
I’m delighted again today to be able to join in conversation with Dr. Ashish Jha. He’s the White House coronavirus response coordinator. Terribly important role that he began occupying April 5th this year. Ashish, thanks so much for giving us some time today.

Ashish Jha: Steve, thanks for having me here. I’m really excited to spend some time with you.

Dr. Morrison: I want to start with the bivalent vaccine campaign, which since the day after Labor Day has been a topline priority of yours and the White House. You were able to line up 171 million vaccines in record time, accelerated production level, and negotiations – pretty remarkable achievement. You found the money in amidst all the scarcities and the financial impasses, and you got it done. And now it’s rolling out. And of course, you’re trying to get people to take it up. And you coined a great phrase, which God gave us two arms for a good reason, which I want you to explain to our viewers. But I’d also like you to tell us how it’s going, what are the messages you’re trying to convey, and what does this represent in terms of a longer-term transitional moment.

Dr. Jha: Yeah, great. Happy to do it. And let’s actually take a second to say, why did we even create a bivalent vaccine? So, you know, in the last two and a half years we have seen this virus evolve substantially. I mean, think about the Omicron BA.5 that’s dominant, compared to the original Wuhan strain, these are very, very different-looking viruses. Still call it SARS-CoV-2, but very different.

Despite all that viral evolution, the vaccines have stayed the same. The vaccine that we created in February/March of 2020 was the vaccine we were giving out to people in August of 2022. It was very clear we needed an update. We needed an update that more closely matched the circulating variant that was out there. That was always the promise of mRNA technology platforms that we could update vaccines very quickly. And basically, at the end of June, early July, FDA made what I thought was a courageous, gutsy call and said, we want to go with the BA.5. We think that’s going to be either dominant or the source of all the offshoots.

And in less than two months from FDA making that decision to vaccines rolled out and started going into people’s arms. And why do it? What’s the clinical feature? So because it matches the virus out there, all of the data we have suggests that a mass vaccine should provide better protection against infection, more durable infection, less transmission, better production...
against serious illness. So it really should be a substantial upgrade. We're going to get more data on that in the upcoming weeks.

You know, so far I would say things have gone really well. I mean, we started this on Labor Day. Labor Day's always sort of tough. Shorter week, people getting back to school, people getting back to their work routines after summer. But we have seen as Labor – that week finished, and the next week started, a lot of uptake. You know, I’m hearing stories of places running out of appointments. The good news is you got plenty more vaccines coming, so we’re not going to get into a scarcity issue here. There’ll be plenty of vaccines, Pfizer and Moderna. And we’ll get more numbers.

But here’s the other big picture part of this vaccine rollout. Because we think – and, again, this is what the scientists at NIH, and FDA, and elsewhere thought. But for a vast majority of Americans, this was now a once-a-year shot. In that way, it starts feeling a lot like the flu vaccine. Given that – given that flu vaccine uptake usually happens in the month of October, late September into October, we’re really expecting a pickup of COVID vaccinations at the same time.

The off-the-cuff remark I made about why God gave us two arms, one for the flu shot and one for the COVID shot, was the idea that you can get them at the same time. I got mine at the same time, by the way. And I got them both in the same arm. Arm was a little sore for about 24 hours. But other than that, it’s just fine to do that. And my hope is that people get out of thinking about is this my third shot, fourth shot, fifth shot. They just come to realize we’re at a point for a vast majority of Americans it’s going to be an annual vaccine, should provide a high degree of protection against serious illness for at least a year. And if a good number of people do that, I think we’re going to get through a much better fall and winter.

Dr. Morrison: What would success look like, in your mind, for uptake in the next 60-90 days?

Dr. Jha: Yeah, we don’t have – we don’t have a target. I don’t have a target. We haven’t discussed a target internally. Really think that, you know, we want to get as many Americans vaccinated and boosted, get this new COVID shot. I think it is available to everybody over the age of 12. It’s going to actually be available to five to 11-year-olds soon, if FDA looks at some new data and makes its decision. But if we get to an annual COVID vaccine, you know, we really do want broad uptake. If we get that, we are going to make a really big difference in terms of how – what kind of fall and winter we end up having.

Dr. Morrison: What are you most – what are you most worried about? What are you – what are the concerns that you have here?
Dr. Jha: Well, you know, look, it’s been two and a half years of a very difficult pandemic. It’s killed more than a million Americans. And I think a lot of people want to put it in the rear-view mirror. And I appreciate that sentiment. But the challenge right now is to remind people that it’s still a real ongoing threat and that if we do the things that we know how to do and if we execute on those things as a government and if people do the things that they need to do to protect themselves, we really can get through this in a much, much better way with far fewer hospitalization stats.

But I think the challenge of helping people understand the moment we’re in – we’re in a much, much better place than where we were. We still have real challenges ahead of us, a lot more work to do. That’s one of the things that is probably the biggest challenge in front of us is helping people understand exactly where we are in the arc of the outbreak of this disease.

Dr. Morrison: Thank you. This is a good segue to one big question which I wanted to pursue with you. Just take a minute to explain. It seems like we’re at a moment of wildly divergent realities surrounding this pandemic. It’s a bit – it’s become a bit of a tale of two cities. We’ve got – both are valid in many respects, right. Behaviorally and psychologically, a majority of Americans are moving beyond this pandemic. Their behavior reflects that. Masking, social distance and the like have fallen away for most people; their daily concerns, the prioritization they’re attaching to getting vaccines and the like.

I think when President Biden remarked at the Detroit Auto Show just a short while ago that the pandemic was over, it was in some respects a comment on the shift behaviorally and psychologically among Americans. He wasn’t denying that there are – there’s a persistent viral phenomenon that we have to worry about. He was remarking on a shift of reality.

And on the other side is, of course, that we continue to have great danger and uncertainty. We continue to have 400 to 500 deaths a day, high infection rates, long COVID accumulating. We continue to have major impasses that are proving to make your job and the job of all people who work in this field much tougher. We’ve got a fiscal-financial impasse. We have a political impasse that’s compounded by our electoral cycle. It’s compounded by disinformation. It’s compounded by rising partisanship in this domain.

Our technological – we know, and you’ve led this effort of we need new vaccines, new tests, new therapies. But we’re stuck in terms of finding the financing to really push that forward dramatically. Our institutions are frayed. We’ve seen with monkeypox vaccine response a lot of people are just tired. They’re exhausted. They’re depleted and demoralized. People are leaving their posts and the like. So it’s a really tough environment in that respect, these multiple barriers to action.
Your job is to think and speak to the nation tactically and strategically. So you have to circumnavigate in a daily or hourly a way these realities. So how do you think about this? How do you make sense of these things which – both of which are real? They’re not – there’s a lot of tension between the two of them. But we have to somehow figure out how to live with both in an effective way. And I just wanted you to comment. How do you reconcile it? And what is your message to America?

Dr. Jha: Yeah. Thank you for that frame. You know, the way I look at it is I begin with what do I know and how do I understand personally this moment that we are. On one hand, as you said – there is no question about it – we are in a way better place than where we were two and a half years ago. We’re in a better place than we were a year and a half ago. Arguably we’re in a better place than we were eight months ago, in the height of the omicron, right.

Dr. Morrison: Yeah.

Dr. Jha: And that means that people are back to work. People are – kids are back to school, have been for a while. That level of disruption to our daily routine is way better; and, by the way, not randomly so, right. It’s about making sure you get a nice population immunity. A lot of people have gotten vaccinated; widespread availability of therapeutics. There’s a set of things that we’ve been able to do that has enabled that better reality. And that better reality is important, because you can’t kind of be in that oh-my-God-things-are-awful mode for years; I mean, just not sustainable.

But I’ll tell you what motivates me to come to work every day. Like, I get up in the morning and I show up to my office, and the reason is some of the things you outlined. Four (hundred) to 500 deaths a day is just unacceptable. That’s a moral judgment call, by the way. There’s no official acceptable/unacceptable. That is a judgment call that we have made as an administration. The president has been completely clear on this. It is a level of suffering and death that we do not accept as living with COVID. So that means we have got to find ways of driving those numbers down substantially.

There are millions of Americans who are affected by long COVID. We have got to keep working on figuring out how do we prevent more of those, how do we help the people who have it. How do we get through this fall and winter, which could see a significant surge? We don’t know. We’ve seen it in each of the last two years. So there’s a set of those kinds of challenges.

There’s a second set of challenges that are also really important, which is, you know, for a year and a half under the Biden administration and to some extent under the Trump administration you saw this sort of reworking of federal government. And certainly in the last 18 months the federal
government’s been in an emergency mode, all in on controlling the pandemic. That means the federal government buys all the treatments and all the tests and all the vaccines. And we have to find a way to move that, transition that towards the way we regularly manage health care because we will not be able to sustain this kind of approach forever. But we’ve got to do that in an orderly way. We’ve got to do it in a way that doesn’t create disruption, that is true to our values. That set of work.

And then the last thing is the long game that you mentioned some of, Steve, which is, you know, one of the things we’ve learned is – we’ve learned a lot about respiratory pathogens. Not just COVID; flu, RSV. We’ve got to have a much broader strategy. And we’re doing a lot of work on this, on trying to improve indoor air quality as a fundamental part of improving public health. We’ve got to build a different generation of – new generation of vaccines that block transmission, are variant resistant. There are these kind of long-term things that we want to make sure we build coming out of this pandemic to put us in a much better place for future evolution of this virus, and getting us ready for future viruses and future threats as well.

All of that work remains really central. It’s important. It feels like – and it is clearly a priority of the president. And I think we have to be able to hold both thoughts, right – that, like, we’re in a way, way better place, but we just have a ton of work still to do.

Dr. Morrison: Do you think that you’re able to reach the majority of Americans in this particular day? Your job’s gotten a hell of a lot tougher. The job of the White House coordinator, it seems to me, has just gotten tougher and tougher as these barriers have accumulated, as the ability to make dramatic gains has diminished, and as uncertainty has hung over things, and as we become a more divided nation. And you know, when you came in as the coordinator, partly that was motivated by the fact that in your role as dean at the School of Public Health at Brown University and prior to that your role at Harvard at the Chan School you were able to reach a broad diversity of Americans. Do you still feel that you’re able to crack through that – those barriers, those barriers that have hardened up more in this last phase?

Dr. Jha: Yeah. You know, it’s interesting. I think the people who preceded me had very, very difficult jobs as well. It’s just a different job. As you get into a different phase of the pandemic, you have a different set of challenges.

Look, I do a lot of reality checking by – in terms of where people are and what people are feeling – not by going to Twitter, which has its own, but by talking to a lot of, you know, extended family and friends. And what I get from people is people understand that we’re not in 2020 anymore. And so you see that on Twitter where you still have that, like, oh my God, you know,
60,000 infections a day. Yes, not great, but it means something very different to have 60,000 infections a day today than it did two years ago.

You also – I find most people understand that the virus is still around, it’s still a challenge, and it’s still disruptive. Normal people going about their regular day find that the virus, given how contagious and widespread it is, it’s still very disruptive. They have family and friends who get quick sick still.

So I think that place where we are – where much better, still a challenge – is where I think a majority of Americans are. Again, not a majority of people on Twitter, but a majority of Americans are. And I think when we – when I sort of do my communication, but when we reach out to people and talk about that these are the challenges that we still have to work on, I think it still resonates. And I think it’s pretty bipartisan. There’s always going to be a partisan lens at the extremes, but I actually think a vast majority of Americans understand COVID is going to be around. We’ve got to manage it effectively. They don’t want it disrupting their lives. I don’t want it disrupting their lives.

And the last point I’ll make, you know, is we also don’t need – and I don’t think it’s healthy for a society – for COVID to be, like, news one, two, three, four and five every day. I mean, you can do that for a while, but it’s very hard to sustain that. So the fact that it’s faded a little bit into the background and is no longer the lead story every single hour of every day is a really good thing. It lets people think about other things. It lets people get back to their lives. And it’s a reflection of the fact that we’re in a much better place than where we were.

Dr. Morrison: You know, it seems that given these realities that we face right now in terms of the difficulty in getting finances, the difficulty in getting more of a bipartisan consensus versus a polarization, that your job really is going to migrate to a form of realism, to a form of what is possible and feasible in this moment. And maybe that’s – maybe for now that’s a form of incrementalism. Maybe it’s a different kind of strategy that takes account of this, but keeps things moving forward, but in a different step – a different increment than was true before, and that’s more fit to this times. What do you say to that?

Dr. Jha: Yeah. I mean, if you think about September of 2020, when we didn’t have any vaccines, you needed a massive jump in, like, your capability as a society. We have terrific vaccines, updated with these bivalent vaccines, which I think are terrific. So we – so at the place we are, we need a different set of improvements to our tools. We need a different way of engaging with the American public. And, you know, what’s interesting, Steve, is I’ve spent a lot of time on the Hill in the last six months. And I find, when you close the door and there aren’t reporters and there’s not posturing, there is a remarkable
That's been my experience. You know, it has not always translated into votes. It has not always translated into action. But we got to keep plugging away at that. And I think if we keep explaining to the American people why we need – not the same level of investments we needed last year, right? No one’s saying that. But why we need to continue to have federal leadership in building a new generation of vaccines, in building new treatments. I don’t know, maybe, you know, I am an eternal optimist on these things. But I think over time we will see Congress deliver, and then we’ve got to go execute on that. But I remain optimistic that as long as we can be very reality driven, clear-eyed about what we need to do, I do think we can make real progress.

Dr. Morrison: Well, I’m encouraged –

Dr. Jha: And we’re continuing to make real progress, by the way. Sorry.

Dr. Morrison: I’m encouraged to hear you say that about your engagement on the Hill. It implies that people of good faith, of whatever political identity, their doors are open to you and they’re continuing to want to know how you see things, and to talk about this. We may be at this impasse for a while, right? I mean, we’re continuing to see Congress throw out the packages that have been put forward as they get new legislative vehicles for another instance. This week it may be that we have to go through this electoral cycle and be patient a little bit. And as you have done, be very pragmatic, prioritize, as you did with the bivalent vaccine. Find the resources and move ahead. And then move to the – move to the next stage.

I’m assuming that as we get into the new year there’s going to be mounting pressure to not renew the emergency declaration. And that has implications, right? It has many implications for policy. It has implications for your own role. And I wanted to turn to you to get – hear a bit of your reflections, but why don’t we start with that. How are you looking ahead at 2023? You think by Q1, Q2, we’ll be at a – we could be, if we don’t see new subvariants that are curveballs that drive things in another direction, we may be moving to a phase where the White House coordination effort itself becomes to give way to something that looks like a more normal manner of managing this?

Dr. Jha: Yeah. A couple of things. I mean, we’re still in a phase where we’re seeing a lot of rapid viral evolution. And, you know, if we were speaking two weeks ago, I would be talking about different subvariants than I am talking about today and I’ve been thinking about today, right? So that continues in a way that feels very different than RSV and influenza and a lot of the other viruses. The level of infections, hospitalizations, and deaths from COVID – I mean, right now we’re kind of at a lull and down to about 400 deaths a day. But if
we annualize today’s numbers, we’re at, you know, three to five times worse than a bad flu season.

And so the general strategy right now – it’s interesting, because I hear lots of chatter about the future of the COVID team, and what are you going to do. And I will tell you, those are not conversations that I’m actually having with our chief – with the president’s chief of staff, or with the president. The conversations we are having are, like, what do we need to drive deaths down? How do we make sure we’re better prepared for the winter? You know, what do we need to do to think about, as we transition out of the U.S. government buying all of these products, but it’s not disruptive, that it doesn’t create new financial barriers.

And, you know, when that times comes – there will come a day in the future, because of course every job ends, when there will not be a need for a COVID response team. But that is not a – I would say, it’s just not an active conversation, because I feel like we got a lot of work to do. And when you got a lot of work to do, the conversation of when does the work end, I don’t know, don’t quite feel, like, on point. (Laughs.) So right now it’s just let’s get going on the work we have to do, and then at some point we can have that conversation.

Dr. Morrison: Fair enough! Let’s use the minutes that we have remaining to ask you to offer your reflections. You’ve been on the job six months. What have you learned? What did you not know that you know now? And where have you felt the greatest gratification? And where have you felt the greatest frustration?

Dr. Jha: Yeah. They may be the same thing, Steve. (Laughs.) No, so let’s talk about at a high level. I mean, it is an enormous, enormous privilege to work in this place. You know, I walk in every morning, get through the security, and I look up at the West Wing and at the White House. And just to be a little sappy for a second, you know, for a poor kid who grew up as an immigrant, you know, initially coming to Canada not speaking English, and just the idea that you get to go work at the White House is unreal. And it is unusual. Like, this is not a reality in most countries. It is a unique feature of American – of America. Again, we have plenty of challenges in our country to create more opportunity. Don’t get me wrong. But the ability to do that feels like an enormous privilege.

The privilege in this really, though, is a sense that you can tackle the big stuff. That you can play – that you can think about what are the major issues in front of us, and then you’ve got to craft a strategy for addressing it. So, for instance, you know, sitting down with our team a couple weeks ago we’re looking and saying, yeah, we have about 450 deaths a day. Obviously way too high. What is our strategy for getting it dramatically lower? And we can
actually effectuate change, right? We can actually move that needle. Very hard to do in a super-complex health system, like America’s. The upside is you get to work on the big stuff. It’s incredible. You can move the needle.

The downside – or the frustrations I would say, not downside – is there is a perception out there – I probably fell prey to this perception too a little bit – that somehow the White House, and when you’re in the White House, you’re like the CEO of a company and you just sort of say, let’s go do X, and then everything happens. It turns out, that’s not actually the White House’s role. The government is different than that. CDC and FDA are pretty independent, scientific agencies. And that’s a good thing, by the way. Like, we saw when that independence was meddled with, that you can actually get to some pretty bad outcomes, under the previous administration.

This administration, the president, has been particularly sensitive about making sure there’s scientific independence at the CDC, at the FDA, that they are agencies that are driving scientific policy. And so then the job of the White House coordinator really becomes to coordinate it. And so it is not, you know, I decide we’re going to do X, and then somehow the whole government does X. It is very much about building coalitions. It’s very much about creating a joint sense of mission and then getting people on board. But in the long run, that’s the only real way to do it, right? That's the only real way.

So that has been – I wouldn’t say it’s a frustration. It’s a reality of how our government works. And appreciating the upsides of that reality, even though there are days when I think, let's just go and get this done. (Laughs.) And then you realize, no, no, I got to bring a lot of people along.

And then the last part is not just you’ve got to bring all the agencies along. You've got to bring the American people along, right. There are advocates out there who feel very strongly, as they should. And you’ve got to engage them and you’ve got to bring them along. And they don’t always agree with you, and you have to have enough sense of trust and shared values that, even if they don’t agree with you, they see where you’re going and what you’re trying to do and can support it.

It’s complex, but it is – as I said, you wouldn’t want it any other way. You actually – you know, the old thing about democracy, worst form of government save all else. It’s a similar kind of thing – complicated, hard, can slow you down, but it’s actually the best way to do it.

Dr. Morrison: Have you had a chance, much of an opportunity in the six months to get out on the hustings and meet lots of people in different settings? Or has that just been a difficult thing to do because this is really a Washington job?
Dr. Jha: It’s an – this is the other maybe surprise. I don’t know if surprise is the right word. But I – you know, in my previous jobs – again, pre-pandemic – I was on the road all the time. And there are many things you and I did together where we would find ourselves in, you know, Geneva or London or wherever.

This job is different. It really does – because there’s both the short-term reaction to breaking news and new stuff that comes up, the speed with which you have to be able to do it, the fact that you’re really – it’s geared to support the president and what he’s trying to accomplish – it is not a job that sort of lends itself very easily to lots of travel and getting out on the road. You have to do it a little bit. But it is complex. And, you know, there’d be a lot of upside to being able to do that more. But then there are some real challenges as well.

We have other members of the team who are able to do that, but – so I try to make sure that I’m getting my reality of what is actually happening in America outside of Washington through a lot of phone calls and connections with people and making sure that, you know, my views are not too colored by just what happens inside the Beltway.

Dr. Morrison: Well, you’ve made it very clear many times that you’re not shy about picking up the phone and calling somebody and saying tell me about this, like can you find monkeypox vaccines or whatever the particular problem is.

Dr. Jha: Yeah.

Dr. Morrison: You’re a known optimist, and I think that’s one of your great strengths. And this is a period where we need more of that, where there is a certain pessimism that’s settled in in certain quarters about the frustration over these barriers we discussed.

So in closing, just tell us, like, what’s – what gives you – what keeps you so hopeful and so optimistic in your outlook? Because I don’t see that wavering.

Dr. Jha: Look, I think it’s – in my mind, to think about the history of humanity, we have faced pandemics. They have lasted years. They have killed off at times 20, 30, 40 percent of populations. Look at where we are. Yes, it’s been a very devastating pandemic. But think about the global response. Think about building up tens of billions of doses of vaccines in short order. Think about the therapeutics, a lot of the great work.

Look, obviously there are things that could have gone better. I wish there was more global solidarity in a lot of the things that we saw in the first year of the pandemic. I am not pollyannish about this and I’m not like, oh,
everything is terrific. It's been a pretty brutal pandemic. A million Americans have passed away.

But I look at all of the things that humanity has been able to accomplish. I work for an administration where the president came in and said his number one job was to get the pandemic under control and save lives. And, by the way, when I interviewed for this job with the president, his view had not changed one ounce.

His number one priority, as he described to me, was we've got to protect Americans; we've got to do this.

In that context, like, I don't know how you're not optimistic about what's possible. I tend to be less sort of prediction-oriented, although I'm optimistic about how the world will turn out. I'm more a what are the possibilities here. And the possibilities here are really amazing. We can emerge from this with a country that's got a stronger public-health backbone. We can emerge from this with real investments in indoor air quality. We can emerge from this with better platforms for vaccines, therapeutics, diagnostics, the sort of countermeasures. We can emerge from this with far better diagnostic capabilities, surveillance systems.

That all would be amazing. It is not automatic that we will emerge from it with all those things. And that's our job. So the optimism is in the possibility, and then the reality is you've got to go execute on that.

Dr. Morrison: Ashish, thank you so much for the time you've given us today. And thank you so much for your service to our country. We're in your debt. You're doing a great job. We're very proud of what you're able to do and we wish you the very best. So thank you so much.

Dr. Jha: Thank you for having me on, Steve. It was a pleasure spending some time with you.

(END)