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**BRIAN W.
SIMPSON:**

Welcome to this special broadcast from the Johns Hopkins Bloomberg School of Public Health. Thank you for joining us. I'm Brian Simpson, Editor-in-chief of *Global Health NOW*. Today, we're talking with two members of the President-elect Joe Biden's COVID-19 advisory board, Dr. Celine Gounder and Miss Loyce Pace, both alumni of the Bloomberg School. This webcast is part of the spotlight series sponsored by the Alumni Relations Team at the school.

Before I formally introduce our panelists, I want to quickly frame the challenges the new Biden administration will face on January 20. They must deal with a nation battered by more than 380,000 COVID deaths and more than 23 million cases, a significant number of Americans who deny the severity of the virus and its science, and a vaccine distribution effort that is faltering and, some say, chaotic, and a new contagious variant of the virus. The Biden administration will also have to confront a host of other challenges among a still bitterly divided population in the US. With these steep challenges in mind, let me introduce our speakers.

Dr. Celine Gounder is a clinical assistant professor at New York University's Grossman School of Medicine and cares for patients at Bellevue Hospital Center. A former assistant commissioner of New York City's Health Department, Dr. Gounder is the CEO and founder of Just Human Productions and is host and producer of two podcasts. She earned her Master of Science degree from the Bloomberg School in 2000.

Loyce Pace is the Global Health Council's president and executive director. She has held leadership positions in global policy and strategic partnership at the Livestrong Foundation and the American Cancer Society and has served as an expert advisor in forums hosted by the WHO, the US National Academy of Medicine, and others. Miss Pace graduated from this school in 2005 with a Master of Public Health degree.

Thank you both for joining us. Let's get right to the questions, many of which were submitted by our audience and members of the media in advance. Miss Pace, let

me start with you. The incoming Biden administration has a remarkable chance here, opportunity, to restart US response that has faltered. What kind of guidance did you get from the leadership team? And how did you determine the priorities?

LOYCE PACE: That's a great question, Brian. Thanks to you and the Hopkins community for having us today. Certainly a proud alum of the university there and the School of Public Health. In terms of how the board set out to do its work, you can imagine we had a pretty broad mandate. And I think, principally, we were very much focused on stopping the spread, obviously, because we were still coming into yet another wave of COVID-19 in this country. And we've seen the effects of that wave, the aftermath of that wave, in the weeks and months since, unfortunately.

But we also were very much focused on how we rebuild the infrastructure, the public health infrastructure and the health care infrastructure, in this country, just recognizing how taxed our clinics and communities really have been as a result of COVID-19. And again, this is even before we've gotten to the point where we have the numbers that you reviewed just now at the top of our conversation.

And then critically important to the President-elect was how we reopen and reopen safely and ensure that American economies and schools and businesses could still get up and running again, but not at putting anyone at undue risk of COVID-19 and sort of the effects of what has come to be a quite deadly virus.

So those were marching orders, if you will. We were also very keenly focused on the supply chain and access to an uptake of important innovations, like vaccines. But even before we've come to this moment to talk so much about vaccines, really focused on supplies like PPE, diagnostics and tests, as well as treatments for COVID and how those are distributed equitably around the country to communities, especially those hardest hit communities that require them and really are most in need.

BRIAN W. SIMPSON: Mm-hmm. Great. Thank you. Dr. Gounder, I want to move to you. Tell us, what kind of changes will the US public see on day one? And what will be the most consequential change that will come out from the new administration?

CELINE R. GOUNDER: Brian, I think it's important to understand that the Biden brand, so to speak, is to follow the science. And so I think from vaccines to therapeutics to diagnostics to

other public health recommendations, everything is going to be informed by the science. Now, we've had a bit of a preview, you could say, of the Biden plan in the last week or so. The president-elect has announced that the plan is to release nearly all doses.

And it's important to say "nearly" because what we're saying is we're not going to be holding back second doses of vaccine. We're going to be releasing nearly all, with a small buffer left over, because we want to accelerate the pace at which vaccination is going. This is really a decision about how to manage the supply. It's not a recommendation about the dose of vaccination or the schedule of vaccination. So that is to say that the Pfizer dose should still be full dosed, the second dose at 21 days. The Moderna vaccine should be given full dosed, with the second dose given at 28 days. So that's part of what you're going to see.

The team has also realized that some of the guidance the CDC and ACIP, while very well-intentioned in terms of trying to prevent disease, death, and do so equitably, the vaccine recommendations have just been very hard to operationalize on the ground, very complicated. And so we essentially need to make things simpler, whether that is simplifying the supply chain, as I noted, or simplifying the tiers of who is eligible for vaccination.

And so that's really what we're getting at with opening it up to persons over the age of 65. But as we've seen in Florida, that's easier said than done. And so that does require some real planning and some work with the states to figure out how to operationalize that on the ground. So with respect to vaccination, those are some of the things that you're going to be seeing under the Biden administration. And other efforts like those--

**BRIAN W.
SIMPSON:**

Dr. Gounder, let me jump in real quickly on that, on the second dose philosophy and getting as many jabs in arms as possible. Is there a risk that this will create a pile-up of people needing the second dose? And then is there a risk of mutating of the virus that would create resistance to the vaccine?

**CELINE R.
GOUNDER:**

So to answer the first part of your question, we've had a lot of conversations over the last few months with various stakeholders, including the pharmaceutical companies like Pfizer and Moderna and Johnson & Johnson and others that are

producing the vaccines. And we are confident, based on the information that has been shared with us, that we're not really going to have issues with supply to meet second doses.

Barring some major manufacturing snafu, we're really not worried about second doses being delivered on time or almost on time. So that's not something we're too worried about. And part of that is if you look at the timeline for production, they're actually going to be releasing more and more doses over time. So that really does open things up significantly. In terms of--

**BRIAN W.
SIMPSON:**

Dr. Gounder, one quick question, too, on following up on the vaccine issues.

President Biden has pledged to get 100 million doses out in his first 100 days and 100 million vaccinations done. Is that doable? Is that realistic?

**CELINE R.
GOUNDER:**

Yeah, so let me come back to that because I haven't answered the second part of the other question. In terms of the risk of mutations, first of all, this is not like an antibiotic. Vaccines are not like antibiotics, so you don't develop resistance in the same way. What we are more concerned about is whether some of the emerging variants, whether they may escape the immune response that's generated by the vaccines, and that is currently being studied. We do not believe that that's the case with the UK variant. That is still being examined with some of the other variants.

Now, in terms of 100 million doses in 100 days, to quote the great Bill Fahey, who was one of the most important leaders of smallpox eradication, in particular in India, as well as a former CDC director, he has said many times that the greatest risk to public health is fatalism, skepticism, pessimism. And I think right now we understand the gravity of the situation.

We are dealing with about 4,000 Americans dying from coronavirus every day. That is more than died on 9/11. Every day. And it is unacceptable for Americans to be dying at that rate right now. So the president-elect is very committed to really ramping up vaccination. Because if we do not, if we allow this same death toll to continue over the next 100 days, our overall death toll will more than double. And that is simply not acceptable.

**BRIAN W.
SIMPSON:**

Mm-hmm. Great. Thank you. Thank you. Miss Pace, a couple of the major issues that have plagued the vaccine distribution have been the actual wasting of vaccines,

where vaccines have actually been thrown out, as well as line jumpers. So people getting vaccinated before they are actually should be getting vaccinated. And I just want to see, how will the Biden administration handle those issues?

LOYCE PACE: Yeah, no, it's a troubling reality. And I think it's, as Celine was saying, what we've seen has been a lot of confusion as a result of a lack of clarity around some of the guidance, and certainly, due to a lack of funding, frankly.

So you've heard the president-elect talk about the importance of getting states funding so that they can develop these plans, but also develop the critical infrastructure that they require to be much more regimented, orderly, and clear with their own communities about how to receive the vaccine and when. Because it's more than simply saying that we need these shots in arms, but we need to be and they need to be clear with people about where they fall in line in that priority and how the rollout really will come to be executed.

But I also want to point to the fact that some of these vaccines are still sitting on shelves because of very real hesitancy that does exist in certain communities. And so that's why it's going to be important for the next administration to address that hesitancy, to meet these communities and leaders where they are and understand what concerns they have and truly address those, so that we don't have a wasting issue. We don't have a situation where, as Celine saying, we have all of the supply, but limited demand. We do absolutely want people to line up for these vaccines when their time comes because we know that that will be a critical component to getting on the other side of this crisis.

CELINE R. GOUNDER: Brian, I also just want to jump in on that question about line jumpers. I think it's really important to understand what the job of public health officials is. It is not to shame people. It is not to blame people. It is not to police people. Public health officials have been under attack over the past year. In Kansas-- I believe this was reported by NPR-- about 25% of public health officials in Kansas have either been fired, retired and not replaced, or quit over the course of the pandemic. 25%. And that's because they have been threatened, they have been harassed.

And this is sort of similar to asking a Walmart checkout clerk to police people wearing masks. It is simply not reasonable to expect public health officials on the

ground to be doing this kind of policing of people, whether they should be getting the vaccine now or not. And ultimately, once somebody who maybe was a lower priority has gotten a vaccination, there's no taking that vaccination back. So while maybe there are those who should hold them accountable for that kind of behavior of jumping the line, so to speak, that's really not what our focus is right now. Our focus is to get as many people vaccinated as soon as possible so that we can have a real public health impact.

**BRIAN W.
SIMPSON:**

Mm-hmm. Thank you, Dr. Gounder. Miss Pace, I wanted to pick up on something that you talked about, targeting specific communities. And obviously, there's been a lot of documentation of communities of color have been especially hard hit by the virus as well as being vaccine hesitant as well. And just wanted to hear a little bit more about what the Biden administration will do to address those challenges.

LOYCE PACE:

Well, I think people are aware of and encouraged by the appointment of Dr. Marcella Nunez-Smith to head up this Equity Task Force as part of the next administration's response. I think that signals their focus on this issue of the vaccine really hitting people in different ways, right? There's this brief gap that she talks about, and particularly in communities of color who are hard hit in terms of their rates, their rates of hospitalization, their death rates, unfortunately.

And so by standing up this task force, which was put forth by the vice president-elect, we're hopeful that that is going to not just signal, but ensure a central focus on those communities moving forward with regards to vaccines or treatments or otherwise because there are a range of issues that need to be addressed when we talk about disparities. And we've already talked about vaccine hesitancy as an example. And again, really meeting people where they are and addressing their concerns.

But let's talk about where those concerns arise, how they even come to be. It's because these communities have a good reason not to trust our health care system and some of our government officials, unfortunately. And so we need to be mindful of that history and really look broadly at how people have or have not been served by our public health system in this country.

And my hope, honestly, is that we can use this experience and opportunity not only

to close the gaps with regards to COVID-19 in these communities, but also apply those lessons, apply those practices, and finally, apply this initiative to perhaps a number of other health conditions that affect these communities inequitably as well.

BRIAN W. SIMPSON: Mm-hmm. Great. Thank you.

CELINE R. GOUNDER: And to follow up on some of what Loyce was just saying there, I think it's important to understand, as she said, that these communities do have very good reason, in particular African-American and Indigenous communities. We're actually seeing relatively less hesitancy among Latinx communities. And I don't think that's a surprise or an accident if you consider which communities of color have been subjected to enslavement and which communities of color have been the victims of medical experimentation.

That is, by and large, African-Americans and Indigenous communities. So of course, you're going to see more hesitancy in those communities. And I don't think you can bulldoze through that just by "educating," quote unquote. I think that is going to be a much longer process of repair. But there are other ways other than, say, the CDC guidance as to who is higher priority for vaccination. That's not the only tool we have to ensure equity.

I think vaccination facilities need to be located in communities that are more vulnerable. The providers of the vaccination need to be from those communities. And I think one wonderful example of how this is being done is actually in Baltimore with Health Commissioner Letitia Dzirasa, and I shared her work with the rest of the advisory board.

She has really led the way on making sure that the community health care workers who are staffing up vaccination efforts and contact tracing efforts are from communities of color, vulnerable affected communities in Baltimore. It is a way of creating jobs, of creating buy-in from the community in another way that addresses the structural inequities, the long-term structural problems, in addition to just having somebody they trust on the front lines delivering these services.

BRIAN W. Great. Thank you, Dr. Gounder. Miss Pace, there has been, in recent weeks, noted

SIMPSON: scientists noting the emergence of variants that are more transmissible, which sets up kind of a frightening prospect of even greater transmission. The US has been faltered for its ability to track these variants. And we would love to know sort of, what is the new Biden administration going to do in terms of both surveillance and containment of, especially the new UK variant?

LOYCE PACE: Yeah, I'm sure Celine can speak to this as well, but we recognize that the US isn't hardly doing enough to track these variants, as you mentioned. So the board has absolutely recommended a greater focus on genomic surveillance really to understand what these variants are and where they exist, and then furthermore, really map those against the vaccines and treatments that we have available, right?

So the good news is, so as far as we know right now, the vaccines that are in question that are available can be defensive or effective against even these new variants. And so people should not fear, again, lining up for the vaccine because we are hearing from research done by these companies that they are still effective and we are sort of in the clear in that regard. I think we are still looking to treatments to understand how they are being affected by these variants.

But this is why genomic surveillance is so important. This is why it's so critically important to stay ahead of the way the virus is shifting so that we can be ready to also innovate, to also sort of evolve with the virus itself. But the good news also is, the public health principles that we all know and love still work and they still matter. So we still want people to be masking up. We still need people to limit congregating with people outside their households. We still need people to be washing their hands and really being vigilant about those public health practices, especially as these variants emerge.

BRIAN W. SIMPSON: Mm-hmm. Mm-hmm. Great. Thank you. Dr. Gounder, we've all seen images of hospitals being overrun and resorting to emergency measures, like field hospitals in some cities, and so it's very clear that we're not going to be able to treat our way out of this pandemic. Specifically though, what is on tap for the new administration in terms of helping out hospitals in particular?

CELINE R. GOUNDER: The most important thing we can do to help hospitals is to prevent transmission in the community. Because once you have those cases, that load is on the hospitals.

Now, granted, they are dealing with that now in Los Angeles and elsewhere. That really does require us to pay attention to things like the PPE supply.

And I think one important thing that has come up amongst some of my friends, particularly those who work in the emergency room, where they're seeing people in really critical stages, where some pretty big decisions are being made-- do we intubate or not, put somebody on a ventilator or not, that sort of thing-- a lot of people do not have their affairs in order. They have not had these conversations with family. These are conversations we should be having with family even outside of a pandemic. But it has created a huge amount of stress on health care providers having to make decisions essentially to ration.

And it's funny, I was on MSNBC earlier today, and the reporter was talking about on the verge of having to ration. No, no, we're rationing. That is the reality right now. And I think that is really traumatic for health care workers to have to be the ones making those decisions because families have not had these conversations.

So I think, one, that is something the public can do is have conversations about what they would or would not want if they get critically ill. And I think, secondly, there needs to be better guidance from not just the federal government, but really at the state and local level as well as to what are crisis standards of care so that you're not having to make this up on the fly, where you feel like you have the backing of your institution and your colleagues and your community.

BRIAN W. SIMPSON: Mm-hmm. Mm-hmm. Thank you. And kind of following up on in terms of treatment, what's sort of the Biden administration take on new therapies, and what can be done to speed those? And will there be price controls on new therapies under a Biden administration?

CELINE R. GOUNDER: I haven't heard any discussion of price controls specifically. But I think, big picture, we need to be thinking about other therapies. Right now, we've been mostly focused on monoclonal antibodies, and to some degree, remdesivir and some of the other immunomodulators. But we really need to be thinking about other antivirals, and for some reason, kind of lost sight of that, particularly as some of the monoclonal antibodies were bearing out with positive data, at least in the beginning.

But especially given the emergence of some of these variants, monoclonal antibodies may not be the right solution here. I would note-- and here, I'm speaking as a member, a fellow of the Infectious Disease Society of America-- IDSA still does not recommend the use of monoclonal antibodies, despite emergency use authorization being granted by the FDA, because we do have concerns at the IDSA about what the impact could be in terms of putting genetic pressure for the virus to mutate, to escape, to evade the monoclonal antibodies. So I think we need to be thinking bigger, other mechanisms of therapeutics.

BRIAN W. SIMPSON:

Mm-hmm. Thank you. And Miss Pace, look, in terms of both hospital workers, health care workers, but also the general public, there's been an enormous impact on mental health from the pandemic. And I'm curious about what strategies there are and sort of planned for dealing with the mental health fallout from the pandemic.

LOYCE PACE:

Yeah, no, that's something that the vice president-elect has prioritized as well, and you have people like the incoming surgeon general, Dr. Vivek Murthy, who is keenly focused on this too. Look, it's really quite hard. Celine already talked about people on the front line and the decisions they're having to make and decisions that they shouldn't have to make, but yet here we are. It's a lot to ask of hospital workers, but even people affected by COVID, their families, to endure.

And so really looking at sort of the long haul of all this. I know we talk about that in terms of physical after effects, which is also significant, but also their very real mental aspects to all of this that we absolutely want to ensure are addressed. And so that's why we have to sort of walk and chew gum at the same time. Ensure people are getting supplies that they need. Ensure that we are really addressing the need and response sort of at a clinical level. But we don't want to forget that people are still being asked to live with COVID and survive COVID.

I used to work in cancer, and we talk a lot about survivorship in that space and the importance of supporting survivors holistically. So it's my hope that we can sort of approach COVID in a similar fashion, recognizing that people really are going to be living with this in some way for some time. Even if it leaves them physically, even if they test negative, if you will, there might still be after effects, as people have reported.

And certainly, there are ripple effects when it comes to their education or employment status, when it comes to anxiety around their health or other issues. There's a lot to unpack when it comes to mental health, and I'm certainly hopeful that the next administration and these leaders will keep that in mind moving forward.

**CELINE R.
GOUNDER:**

Brian, I also think on the mental health question, there's a group that's very often forgotten. And this goes back to the conversations we were having about diseases of despair prior to the pandemic, so people who were dying from suicide, who were dying from alcohol and drug use. Much of that is being driven by people's economic circumstances, their loss of job and loss of financial stability, loss of identity tied to that employment.

And a lot of people have lost their jobs over the course of the pandemic. They are struggling to put food on the table. They are struggling to keep a roof over their head. And they may not have jobs to return to after this is all over. And so that sense of identity and sense of being able to support your family, that is an important driver of some of these most severe mental health issues. And so this is part of the reason, one of the many reasons, the president-elect is so focused on a stimulus, understanding that American families really need help right now and that these other issues are very intricately tied to health as well.

**BRIAN W.
SIMPSON:**

Mm-hmm. Mm-hmm. Thank you both for that. So we're running out of time now. I would like to ask you both for your sort of final thoughts, if you could, in terms of where you see things headed in the next few months and in the coming months after that. And, Dr. Gounder, perhaps you can go first.

**CELINE R.
GOUNDER:**

Sure. As I said at the beginning at the top of the hour, I think a major change you're going to see is that we're really going to be following the science. So that also means that certain recommendations may evolve over time as we learn more. Right now, we would recommend, for example, that you continue wearing a mask even after you have been vaccinated because we do not yet know whether the COVID vaccines prevent transmission. So that is something that we will only know after enough people have been vaccinated and we're able to study that.

So in the meantime, you need to wear a mask. And so that's an example of the kind

of guidance that will really be dictated by the science over time. I think another example of that is looking at the vaccine rollout and seeing how that played out on the ground. What sounds good on paper and was well-intentioned may not be working so well in reality, in the real world, and so adjusting as we go. And that doesn't mean that the reality, the truth, is shifting. It just means our understanding of the situation is shifting and we're adapting, and that's really a scientific approach.

BRIAN W. SIMPSON: Thank you. Thank you, Dr. Gounder. And, Miss Pace, one quick final thought before we wrap up here.

LOYCE PACE: I can appreciate that we've been very much focused on the US response to COVID, but I'd be remiss if I didn't talk about the global response and the importance of international cooperation. In my day job, I run the Global Health Council, and it's critical to us that the US is planning to re-engage with the World Health Organization and sort of align itself with other countries around the world who are trying to solve these problems collectively.

I think we can't do this alone. I think we've learned that over the past 10 months, hopefully. And ideally, we'll be able to lock arms with those countries, with those global citizens, so that we can get through this together. So that would be my final word and plea to all of us is that remember that we are truly in this together and we really need to come together if we're going to be on the other side.

BRIAN W. SIMPSON: Wonderful. Thank you. Thank you very much. And thank you to the audience for watching today's broadcast, and a special thank you to our speakers, again, Dr. Celine Gounder and Miss Loyce Pace, and our colleagues on the Alumni Relations Team at the Bloomberg School. The recording of this event will be available later on our website and on our YouTube channel. This webcast is just one of the many ways that the Bloomberg School community is sharing knowledge about the COVID-19 pandemic.

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and practitioners daily. Thank you again for joining us today. We look forward to welcoming you to another broadcast soon.

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