Module 4 Video Class 2: Interview with Thomas Frieden

Hi. Welcome back to the video segments of our course Journalism In A Pandemic: Covering COVID-19 Now And In The Future. We're now in module four of the course where we look at what life is going to look like from here on out. And to speak to us today, we are joined by Dr. Tom Frieden, who was formerly the director of the U.S. Centers for Disease Control and Prevention, and now is president and CEO of the nonprofit Resolve to Save Lives. Dr. Frieden, thanks so much for joining this course.

Great to be here with you.

Could you, as I told you before we got started, many of our students are from outside North America. Many of them are not familiar with public health structures. Could you tell them a little bit about what Resolve to Save Lives normally, and how you pivoted to responding to the coronavirus pandemic?

I'm a physician trained in internal medicine, public health, epidemiology, and infectious diseases. I was health commissioner for New York City for nearly eight years and then director of the U.S. Centers for Disease Control for nearly eight years. And when I left that, I was able to partner with three large philanthropies to launch Resolve to Save Lives, which is an initiative of the global health organization Vital Strategies.

We are nonprofit. We partner with governments and civil society around the world, and as a result to save lives, we've had two main areas of focus. One is cardiovascular health, which is really neglected globally, and we have the goal of partnering with countries to prevent 100-million deaths over a 30-year period through focused initiatives.

Our second initiative has been the prevention of epidemics. And in that we've worked with countries primarily in Africa to strengthen early warning and rapid response systems as well as systems to prevent the spread of infectious diseases. From the first moment we heard about the coronavirus epidemic, we were deeply concerned. In fact, we have an office in China. And it just hired a new country director, and we had to make the decision of whether she should still come to New York City for her orientation. We did. She came. We were able to orient her. She went back just as it was really exploding in China. So we've been tracking this very closely from day one, working closely with countries, particularly in Africa, where we have offices in Nigeria, Ethiopia, and a strong program in Uganda as well as elsewhere. And more recently we started to work here in New York and in the United States, which is now the epicenter of the pandemic.

What is your assessment of where the world is in response to COVID-19, and where would you say there have been bright spots or particular problems?

Well, I think it's worth being clear that this is the worst infectious disease event of 100 years. This is as bad as the 1918, 1919 pandemic. In New York City, where we've had more than 20-thousand deaths, it's just devastating, and this is a warning for any city in the world how bad it could be. However, there are really important differences in New York and Italy and other higher-income countries. Twenty to twenty-five percent of all people are over the age of 65. In Africa, it's four percent. And in Africa, you have competing mortality, as it's called, from HIV, TB, malaria, vaccine-preventable diseases, measles, maternal mortality, child mortality, which is extraordinarily high and is sensitive to health care interventions.

So if you interrupt health care in some parts of the world, you're going to get more deaths from the lack of health care than you will from COVID. Even here in New York City, there are more than 4,000 deaths that are unaccounted for. Their excess above historical levels. In addition to the nearly 20-thousand from COVID itself.

You asked about bright spots, and I should say there are some bright spots around the world. We've seen, for example, countries in Asia that we're used to SARS, worked very quickly to ramp up testing, contact tracing, isolation, and quarantine. That's what we call the box-it-in strategy: testing, isolation, contact tracing, and quarantine. Four different corners of a box. Together, they can put the virus in the box, so we can come out of the society more. And we've seen countries

all over the world do that well. Singapore, Germany, New Zealand, Ghana, Ethiopia, Uganda. Really impressive results.

In the U.S., when we started talking about contact tracing two months ago. I'm a tuberculosis doctor. We've done contact tracing for approximately 100 to 120 years in tuberculosis, and I've worked on contact tracing for three decades. So it's very familiar, very hard, very involved, a specialized skill. But when we talk about contact tracing in the U.S., people say, "What is that?" When we talk about an Africa, they say, "We got that." Because they do it all the time for loss of fever for Ebola, or Marburg, typhoid, measles—for many different infectious diseases.

So we do see bright spots in community engagement. We see communities coming together to fight this. We see bright spots in scientific collaboration. Seven-thousand articles on the pandemic. I feel like I have four full-time jobs. One of them is keeping up with the science. Another is keeping up with the media. A third is keeping up with the requests for consultations from countries, cities, states, organizations, all sorts of entities all around the world. And the fourth, of course, is running our important group, Resolve To Save Lives, where we're working throughout Africa to scale up effective and adaptive response that finds the balance between protecting the academic, protecting people from the epidemic, and protecting our economy.

It's not one versus the other. This is a very bad misconception. We have basically pseudo dichotomies, if you will. We have a pseudo dichotomy of open versus closed. Just think about it. As human beings, we like to oversimplify sometimes, but when we're closed, we're not closed. It's not that everybody's staying home. There are lots of people still working, whether it's health care, or grocery stores, or other essential power plants. Lots of things are open, and when we're open, we're not going to be fully open. It's not going to be open again as it was pre-COVID until we have a vaccine, and that could be a year or two or never. We don't know for sure that there will be a vaccine. I'm optimistic that there we'll be one. We should put every bit of attention we can to have it, but we have to act as if it may not be coming.

Another pseudo dichotomy is the economy versus public health. Just this morning, we published something in Foreign Affairs blog. I really wish we had actually titled it, "It's The Pandemic, Stupid." Because it's really about what we can do to restart our economy is to control the pandemic. It's not about, well, a few people are gonna have to die so we can go back to work. That's not the way it works. If you look around the world, the places that have saved the most lives, the places that have prevented the most infections, are the places that have protected their economy the best.

We do best in our economy when we put people at the center. So I do think there are bright spots around the world, and I think there are really important lessons to learn around the world. And one of the things that I'm so encouraged by is that we are learning from one another. We're looking at New Zealand and South Africa and Singapore and other places around the country and the world for best practices and sharing those with people or working together against the virus. Because ultimately it's us against them. And that's an important dichotomy that's real. But the "us" is humans, and the "them" is the virus.

I think that the students in our course who are from sub-Saharan Africa are going to be really encouraged to hear that some of those nations are actually bright spots in the response. That's not a perspective that you hear very often. But I do have to ask you, especially given the backdrop you are sitting against, your assessment of the U.S. response because up until this point, the U.S. scores very high on the Global Health Security Index. It was assumed that U.S. public health would be the best in the world to respond to this, and it does not seem to have played out that way.

Well, the U.S. is the epicenter of the pandemic, and New York City is the epicenter of the epicenter. And it's sad to say, but the stumble with testing was really problematic. And it meant that we had weeks and weeks of spread of the virus that we didn't know about. And because of that, we had much more widespread disease in New York, Seattle, and elsewhere than we would have otherwise.

The CDC has not been allowed to speak with the public in this response, and fighting a pandemic without the CDC front and center is like fighting with one hand tied behind your back. Nevertheless, Americans with reason trust the CDC. There are 20-thousand people there who devote their lives to protecting people. There've been 1.2 billion clicks on the CDC website. They've released 1,000 guidance documents, and it's still the best place to go for information, advice, and recommendations to protect yourself, your family, your work, your school, your daycare.

But there are huge challenges here, and we're just beginning to get our heads around them. We've got to do better in nursing homes. Any place that's congregate is a potential explosive venue for the spread of COVID, and that includes jails, prisons, homeless shelters, packed housing. And one of the things that we really don't have a good answer for yet is what to do about urban slums in lower-income countries where the sanitation, hand washing, crowding are all fertile ground for the explosive spread of COVID.

You mentioned a moment ago that your organization has released sort of a roadmap of what to do from here, a plan for reopening society. Could you talk about the details of that for a minute?

I think most people have come to understand the concept that it may be a misleading concept because metaphors oversimplify, flattening the curve. But what hasn't been widely understood is we're flattening the curve, so we can prepare to go out again more safely. And that means several things. It means improving our ability to track what's happening with the virus. It means improving our health care system so that intensive care units don't become overwhelmed, health care workers don't get infected, and primary care can continue, so we don't have avoidable non-COVID deaths.

It also means redesigning and reimagining our society so that there are hand sanitizers everywhere, so that we're wearing masks, so that we don't go into the new reality and have to rush back home again. We're thinking about a change in how we do these things.

And it also means strengthening our public health system, what I call the box-it-in approach. Testing, isolation, contact tracing, quarantine. This box can keep the virus at bay so that when there's a case, there's a rapid response, and it doesn't become a cluster. Or if it is a cluster, there's a rapid, extensive response, and it doesn't become an outbreak, doesn't become an epidemic, doesn't overwhelm our systems. That's crucially important. Strengthening public health, protecting the vulnerable, fortifying our health care system, continuing primary care. These are ways we can make a really big difference.

Out of the points of that box, which do you think will be the most difficult to achieve?

All of them. You know, I was asked by a reporter last week my favorite question. I didn't quite get to answer as much of it and as effectively as I had wanted to. But the reporter asked, "What's the one thing we have to do?" And my best answer would have been, "The one thing we have to do is understand there isn't one thing we have to do." This is a viral pandemic. It's very, very difficult to confront, and it requires a comprehensive response.

We do not have enough testing in the U.S., but that doesn't mean there isn't a lot we can do. There's still a lot we can do to ramp up contact tracing and to improve isolation, whether that's in hospitals, nursing homes, correctional facilities, meatpacking plants, or in homes. What many jurisdictions need to do is recognize, if you've got 12 people living in a two-bedroom apartment, it's absurd to send someone with COVID back to that environment. You need to bring them out. Maybe to a hotel or motel, where they could be safely cared for until they're over the disease and no longer infectious.

The same is true for quarantine contact. If you're quarantining with your 90-year-old grandmother, that's not safe. So we have to recognize that when we make patients and contact the VIP's of the system, then they will be more likely to do what they need to do to protect themselves and that would protect us as well. Fundamentally, we are all in this together, and working together we'll have the best chance of getting through it safely.

So last question, if you don't mind. We're talking about, up to this point, on the thing we have to do immediately next. What do you think our life looks like six months, a year, two years from now as we move into this new normal?

It will be a new normal, and no one can foresee the future. If we have a highly effective treatment or if we have a safe and effective vaccine, particularly a vaccine would be a game-changer, that would bring us back to near a pre-COVID reality. Not there, but near. But getting a vaccine out to seven billion people, not a small undertaking, and it's going to take real solidarity and focused programs. Treatment similarly would be not nearly as effective.

But whatever happens with COVID, one thing I hope will occur is that we will recognize that it is in our best interest to close the life-threatening gaps in preparedness that exist all over the world. We know that there are blind spots, places where we wouldn't recognize an outbreak if it occurred, places where we wouldn't be able to stop it even if we recognized it. And millions of deaths a year from diseases that could be prevented that we're failing to prevent. We need to strengthen global systems for detection, response, prevention. We need to strengthen the systems that will keep us safe. It's an insurance policy, and we need to do that within the U.S. and globally. And it's just enough already with underfunding public health.

We fund health care at 40 times the level of public health in this country. And yet most of our health progress is from public health. Wouldn't it be crazy if we allocated resources based on, the allocated health resources, based on what the health game was from that allocation? We don't do that. We don't do it at all in this country. Years ago, I wrote an article called "Health Care As If Health Mattered." Because if you look at health care in the U.S., we structure on many different things, some of them very important, nut not one of them is "how much health did you improve?"

"Health As If Health Mattered." That, I think, is what we will take away from this experience and certainly from the experience of all the 8,600 students in this course. Dr. Frieden, thank you so much for spending this time with us.

Thank you. And good luck to all of you, and do good reporting because it's crucially important.