

EconoFact Chats: The COVID-19 Crisis: Looking Forward

Tom Frieden, Resolve to Save Lives

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Michael Klein:

I'm Michael Klein, executive editor of Econofact a non-partisan web-based publication of the Fletcher School at Tufts University. At Econofact, we bring key facts and incisive analysis to the national debate on economic and social policies, publishing work from leading economists across the country. You can learn more about us and see our work at www.econofact.org.

Michael Klein:

The COVID-19 pandemic dominates national and world events like nothing else since perhaps World War II. Even beyond the terrible death toll and the direct losses that so many individuals and families have faced, this pandemic has sunk economies, change the way we interact with each other, decimated whole industries, and made our expectations for the rest of this decade look very different now than was the case in January 2020. At Econofact, we have a lot of memos and podcasts on the economic consequences of COVID-19. Today, I'm very pleased to be speaking with one of the world's leading public health and medical experts on COVID, Dr. Tom Frieden. Tom served as the Commissioner of the New York City Health Department from 2002 to 2009, and as the director of the CDC, the US Centers for Disease Control and Prevention from 2009 to 2017. He's currently the President and CEO of Resolve to Save Lives, an initiative to prevent epidemics and cardiovascular disease. Tom, welcome to Econofact Chats.

Tom Frieden:

Thanks Michael, it's great to join you.

Michael Klein:

Tom. First off, from a medical and epidemiological perspective, why is our experience with this pandemic so much worse than what we've seen before? Of course, the Spanish Flu Pandemic that began in 1918, killed 50 million people worldwide. But that was before we had effective vaccines and treatments. More recently, there were threats from Ebola and SARS, but these were not nearly as destructive as what we've seen with COVID-19. Does the current dire situation reflect the fact that this disease can be spread by people who have no symptoms along with its virulence?

Tom Frieden:

There are a series of things that have made this pandemic particularly deadly. It comes from the animal world. It is a virus to which we do not appear to have any natural immunity, so it's kind of like something going downhill fast with no breaks when it spreads through society. It's quite infectious, though not nearly as infectious as measles -- it could be worse. And it's quite lethal though not nearly as lethal as Ebola or MERS or SARS, so it could be worse. But what's really happened is we have a disease that spreads readily for which there is, as far as we know, essentially no population immunity and that kills approximately one out of 200 people in infects. So we're seeing a massive impact in the US and globally also reflecting the fact that we're a more interconnected world. So when a virus emerges anywhere, it can spread anywhere else within a day or two.

Michael Klein:

Still the pandemic seems to have had very different impacts across the globe. Do we understand why for instance, the COVID toll on some Asian country countries like Vietnam or for some countries in Africa, with the exception of South Africa, have been comparatively low, while the disease has ravaged many countries in Latin America like Brazil, Mexico, and Colombia.

Tom Frieden:

What we're seeing is bad politics trumping good public health. And really you need both. You need to have good public health and what that means is systems to quickly find, stop and prevent health threats, systems that have real time information, and you need governance that follows the science, an organized response based on science that communicates openly and forthrightly. And we've seen countries around the world really do a good job. New Zealand, Singapore, South Korea all did well. The US story highlights the importance of good governance. And really what we see is that without the key components of good governance and also a public health system that can function effectively and implement policies based on science, countries, communities, and the world is quite vulnerable.

Michael Klein:

So that draws on, I suppose, the article that you recently published in Foreign Affairs at the end of March, and you found in that article in your analysis that a well-prepared healthcare system was no guarantee of success in combating COVID-19 because even with a well-prepared system, countries failed in addressing the pandemic if the leaders failed to use evidence to drive effective responses.

Tom Frieden:

Really what we see is the three essential components of an effective response are good organization, a basis in science, and good communication. And good organization means it's clear who's in charge, that there's a good collaboration between federal, state, city and local levels. A basis on science means that you understand you don't have all of the answers at the outset and you have to adapt your response based on data. And good communication means be first, be right, be credible, be empathetic and give people practical, concrete, and proven things to do.

Michael Klein:

So part of the role of leaders in this situation is to convince people to take actions like wearing masks, keep a distance from others, don't gather in large groups, and when available be vaccinated. But many people are reluctant to be vaccinated. You were recently involved in a focus group with people who were hesitant about being vaccinated. What did you learn about their concerns?

Tom Frieden:

It was an interesting group. These were Trump voters who were not formally anti-vaccine, but were not planning on getting vaccinated. And like every group, they deserve to be listened to, they deserve to have their concerns addressed. And what we found was that they had enormous alienation from society, from politics, from the healthcare system. They didn't want to hear from any politician, not even former President Trump, of whom they thought very highly. They were clear that they felt that the virus, the pandemic, the vaccine had all been politicized, they used the word weaponized, and they wanted some plain facts answered.

Tom Frieden:

For example, a lot of them worried that there would be a long-term adverse effect from the vaccine, and how could we be sure that there isn't a long-term adverse effect? And I told them, honestly, we can't be

sure. We don't know that there isn't. What we can tell you is that any risk there might be of a long-term negative effect of the vaccine is tiny compared to the risk that you'll have if you get the virus. Because when the virus goes into your body, it spreads all over your body for seven to 10 days with billions of copies. When the vaccine goes into your body, it quickly teaches your immune system how to recognize and kill the virus and then, poof, it disappears.

Tom Frieden:

We also made clear that this is a vaccine technology that was not rushed to market, it's been under development for more than a decade. The only thing that was cut was red tape, not corners on safety. And we made clear that over 100,000 people had been participating in the clinical trials, that's actually much larger than most clinical trials. So I think addressing concerns is important. Every community deserves the same thing, whether it's white, Latino, black, Republican, Democratic, urban, rural, first to have their concerns listened to, second, have their concerns acknowledged, and third, to have their concerns addressed in a simple, honest, forthright manner. It's even more helpful if you tell stories about the harms of the virus and the benefits of the vaccine in addition to those three steps.

Michael Klein:

So did you find that scientific explanation resonated with them?

Tom Frieden:

It did. Now, it was a two hour session so I don't know what of it was most effective, but I think they really wanted to understand. They wanted to know that someone was listening to them and that their real concerns were being addressed. And they were a lot of facts that they didn't know. And when they heard them, it made an impact on them.

Michael Klein:

Was it because it was coming from you, the former head of the CDC? Could, for example, a pastor or a community leader have made the same arguments, but without a scientific background, there would be more skepticism of that?

Tom Frieden:

They were pretty clear, they wanted to hear from doctors and even didn't want to hear from doctors who were also politicians. And I'm sad to say they didn't want to hear from Tony Fauci, they wanted to hear from their own doctor, they wanted to hear from doctors who hadn't been involved in the political debate.

Michael Klein:

So Fauci was seen as having been politicized, even though he served in the Trump White House.

Tom Frieden:

Yes, and for six presidents.

Michael Klein:

So the pandemic has made even more evident disparities of the provision of health and of the health status of different groups of people in the country. It's also emphasized the way in which other health problems affect communities, in this case through comorbidity, but moreover, these problems are concerning in their own right. What do we need to do to fix public health and primary care in this country, especially for underserved communities?

Tom Frieden:

Well, first off the underserved communities really have a triple threat here. The first is that they have a higher risk of exposure. More crowded housing, more essential jobs, less ability to telework, so they're more likely to be exposed to the virus. Second, they're more likely to have underlying conditions that increase their risk of death if they get the virus -- diabetes, heart failure, lung disease, and other diseases. And third, they have less access to care. So they're more likely to get sick, more likely to get severely ill, and less likely to be well-treated. In order to fix public health and primary care in this country, we need to do a few things. First, in terms of public health, we need to come up with a way of funding readiness that isn't so susceptible to the boom and bust of budget cycles. This has been a fiasco, 9/11, H1N1, Ebola, after every threat, there's a cycle of panic and neglect.

Tom Frieden:

And with a bi-partisan group, we've proposed something called the Health Defense Operations Budget Designation that would exempt from budget caps and sequestration specific budget lines for our health defense, for our health security. We think that's the best way forward to protect public health in this country, but we also need to protect public health globally. Because the next risk is likely going to come from somewhere else, and if we don't have a good system in place to find, stop and prevent health threats elsewhere, we will be at higher risk. Now when it comes to primary care, I think we really have to take a hard look at how we manage healthcare in this country. We pay more for healthcare and we have shorter life expectancy compared to every other high income country in the world. Now you can make the argument that some of that is because of disparities, in a rich community, in a rich state, you have a long life expectancy.

Tom Frieden:

But on the other hand, we really do have overall worse health outcomes. And to address that we need several levels of action. One is on the broad community wide intervention. We can end the tobacco epidemic, we can make communities more walkable and bikeable. We can drastically reduce the risk of heart disease and stroke by reducing sodium intake and treating high blood pressure. We can reduce the burden of alcohol, of illicit drugs, of injury. All of that is possible with public policies that are proven to work, but do take some political courage to get implemented. On the healthcare front, we have to make primary healthcare the center of our healthcare system. Right now it's the poor relation. But if we had a strong primary healthcare system, we'd be better able to find health threats, better able to increase the resilience of our population and better able to deliver vaccines and other treatments.

Tom Frieden:

And that primary health care system could start with the issue of high blood pressure. Hypertension kills more people around the world than all infectious diseases combined, and yet the drugs to effectively treat high blood pressure costs pennies a day, the best available drugs. In this country, how well do we do on the most important question in healthcare, which is, are you getting people's hypertension controlled? We fail more than half the time, only 44% of Americans with high blood pressure have it under control. We have to restructure our healthcare system to put primary care at the center and to make sure that we control blood pressure. Not only is it killing close to a million Americans a year, but it's the leading cause of the difference in life expectancy between black and white Americans.

Michael Klein:

So this brings to mind Rahm Emanuel saying that never let a crisis go to waste. How likely do you see the chances of actually affecting these changes, which were there well before COVID and will be there after COVID has left us?

Tom Frieden:

I'm hopeful that we'll see at least some of these things get done. The Biden administration has a unique opportunity to be the health presidency. President Biden, Vice President Harris, have the opportunity to end the COVID pandemic, not only in the United States, but around the world. And that could be the first step in recovering, not only our economy, but our competitiveness in terms of health. We shouldn't be living shorter, more disabled lives than people in other wealthy countries. We can do much better and make a society and an economy that's much more productive.

Michael Klein:

Well, talking about the end of COVID, right now, people are very concerned about the emerging variants of the disease, especially with respect to the efficacy of current vaccines. To my mind, to a lay person's mind, it's really incredible how quickly the vaccines were developed. But will the variants be different enough from the initial strains of the disease to render these current vaccines ineffective?

Tom Frieden:

We just don't know the answer to that question yet. Some variants have some resistance to some vaccines. So far the vaccines we're using in the US are quite effective against the variants for which we have data. But the fact is there could be a variant that emerges in the future that overwhelms the immunity from vaccines. That would require us to tweak the vaccine or give a booster dose and play a game of cat and mouse, really with the variants. That might happen and the risk that it will happen increases, the more uncontrolled spread there is. Uncontrolled spread anywhere is a risk everywhere.

Michael Klein:

And that's because the more uncontrolled spread, the more chances there are for new variants to emerge.

Tom Frieden:

Absolutely. The more viruses, the more mutations, the more mutations, the more risk that one of them will be a really bad one.

Michael Klein:

So what do you think, in the wake of this pandemic, the new normal will look like? Will we be able to eliminate COVID or will the disease become endemic? And if so, what would that look like? Will we go back to the way things looked in 2019, or are people forever more going to be wearing masks in public, and having to be concerned about social distancing?

Tom Frieden:

I hope that one positive impact of the pandemic will be a greater recognition that ill health anywhere matters to all of us. It's in all of our better interest to improve global health. I think some things will change. People have learned that travel may not be as necessary as we thought it was before. We're tired of Zoom meetings, but probably we can stand to do more of them than the in-person meetings that we had before. If you look at East Asia, the culture of wearing a mask when you feel ill is widely accepted. And if we had that culture here, regardless of what happens with COVID, we'd have a lot less influenza, a lot less economic harm from influenza and a lot fewer deaths from the flu.

Tom Frieden:

In terms of COVID itself, time will tell. Maybe we have a vaccine that's so good that we can crush the curve in the US, scale up manufacturing globally, crush the curve globally, and then you'll have a

situation kind of like measles or typhoid where you have outbreaks but they're controllable. If the virus turns out to be really tricky, then it could be more like influenza, wherever year or a few years, you have a new variant that sweeps the globe. I hope that that won't happen, I think our technologies are very powerful. So I think the more likely scenario is that we have it in a control mode, but that does mean we need to control it. We need to invest in public health, we need to do testing, provide support services for people with the virus, make sure that we have vaccine available for people throughout the entire world, because the pandemic will not be over until it's over globally.

Michael Klein:

Well, you mentioned for example, that people are getting tired of Zoom meetings. They've probably forgotten how tired they were of waiting in airports and missing flights and things like that. So there's a way in which the past looks a little better than it actually was. So maybe these new technologies will actually be used more often.

Tom Frieden:

So I think there will be some ways in which new technologies open up more productivity, more freedom, more flexibility in workplaces. But I think all of us will look forward to times when we can get together with colleagues and have a good conversation.

Michael Klein:

Right. Well I'm in Boston, you're in New York. This is something that I guess could have been possible beforehand but it became much more apparent how easy it is to do because of our experiences. What are the lessons from our experience with COVID, Tom, that we need to pay attention to when we are preparing for the next pandemic, which surely at some point will come? For example, this pandemic highlighted the global production of medical supplies from masks to vaccine ingredients. Under normal times, a global supply chain might make economic sense, but with COVID to what extent did these global supply chains or the dependence on imports for basic medical supplies hinder our ability to respond to the pandemic? For example, at the outset, with the shortages of personal protective equipment. Considering the experience of this pandemic and in preparation for future public health shocks, do you think government should encourage or somehow mandate domestic production for things like vaccine ingredients, medical PPE? To have stockpiles the way we have strategic stockpiles for other things?

Tom Frieden:

We do have a strategic national stockpile in the United States. I think these are tough questions and there are a few things for which there probably are pretty good answers. I'm extremely impressed with mRNA technology. It seems to be...

Michael Klein:

That's a technology that was used to develop the vaccine.

Tom Frieden:

Yes, the Moderna and the Pfizer vaccines are both mRNA. That technology has been in development for over a decade, but with massive investments from Europe and the US, it's now been brought to the market and it really changes what is a finicky biological process of making vaccines and it makes it into a pretty reliable chemical process, not a simple one, but a pretty reliable chemical process.

Michael Klein:

How much of that was due to the fact that people knew exactly what they're trying to target as opposed to the flu where people have to guess seven months in advance what flu is going to be prevalent? Was it because we knew exactly what COVID-19 was in combination with mRNA? Would mRNA not work as well if we had a guess the way we typically do with influenza strains?

Tom Frieden:

Influenza changes a lot so it's hard to predict what the next strain will be. But frankly, mRNA technology may revolutionize our ability to vaccinate against influenza as well. There's the possibility of quickly tweaking the formula and making a vaccine that works for a strain that becomes more prominent even during the flu season. So it's a very exciting technology and that's why colleagues of mine and I have suggested in the past couple of months that we really think of mRNA technology as a global public good. And we think about not just intellectual property, but having strong technology transfer, there will be platforms for mRNA vaccine production in various parts of the world with assured quality and a commitment that those would be regional, not just national platforms. That's going to be potentially the safest way to get us out of the COVID pandemic and also something that may be very useful for future pandemics.

Tom Frieden:

There are other products that are important as well. For example, there are some ways of having PPE, personal protective equipment, that's reusable -- that can be used over and over. This was our plan for a pandemic, it didn't get implemented, but you could make 10 or 20 million reusable masks and then doctors and nurses and all health staff could use them for the duration of the pandemic and clean them safely in between. There are other issues that aren't so straightforward, some of the medical supply chains and medical goods. And there's been a suggestion that we look again at Puerto Rico, which used to be a major source of pharmaceuticals. And could that be resurrected as a national resource in the US. But we need to think beyond our borders, we need to think about global protection as well. And really the key here is the ability to find a threat when and where first emerges, stop it from spreading to the greatest extent possible and wherever possible, prevent it.

Michael Klein:

I'd like to close Tom, by asking you a little bit about how you came to public health? Your brother, Jeff, was a guest on Econofact Chats last August, he's one of the country's most respected political scientists. So maybe there's a nature or a nurture tilt in your family towards policy issues. Was it policy or was it science that drew you to this field or some combination of the two?

Tom Frieden:

When I was in college, I hiked through the Blue Ridge mountains with my father who was a physician. And during that hike, he said to me, "It seems like you're interested in science and you're interested in policy. And if you put those two things together, you get public health. That might be a field you'd be interested in looking into." I'd never heard of the field of public health but that's really what set me on my course.

Michael Klein:

When my younger son was a freshman in college at Tulane, it's one of the few places where you can do an undergraduate major in public health. And I remember receiving an email from him that said, "Dad, you would love public health, it's just like economics." But then he was nice enough not to add, "But there

are much more interesting things on the axes of the graph." So Tom, well I for one am really glad that you were drawn to public health and I also want to thank you for speaking with me today.

Tom Frieden:

Thank you, and it's been a pleasure chatting with you.

Michael Klein:

Great having you on. This has been Econofact Chats. To learn more about a kind of fact, and to see the work on our site, you can log into www.econofact.org. You can subscribe on our site to our newsletter that will let you know when we publish new memos and new podcast episodes. Please feel free to share this podcast and our memos with friends, colleagues, and on social media. Econofact is a publication of the Fletcher School at Tufts University. Thanks for listening.