

Center for Strategic and International Studies

Online Event

“A Conversation with Dr. Anthony Fauci”

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FEATURING:

Anthony Fauci, M.D.,

Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health and a member of the White House Coronavirus Task Force

CSIS EXPERT:

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Transcript By

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J. Stephen Morrison: Welcome. I'm J. Stephen Morrison, senior vice president here at the Center for Strategic and International Studies in Washington, D.C.

We're delighted today to be joined by Dr. Anthony Fauci, the nation's leading expert on infectious diseases, head of the National Institute of Allergies and Infectious Diseases, and prominent member of the White House COVID-19 task force. Welcome, Tony, and thanks for taking time to be with us today.

Anthony Fauci, M.D.:

J. Stephen Morrison: You have over the past two decades been exceptionally generous to CSIS. I just want to acknowledge that. When I set up the CSIS task force on HIV/AIDS at the end of 2001 led by Senators John Kerry and Bill Frist, you were among the most enthusiastic and supportive. And we're just very grateful to you.

You occupy a very unique position in American science – American science and American society as a truth teller over many decades. And you've steadfastly remained apolitical in the face of intensely politicized environments.

My first question points to sort of where we are today. In the face of COVID-19, we're now in a plague of sorts, a plague moment, a phase of fear and uncertainty as we race to develop the critical new tools we need. And it's made worse by profound economic insecurity, civil instability and our own deep political divisions.

In the early 1980s, as HIV was raging, you lived through an earlier plague. You came under attacks. But you took those attacks and turned them into something good in your dialogue with Larry Kramer, who recently passed, Mark Harrington, Peter Staley.

Today, in the coronavirus-plague moment, you've come under even more intense attack from many directions, including the institution you serve, but beyond that, from social media, cable news, critics in the Senate and the House.

My question is, you know, this is a very cautionary tale, and my question is what is your message, based on your own personal experience over these many decades? What's your message to the next generation of scientists who commit to public service? And what's your message to the many in government today who are witnessing what's happening and perhaps feeling intimidated or besieged themselves?

Anthony Fauci, M.D.:

Yeah. Well, it's a very difficult situation, Steve, as you mentioned. When you have an outbreak of this type that tends to maybe even intensify divisiveness that already exists in society, you see what we're seeing right now.

My advice to people, particularly young people who want to go into public health, they should not be dismayed by this, that this is part of the process that we've seen historically long before I even ever got involved in this; that whenever you have situations that stress society the way outbreaks do, you're going to see the kind of things that are going on right now.

What we as public-health officials need to do is to make sure we keep our eye on what the issue is. And the issue is a public-health issue. And we need to stick with the science and let everything we do vis-à-vis analysis, vis-à-vis recommendations, vis-à-vis guidelines, to be guided by the evidence and by the facts. And often the evidence and the facts are not readily acceptable by some people, who push back against it.

You just have to stick by your guns. Don't get involved in any ideology. We are not politicians. We are public-health officials. And that's the thing that we need to do – stay consistent with the public-health measure, which is what I have tried to do over the years, over the decades that I've been doing this, but particularly over the last six months in which we live in such a charged atmosphere, understandably so.

I think you made a good point, Steve, when you said it's having such a major impact on the economy and on people's livelihood that they often – in some instances people do it intensively – equate a difference, saying that there's the public-health measures and then there's the economy and getting back to normal. And they perceive public-health measures almost as the enemy of economic recovery and getting back to normal, when what we should be looking at is that the public-health system – (off mic) – are a gateway or a vehicle to help you get back to normal and help you get back to opening the country.

So we should utilize those tools to help us rather than to interpret that they're obstacles. And you know what I'm referring to, people pushing back against masks, pushing back against avoiding crowds, seeing pictures and film clips of people at bars congregating in the middle of a pandemic. We've got to make sure people really understand the responsibility that they have to help out, to get out of this predicament we're in, as opposed to intensifying it.

J. Stephen Morrison: Thank you. Let's turn to the current COVID-19 situation. We were in a crisis in the spring, in March. Now we're in a runaway crisis of a much larger scale and ferocity. And as you've noted, some states reopened too early, before establishing a baseline that would drive infection rates down to near zero. We reopened before we had the basic capacities in place for testing – isolate, quarantine, contact tracing.

Testing remains a tortured subject, to the country's exasperation. Public confidence has dropped and, as we see, out of control outbreaks in much of this country, over a third of the country, in forty states on the ascent.

If we'd gone through these two cycles, we're heading into a third. And the question is, can we get it right in this next phase? And you've argued for a return to basics, a return to masks, social distancing, handwashing, better capacities in testing, isolating, quarantining, contact tracing. My question is: Given the magnitude of what we face today, is that going to be enough? Doesn't this crisis demand something far bigger? Doesn't it demand a return to really tough measures that won't be very welcome, but which will be essential to get us back into some measure of control?

Anthony Fauci, M.D.: You know, Steve, I don't think we necessarily need to resort uniformly throughout the country to shut down. I don't think we do, because I don't believe that we have given the basics a chance to show that the basics can turn this thing around. I mean, we can say "return to the basics" at the same time as people are not doing it. I mean, we know from countries that have done it, and from when we have done it right in certain regions, states, cities, and our own country, that if you adhere strictly to the use of masks, social distancing – or, physical distancing is a better word – avoiding crowds, shutting the bars in areas where there's activity of virus, we can turn it around.

There may be some situation where you have to push back. And you're right, what I have said is that rather than saying all or none, there are states that have prematurely opened. There are those that have opened correctly, but people in the state or the city don't pay attention to what the guidelines are. It's time to cause, what I say, a pause. Time out. And if you have gone to a step further than you should, back up a bit. So if you are in phase two when you should have still be in phase one, go back to phase one and adhere to the recommendations associated with that phase.

I don't believe we universally have to go back to a complete lockdown. A, I don't think it's necessary from a public health standpoint at this time. Let's be careful, at this time. Because somebody's going to take this interview two months from now and give me a quote of saying what I was saying was wrong. At this time, I think we can turn it around with the fundamental – and I just refer to them as the four or five fundamentals. Which you named, so I don't need to go back over them again. If we do that universally and uniformly, Steve, we can turn this around.

J. Stephen Morrison: How long do you think it will take to determine whether we've been successful or whether more extreme measures are needed?

Anthony Fauci, M.D.: I think it's going to be a matter of a few weeks – I would say three weeks or so. If you look at the states that are hot, the ones that you mentioned along the southern states that are really having a problem, I think if they strictly adhere to these things – very strictly adhere, it will take a few weeks, maybe three weeks or so, to see the downturn. And once you're on a downturn, don't declare victory. Get it down to a baseline. And let me take just a few seconds, Steve, to point out what I mean.

When the European countries and several of the Asian countries locked down, the way we supposedly locked down, they locked down about 95 percent of the country. They went up and hit their peak, which triggered the lockdown, and they came down to a baseline. And, Steve, the baseline was tens and maybe hundreds of cases a day new. When we did that, we locked down to about 50 percent of what we could have. When we hit our peak and we came down, we never went down to a reasonable baseline because, look at the charts that you're very familiar with. We went down to a baseline of about 20,000 cases a day. And we stayed there for multiple weeks. You remember, it was sort of like a slog – 20,000, 20,000.

And then all of a sudden, as states started to try and reopen, as we had the holiday season when people loosened up. Memorial Day, people out celebrating on the

beaches. Then it started to go up to 30(,000), 40(,000), 50(,000), 60(,000). And we even had a day or two of 70,000 new cases. That's not a baseline.

So when you ask me do I think that we could turn it around, let's go and get it to the baseline. And then as we try to open the country again, we're going to be operating from a very favorable position, so that when we get some blips of cases we can jump all over them with the proper identification, isolation, and contact tracing. But that's very tough to do, Steve, when your baseline is 20,000 cases a day and upwards of 70,000 a day.

J. Stephen Morrison: But you would agree if in three or four weeks we're still at 50(,000) or 60,000 a day we're going to have to rethink this entire thing.

Anthony Fauci, M.D.: Of course. I mean, and it gets back to, again, you know, the dialogue and the criticism we get about what you say now versus what happens three weeks from now. Everything is always on the table, Steve. Right now at this moment that you and I are talking I think we could turn it around by calling a pause and pulling back a bit, and very strict adherence to the four or five fundamental principles that I mentioned. If three or four weeks from now it's still getting worse, then you reevaluate and say we may need to shut down.

J. Stephen Morrison: Thank you. Let's talk about the race for vaccines. I'm preparing some analysis that CSIS will soon be issuing and some events that we're going to do on the ACT Accelerator and other dimensions. I've been struck by the mix of emotions that the race for vaccines is bringing forward. It's bringing forward a lot of excitement, a lot of optimism, a lot of hope that we're in a different scientific period and that things that were not possible years and decades ago are now possible, and you've been a proponent of that optimism and that view. There's also been calls for caution, calls for – there's been skepticism and a certain amount of fear that we may run into some dangerous outcomes, which I'll get to in a moment.

So let me – I have two questions in this regard. First is, what do you think the odds are – the dangers and the odds that we may see a chaotic free for all once safe and effective vaccines become available? And what I mean by that is the wealthiest and most powerful countries of the world have been very busy locking up production agreements with those firms that are developing the most promising vaccines, securing stockpiles for their countries in an era of hyper-nationalism. So how much risk is there that once we hit that moment that we're going to see low-income and lower-middle-income countries sort of left at the side of the road or back of the queue? What's the risk, do you think?

Anthony Fauci, M.D.: You know, I think there's a risk, Steve. But as you and I know – and I know you feel exactly the same as I do – that we – that we really need to have a system where you don't have a risk of getting infected because you don't have a vaccine because of where you live or whether your country is poor. We have to work out a system of equitable distribution.

And I might say I am encouraged, different from other diseases, where I see companies gearing up already to make hundreds and hundreds of millions of doses, and some companies promising to make a billion doses or more. So if we get a few

companies to make billion plus a billion plus a billion, I think we can get around this issue of having only the rich countries getting the vaccine and those which are less fortunate from an economic and other standpoint from getting it.

So I think it is a risk. I think you'd have to be unrealistic to think that there's going to be some disparity in – that you – you're going to be unrealistic if you think there's not going to be disparity. But I hope there isn't. And I think that as organizations throughout the world are aware of this risk, we keep paying attention to what we need to do to not let that happen.

But as I said, I like the idea that companies are talking about the intention of making billion – (off mic).

J. Stephen Morrison: Thank you. And we do have this promising initiative – it's nascent, it's unproven – of the ACT Accelerator, which is attempting to bring together pledges and has left the door open for the Americans and Chinese and others – Indians – to participate.

Let's talk a little bit about Operation Warp Speed. I know this is something you're very much involved. It's a muscular approach. It's very much an America-first approach. But the president himself has said that he's leaving the door open for operating beyond just serving America's interests. So my question to you is, do you think it's possible for U.S. policy to evolve into taking a broader view, to use U.S. influence and power to shape in the broader global domain through diplomacy and summitry and the like a more balanced, equitable, and transparent approach to ensure that low- and lower-middle-income countries are given access in a timely way to the safe and effective vaccines as they become available?

Anthony Fauci, M.D.: Very much so, Steve. You know how I – how I have felt over the years. I think in so many respects, you know, we have a moral obligation as, you know, the most powerful country in the world and the richest country in the world to be – I don't think we're going to do it alone, but I think we need to be part of the drive to make sure that there is equitable distribution. I think such a perfect, beautiful example of that is what George W. Bush did with the PEPFAR program, where he put together a program that put billions and billions of dollars to make sure – and remember, Steve, you were there, we faced the same question.

It was 2002, which was six years after the turning point of 1996, when it was showed that the triple combinations of drugs were thoroughly life-saving in HIV – in persons with HIV, where they now essentially could lead normal lives, where treatment served as prevention and undetectable equals untransmissible, and all the things that we know about, that why should not countries in the developing world, particularly in Africa, not have the same opportunity to have access to those drugs? That's a great example in HIV, what I believe can be done ultimately with COVID when we get vaccination and when we get better drugs.

J. Stephen Morrison: Thank you. Let's talk about sports for a moment. I know that you had an experience last night on the mound and at the game, the Nationals opening game. How did it feel to deliver that pitch?

Anthony Fauci, M.D.: Well, it felt good to be out there. I don't know if you want to call it a pitch, Steve. (Laughter.) You know, it was really funny. I got to tell you. Just take 30 seconds to tell you. I had been practicing two nights before – because the night before it rained like crazy in Washington, so I couldn't really. And I was throwing it pretty well, at what I thought was 60 feet. But it was probably about 40 feet. And I was getting the ball pretty well. About a half an hour of it my arm was really, really hurting, because I haven't thrown a baseball in decades. So when I walked out to the mound and saw where Sean Doolittle was, it looked like he was 200 feet away. (Laughs.) So I went way back and wham. And the ball went off somewhere on the ground ball, heading towards first base. Somebody made a comment that I thought was really funny. They said, well, he used to play shortstop in school, so maybe he threw to first base. (Laughter.)

J. Stephen Morrison: Your muscle memory, yeah. Did you stay to witness the game?

Anthony Fauci, M.D.: Yes, I did. I stayed until it became torrentially raining, and they called the game off. But I did.

J. Stephen Morrison: Well, what was that experience like?

Anthony Fauci, M.D.: Interesting. It was a little bit eerie because you're sitting in a completely empty stadium. I mean, I was up there with Mark Lerner and his family, the owners. And there were, like, five or six of us there, in a stadium that holds 50,000 people. There was nobody else in the stadium. And to see the players play a game where there was not the roar the crowd – they were doing some artificial noise in the background, which isn't really up to the kind of roaring scream that you get when you're at a game. So it was awe-inspiring. I mean, the idea, particularly somebody like me who loves baseball and who's a very avid Nats fan, to be out there and just being part of the process was just, you know, inexplicable. It was just phenomenal.

J. Stephen Morrison: Well, I share that passion with you, as a season ticketholder. And I'm eager to get back, but I think it's going to be a little while.

Let's talk a little bit about this whole question of trying to create bubbles, environments that will work for professional sports. I have to admit, I have somewhat mixed feelings about this. I mean, on the one hand I'd love to see sports be able to function. On the other hand, in the midst of a runaway epidemic in places like Florida, I find it odd when we got the NBA in Orlando, and thinking: Is this really feasible? And how fragile is this going to be? Why don't we just ship everybody out to New Zealand or to Vermont, you know? So tell us a bit about how you're looking at this in terms of the – from a scientific standpoint, the feasibility of creating these kinds of – these kinds of environments.

Anthony Fauci, M.D.: Yeah. So from a scientific standpoint, Steve, if you have a very strict protocol where you can actually do the kinds of testing, literally almost on a daily basis, where you can identify someone who's infected and put them, in the sense of – like, last night, a typical example, one of the great, attractive players on the Nats, Juan Soto, tested to be positive. So obviously that did not interfere with the process that was going on. The players get tested so frequently that as the management, which I've spoken to, a few of those – merely not necessarily to make any determinations because that's not my purview to do that, but to give them some feedback about the public health issues – they are very sensitive to the safety of the players and the safety of the personnel.

So there are two aspects of getting sports back. One, the players who are in contact with each other in a way that may not be able to be the typical safety. I mean, particularly, football, which is, inherently, a contact sport. That's the most difficult one to do. But if you can get a protocol that would, essentially, be very sensitive and attentive to the safety of the players and the personnel.

The safety of spectators is another thing. There was no issue with spectators last night. So because some people say, well, you're endangering society, they weren't endangering anything. There was nobody there. The question is when you have some sports where you're trying to get people to be part of the spectators, then you got to be careful. You ought to make sure that are you in an area where there's so much infection you don't want anybody near each other, or if the infection rate is so low, you have everybody wear a mask who come into a stadium or arena. You have everybody making sure they stay physically distanced so you don't have seats right next to each other. Those are some of the things. So you'll say how feasible is it. I think it's feasible but it's uncharted territory, Steve.

So they've got to take it on a day-by-day basis and I think, speaking to some of the owners and the physicians that are, essentially, employed by the teams, that they realize that they may go down this path and it may not work. They may need to in the middle of it say, I'm sorry, it's not working.

I think they have to keep that as a possibility. As long as they see that as a possibility and they adhere to the protocols, which their public health advisors have spoken to them about, I think it's worthwhile seeing if we could pull it off.

J. Stephen Morrison: Thank you.

I'd like to talk to you about schools and children a little bit. I mean, I know that the position of the administration has become more flexible, more emphasis on local solutions, which is good – which is a good shift and there's a little bit of clarity as school districts and universities and colleges and all levels begin to try and make decisions because the pressure is on.

But I wanted to ask you about the science surrounding children and COVID-19 because that's so fundamental to trying to make judgments and what we know and what we do not know and what we suspect may be the case. Can you just tell us a little bit about where is the science around how COVID-19 impacts that category of children that are going into elementary school and into high school?

Anthony Fauci, M.D.: Well, that's a great question, Steve, and I think we need to start off with a little humility and say we don't know all the answers to that right now. That's for sure. Studies are coming out. There was one recent study – I guess it was last week, I think – that showed that if you look at children from very early age to 19 that it appears, though I'd like to see confirmation of that, it appears that children from, you know, infants, as it were, to 10 years old, are less likely to transmit to adults as well as adults transmit to adults, whereas children from 10 to 19 appear to transmit as well to adults as adults transmit to adults.

So right away you're talking about an age range in elementary school that do transmit. The question is, how often do they get infected? Different serosurveys from different locations throughout the world give you different answers. Some say children don't get infected as readily and their infection rate is lower than the general population. Others show it's as high as the general population in the region that you're testing.

So what we need to do is more studies. So you're asking a relevant question. Scientifically, we've got to get more information and, in fact, the NIH, my institute, and in collaboration with other NIH institutes, is doing a study called the HEROS study, Human Epidemiology of COVID Virus Infection. It started on May 1st, and we expect to get data by December of 2020, and that is looking at 6,000 individuals in 2,00 families to look just what you're asking: What is the incidence of infection? And what is the likelihood that the children, if they get infected, transmit it to the adults? And what's the likelihood of the adults transmitting it to the children?

J. Stephen Morrison: Thank you. I want to ask one question about HIV-AIDS. You know, we just had the AIDS 2020 virtual conference. You very generously participated in, I think, three or four events there. We just did a retrospective on that conference earlier today, a session that brought together the leaders from the conference.

And one of the central questions is, how much of a threat does COVID-19 pose to the years of progress over the last several decades in battling HIV-AIDS and obviously the related diseases, tuberculosis and others? What's your opinion on that?

Anthony Fauci, M.D.: Well, I think there's two aspects of that, Steve, that are important. One is almost a logistic and one is a health issue. The health issue is that we don't have enough data to make any definitive statement. But you could imagine that if you get a young person who's living with HIV, who has an undetectable viral load on therapy, whose CD4 count is 600, that that person should not have any greater chance, certainly not of getting infected, which is more of where you happen to be at a particular time, is not any more likely to have a serious outcome than someone of the same age who is otherwise uninfected.

I think when you have people who are immunosuppressed, who have a viral load that's high, they are a compromised person. So I think they would be at a risk of being in the category of having a poorer outcome than –

J. Stephen Morrison: That's a large population.

Anthony Fauci, M.D.: Yeah, yeah, yeah. That is. So I think, like I say, you can't make it unidimensional for persons with HIV. It depends who you are, where you are, what your therapy is, what your CD4 count, et cetera.

The thing that's equally as troubling is that the disruption societally that's caused by COVID-19 could interfere with people getting their medications, with the supply chain, with things that, from a logistic standpoint, would put persons with HIV at a greater risk, not only of COVID, but of having their HIV get out of control.

J. Stephen Morrison: Right. Yeah, I mean, we're seeing precipitous drops in testing new cases. We're seeing disruptions of supply chains. We're seeing diversion of resources. It's very dangerous.

I want to close by asking you a question that we ask many of those that we engage with, which is, in the midst of these dangers and complicated challenges that we face today in the midst of the coronavirus pandemic, what, in your view, gives you the greatest hope and the greatest strength, Tony?

Anthony Fauci, M.D.: You know, Steve, the greatest hope and the greatest strength I have is in my decades-long experience of the resiliency of the human spirit, you know, of people ultimately turning around, coming around to do the right thing when they are challenged with a confrontation that spares no one. I mean, it's almost like a world war. You know, what do you do? You – what did we in the United States do – and I could talk the United States, Steve, but we can apply it to any place in the world – I mean, how we came together after 9/11, how we came together after World – you know, when World War II started.

I think the fundamental spirit is good. We're seeing some disturbing divisiveness now where you're trying to fight an epidemic, a pandemic, in a very divisive atmosphere. I hope and what gives me hope is that I think fundamentally the spirit and the character of the American public as a whole is really good. And I think that's going to come through and get us through this.

J. Stephen Morrison: Dr. Fauci, thank you so much for your leadership and your commitment. And you remain an inspiration for many of us and a dear friend of CSIS. And we just want to thank you for your leadership and the life you've led. And let us know how we can be supportive.

I want to thank your staff person, David Awwad, who helped us put this together. I want to also thank my colleagues, Anna Carroll, Clifton Jones, John Monts, Travis Hopkins, Samatha Chivers, for all the work they did in pulling this all together. And I want to thank everyone who tuned in today to partake in this.

So thank you so much, Tony.

Anthony Fauci, M.D.: Thank you. Thank you for giving me the opportunity to be with you, Steve; always a pleasure.