Thank you so much.

Margaret Flinter: Best wishes.

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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: Vaccination requirements for children attending school are set by state or local officials not the Centers for Disease Control and Prevention, or the Federal Government. But several social media posts claimed otherwise days before a CDC Vaccine Advisory Committee meeting in October. For example, Fox News host Tucker Carlson tweeted, “The CDC is about to add the COVID vaccine to the childhood immunization schedule, which would make the vaccine mandatory for kids to attend school.” The false claim soon went viral. Lindsay Wiley, a Law Professor and Faculty Director of the Health Law and Policy Program at UCLA told us that the process for adding a vaccine to school requirements varies by state, but it typically involves the state health and/or education departments who are given that authority from the state legislature. In some states, local districts also can add a vaccine to school requirements. The CDC Advisory Committee on Immunization Practices held two votes, one on whether to add COVID-19 vaccines to the Vaccines for Children Program, which has nothing to do with school immunization requirements. Instead, the program provides free vaccines to kids who have little to no insurance coverage. The other vote was on whether to add COVID-19 vaccines to the CDC’s childhood immunization schedule. That schedule doesn’t require states to do anything. Instead, it’s primarily meant to inform pediatricians about which vaccines the CDC recommends and when they should be given to children.

Ohio Department of Health Director Bruce Vanderhoff told us that the CDC adding the COVID-19 vaccine to its schedule, “does not mandate this vaccine for school children.” Instead, he said in a statement, “Ohio law determines required vaccines for school attendance.” Similarly, a spokeswoman for the Vermont Department of Health told us that under Vermont law, a state convened advisory committee considers the CDC’s recommendations, “but is not bound by them.” In fact, neither of those states requires several of the vaccinations listed on the CDC Childhood Vaccination Schedule, including HPV vaccine and the annual flu shot. Wiley told us that the CDC schedule can have a lot of influence on state decisions, and in some states, a vaccine must be on the CDC’s list in order to be considered for school entry requirements. But the decision is still up to the states. The CDC’s Advisory Committee did vote unanimously to add information on the COVID-19 vaccines to the CDC Childhood Schedule. And that’s my fact check for this week. I’m Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country’s major political players, and is a project of the Annenberg Public Policy

Center at the University of Pennsylvania. If you have a fact that you'd like checked, 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. Access to mental health care remains one of the great unmet health needs around the world, but the problem is particularly acute in Sub-Saharan Africa. In Nigeria, for example, there's roughly one psychiatrist for every five million residents. Yale School of Medicine Psychiatry Professor Theddeus Iheanacho, a Nigerian native, says there are many reasons. Only 1% of the nation's health budget is actually dedicated to mental health services, but also, there's a deep cultural stigma against acknowledging mental health disorders in many African countries. He and his team at Yale developed the HAPPINESS Project. It stands for Health Action for Psychiatric Problems in Nigeria, including Epilepsy and Substances. It's a research initiative, aimed at increasing access to mental health services by leveraging the power of local primary care clinicians and community health workers who are already providing care in trusted community settings.

Theddeus Iheanacho: So our goal is really to train primary care people to treat mental health in communities. So the primary thing we're doing is train main community health workers, primary health care doctors, and primary health care nurses to address mental health issues in their community and primary care centers.

Margaret Flinter: Dr. Iheanacho says their second goal was to provide a digital and telehealth component, allowing the primary care clinicians, nurses and patients to gain access to specialists when needed for more pressing diagnoses.

Theddeus Iheanacho: The second goal is to utilize telemedicine, mobile technology and telemedicine to connect these primary care center to specialists both in Nigeria and--

Margaret Flinter: This eliminates a significant barrier for patients in need. A four to six hour journey by road just to see a mental health specialist, that is an impossible trip for most in the region. The HAPPINESS Project has also launched a public awareness campaign to help destigmatize mental health care. The HAPPINESS Project, leveraging the power of the existing primary care infrastructure, and powering doctors, nurses, community health workers and patients with the proper training tools and support to access these necessary interventions, eliminating the challenges of travel and distance and lack of clinicians, all to help

Dr. Anthony Fauci

address a long unmet health need, now that's a bright idea.

[Music]

Mark Masselli: 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 in the Knowledge & Technology Center Studios in Middletown, Connecticut, and is brought to you by the Community Health Center, now celebrating 50 years of providing quality care to the underserved where healthcare is a right not a privilege, www.chc1.com and www.chcradio.com.

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