Hello and welcome to the October 2020 podcast of the AJPH. You just heard the great Kofo the Wonderman from Nigeria backed up by his band, the Daylight Stars, singing his composition called “Ajaja” meaning the twister in Yoruba. When Kojo wrote “the twister will arrive, the twister will come on us! Beware and prepare because soon the twister will unfold its wrath upon us.” Then, Covid-19 was still a threat. Now, it has unfolded its wrath, and our reaction is what we will discuss in this podcast. In 15 years, the US has undergone several major natural disasters. In some cases, such as the aftermath of the hurricane, Katrina, in New Orleans or the water contamination in Flint, Michigan, the material damage has been partly remediated, but has public health undergone the root changes it needed to prepare for further inevitable disasters. In this podcast, we will attempt to answer three questions: How effective has the US response to the pandemic been? Were the major but localized crises of Katrina and Flint harbingers of the generalized Covid-19 crisis? What did we learn from them to prepare for the Covid-19 pandemic and what did we miss? Third, did CDC play the role the public, the states, and scientists were expecting from it? My guests are Joe Kanter, Bob Kim-Farley, and Wendy Parmet.

So, just introduce each of you briefly so that people then know who is speaking. So, Bob, would you start, please?

Yes, my name is Robert Kim-Farley. I am a professor at the UCLA Fielding School of Public Health and an Associate Editor with the American Journal of Public Health.
AM   Thank you. Wendy?

WP   Hi, I’m Wendy Parmet. I’m the Matthews University Distinguished Professor of Law and the Faculty Director of the Center for Health Policy and Law at Northeastern University and an Associate Editor of the Journal.

AM   Joe?

JK   Hi, this is Joe Kanter. I am the Assistant State Health Officer for the Louisiana Department of Health, and I serve as the lead public health official in the Greater New Orleans area.

AM   So, my first question is going to be for you, Bob. How could you characterize the signature response that this administration has given to the process? I think we all recognize that those were challenging times and that any administration would have faced very challenging problems; but according to you, how did this administration do?

RKF  I think there’s a number of things that have happened in terms of the response to Covid-19 in our country, and I think firstly is the importance of having clear and consistent messaging so that at all levels that same message is being done as to what people are supposed to do in businesses and schools so that, so that we have not sometimes had that. We’ve had maybe the scientific community on one side, the political community on another, and there’s been divisions about that. I think secondly, also, that there needs to be clear demonstration of the practice of that messaging so that for example, with mask use, that needed to be shown and demonstrated at political levels at all areas of the administration, and that sometimes has not been done. I think also another important part for government is when there are shortages. For example, when we’ve had shortages of PPE and testing, that’s really the role where the federal government should step in, be
able to work and support states in procurement and distribution equitably to those states most in need. So, I think that’s a lesson, an important lesson, to learn that we need to keep these robust and stocked. Some of the things that have been going well is the efforts being put into vaccine development. There’s a number of promising candidates at the moment at the phase three level, but again we have some cautionary note that we want to make sure that we don’t cut any corners on completing a phase three test to make sure that this vaccine is safe and effective. But I think we are doing a good jump start, if you will, for vaccine development.

AM So, Joe, on the other side of the response in New Orleans, what was your perception of what happened during this US response to Covid?

JK Yeah, thanks, and Bob, I agree with everything you said. I think they’re great points. I’ll tell you, from the perspective of being on the ground and Louisiana—New Orleans in particular—had a very early spike just after Seattle, close in time to New York then went through a second spike later but particularly during that first spike, we really felt that it was every person for themselves—or every state, every city for themselves—and there was a lack of coordination, particularly for crucial items—PPE and ventilators, mainly—to the point that the lack of organization was really a drain on resources. We were literally bidding on the private market for ventilators and PPE against other states, against large hospital systems, at some points even against the federal government itself. A lot of energy was spent navigating these byzantine procurement pathways and not knowing what supplies would come, not knowing if the supply would be commandeered. That happened a number of times across the country, to us as well, and that ate up a lot of our resources, to be honest. I think it would have been beneficial if there was transparency
about what supplies were available across the country and how they would be rationed up. I think that would have allowed us to focus more on the response and not literally bidding against other states and hospitals to get the supplies that we needed.

[musical interlude]

AM   A reliance on the private market and lack of coordination—Wendy, what’s your perspective on this response in the US?

WP   I agree with everything that has been said. I think the lack of coordination has been critical, but I think it’s also important to recognize that there’s a lot of little issues below the headliners that, all taken together, have been problematic in ways that the federal government has not done everything it could do or, in some cases, has made matters worse. I’ll give you an example. Federal government has regulatory authority over workplace safety, and we’ve seen a lot of outbreaks in, for example, meatpacking plants; and the federal government said meatpacking plants are essential but they didn’t do what they could do to assure that the workers would be safe. One area where I’ve been doing a lot of work is in the area of immigration and health, and that’s an area where we’re seeing that the administration has continued certain policies during this period that have increased community’s fear of interacting with ICE. We see people are afraid of going into the health care system, interacting with contact tracers, not being able to access the care they need. We’ve seen detention continuing in ways that increase the dangers in detention facilities. Those are just two examples, but there are many more, I would say, below the radar, small ways in which regulatory authority has not been used in ways consistent with an all-hands-on approach to containing the pandemic.
AM    Got it, but we were not prepared as I understand all of you saying, and we didn’t do well across this pandemic; but we had examples in the past, and I’m going to turn to Joe again because you’re in New Orleans and 15 years ago, exactly, there was Hurricane Katrina and its devastation. Was Hurricane Katrina foreshadowing Covid-19? Could we have learned something out of it?

JK    In a way, absolutely, and you’re right. Fifteen years ago, almost to the day, and now in a strange turn of events, New Orleans is hosting and caring for over 10,000 displaced individuals from the Lake Charles area, western part of the state, but Katrina laid bare the need for preparedness and also the need for localities to be able to sustain themselves, at least during the early phase of a response to a disaster. It also made very clear the notion that vulnerable people are vulnerable, and that goes across any emergency. The racial disparities that we saw in the aftermath of Katrina, who died in Katrina, are the same racial disparities that we see right now in who gets exposed to Covid and what the clinical outcomes are. I know it’s similar across the country as well. I think I the time since then, we’ve done a good job in public health at describing the problem, describing social determinants, describing inequities. I think we as a country have done less good of a job at martialing the resources to actually address that, to remake the system in a way that was supported. I think some good things did come out. We certainly were better prepared for this emergency as a result of the Katrina experience, and to think of a specific example, we built robust communications systems with hospitals across the state so that we have good visibility on bed capacity, what type of patients are in every bed across the state. We were able to use that this time around to know exactly how many ventilators we had, where they were, how many negative pressure rooms we had, and so
forth. That helped us, but in the larger sense we still felt like during the first month of the outbreak here, we were by ourselves, we were fending for our own, and I don’t think we were prepared to do that. The federal government will often reimburse on the back end, you know, what will be reimbursed, but localities need to be prepared to do the first part alone, and I don’t think everyone realizes that.

AM Wendy, I have the impression that when Katrina came, the center of the crisis were inner cities and it was indeed the black population because it was de-industrialized, there [was] unemployment, and all these other aspects, but since Katrina we’ve had this extension to rural areas and where there are more, larger fraction of white population and all those deaths and despair, and this is the new context of a general crisis, urban and rural, when Covid-19 comes. What’s your feeling about that?

WP I totally agree. I think to some extent, there have been lots of foreshadowing events in rural areas, in urban areas what we’ve seen for many years now is both rising inequality, we’ve seen communities facing economic devastation, we’ve seen the continuation and perhaps even the exacerbation of structural racism as our country has become increasingly divided, and then, right, there are, there’s also the erosion of public health and basic infrastructure. So, we’ve seen this to some extent, Katrina, Flint, diseases of despair, the causes of the causes are the same for all of them. But the one other deep cause I want to mention, which I’ve been thinking a lot about Flint lately which also has a lot of similarities although like Katrina more localized than Covid, is the political disempowerment. And in Flint, the community really lost its right, its legal right to self-govern, when the governor appointed a fiscal manager to take over decision-making power, really disenfranchising the population, and this of course is also true with
immigrants who don’t have the vote or don’t have the political power, really can’t take measures to ensure that the government is responsive to their needs, and then when a crisis hits it becomes a catastrophe. It just cascades because the well-being of these communities has not been safeguarded, and so we’re seeing that right now across the country.

AM So, we have lack of coordination, lack of leadership, lack of attention to vulnerable populations. I’m asking this to all of you, what would you have liked to see in the response of the administration?

RKF I’ll jump in, yeah, I would have liked to see an earlier control of [this watching], out of to be assured that in the beginning part when we were talking about genuinely life-saving equipment—PPE and ventilators—an assurance that they were going, that our nation’s resources were going to where they were most needed, not to the highest bidder. I think I would start there. Later on, I think we’ve gotten [into] a big problem with messaging and it’s gotten so politicized that every public health message is just caked in layers and layers of politics, and that’s disastrous. I don’t know how to unravel that. It’s going to take a lot of work, I think, to regain confidence in the institutions like the FDA and CDC that we all rely on as bastions of public health.

JK Bob, I see, right, there being three protagonists involved with the control of Covid-19. You have government and its public health institutions, businesses, schools, and then you have individuals themselves, and each has a role to play here and as governments need to be monitoring the situation, need to be giving guidelines and guidance out, having clear criteria and what are the actions that are necessary to take and then emulating them.

Then also there’s that coordinating role of government for scarce supplies; then with the
businesses and schools we need to make sure that they are properly taking that guidance and actually implementing it in terms of, let’s say for example, first there may be only takeout for restaurants and then there may be 25% capacity or then 50% capacity. These things need to be actually implemented by businesses and schools, and then the individual needs to be actually practicing the physical distancing, the mask use when you have community transmission occurring. So, I think it’s these three protagonists and it just doesn’t work unless all three of them are on the same page—clear messaging, clear intent, clear demonstration, and follow-through.

AM What was the worst of the protagonists? Who failed the most?

JK That’s interesting because we have the controversy in society and one thing I think actually with Covid-19 is it has hit a sweet spot in terms of controversy because of its infection to mortality, about 1%. It’s actually, I think, a spot that causes controversy. Some people arguing that the closures, the loss of businesses, their livelihoods, things like this, is worse than the numbers that are dying. You have others that would say, no, every life is precious and we need to do everything we can to save every life. So, you end up with some of this division complicated even further by this [huge] age distribution of Covid-19 such that younger people will be saying look, why am I having my schooling deprived, my first career jobs and all of these things gone when it’s really not affecting me—without realizing again, needing compassion to make sure that they’re not infecting older and people with pre-existing medical conditions.

AM Wendy, you want to chime in?

WP I agree with that, but I think, I think we can’t underestimate the importance of messaging from the top, from our political leaders across the board. I think it’s very hard to lay the
blame on individuals, who, you know, the people who don’t wear the mask and walk into the restaurant and all of that. Yes, many people don’t understand or disagree about the severity of the disease, but I also think we’re all getting mixed messaging. We’re all being bombarded with conflicting messages about what to do, how serious it is, what it’s cure, is it a hoax, is it the common cold, is it seasonal influenza—and I think, yes, the disease’s characteristics make this exceptionally hard for us to all get on board, and yes the country had so many problems and our public health systems was weakened going in and we are a country where individuals prize and cherish their individual freedom and decision-making, but we also—and here’s what’s different from crises past—it’s hard to think of a crisis that in recent decades where there’s been so much misinformation, so much conflicting information, and so much just polarization, and people think the disease hurts them, I don’t care. We’re coming to a place which is really scary where people are devaluing the lives of other people, usually people of a different political party or the different racial group, and so we are, we really are handling this about as badly, in terms of the messaging, as it can be and so I don’t think we can blame individuals for not knowing what to do.

AM Yeah, Joe?

JK That is such a great point, Wendy, and until we have a vaccine and one that we can be assured is efficacious and safe, the tool that we have to fight this is individual behavior and public messaging. That’s the tool that we have as a society to fight this virus, and we have not leveraged that as a society the way that we should. Our leaders have sown misinformation and doubt, and we don’t have many other tools besides good public health communications right now, and we’ve really almost thrown that tool away.
And I have to say that we’ve seen states and local health departments leading the response in an uncoordinated manner and we would have expected CDC to be much more prominent and authoritative throughout the crisis, so Wendy, what happened with CDC? Where is the CDC we used to know?

It’s a tragedy. It really is a tragedy. CDC was for a very long time the premier public health agency not only in the country but one of the premier ones around the world, and its primary job is actually not regulating. It has some regulatory powers, potentially vast, but it really doesn’t usually use its regulatory powers. Its primary job has been to provide expert guidance, messaging; the states look to CDC in many crises. Thing about the H1N1 crisis, think about ebola—CDC is the face, CDC is out there, and CDC from the get-go, there have been problems, some of it from CDC itself. There was the testing fiasco early on, last winter when the test the CDC distributed was ineffective, and then they’ve been sidelined by the Administration to a very large degree. We ended up having the White House task force. There’s been certainly reports that the White House and the Administration has pressured CDC, for example, with the new guidance that came out last week about the testing of asymptomatic individuals, and so it’s lost its prestige, it’s lost its credibility. The states have, I think, stopped waiting or looking for CDC, and we see this with schools. At every school district, every state, they’re going their own way. They’re not, they’re not following what CDC is telling them to do because CDC has become a non-entity.

Joe, you were on the frontline in a very severely hit region, Louisiana, so what has been the important and the role of CDC for you there?
JK  I felt in the beginning weeks the CDC did a good job, at least a good job for us. I can think of a couple of examples. Number one, when we were having shortages of health care personnel because there were so many exposures in the health care setting and people were not quarantining. I thought the CDC was proactive in releasing relaxed guidelines of how essential workers like healthcare workers could remain on the job and work through quarantines. You can’t just have that healthcare workforce out—I thought that was a good pragmatic move and it took some heat from that, and that’s what they’re supposed to do. As the weeks went on, I thought that what the CDC put out was increasingly politicized and reviewed by higher-ups, and that was disappointing, but earlier on we had a good line of communication with them, we got, I thought, honest and pragmatic advice, and we really did appreciate that.

AM  Bob?

RKF  Yes, as a career commissioned officer in the public health service at the CDC, I too [have been] somewhat dismayed to see it becoming more politicized and reduced in terms of its important. Another major institution that has been hit with this is the World Health Organization which the present administration is planning to actually back out of, and having spent 18 years in WHO myself, again, sure it is not a perfect organization but it has the global mandate to be coordinating global health activities, and rather than moving away from it we should have actually I think been supporting it, strengthening it, working in collaboration with other nations to recognize that this is a time for world unity trying to fight something together, wealthier countries supporting those countries that may not have as much resources, things like this. So, we need to be using these institutions to be able to work in those areas.
Okay, what type of transformation would CDC need? Do you have an idea how the new CDC should look? How should it be transformed?

I think that CDC really needs to be re-established as an independent agency. I think the politicization has been incredibly detrimental. You know and it doesn’t even matter if there was the perception of politicization is itself incredibly detrimental, and so organizing it with, for example, an independent governing board, I’m thinking something more similar to the Federal Reserve.

If it were like the Federal Reserve, it would be managed by a board, by partisan, not under presidential control, the director would be there for at least 10 years, across several administrations. So, anyone else wants to chime in on this idea of the independence of CDC?

I think it again is not only having some buffer, some independence, but again it requires that the senior administration officials in the government also value and recognize the wisdom, collective wisdom of CDC, and strengthen and promote its science to the people, and that change has to occur as well.

Joe, the last word?

I totally agree, I think we assumed for so many years because the CDC was the CDC and so expected of course it wouldn’t be politicized but there was nothing structural in place to prevent that, and I think we have to build that now.

Right, thank you everybody for your time, for your contribution. I’m very grateful for that.

[musical interlude]
Alright, this is a sobering appraisal of the situation. The magnitude of the challenges of this pandemic cannot justify the lack of leadership, the inability to coordinate the activities and resources of the CDC, of Human and Health Services, of Homeland Security, and of the FDA. This lack of coordinated leadership has clear trickledown effects on local government leading to public confusion about proper guidelines to preventing and reducing the spread. The administration has also placed the states in a position of competing with one another and sometimes competing with the government itself to buy protective equipment and respirators. The sidestepping of public health expertise and the attacks against science at the highest level of the administration made things worse when it came to reopening the economy or sending children back to school.

But probably the most striking conclusion of this panel is that little has been done over the last 15 years, since Hurricane Katrina violently hit New Orleans, to address the structural issues that make the death and misery toll of these disasters so huge and lasting effects so inequitable. The vast majority of people severely affected belong to ethnic and racial minorities, are either unemployed or underemployed, or are working in so-called essential occupations made vulnerable to infectious agents. To better prepare the country for future disasters, our public health needs to be rebuilt on new foundations and in particular we need an independent CDC as a separate entity managed by a governing board in which a director is elected every 10 years. I’m grateful to all the members of the panel for their time and willingness to share their ideas. I also thank Emily D’Agostino and Michael Constanza for comments and edits on an earlier version of the podcast, and since communication quality was so central to this podcast, let me add that Kofo the Wonderman is a renown talking drummer hailed as a genius by his peers. His
instrument, the talking drum, is pivotal in the Yoruba culture expressing syllables, words, and phrases.

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