Online Event

“Preventing the Next Pandemic: A Conversation with Peter J. Hotez”

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FEATURING:
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Good afternoon, or evening, or morning, depending on where you are. On behalf of the CSIS Commission on Strengthening America’s Health Security, welcome to this public event. My name is Katherine Bliss and I’m a senior fellow with the CSIS Global Health Policy Center.

It’s my pleasure today to host a conversation with Dr. Peter Hotez, dean of the National School of Tropical Medicine and professor of pediatrics at Baylor College of Medicine in Houston, Texas, where he also co-directed the Texas Children’s Center for Vaccine Development. Now, Peter is the author of numerous scholarly articles as well as four books on such issues as neglected tropical disease and the persistence of diseases of poverty within contexts of extreme wealth. He has also written a great deal on vaccines and vaccine confidence, including in the context of his own experience as a scientist, pediatrician, and autism dad.

Peter’s latest book, “Preventing the Next Pandemic: Vaccine Diplomacy in a Time of Anti-Science,” was published Johns Hopkins University Press earlier this year. The analysis covers the period from the early years of vaccine diplomacy as international collaborations on polio and smallpox vaccines got underway, to Peter’s own experiences as a science envoy to the Middle East during the Barack Obama administration. Much of the text was finalized in 2019, but the theme of our current pandemic, the Covid-19 crisis, is woven throughout and merits an entire chapter toward the end of the book.

Now, we’re here today to talk about that book, to discuss prospects for science and vaccine diplomacy in the current situation, and to look ahead at what it might take for the global community to emerge from the Covid-19 crisis in a stronger position, better prepared for future pandemics. So before we get started, let me remind those of you in the audience that you do have a way to submit questions through the button on the event page on the CSIS page where you logged in. And we’ll try to get those out towards the end of the conversation today. So we’ll bring those together and post some of those in the context of the meeting itself.

So, Peter, let’s start with the book’s title and subtitle – the subtitle: vaccine diplomacy in a time of anti-science. How exactly do you define vaccine diplomacy? What is it? What is it not? And how is it related to or different from traditional science diplomacy?

Well, you know, and actually vaccine diplomacy is a subset of both global health diplomacy and science diplomacy. And it has two major aspects. I think one is related to the kind of situation that we’re seeing now, the issue around vaccine equity and making certain that everybody has access to lifesaving vaccines. Pre-Covid-19 it was a heavy emphasis around
childhood vaccinations. And, you know, one of the greatest victories in vaccine diplomacy was the creation of the Gavi Alliance – the Global Alliance for Vaccines and Immunization. Now we just call it Gavi, the vaccine alliance. That has been absolutely game changing.

And we now have abundant data that through that mechanism – and Gavi in this partnership with WHO and UNICEF, we’ve seen dramatic decline. I like the hat, by the way. It’s very nice. Seen dramatic declines in the number of kids dying across the world. This is one of the – I think one of the most un-talked-about public health victories that we’ve – that we need to have a more – greater discussion on. You know, at the start of the millennium, Katherine, half a million kids died every year of measles. And now less than 80,000 die every year of measles. And those numbers sort of go across the board for pertussis and tetanus, and Haemophilus influenza type b, and polio. And this has been one of the most game-changing initiatives that I’ve witnessed in my lifetime.

You know, when I was a house officer at Boston in pediatrics in the late ’80s, you know, I’d be admitting a child every couple of weeks with Haemophilus influenza meningitis, which was a devastating disease in terms of permanent neurologic injury, deafness, or even death. And that disappeared in the United States because of the vaccine. And now we’ve been able to carry that vaccine all over the world through the good work of Gavi, and U.N. agencies, and WHO, and et cetera. So that is not to be underestimated.

The other – but there’s another piece to this as well. And sometimes I call it vaccine science diplomacy to clarify it. And this is the one that’s not as well developed and shaped. And that is the joint collaboration between scientists from different countries partnering together to develop a lifesaving vaccine. And kind of the poster child of that is Albert Sabin, who got permission from the State Department in the ’50s to send his polio strains to the Soviet Union, the USSR, at the height of the Cold War. And his counterpart there, Dr. Chumakov, began working on scaling up those polio virus strains.

And actually, the first big test of the Sabin oral polio vaccine was done in the USSR in the late 1950s/early 1960s. Tested on 10 million Soviet schoolchildren, shown to be safe and effective. And ultimately this led to the widespread licensure and use of the oral polio vaccine that’s leading to the elimination/eradication of polio. And then the U.S. cooperated with the Soviets again during the Cold War – I’m sorry – during the 1960s, in also part of the Cold War, to scale up production of Dryvax, a freeze-dried smallpox vaccine that also was used around the world and used to eradicate polio. It was more or less a Soviet-refined vaccine that was led by D.A. Henderson, an American, who was at the WHO.
And so the point is this is an incredibly powerful tool of an instrument of foreign policy that we have since failed to fully exploit. And I tried to resurrect that when I served as U.S. science envoy in the Obama administration. It gave me a tremendous opportunity to work with State Department and the White House Office of Science and Technology policy to serve as kind of vaccine diplomacy diplomat for the Middle East and North Africa, to look at how we could build joint vaccine development between the U.S. and Saudi Arabia, and Morocco and Tunisia. The idea being that two countries could put aside their ideologies to work together for a lifesaving intervention, like a vaccine. And a vaccine has more power in terms of saving lives than any other biomedical intervention that we know about. And –

Katherine E. Bliss: Let’s turn to 2015 for a second, you know, that year that you assumed your role as science envoy. You’ve talked about the importance of international collaboration around developing vaccines and how the distribute of vaccines also serves as a way of promoting international and global cooperation. So 2015 is a big year in the book, you know, in terms of your participation in a great deal of that work. But you also kind of point to it as an important year in terms of anti-vaccine sentiment and really this kind of gross or a new manifestation, I guess, of anti-science sentiment. And so I wanted to ask you to talk a little bit about this idea of anti-science. You know, is that a new idea? Is it a newer manifestation? And what explains the growth of that thinking over the last few decades? And really what happened in 2015 to make it more prominent, at least in the United States, and particularly in the Texas context where you’re so familiar – you know, where you’re based from?

Peter J. Hotez, M.D.: Yeah. Just before I answer that I’ll just say, you now, 2015 was a watershed year in a bad way for a number of fronts. So all of those – all of those wonderful things I’ve just been talking about began to slowly unravel in 2015. And that’s the premise of the book, due to things like war and political collapse in the Arabian Peninsula, with the ISIS occupation, or in Venezuela, with what was going on with the socioeconomic collapse of the Maduro regime. And I identify about seven or eight areas of the world where all of those great grains since 2000 started to fray.

And then in the United States, what happened in 2015 is the terrible anti-vaccine movement which started in the early 2000s around fake links between vaccines and autism. And I spent a lot of – a huge amount of effort debunking that, because I have a daughter with autism and – my youngest daughter. And I wrote a book called “Vaccines Did Not Cause Rachel’s Autism,” that made me kind of public enemy number one with the anti-vaccine groups. I think we were starting to make gains in debunking the
fake autism links, but then they reenergized in a way that I would have anticipated. They became a political movement.

Starting in 2015 they attached themselves to the far-right wing of the Republican Party, the tea party here in Texas and in Oklahoma. And they started forming political action committees around this fake concept of health freedom, medical freedom. And it’s been accelerating ever since. And now you’re seeing it play out in a very scary way. It’s now no longer just confined to far-right fringe elements. Well, you know, for one, we have now the White nationalists have adopted the anti-vaccine movement as theirs.

And so I’ve been – actually this is very good timing. This whole week, last week, I’ve been the victim of a very aggressive bullying campaign from White nationalist groups saying that they’re going to hunt me down, and all this kind of stuff. Again, under this banner of health freedom, medical freedom. And it’s even become sort of mainstream among conservative groups. I mean, all you have to do is watch Fox News at night and you see the nighttime Fox News anchors going on terrible anti-vaccine rants or targeting scientists. Targeting me and Tony Fauci and others. And so this is very worrisome, what’s happened now.

And you’re seeing it play out with Covid-19 vaccination rates. I mean, there’s now a pretty clear-cut red – blue state/red state divide among our success in vaccinating against Covid-19. The top 10 states are the New England states, New York, New Jersey, California, New Mexico – all blue or bluer states. The bottom 10 states are all deep red states. They’re the southern states, Georgia, Tennessee, Alabama, Louisiana, et cetera, and Wyoming and Idaho.

And they’re – it differs by a lot. You know, up at the top those blue states are 60 percent single-dose vaccination reaching, 50 percent double dose. Almost Israel numbers, you know? And we know those Israel numbers are meaningful because that’s when we start to slow transmission. And at the bottom it’s almost half that – or, roughly half that. So – in the deep red states.

So, you know, my concern is this anti-vaccine movement it’s for real. It’s not some theoretical construct. It means that we could have two Covid nations, one where we’ve halted transmission and the other – in mostly blue or bluer states. And in those deep red states we’re going to have ongoing transmission. And I worry as we hit the summer, when we saw that surge last year, we might see something like it. Maybe not as bad, but this is going to be a problem.
Katherine E. Bliss: So, I mean, it’s ironic, in a way. You know, you talk – in the book, you know, you really talk about how conflict zones are closely linked to the spread of neglected tropical disease, vaccine-preventable diseases. You know, you talk about the Middle East, sub-Saharan Africa, you’ve mentioned Venezuela, the Northern Triangle. You know, here you’re talking about these attacks and, you know, escalating conflict, you know, here in the United States over the vaccine itself – the Covid-19 vaccine.

You know, but you also raise the point in the book that vaccines have been used as a bridge to peace from, you know, certainly the work in Central America, with the conflicts in the 1970s and '80s, you know, onwards. And, you know, we often talk about vaccine preventable disease and health security, but you’re really talking about regional and global security and, you know, not just that more narrow definition of health security. So, you know, I guess I would ask you, you know, which do you think comes first? Is it peace and then better health? Or does better health foster peace? Or, you know, what’s that relationship when it comes to vaccines and conflict?

Peter J. Hotez, M.D.: Yeah, I think they’re so intimately intertwined that it’s really hard to separate it. And the same goes for poverty. You know, vaccine-preventable diseases and neglected tropical diseases occur in the setting of poverty, but they also cause poverty. They make people too sick to go to work, they affect child development, they affect the health of girls and women. And those have poverty-promoting features. And there itself it’s also destabilizing. And, you know, all you have to do is look at the devastation of Covid-19. Yes, it was a – it’s a public health nightmare. But it’s also destabilized the global economy and destabilized security as well.

And I think that’s, you know, going to have to be one of the lessons learned for Covid-19. We have to get global leaders, like at the G-20 level, interested in this problem, and have them – because I think in the past they would say, yeah, let the minister of health take care of it, and there’s not been this recognition that things like anti-science and declines in vaccine coverage are as potent a threat to national security as, you name it, global terrorism, or cyberattacks, or even nuclear proliferation – particularly anti-science.

You know, when you look at how almost 600,000 Americans lost their lives from Covid-19, yeah, part of it was the SARS coronavirus type 2. But in equal measure it was defiance. It was defiance around masks, social distancing, now defiance against vaccines across conservative groups. People died because of anti-science. Anti-science is a potent killer force. And I have to tell you, it’s been a really tough sell to people. I mean, people recognizing that anti-science has that kind of power to disrupt and to disrupt security, that we haven’t – I have so far not been as persuasive as I’d
like to be with those links. It’s not been a priority, you know, for
governments. It’s not been a priority for foreign ministries.

And the evidence for that is no one wants to do anything about it. You
know, when you – when you have these discussions either at the national
level within the U.S. government agencies, or if you have that discussion at
the level of the United Nations agencies, all you can get people to talk about
is, you know, we got to get the message out there. We got to amplify our
message. And we’re going to fine-tune the message. I mean, I can’t tell you
how many Zoom calls I’ve been on in the last 14 months about how to –
how to amplify our message and reach people.

And what I say on most of those calls is: Look, this is great you’re doing
this. And maybe it’ll get you 30 percent of the way there. And then I find
myself very isolated on that Zoom call – (laughs) – because I say, you know,
because unless you do something about the anti-vaccine, anti-science
aggression your message is a message in a bottle floating in the Atlantic
Ocean. It’s being drowned out. And we have – we have the evidence to
support it. We now know anti-vaccine groups – the Center for Countering
Digital Hate has just found – put a number to it: 58 million followers on the
dozen or so lead anti-vaccine sites on social media and on the internet.
Fifty-eight million. That’s not small.

And now we have evidence coming from U.S. and British intelligence that
the Russian government under Putin has been filing this entire program of
weaponized health communication – even doing it before Covid. And with
Covid specifically working to discredit Covid-19 vaccines and even doing it
to promote Sputnik V, their own vaccine. And now we’ve got, you know,
white nationalists and conservative groups refusing to vaccinate. So we
may not be able to vaccinate the U.S. out of this epidemic unless we fix it.

So we need to – and I wrote this article in Nature, which is what stimulated
the White nationalists to go after me last week, that basically says – it says
something very innocent. Which is: We need to bring in people from
outside the health sector to help us. You know, because the message
coming out of the health sector – and I’ve endured this for more than a
decade. Peter, we’re not going to talk about this because you’ll give oxygen
to the message. And I said, that message got – the anti-science, anti-vaccine
message got all the oxygen it needs. We need to do something more
aggressive.

And that’s been a tough sell, basically to say: Let’s talk to the people who
know about cyberattacks, who know about nuclear proliferation, who know
about global terrorism. There might be some tools there that we can use to
fight this anti-science aggression, because I believe it’s reached that same
level.
Katherine E. Bliss: So, I mean, it sounds like you’re talking about a number of different things, right? I mean, on the one hand there’s sort of a growing movement around a focus on personal liberties and, you know, then overlapping with that to some extent is –

Peter J. Hotez, M.D.: Well, that’s how it started. But you know, on the – I mean, if you look at the three big buckets – so let’s start with those personal liberties. So the first bucket is under health freedom/medical freedom it attached onto conservative groups in order to reenergize, far-right wing extremist groups. But now it’s become mainstream across conservative groups and the Republican Party. It’s no longer a fringe element. It is a major platform now, being against vaccines and anti-science. So that’s bucket one.

Bucket two are the committed anti-vaccine groups, those 58 million followers. And three is the globalization now with the involvement of the Russian government using anti-vaccine/anti-science messages in order to destabilize democracies. And so it’s a – it’s a – it’s its own ecosystem, its own empire or confederacy now.

Katherine E. Bliss: And so you’ve talked about, you know, the importance of bringing together people from different sectors – so public health, yes. Cybersecurity, people who work with social media platforms and understand that kind of communications. And then, at the same time, you know, to really bring in this discussion about national security as well. I mean, what’s – you know, what’s the challenge with bringing all those different groups together? Is it that they just don’t speak a common language? You know, what can be done to facilitate greater integration and mobilization, you know, around some of these anti-science and anti-vaccine narratives and discourses?

Peter J. Hotez, M.D.: Well, any of us who are professors who have tried to create interdisciplinary initiatives in the college of the university know it’s very tough to get different disciplines to talk to one another. And there’s not a lot of incentive to do it. What I’m talking about how is doing this in the Biden administration. We need an interagency task force to – in the Biden administration – to take this very seriously. And I’d like to bring in people from homeland security who are experts. I’d like to bring in people from Commerce, the Justice Department. And we need people from the State Department to look at the international actors.

You know, for instance now the anti-vaccine groups coming out of the far-right wing, they held a protest last summer in Berlin and Paris and the U.K. And The New York Times and BBC reported that the anti-vaccine/anti-mask protests were linked to QAnon. So it’s gotten very – it’s gotten very dark and very complicated. And you know, I’m now outside my lane talking
about these things and need help to really get people who are true experts in this.

Katherine E. Bliss: So I want to shift to the – to the individual or the family level for a second. And you know, you’re a father. You’re a pediatrician. You’re a professor of pediatrics at, I think, at least two institutions, if I’m not mistaken. The FDA has just granted emergency use authorization to the Pfizer-BioNTech vaccine for 12- to 15-year-olds. We heard at an event earlier this week that, you know, people are already, you know, trying to get into CVS and other registries to get their kids signed up, anticipating that these will be available.

Yet at the same time, some recent polls suggest that many parents are concerned about vaccinating their children with the existing Covid-19 vaccines, either because they say, you know, they’re still classified as for emergency use, or they’re concerned that the side effects could, you know, outweigh the risks that children become seriously ill. So how do you respond to people who invoke – you know, how do you respond one on one or at a family level with people who invoke these ideas about personal liberty or mistrust in government and science? How do you – how do you address those kinds of questions that are being raised?

Peter J. Hotez, M.D.: Well, unfortunately, what’s going to happen is any – you know, any existing vaccine hesitancy and the disparity between the blue states and the red states is only going to be amplified when it comes to their kids, right? So that’s not going to go smoothly. And again, this is why we may fully vaccinate some states but not others, or some regions of the country and not others. And I think the southern part of the United States could be in a lot of trouble this summer because of the low vaccine coverage currently in adults, but also in adolescents as well.

And, you know, in terms of reasons why I say we need to do this is with this B117 variant we are seeing a lot of young adults and adolescents get sick. There are adolescents in pediatric ICUs with Covid-19, and also a substantial subset with long-haul Covid sequela. You know, this narrative that it’s exclusively an illness of old people is just not true, especially with the B117 variant. So that message needs to get across. And also, if we’re going to really open up middle schools and high schools safely, we need the – we need the teenagers vaccinated. We need the school staff, and the teachers, and the bus drivers.

And if we do that two things will happen. One, not only with the middle schools and high schools will be safe, but if we get upwards of 70 percent of the population vaccinated we can slow transmission to the point where all schools will be safe, even elementary schools, even if the little kids aren’t vaccinated yet. So that’s the aspirational goal. And I think – and I think the
Biden administration has done a good job in terms of responding to the challenge of quickly vaccinating ahead of the variants. The question is, how will they do with the last mile, unless we can figure out a way to address vaccine hesitancy among those conservative groups?

Katherine E. Bliss: Well, one of the – you know, you’ve mentioned the use of the internet and disinformation. You know, some of these foreign networks, you know, have really used the internet as a way to raise questions about vaccines produced in the West to tout some of their own. In your book you mentioned that there’s something like 500 different vaccine websites, and that the amplification of false information through social media and retail websites has been highly problematic. And, you know, we know that the amplification or the algorithmic, you know, process of favoring texts or posts that get a high like or a high retweeting content, you know, then amplifies them further. And there’s been quite a bit the social media companies have already been thinking through and doing.

But at the same time, you know, we know that these digital messages don’t just stay within a small group of friends, or even within a domestic context. They travel globally. And, you know, so I want to ask you, you know, your thoughts – I want to shift to a focus on some of these global issues. But, you know, how do you see misinformation and disinformation, I guess, shaping popular views on vaccines, you know, in an international context, traveling between domestic and global destinations? And what are some of the best ways to tackle that, you know, as we think about some of the larger global processes around the equitable distribution of vaccines that we’re facing?

Peter J. Hotez, M.D.: Yeah. So the equitable distribution, we’ll park that because I hope we can talk about that because that’s a whole separate and very important issue that we’re not addressing. But in terms of the role of anti-science in this or anti-vaccine attitudes, well, we’re seeing it. I mean, this idea that the anti-vaccine movement is walled off to the U.S. or North America or to Europe is simply false. We are now seeing story after story of unused doses of the AstraZeneca vaccine or the J&J vaccine. Remember, if you’re in a low and middle-income country right now, right now you do not have access to mRNA vaccines. We’re hoping to correct it with our recombinant protein vaccine. But mostly what you have is the AstraZeneca vaccine and the J&J vaccine and Sputnik V, maybe some of the Chinese vaccines.

And, you know, with Putin working to discredit, quote, “the competitors,” what you’re now seeing are a lot of anti-vaccine messages. Which, you know, it takes that little kernel of something, which are the cerebral thrombotic events which are rare events, and then now it’s blown up. And it’s, I think, going to have devastating consequences. It’s going to be very tough to get people to widely accept the adenovirus-based platform, which we need people to do if we’re going to fully vaccinate.
Katherine E. Bliss: So if you're in a lower-middle-income country and looking at the United States and Europe. You know, you see people posting selfies that they've gotten their second vaccine dose. And, you know, you're, you know, looking at the fraction of doses that may have arrived in your country and kind of wondering, well, you know, when is – when are we going to have access to those mRNA vaccines? And when is this going to look like it looks in other parts of the world?

So you know, the – a year ago in April the global community established the ACT Accelerator to facilitate cooperation on diagnostics, therapeutics, and vaccines. There's COVAX. And then, of course, the advanced market commitment, which is for the 92 lower and lower-middle-income countries. You know, we know that so far I think, you know, a fraction – a quarter, or so, of the intended doses have actually reached their destinations. But they have reached their destinations. And so some of that is rolling out. But how confident are you about the global community and global institutions, like the G-7, the G-20, and others, will be able to take what it needs – what should be – take the steps that need to be taken to ensure that equitable level of vaccine distribution? And what would that look like, from your perspective?

Peter J. Hotez, M.D.: Well, we already know what's happening. It's not working, right? I mean, we've got almost a billion doses – a billion – more than a billion doses have gone out. Half of it's gone to the U.S. and China. And China's got their own indigenous vaccine. So, you know, the U.S. is getting towards full vaccination. So is the U.K. So are some Western European countries. So is Israel. So this is more or less the vaccines for the Northern Hemisphere. We don't have a vaccination program for the Southern Hemisphere.

Now it's not as though good things weren't done. You know, when I look at how the COVAX sharing facility was structured I think it's completely brilliant. I would not have done anything differently. When I look at the ACT Accelerator, I think it's brilliant. I wouldn't have done anything differently. When I look at CEPI, you know, they made a lot of wise decisions. So it's not so much the fault of the global policymakers.

I think the problem is – was a science policy failure, that we focused – we were so heavily focused on innovation and making highly innovative vaccines, that we lost sight of the fact that we needed a bunch of simple, durable, unfussy vaccines for low- and middle-income countries at the beginning. So, you know, I do think this problem will be fixed. But it's going to take a lot of time. I mean, the mRNA technology is a great technology for this particular virus. I got the Pfizer-BioNTech vaccine, and I got – I'm fully immunized. And I'm very grateful for it.
But when you focus exclusively on brand-new technologies that have never been scaled before, you introduce a lot of risk. And we’re seeing that’s coming back to bite us a bit because, you know, right now basically none of the mRNA vaccines have really filtered to Africa, filtered to some of the poorer countries of Asia, or to Latin America. And they never were going to, at least in the beginning, because it’s a brand-new technology. It’s a young technology. There’s a learning curve in terms of how to scale it up.

And the adenovirus vaccine, that was risky because we – you know, there was an unknown. Could there be a rare safety signal? And if it does, what’s going to happen when you’ve got an aggressive anti-vaccine movement? And we’re seeing that problem pan out. So I think the one piece we didn’t do was build in enough old-school vaccines – you know, like our recombinant protein vaccine that’s being scaled up by Biological E. in India. They’re making a billion doses. Well, look at the total numbers.

I mean, I think people failed to fully anticipate the scope and magnitude, as we’ve got 1.1 billion people in sub-Saharan Africa, 650 million people in Latin America. We have, you know, half a billion people in some of the smaller low-middle-income countries of Asia. That’s 2½ – 2-2 ½ billion people. You’re talking five, six billion doses of vaccines. And where’s that going to come from? And the idea that you would do all of that scaleup in the beginning with a brand-new technology – even though it’s innovative – you know, we needed that ability to mass produce it. And so we should have gotten more help with some of those old-school vaccines to vaccinate people now.

I think in time – and I know Pfizer and BioNTech and Moderna are committed to trying to scale. I just don’t know how quickly they can go. They’re giving some pretty impressive estimates of how quickly they can do this, but we’ll see how that’s done. But, you know, we’ve got a full-on crisis right now because India is in a terrible public health crisis. And they – and because of that, remember, the other part of the game plan was India was supposed to make a lot of vaccines for the world. BioE was going to make the J&J – produce a lot of the J&J vaccine, or at least fill and finish it. Serum Institute of India was going to produce a lot of the AstraZeneca vaccine, et cetera. Now there’s a block on exports because Prime Minister Modi wants to keep it all in India. So there’s a domino effect.

So I think one of the things that I would like to see, and one of the things that I wanted to raise in this discussion, was we’ve not really seen from the U.S. government a coherent foreign policy around vaccines. What we’re getting are kind of one-off things. You know, the patent waivers, which probably won’t have any immediate impact. Or sending 20 million doses of the AstraZeneca vaccine. Remember, we need 5 to 6 billion doses of vaccine. What’s 20 million? Even if we were to send our entire vaccine
stockpile from the United States, the impact would still be modest. So what’s the plan?

I would like to – what I would like to see is, you know, a statement, you know, maybe coming from the secretary of state, Secretary Blinken, or maybe coming from the White House, or some combination of that. You know, an hour-long address on what’s our foreign policy for vaccine diplomacy. How – you know, start out saying, you know, here’s the problem. You know, saying exactly what I said, one billion people in sub-Saharan Africa, 650 million people in Latin America. How are we – how is the U.S. government going to bring 5 to 6 million – 5 to 6 billion doses to the table now before the end of the year? And don’t tell me it’s going to be patent waivers and sending 20 million doses, right? That’s not a plan.

And so what needs to be done is the U.S. needs to articulate how they are going to now fund and support and work with international partners to scale up production of 6 billion doses of something – whether it’s our vaccine or other vaccines – and make it a realistic plan. They need a full-on, serious, one hour long foreign policy discussion around vaccines. And I think it should – it could come from the State Department. And that’s what we haven’t seen before. We’re just getting bits and pieces of things. And unfortunately, this is the way our U.S. government has communicated public health too often. And it transcends administrations. But they don’t give you the full road map.

Just like, you know, the loosening of restrictions around after you’re vaccinated. You don’t get the full road map. You get bits and pieces of one-off things. And we – in terms of a global health policy from the federal government, we need to hear that. And I want to see Secretary Blinken give a serious one hour long foreign policy address of how the U.S. government is going to take a leadership role in vaccinating the world.

Katherine E. Bliss: So you laid out –

Peter J. Hotez, M.D.: And not by 2024. I’m talking about by the end of the year. We have to do that. And it’s in our own enlightened self-interest because, you know, in terms of our international businesses and our own economy. I mean, what – you know, what good is if we fully vaccinated the U.S., Canada, the U.K., some Western European countries, and Israel? You know, we have international businesses that work in Africa, and Latin America, and the Middle East, and Asia. We can’t do that right now, until we fix this.

Katherine E. Bliss: So I want to – I know we’ve had some questions come in from the audience. So I want to take time to get to those. But I do want to follow up on this point a bit about the role of the State Department, and diplomacy, and the articulation of a clearer foreign policy approach – you know, not just
around waivers or dose sharing, and financing, all of which have been done, but really a comprehensive approach for moving greater production and access to vaccines forward.

You know, in the book you remarked, you know, reflecting on your work as a science envoy, that there was a fair amount of your time when you were traveling and visiting different destinations in the Middle East when you were kind of on your own. While embassy personnel were there to provide advice or help set up meetings, in a lot of cases it was really up to you to set the agenda as far as shared research and cooperation with scientists in the region.

And so, you know, thinking back on that time as the science envoy and what you’ve just articulated now in terms of the need for a really comprehensive foreign policy agenda, what do you see as the right combination of technical and diplomatic skills needed for ensuring we help the world meet this challenge? How can those who are working in those positions of diplomacy, who may themselves not come from a public health background, you know, how can they be better prepared? How can we prepare our own State Department here in the United States to meet the challenges of future pandemics?

Peter J. Hotez, M.D.:

Yeah, no, I think it’s a great question. I think, you know, one of the things that I found from my time – first of all, I love working with the State Department. You know, I think the American people don’t adequately associate what heroes we have in our embassies and working in Foggy Bottom in the State Department. And that’s why I dedicated the book to the State Department, and my colleagues in the White House Office of Science and Technology policy, which is so important.

I think overall, science policy is probably the least-developed, least-shaped aspect of U.S. foreign policy. It’s kind of an afterthought. It’s kind of tucked away in a little niche corner. And we don’t recognize how powerful it can be. And as a result, we fail to play to the strengths of the American people. And you know, I tell the story in the book, you know, I was at one of these diwaniyas where the Saudi men, you know, drink coffee and tea in the evening, and they discuss events of the day. And I remember it was – I was there in, I think, it was 2015.

And, you know, President Trump was running for office. And he made some terrible comments about Muslims, as he’s known to do. And here I was at this diwaniya that evening, after he made these well-publicized, terrible comments about Islam and Muslims. And I was going like, ah, how am I going to get through this? And the host saw me stumble. And he – you know, while I was talking. And he said, ah, Peter, don’t worry about it. We know it’s bullshit. Listen, I did my Ph.D. at Iowa State University. I lived
with a family in Ames, Iowa for five years. I know what the American people are really like.

And a lightbulb went off when I heard that. I said, oh my God, you know, this is our best and ambassadors, our research universities and institutes, and our scientists. And why aren’t we fully using that? I’m not even talking about MIT and Stanford. I’m talking about these – you know, the big land grant universities. We have so many future leaders of countries all over the world going to University of Oklahoma, and Iowa State, and University of Illinois Urbana-Champaign. And we need to build that out more. We need to create a cadre of science ambassadors coming from those universities to represent. I mean, this is why people, you know, have respect for America.

And, yes, part of it is our U.S. military. But it’s our science and engineering and our technical ability, and our research universities and institutions. So we’ve got to build a research science ecosystem into the State Department and in our U.S. foreign policy. We do bits and pieces of it, again, but again it’s a bit of a – and we do have an office now of – there has been a science advisor to the secretary of state. But I think it needs to be more fully developed. And I think it’ll pay back in massive amounts if we were to shape that.

Katherine E. Bliss: We have a couple of questions here from the audience. Let me pose the first one. And this is from Robert Blystone at Trinity University, who asks: What one change could the media make to better express public health issues to the public? I know you engage a lot with the media. And so I know you’ve taken it as a personal commitment to engage and really work to express issues, but in terms of the larger world of reporting and – you know, in all of its different forms, how can public health experts work with the media to really help the public understand these issues better?

Peter J. Hotez, M.D.: Well, I think within the U.S., or within North America, I give the press an A or an A-plus. I mean, I can’t tell you how, you know, being on calls with journalists all day – or, a good part of my day when I’m not in meetings – lab meetings about our vaccine – or going on CNN or MSNBC, I can’t tell you how impressive I’ve been on journalists who are not trained in science working hard to get it right, and spending time to learn the science.

And so what you had was this kind of mosaic of people like myself talking on the cable news networks and doing podcasts, and the journalists really working hard to try to understand the science. And I think, you know, when the story of the Covid-19 pandemic is written, at least on the U.S. side, I think you’ll – I think you’ll see this very committed group of both scientists and journalists working together to educate the public.
So and sometimes on the U.S. government side of that, that’s where it faltered a little bit because of its – it was too many snippets. There was not enough of a synthesis and roadmap provided to the American people. And that’s what I tried to do. And the other thing that I always try to do in my science communication is, you know, people always tell you: You have to talk to the American people like they’re in the 4th grade or the 6th grade, so that they’ll understand the science.

And I found that to be totally untrue, and totally off-putting. That one of the things that I learned, you know, talking to the public every day is people are willing to tolerate the complexity and willing to take time to learn, because their lives depended on it, their family’s lives depended on it. And I think that that is one of the changes. I think where things broke down is we’re only – the American people are only now hearing about what’s going on in India, or what’s going on in Africa, or Latin America. Maybe it’s like peeling away the layer of an onion, we just needed to get out of our own crisis.

But I think we haven’t really conveyed the dire situation that we’re facing right now globally – between now and, say, the end of the year – when we could easily reproduce what’s happening in India across the world’s low and middle-income countries. And there is a crisis that we still could avert if we come up with a proper U.S. foreign policy. Then you’re going to say, well, why just the U.S.? Don’t you mean all the G-7? Well, sure. But I think the U.S. has always asserted leadership in times – you know, when you look at things like the Ebola outbreaks in 2014 and 2019, to have that Merck & Company vaccine rescued the DR Congo in 2019. Or around H1N1 and others.

And I think the U.S. has to step up again. Sure, it’s got to be done in collaboration with U.N. agencies and the other G-7 countries, and low- and middle-income countries. But we need to have more greater leadership. Now, in fairness to the Biden administration, they were dealt with a really rough hand, right? I mean, they dealt with an administration that pulled out of COVAX, pulled out of the World Health Organization. And I’m sure they’re still doing damage control because of all that, and they have to repopulate positions. But we’ve got to figure this out. We need the U.S. to assert firm and bold leadership to now rescue this global health crisis – rescue the world out of this global health crisis.

Katherine E. Bliss: Well, we’ve talked about options for a more comprehensive U.S. foreign policy around Covid vaccines and Covid equity, around the origins of vaccine collaboration and vaccine diplomacy, and some of the very complicated issues around the rise of anti-vaccine and anti-science sentiment, and some potential multisectoral solutions to beginning to work
to converse and inform and really address those issues in a more comprehensive way.

Peter Hotez, dean of the National School of Tropical Medicine at Baylor University, thank you for joining me today and good luck to you in the months ahead.

Peter J. Hotez, M.D.:

Well, thank you so much, Katherine. And I just want to say how grateful I am to CSIS, because, you know, you guys have been there from early on. You know, one of the – you know, under, you know, Steve Morrison’s leadership and others, one of the first serious think tanks to really say, OK, we’re not going to just make global health kind of a fringe element. We’re going to fully embrace this. And you’ve done an enormous public service by taking this on in a big way. So thank you very much for that.

Katherine E. Bliss:

Well, thanks very much for your comments and really sharing your time, and the contents of your book. So thank you.

Peter J. Hotez, M.D.:

Thank you.

(END)