

TRANSCRIPT

CSIS Online Event

“Schieffer Series: COVID-19 and Societal Instability: Where Are We Heading?”

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FEATURING

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J. STEPHEN MORRISON:

Welcome to today's Schieffer Series conversation on "COVID-19 and Societal Instability: Where Are We Heading?" I want to offer special thanks to the Stavros Niarchos Foundation, which supports this series, as well as the Schieffer School of Communications at TCU. Several staff here at CSIS have worked really hard to pull this all together – Emma Colbran,, among the foremost of the staff who have made this possible. We also have on our production team today Travis Hopkins, John Monts, and Clifford Johnson. Special thanks to them.

And lastly, we're just thrilled that we could bring this collection of great talent and close friends together today for this conversation, and that Susan Glasser of The New Yorker has so kindly agreed to host for today. So, Susan, thank you so much. And over to you.

SUSAN GLASSER:

Well, thank you so much, Steve. And thank you not only to everyone who's joined us, but to this incredible sort of all-star panel of experts that we have with us today. I can't think of a group, you know, that in my guise really as a citizen and not just as an observer I'm really hoping you can help provide us all with some if not definitive answers at least some thoughts on what the path ahead for us looks like, recognizing that we are in a world where we could have never predicted what we'd be talking about this week even two weeks ago. So you know, no one will hold you to it, but I want to thank the panelists in advance for their expertise and insights today.

And let me just do a quick introduction of everybody so that our guests today can understand just what an all-star lineup this is. I'll take it I guess in no particular order, but just the order I'm seeing people on my Zoom screen. I don't know if it looks different to you where you're sitting. But we are joined today by Peggy Hamburg. Maybe you can raise your hand, Peggy. She is currently the foreign secretary of the National Academy of Medicine and she was the 2018 president of the American Association for the Advancement of Science. But of course, she was the head of the FDA from 2009 to 2015. And before that, was the former commissioner of the New York City Department of Health and Mental Hygiene. So she brings deep expertise, both on the ground and at the federal level to us today. Thank you so much, Peggy, for joining us.

Next we have Julie Gerberding, who is right now the executive vice president and chief patent officer for Merck.

JULIE GERBERDING:

Patient. Patient. (Laughter.)

SUSAN GLASSER:

Patient. Oh. I was like, wait, patent? Patient. That makes more sense. That makes more sense. And, you know, before that she was the director of the U.S. Centers for Disease Control and Prevention from 2002 to 2009. She's recently described herself as

a vaccine optimist. So I'm sure in the panel we'll have a conversation about what exactly that means. I for one am looking for some optimism at a moment in time that has not been particularly optimistic. So thank you, Julie, for everything you bring to this conversation today.

Steven Morrison, our host, you've already heard from him, is senior vice president and director of CSIS's Global Health Policy Center. He has, of course directed several different high-level commissions and brings a deep background and expertise to the question of what America had done to get ready for a global pandemic and now, of course, what it is doing when it is experiencing one.

And then we are also joined today by Helene Gayle, who right now is the CEO of the Chicago Community Trust. Before that, she was the long-time CEO of CARE, deep expertise in international global public health, and spent 20 years, I should say, working with the CDC on HIV/AIDS, as well as with the Bill and Melinda Gates Foundation. So, Helene, we're delighted that you're with us today as well.

You know there's almost an overwhelming number of ways I could jump in and start this conversation, but I feel like it's important to actually begin with a little bit of level-setting as far as where everyone in this distinguished group thinks we are today in terms of the pandemic. Because you know, you hear a lot of numbers thrown around. You hear a lot of, you know, is it a spike? Are we at the end of the first wave? Are we talking about the beginning of a second wave? You know, what is your best effort to describe the moment that we're in as far as this? And so I'm going to quickly ask each of the panelists to give me their best version of what we are experiencing right now.

Just to frame that a little bit, right before this I saw someone quoting a conversation they recently had with a friend of theirs who was a nurse and saying, you know, I'm a little bit confused. America is reopening. What exactly is different now than it was two months ago when we were closing down? And the nurse's response was simple and really quite chilling. She said nothing is different, really, except that we have a hospital bed to offer you when you become sick from all the reopening.

So I offer that in the spirit of really hoping to understand from each of you. Peggy, why don't you go ahead and start us off on that?

MARGARET HAMBURG:

OK, thank you.

Well, clearly this is, you know, the most catastrophic infectious-disease threat of our lifetimes and of, you know, the century. And I think we are still in the early days. You know, we have gotten

through some very, very challenging times. Places like New York State and my old stomping ground, New York City, are really showing dramatic declines in the burden of disease. And the same is true in other hot spots across the country. But we're seeing other places with numbers going up and we're seeing conditions that will clearly make it possible for infection to continue to spread, people to continue to get sick, and all of the risks and concerns that we have been living with persist.

You know, we don't know what the summer will look like in terms of, you know, all the discussions around, you know, will there be seasonal waning, whatever. But since this is a completely novel virus in terms of our human experience, you know, it is clear that there are many vulnerable people. We'll continue to see infections. We're not – people talk about will there be a second wave? We aren't out of a first wave yet, but we're seeing such enormous mobilization in terms of the scientific community, and we can take encouragement from that.

And, you know, we will be seeing, I think, you know, some meaningful treatments, not magic bullets but things that will make a difference in our management of this disease. And I hope that Julie is right in her optimism about vaccines and that we may have a vaccine or multiple vaccines that are safe and effective and can make a difference in really preventing this ongoing pandemic and protecting not just this country but the world.

SUAN GLASSER:

Well, thank you, Peggy.

Julie, do you agree that we're still in the first wave, as it were?

JULIE GERBERDING:

I see this exactly the way Peggy described. You know, you have to step back and realize that, with rare exception, at least 90 percent of people are still vulnerable to this virus. So what we're really doing right now is conducting a very large social experiment. We've proven that social distancing and lockdown actually does slow spread and protect our health-care surge capability. And now, with various degrees of relief from that lockdown, we're observing what happens.

And I think we're experimenting with the calibration. How much openness can we tolerate before we see a very rapid return to the upslope of the curve that we saw when the virus first arrived? And we have some sobering news about that. I think in places that are demonstrating more flexibilities, less social distancing and so forth, we're seeing more cases. In places that may have relieved some of the requirements, we're seeing many citizens continue to wear masks, continue to avoid crowds.

So essentially the top-down decisions about what needs to happen haven't necessarily changed the way individual people are

behaving. So there's a lot of variability, a lot of uncertainty about where this is going to go. But I am not optimistic about the consequences of reducing social distancing. And I think we need to be very cautious before we fully return to any kind of sort of business-as-usual approach.

And I will just qualify the vaccine optimism a bit. Cautiously optimistic is probably the best way to characterize it. And I say that only because, you know, there are 130 vaccines in progress. The speed is enormous. The collaboration is enormous. The investment is enormous. But in addition, we know from animal coronaviruses that these vaccines as a family are something that you can create successful mammalian vaccines too.

So I think the science is on our side, but that doesn't say anything about the speed, the safety, the durability and all of the other criteria that have to come into play before we have something that we can count on to give us that population immunity and end this pandemic.

SUSAN GLASSER:

Well, you know, I'm so glad you brought that up, that there's a distinction between, you know, your optimism, tempered as it is, on the virus – sorry – on the vaccine versus the situation with the virus as it is right now without a vaccine.

Let me just quickly ask you, before we go to Steve, you hear a lot of things thrown around in terms of timetables and the like when it comes to vaccine, even assuming that there are one or multiple that are found to be effective. Help us understand what you think is the way we should hear those things. We hear the president of the United States saying, you know, as if it's just going to be apparently October now, conveniently before the election, is the latest date that he's been throwing around. Is there any possibility of that?

JULIE GERBERDING:

Well, setting aside the politics, I think it's important to understand that there are some early potential candidates there that are moving very quickly into the more advanced phases of clinical trials. And if we're extremely fortunate, those vaccines will have the desired properties that would make them good vaccines for widespread use.

But those properties are stringent. It's not just enough to get an antibody response. We need to have an antibody response that's protective. We need to have one that's broad enough so that minor variations in the virus over the time span of interest to us are not going to attenuate the effectiveness of the vaccine. We need one that's durable so that we don't have to get it periodically. Ideally we should have a vaccine that only requires one dose, just from a logistic perspective, when you're thinking about global immunization.

But above all of that, we need a vaccine that's safe enough to be used in broad populations of people – young children, potentially infants, elderly people, immunosuppressed people. We have to be very mindful that this is likely to end up in a situation where we have more than one vaccine and that we'll be learning how to use them in the most effective way in the target populations where they make sense.

All of that is a tall order. And although we can compress the timeline by doing things in parallel and not in series, we can't shortcut safety. And I think that's one of the things that everyone needs to be paying attention to. And I'm, you know, relieved and admiring colleagues who are on the front lines of this right now, because they are finding ways to work with the regulatory agencies and make sure that the safety data are assessed before starting the next phase of the clinical-development process, but at the same time doing a lot of other things in parallel to shorten what is normally a fairly prolonged timeline.

Just having said all that, in just, you know, experience from Merck, bringing the Ebola virus vaccine across the finish line, which we really went into clinical studies of it in phase three in 2014 and it took until 2019 to get the vaccine fully licensed. I can assure you we were doing everything we could to move that vaccine through the process quickly, but it takes time and you can't always predict what the manufacturing productivity is going to be like or how the vaccine is going to behave in real-life circumstances. So a little scientific humility is also an important component of the communication here.

SUSAN GLASSER:

So somewhere between five months and five years, and we'll hope that it's closer to – (laughs). Thank you so much.

Steve, I want to bring you in, of course, to get your sort of sense of where you would say our baseline assessment of right now, and then we can go bigger.

Can you take your mute off, Steve?

STEPHEN MORRISON:

Sorry.

A couple of quick points. We've crossed the 2 million mark of cases in America out of a global total of 7.3 (million), and we're adding about 20,000 per day. We've lost 112,000 people to this disease out of 410,000 globally. We're losing 800 to a thousand a day. And there are 14 states today that have reopened that are seeing accelerated infection rates, that are at the highest in the seven-day cycle – the highest that they've experienced. So it's a dangerous situation. And obviously it raises the question, did the – was the reopening premature, at least in those states, and where does it go, and what actions need to be taken? Oregon has

postponed the next phase of reopening, but it begs this question of where do you go from here? We're seeing in this rebound period quite aggressive spread in rural areas – rural areas that are very poorly prepared for this.

A second point of the complexity of this disease. I mean, we're discovering that it attacks the vascular system, kidney, the brain, that it throws off clots. We've seen in children this really frightening syndrome, the Kawasaki syndrome. So we're coming to terms with the – with the really dangerous and complex nature of this. It's posing a huge burden on those who are poor, and people of color, and those who are marginalized. It's striking them with an impact that is far more ferocious than what the rest of the population is experiencing. These are people who live in poverty, people who are living close to one another, who have in jobs that have special exposure of risk, and people with underlying conditions.

On the vaccine, I would just say that we're seeing exceptional collaboration across governments, industry, foundations, international bodies, which is very encouraging. When we look at the moment where we need to manufacture and distribute to somewhere between 5 and 7 billion people, that is an enormous undertaking, complicated and very expensive. The ranges of what we required are between \$25 and 65 billion in order to meet that requirement. That's a daunting challenge. Thank you.

SUSAN GLASSER:

So, Helene, thank you so much for your patience. You know, has anyone said anything that strikes you as wildly off at this point? Or are you also a believer that we're at a risky moment, as far as the first wave goes?

HELENE GAYLE:

Yeah. No, I would totally agree with everything everybody has said. I think we're – you know, one of the things that I think is so scary about this is that we both, you know, don't have the tools and don't have anything historically really that we can look to, to give us a roadmap. And I think the newness of this, the fact that we are still evolving our knowledge and that we have such limited tools, make this a very difficult and dangerous time. Added to that is the fact that I think in many ways we are weaker as a nation in our ability to come together around this. And you know, the fact that we are seeing states do very different things that may or may not go along with what is best public health guidance at a time when we really need to have a much more, I think, harmonized response, is very – I think very scary.

I also think that, you know, some of the challenges that Steve laid out in terms of populations that are impacting – and, you know, one of the things that is so different about this, is that this is the first time we've had a public health crisis that also caused an economic crisis at the same time. And as we think about the

ramifications of what the economic crisis has done, who it's most impacted, you know, we really have this kind of double jeopardy that I think we're dealing with. And so, you know, it is difficult and challenging waters to wade through when we just don't have any real roadmap that gives us answers. So.

SUSAN GLASSER:

Well, I mean, you framed up so many of the issues I think that we really need to talk about further today. You know, just to name a few of them, the sort of very unequal impacts and outcomes that have been an aspect of this as it's hit the United States from the very beginning, which are very striking, and of course which may be accelerated or emphasized even more with the combination of the economic as well as the public health aspect of it. The other thing I think that you flagged that's very hard to talk about in a public health setting, but clearly we need to, is the political polarization and the radically different approaches.

You know, in our already decentralized system you might have had that no matter what, but I was just making a list before this conversation of the number of different manifestations of the polarization on concrete actions being taken both at the individual and at the government level. And I wanted to ask everyone, actually, about that. You know, it's – mask wearing is one example where it is more politicized here in the United States, I think, than perhaps anywhere else. And you can literally overlay people's political affiliations with whether they are taking this public health advice.

Number two, the authority of the very people who are on this panel has been sort of turned into a partisan issue in a way that is quite striking. Actually, there was a very interesting number that I saw in a new piece in *The Atlantic* that suggested that at the beginning of this crisis both Democrats and Republicans, you know, had similarly high view of the authority and their willingness to listen to public health experts. That's changed pretty significantly, actually, after months of it being under assault. And now you have a far, far higher number of Republicans who no longer believe in the credibility or will take the advice of public health professionals.

And then number three, just in terms of ways in which we're seeing this political divisions in our country exacerbating and complicating the ability to have a national response, not only do we have states taking different approaches to reopening, but you have very, very different views, depending on people's political beliefs, about what the correct next steps are.

So, Helene, I'll ask you and then we'll go back to the others. Is it too late to correct for that? Is there any way that we can stop the polarization from further hindering a disease that's already claimed 115,000 American lives? Or do we have to accept that from a

public health standpoint as a reality of this coronavirus pandemic, at this point?

HELENE GAYLE:

Well, yeah. I think the horse is out of the barn, so to speak, to a certain extent. You know, it has become, unfortunately, taken out of the public health realm in many ways, and the realm of knowledge and science, and I think has been politicized. That said, you know, I think that there continue to be voices that try very hard to get people refocused on this as a public health issue. And I think all of us in our own way, and that's what I'm glad we're having this discussion, I think need to keep thinking about, you know, what's the public health imperative here? How do we get people thinking about lives being lost and all of the collateral damage that goes along with it?

And, you know, in a – I think it was Julie who said that we're living through a natural experiment. You know, perhaps that natural experiment will also open up people's eyes. You hate to think that we have to go through, you know, seeing more deaths. But, you know, when you start seeing spikes, and increases in places that opened up early – you know, and we know that all of the social distancing and all the rest of the public health guidance really did make a difference, perhaps that will start opening people's eyes and take this out of a political realm and put it back into the public health realm where it belongs.

SUSAN GLASSER:

Julie and Peggy – you know, Julie referred to, you know, let's have some scientific humility here about all the, you know, things that we don't know. Do you think, Peggy, that Helene is right, that there are any ways to address this polarization? I mean, fundamentally it's an assault on the credibility of science and, you know, a questioning of its validity as shaping decisions for the public going forward. You know, has this surprised you? Do you have any constructive thoughts about how it might be addressed going forward?

MARGARET HAMBURG:

Well, as you laid out all of the issues and just, you know, how divisive our nation is at the moment, you know, it just filled me with a wave of great sadness, because as this global pandemic was unfolding I thought: If there's anything that will help us to unify the nation, to help us pull together, and to help really renew trust in the importance of science, and evidence, and the critical role of public health, I thought this would be it. And instead, as you note, we have seen, you know, just a tremendous amount of politicization of issues, and in an unfortunate number of instances actions as well.

I do think that the public is still listening. I found it, you know, quite extraordinary overall – it wasn't perfect, but the way people adopted the tenets of social distancing, learned about the nature of this virus and what was needed to control it, you know, understood

about the notion of flattening the curve, and importantly understood that their own individual actions and those of their families mattered not only for their own safety, health, and wellbeing, but also for the broader community and the public at large. So I do take some heart in that.

What's happening now, though, as Steve noted, is dangerous, where the best possible science and understanding from public health about what you need in terms of declines in cases, hospitalizations, and deaths, strategies for continuing social distancing, mask wearing, hygiene, et cetera, while you go back into more public settings, that that is not being followed as states open up. And of course, you know, the issues that we're seeing around distrust of scientific information, public-health leaders, and the insertion of politics into the activities of some of our very important public-health agencies I think, you know, really is a signal of enormous concern for us.

But I guess I do – I do feel that, as others have noted, you know, this virus is going to continue to do its deadly work, and it is a formidable foe. And we can't wish it away and we can't invoke political ideologies or media spin to change what will unfold, so we have to really monitor and learn as we go in ways that will be hard because we may need to pull back, as Oregon is doing, from some of the opening up as the numbers and the burden on health-care systems demonstrates itself. And we –

SUSAN GLASSER:

I just lost you for a second, Peggy. Can you all hear me?

MARGARET HAMBURG:

Oh. I can hear you. Can you hear me?

SUSAN GLASSER:

OK.

Julie, so speaking of, you know, the sort of credibility issues that surround things, I think a lot of people would love your insights into what you think has been happening with the CDC over the last few months. You know, most people thought that was the agency that would be front and center in any sort of a pandemic. I guess today is the first time they're holding a briefing since March. They seem to have been systematically sidelined, and yet it's the agency that when you were there, you know, worked very hard to prepare America's response to a pandemic. How can you help us understand what role is the CDC playing right now and, you know, how should we understand why it appears to have been sidelined?

JULIE GERBERDING:

So, you know, I'd just like to respond to the broader question first. And you know, from where I sit, I think on a global basis people crave leadership. They're looking for that from the WHO. And so any time there's a misstep or something that does not go the way that they hope it would, there's a loss of confidence. People are craving federal leadership. They're looking for it from their state

and local officials, as well. And that need for leadership is, I think, a root cause for a lot of the challenges we're having in being able to effectively manage this.

And so when there isn't unified leadership, individual leaders will do their own thing. I mean, they will take action, they will make decisions, but they won't necessarily be the right decisions. And they're far less likely to be the right decisions if they're not listening to their scientific advisors, particularly those in the public-health domain.

So that leadership vacuum is something that we're all watching. And you know, I am in a business environment, so the question we're asking, you know, across the business community is: What kind of leadership can we provide? We have a strong stake in the consequences of this pandemic. Our employees are at risk. Our businesses are at risk. You know, our long-term success is at risk. And for those of us in the biopharmaceutical space, we also have patients who need their medicines and their vaccines, not to mention our scientific agenda. So, you know, how can business leaders help fill in the gap in this partisan environment to provide the kind of – you know, as far as I know this virus does not check people's voter registration card before it decides who to infect. So, you know, we need somebody who can be broader than the political process to be able to create examples of appropriate policies for employees or policies collectively or advice and thought leadership as policies are being crafted, and I think that's going to become increasingly important as we go into the election season.

So with respect to the CDC, obviously, my point of view – and Helene may want to comment on this further – but from where I sit, I know the scientists who are leading this effort. They are basically the same scientists who were there when I was at CDC and rehearsed in depth for pandemic preparedness. These are the same scientists that Tom Frieden led through numerous outbreak investigations quite successfully. So I don't think there's been a deterioration in the caliber of the science or the scientific competency and capability of the CDC. There are some surround-sound issues that you made reference to, but I also think that the ability of our entire public health system to be able to respond to a crisis like this requires that people keep their eye on the prize over long arcs of time.

And this brings me back to something that CSIS has been working on through the Commission on Global Health Security, that we operate in our preparedness domain in an inflection between crisis and complacency. And so if you track the CDC budget, you'll see it revs up with the emergency supplementals after a crisis or a bad outbreak or a flu pandemic or Ebola, and then that relaxes and the money gets used for other purposes in between. So the sustained,

long-term commitment to continuously improving and evolving our preparedness is just not something our country has ever accomplished. And I think CDC and our public health system, particularly at the local and state level, pay a big price for that, and we're seeing that play out right now.

SUSAN GLASSER:

So, Steve, President Trump has said that there was no pandemic playbook and that he inherited basically a mess and we just weren't ready for this at all. Is it a case of institutional and bureaucratic failure, or would you – does it look more like a political or a social one? I mean, it's an excellent point about the ebb and flow of budgets, which is a cycle that long predates this current administration.

STEPHEN MORRISON:

Can you unmute?
Sorry about that.

The commission that Julie referenced – the CSIS Commission on Strengthening America's Health Security, which Julie co-chairs, and Peggy is a member of that – we spent a lot of time look at this cycle of crisis and complacency and what was required in terms of government capacity, and one of the alarming things was the decision taken by John Bolton as national security advisor in the spring of '18 to dismantle the senior directorate within the White House charged with leading the effort and being vigilant and exercising a level of coordination and discipline across a fragmented field, and relating to also those outside interests in industry and those in Congress and elsewhere. And that dismantling of capacity left us very, very vulnerable going into this.

I think at the level of the White House of President Trump, I think there were many other things going on – that this was seen as a distraction or seen as a – as unwanted competition, this pandemic, in terms of the reelection campaign, the impeachment was unfolding. And so there was – there was not a will at the top to really seize on the – on the first disclosures, which started December 31st. The president didn't even begin to address this with Secretary Azar until January 18th, and even then it was not taken very seriously. So there were questions of political choice and prioritization at that level, but our institutional capacities had been weakened and we had underinvested.

What we're seeing across our country is that 2,800 public health constituencies or jurisdictions in this country are woefully underfinanced and understaffed, and that traces all the way back to the 2008-2009 Great Recession.

SUSAN GLASSER:

So, Helene, right now you're working in Chicago, but you really spent a long career at the forefront of international health and global public-health responses. I wanted to ask just a quick

question before you turn back to what's happening here in the United States about the international cooperation, or lack thereof, right now and how important that's going to be once there are treatments or vaccines available.

You know, is it – have we already settled upon essentially a series of individualistic, highly nationalistic approaches to this? Is it still possible to imagine a more collective and international approach? And also, just quickly, what do you make of the withdrawal from the WHO, and how consequential is that and where does that come from?

HELENE GAYLE: And we only have 25 minutes. (Laughs.)

SUSAN GLASSER: (Laughs.) That could be the next panel too. (Laughs.) Well, I just want to make sure that we talk about the international –

HELENE GAYLE: No, so, you know, I think there are so many ways to unpack that. And, you know, first and foremost, global collaboration is absolutely essential when you have a global pandemic. And, you know, this has been an example, again, where I think the lack of national leadership within the United States has a real impact on the rest of the world.

We are seen as the international public-health leaders. You know, the relationship between CDC and WHO has been vital for every other global pandemic. And so, you know, I think the fact that not only at a national level, but now also at an international level, we're not coordinated in the way that we should be, you know, really leaves the whole world, I think, very vulnerable; you know, particularly things like defunding the WHO, when the U.S. is the largest contributor and the U.S. collaboration is so critical, you know, is just wrong and it's wrongheaded. And I think we will pay the price for that.

I think the fact that the U.S. isn't entering into this with the spirit of global collaboration that we're used to has just, you know, meant that people are – nations are starting to go into their own camps at a time when we need this kind of global collaboration. You know, a lot of discussion has gone about when we have a vaccine. Well, depending on which country is the one to first develop a vaccine, are we all going to worry about how we get vaccines for our own population and not think about what's the most rational way of vaccine distribution so that we're making sure we meet the needs of the most vulnerable populations? So, you know, there's a lot in there.

But I think the big message is global collaboration is more important than ever. And unfortunately, we're seeing a retreat from that kind of collaboration. And if you look at any of the successes, global-health successes, they have all been successes

because of that kind of global collaboration, including making sure that the WHO is able to play its role, its leadership role, in coming together around addressing the issue. So challenging times.

SUSAN GLASSER:

Peggy, do you think – you know, what are some specific consequences of the U.S. withdrawal from, you know, essentially a more international approach to this and the WHO? I mean, what specific ways should we look for that to affect the course of the pandemic?

MARGARET HAMBURG:

Well, I think, as Helene was eloquently laying out, you know, global collaboration is absolutely essential in a global pandemic. We are only as safe in this country as other countries are prepared and capable of responding. We need to share information. We need to share lessons learned. We need to be able to harness the best in science and technology, wherever it is, in a collaborative way to help build the medical countermeasure tools we need as a public good.

So WHO is the only entity that exists in the world that has membership from almost every country in the world. They have rich and poor, north and south, sophisticated and still, you know, developing economies. They provide a lot of important normative guidance and standards. They represent an opportunity to convene, to develop important research agendas for, you know, how we're going to, you know, really try to develop the diagnostics, drugs, and vaccines that we need. They enable countries to have access to important information and even regulatory review of certain critical products.

And most importantly, looking forward in terms of our continuing vulnerabilities to infectious-disease threats and other potential global catastrophic threats, the ability to have eyes and ears around the world for early recognition of an emerging problem and rapid dissemination of information about the nature of the threat and strategies to address it is critically important.

And, you know, I think that, as Helene said, although I might even say it stronger, it's just wrongheaded what the U.S. is proposing to do. Luckily, we haven't actually implemented that decision yet. But it's reckless in the midst of a global pandemic to pull out from an entity that is hugely important to our nation but also hugely important to helping, you know, build a safer, more secure world.

SUSAN GLASSER:

We're talking about, you know, sort of social, political, economic fault lines and fissures that are exacerbated. We've seen that here inside the United States in the very unequal consequences so far of the coronavirus internationally as well. Obviously, one fissure that is being exaggerated in part for domestic political reasons is the China-U.S. sort of rift that we're seeing.

I want to ask – just as a medical and scientific matter, I want to ask both Julie and Steve about that. Is there – to both of you, is there anything to – putting aside the rhetoric – and it is quite striking how political that has become in our American context. Yesterday I was watching the president’s event in Dallas and he said, you know, I call it the Chinese virus. And it was a laugh line, and people started laughing and applauding. And I thought, wow, you know, that’s probably a pretty risky place for us all to be in, you know.

But putting that aside, what I want to ask you, Julie, is, is there anything to it from the point of view of science, both in terms of, you know, how much would you lay concern or blame at the feet of the Chinese for the timetable on which they informed the rest of the world about this, you know, and what are the consequences of what appears to be not sufficient scientific cooperation at this point? How can you help us understand that?

JULIE GERBERDING:

Well, I have a different perspective than some people because I was leading the CDC during SARS when it first emerged in 2003. And in that outbreak, there was a substantial delay in notification and global alerting. The virus emerged in November and we were really not aware of it until March. And so that was long enough for the virus to basically have already globalized and set off hot spots in a number of other countries.

So by comparison to my experience, I was impressed with how fast we knew there was a virus and had the genome and could really initiate some of the protocols for developing testing and, you know, ultimately countermeasures.

I also will say that, from a public-health perspective, the China CDC is an extraordinary organization; have really outstanding public-health scientists at the China CDC. My predecessor, Dr. Jeff Koplan, established a sort of people-to-people relationship with the China CDC that I perpetuated and Dr. Frieden perpetuated. We signed a memorandum of understanding, and every other year we would visit each other’s agency.

So the CDC center leaders and I went to China. We helped inaugurate their new campus with their new laboratories. We conducted a flu-pandemic conference by linking in an emergency-operations center there to the various provinces in China. All of this came in the aftermath of SARS, because China did not want to be caught out, unprepared for another emerging infectious diseases.

So during those times, the scientific cooperation was, I think, as good as it gets between two countries that exchanged the training, the collaborations. And, you know, it’s shocking to me right now to see that change. I don’t understand the precipitants of it, I don’t

understand the politics of it entirely. But I think it's a terrible loss. And it is that kind of science-to-science engagement that helps overcome some of the political differences that divide us and creates common ground that, you know, when we're dealing with a global pandemic we're all in this together, and no one is safe until everyone is safe. So the loss of that conduit of exchange and public health sharing, basically, is something that I hope we can remedy quick, because it leave us in a tremendously disadvantaged place. What's going to happen when the next virus emerges? You know, what will be the consequence of this divide that we've created now?

SUSAN GLASSER:

Steve, do you see us as – you know, and other countries pursuing essentially a nationalism at the expense of internationalism, going forward in dealing with this coronavirus or future ones? What is the lasting damage? What are specific ripple effects from the WHO pull out, and this rift between the United States and China at the scientific level that I'm now even more scared about – (laughs) – having heard Julie's answer?

STEPHEN MORRISON:

Thank you. You know, the dismantling of the relationship between ourselves and China on science started earlier. I mean, we dismantled our presence – our CDC presence in Beijing a couple of years ago. And we'd been very involved. We hosted the U.S.-China Summit at CSIS when Secretary Price was head of HHS in the fall of '17. And it was remarkable, these were decades-long relationships. We had the vice premier, four ministers, and all the chief agency heads from China in the room. And it was remarkable to see the human interaction with the American counterparts who had been working with these folks for decades. That's pretty much gone at this moment in time and will have to be resurrected.

The problem is the overall unraveling of the U.S.-China relationship. That's what's pushing all of this right now. Health is no exception. It's been swept into this. And the China hawks have played a huge role in that. And we're now in an arms race for a vaccine. And the drive to sort of have the narrative whether U.S. or China emerges first will give it the key to reopening the economic and dominating the world. Well that logic and spirit is the opposite of what Helene was talking about in terms of – and Julie – about the need for collaboration, allocation, equity, transparency in the way that these – the vaccines are going to be produced and allocated.

I mean, we need to have a chorus of agreement around dedicating vaccines to the health workers in every country, and those that are most vulnerable. We need to be apportioning that out ahead of time so that we can – if we have no dialogue going on between the U.S. and China on these matters it's going to set us back enormously. I think we're at high risk. Fortunately, we have something called the ACT Accelerator on the vaccine, which is drive by the Gates Foundation, the EU, WHO, and a number of other players, that is

pushing out those norms around equity, fairness, full access, and transparency in the allocation of the – of the vaccine. But the U.S. has boycotted those sessions and has not been a member. China appeared at one of the pledging conferences but has been pretty much on the margin. We need to pull them into this type of effort. Thank you.

MARGARET HAMBURG:

And if I could just jump in for one second, you know, U.S. and China scientists are still trying very hard to work together around COVID-19 and other issues. But you know, this governmental attitude is also creating a chilling effect for what have been very productive scientific collaborations outside of government as well. And you know, really preceding COVID-19 there was a lot of pressure on even Chinese American scientists in this country, and suspicion about the work they were doing, and the nature of any collaborations that they might have with Chinese scientists, if they had come from China and then trained and stayed here, whatever. And we've seen some very unfortunate defunding even of grants that involve collaborative work in China

So and the breakdown of the work between critical public health agencies that Julie was describing, I had a similar experience with the FDA, where we worked closely with the Chinese FDA. And it was very, very important because a large percentage of medical supplies used in this country actually come in whole or in part from China. And so having that transparency, that collaborative working relationship, and being able to actually help them improve their regulatory oversight to better ensure the quality of goods that Americans depended on here was very, very beneficial. And one really does worry about the near- and long-term impacts on science, health care, and beyond, of, you know, the political Cold War that seems to be underway.

SUSAN GLASSER:

So I realize we don't have that much longer, so I want to bring it back here to even a slightly more what's happening right now conversation even, compared to with what's going to happen this fall. Helene, you are in Chicago. You are leading a foundation. Tell us what you're seeing on the ground, in particular over the last few weeks, as you have this convergence of the ending of the lockdowns and people reemerging. You have the extraordinary outpouring of protests and discussion and dialogue over race, at the exact same time that just the scale of the disparity between how COVID-19 is hitting different communities has become apparent.

You know, tell us a little bit about what the experience is in Chicago, and what conclusions you draw from that about, you know, this disease going forward. Are we doing enough to have targeted interventions, for example, or targeted ways of thinking about different populations given their different experiences so far with the disease?

HELENE GAYLE:

Yeah. So I would go back – I would go back to what I was saying earlier about how this is kind of a dual pandemic, if you will. It's both a public health crisis as well as an economic crisis, which we created in order to control the public health crisis. And so, you know, those two keep going hand in hand. And I think, you know, over these last few weeks, as we have seen how COVID-19 has disproportionately impacted communities that were already both health-wise as well as economically vulnerable, you know, in some ways it has exacerbated and highlighted those inequities. And it – you know, what we're seeing is incredible amount of need, desperation, and pain that is occurring as a result of those twin impacts.

And as we know, as this is rolled out, besides the elderly, which is clearly a very vulnerable population, it has hit black and brown communities the hardest. And the economic consequences have been grave. You know, all across the country, just like we have in Chicago, we have mounted large response funds to be able to just get basics to people – food, shelter, cash so people can pay their bills and not be, you know, kicked out of their homes and apartments, et cetera. And you know, it really is heartbreaking because you realize these same populations were living in very vulnerable situations before and have been just thrown into real sheer desperation.

And so – you know, and then, of course, as you mentioned on top of that, we then had this horrific murder that we all had to watch over and over and over again, which really I think highlighted in a way that many people had denied that racism is still very much a force in our society. And so, you know, you again have this kind of perfect storm of collision of issues that just bring to the surface many things that we, as a nation, have not dealt with.

And I guess my only hope coming out of this is that we have been thrown into such a stark reality around these issues that maybe once and for all we will start thinking about how do we look at these issues of inequity, many of which were created, if you will, because of policies and structures that were put in place. Can we look at what it takes to really shift and come out of this perhaps in a better place, coming up with solutions that actually address some of the root causes both to the health challenges – because, as we know, a lot of the reasons why black and brown populations are so hard hit have to do with their economic circumstances; low-wage workers who, you know, couldn't make choices about staying home in order to social distance and, you know, all of these realities that are both the – you know, we call the social determinants of health that we've got to address if we're going to be able to address the challenges of public-health crises like this as well as the collateral economic damage.

SUSAN GLASSER:

Well, you know, I think there's also the fear right now, right, that, you know, people have spent the last two weeks since this horrible videotaped murder, you know, many of them in the streets putting their lives potentially even at more risk. I know we don't have numbers yet, really, that will show us whether there's a new, you know, wave of infections as a result of these protests, but I'm sure that must be a concern for you as well.

HELENE GAYLE:

Yeah, it is a concern. You know, I think that a lot of – a lot of these marches and protests have gone to great lengths to ask people to continue, you know, safety measures. You see a lot of them and people are wearing masks, trying to social distance, you know. But people have – I've heard a lot of people weigh the alternatives. You could either worry about whether you're putting yourself at risk for coronavirus – and obviously, none of us want you to do that – or risk not tackling these root-cause issues that have killed people for centuries. And so, you know, I think we've got to think about both the immediate, which is how do we keep people safe in the context of this pandemic, while we address some of these longer – longstanding root-cause issues that have been putting people's lives at risk for centuries.

SUSAN GLASSER:

So I know they're going to pull the Zoom plug on us soon, so let me do a final kind of lightning round with everybody. You know, I'm just so grateful for all of you for sharing your time and your expertise with us. I want to go back to that as our end note and ask two very quick questions for everybody.

Number one, what is a metric that you think we all should be paying attention to that will help us understand over the next few weeks and months where things really are at? So what's a metric that you personally pay attention to?

And then number two, what is the – what is the worry that keeps you up at night, you know, about this, either something that we don't all understand that we should or a scenario that particularly worries you?

Peggy, can you start us off on that?

MARGARET HAMBURG:

Well, you know, one metric for where we are as a nation that is challenging with respect to COVID, I mean, I think hospitalizations and deaths, you know, is really, you know, a very concrete measure. Number of cases is unreliable because it depends on testing. You know, but I'm searching for a broader metric to give some sense of social stability and transformation in light of all of these overlapping epidemics and tragedies that we're experiencing that would, you know, really reflect more what we need for the longer term.

I mean, my hope is that – you know, we have seen cycles of crisis and complacency in the world of infectious disease threats and epidemics and pandemics. We have also seen cycles of crisis and complacency with respect to racism and police brutality and a broad set of inequities in our country. I am hoping that for both of these issues, maybe because of coming together at a time when we are very mindful of our vulnerabilities and our need to come together as a nation and to be the nation we want to be, maybe we actually can and will make sustainable change.

SUSAN GLASSER: And if I call you at 3:00 in the morning and say, like, OK, but what are you freaking out about, what would you answer me?

MARGARET HAMBURG: Well, I – you know, I am just very –

SUSAN GLASSER: I won't. I won't do that.

MARGARET HAMBURG: OK. (Laughs.) Then I'll let you go to others. But I think, you know, we are still in the middle of a very dangerous situation on many fronts, from a disease front and also in terms of how we address in a much more meaningful and sustainable way, you know, the truths about systemic racism and all of its terrible sequela in our country.

SUSAN GLASSER: Julie, what should we pay attention to? How can we screen out all the noise?

JULIE GERBERDING: I agree with Peggy that the most important metric are hospitalizations and deaths because those are hard data not confounded by access to testing, et cetera.

And I will say the thing that worries me, besides concern for my mom and the senior members of my own family, I do worry from a – from a business perspective at Merck that we provide lifesaving medicines and vaccines, and if something happens that we had an outbreak on one of our supply-chain lines it isn't just about the infected and affected employees; it means important downstream consequences for people who depend on those medicines. So that's a really high priority for all of us and why the rest of us are staying home, because we want to do our part to try to protect the supply.

And beyond that, I am very concerned about what is going to happen in the fall when flu season starts. If this thing takes off again the way I think many of us are worried it will, will people be willing to go back into a state where we can once again flatten the curve? And I think it's going to be a lot harder the second time around.

SUSAN GLASSER: Steve?

STEPHEN MORRISON:

Thank you, Susan. You've done a really masterful job. Thank you so much for doing this.

I think the broad measure – I mean, we've talked about – the other speakers have talked about the measures for hospitalization, deaths. I think one broad measure is whether we are stuck in a cycle of a very chaotic, divisive, violently contested environment, or whether we move into a civic dialogue around these reform measures with some vision. I mean, there's – there was quick talk and quick turn towards – on the racial justice/police reform this week on the Hill, which I found encouraging, actually. I think that the peaceful protests moved that debate into a different place. We'll see if that dislodges our dysfunctional and broken political system at the moment. But I would – I would use that as a – as a way of grading are we moving towards some kind of unified vision of reform, both on the public-health side but also on the – on the social/racial justice, police reform agenda.

In terms of what I worry about, I worry that we're already at this very perilous moment with these triple crises. We're in an electoral cycle. We have a president that fuels and stokes the conflict and chaos. And we're heading into a season with the virus, as well as our electoral season, where these tensions are going to magnify. And I just worry that we're not that far away from a breaking point, and what might that look like? I mean, my feeling is that all of these peaceful protests that emerged, we could – if we have another terrible incident or a series of incidents, it can reignite the rage and frustration and anger that people have. And we need to show progress in listening to what has happened in a visible and concrete way so that people have confidence that all of this is resulting in some action.

Thank you.

SUSAN GLASSER:

Thank you.

Helene, you get the last word. Thank you so much.

HELENE GAYLE:

Yeah. Well, it's hard to add to what all of my brilliant colleagues have said. But I would – you know, on what metric, I would also just agree that I think, you know, the real measure is how many people are getting seriously sick and dying. And so I think that's what is important to keep our eyes on.

In terms of the things that keep me awake – and I'm kind of an insomniac, so I stay awake a lot at night worrying – (laughs) – but I do – you know, I worry that this could spin back out of control, clearly. But I guess my bigger worry is that, having gone through all of this, that we won't be prepared the next time. This is not the last time we're going to face something like this, and you know, the fact that we let our guard down like we did, didn't have public-

health preparedness in place – and as Julie said, you know, we had a playbook, but we didn't have it up and ready when we needed it. And I – you know, my hope is that for once and for all we recognize the value of public health and public-health preparedness, so that when this happens again we will be prepared.

And then, finally, that we don't lose this moment to really once and for all look at what does it take to make us a fair, just, and equal society, and look at this moment where there is this much passion and rage. And when I look at the young people who have – who are putting themselves at risk as they go out and march because they believe in a better and different world, that we don't miss this opportunity to, in fact, give that to them.

SUSAN GLASSER:

Well, thank you. That's an optimistic note to end on, and I think we're all rooting for that. But I want to thank you and all the panelists today, and of course everyone who took time out of their day to tune into us on Zoom, and CSIS for hosting us. So thanks. And, Julie, good luck with that vaccine. (Laughter.)

JULIE GERBERDING:

Thank you. Thanks, everyone.

SUSAN GLASSER:

Thanks again, everyone.

(END)