Speaker 1: Welcome to on the pandemic. This episode is hosted by Mario Dowd, executive director of health systems and population health integration for Rutgers university and former commissioner of health for the state of New Jersey. Joining the discussion today are Richard Marlene director of the Rutgers global health Institute and near I L founder and director of the center for population level bioethics. Good morning.

Speaker 2: And thank you for joining us. This is Mario Dowd from Rutgers university. And today [00:00:30] we are talking about what lessons we have learned from looking at COVID-19 from the global perspective to explore this topic. I am joined by two of my Rutgers colleagues. Rick Marlon link is the director of the Rutgers global health Institute. And near I L is the founder and director for the center for population level bioethics to start this conversation, I think it would be helpful to have a sense of how the global pandemic is affecting countries around the world differently. It feels like all [00:01:00] countries are going through peaks and valleys at different times, in terms of the cases and deaths right now, countries like India are having extreme peaks in cases of COVID and their hospitals are overwhelmed while here in the United States. At the same time, the case counts are starting to go down again, and then you will see countries like Australia and New Zealand that have not had the same kind of peaks in the extreme that we have seen in the United States or in [00:01:30] European nations. Rick, from your view, how would you explain what we have been seeing around the world in terms of different experiences with COVID-19 by countries,

Speaker 3: Mary, I guess I'd say overall, it seems when countries move, uh, with a sense of unity, uh, against the virus, uh, things work well, uh, in terms of curbing the pandemic curbing the spread of the [00:02:00] virus. So you have countries like New Zealand, uh, South Korea, Australia, when it did respond, um, all had been able to really, uh, move together, um, uh, as a large tribe, so to speak, to, to really curb the virus through, um, mitigation of, um, using mask, uh, social distancing, um, and, um, uh, restricting movement. Um, uh, so that [00:02:30] seems to be the common thing. And then when countries relaxed that, uh, uh, moving together, um, for whatever reason, w B if the, they want to open up the economy so to speak, or, um, politics gets in the way. And, uh, uh, people don't believe that we should move together with unity against the virus. The virus comes back. Um, so we see that in our own country, we've seen in, in other countries, um, where mitigation [00:03:00] measures have been, um, relaxed too early, or, um, there's really a difference of opinion of how to respond. So the country doesn't respond in unity. So I think that's probably overall, uh, the pattern we are seeing over and over again.

Speaker 2: That's really interesting near when you look at these things, have, do you have the same observations that Rick has talked about?

Speaker 4: Do, um, but I think there is also another aspect of this, um, [00:03:30] on some issues it's pretty clear what the public health recommendation is. And the question is whether you have the will to do with the political power to do it, um, on other issues, we don't quite know the answers yet. So, um, what exact policy is optimal in school opening every European country has its own variant of that policy. You know, you open for more days, but you're more careful when you're in class. You, you open the window, you,

[00:04:00] uh, instead just, um, have the meetings happening, ah, Lord shut space. Um, different countries now have different policies on vaccine passports and, um, you know, the variant that works best it's things that we don't quite know. I would have liked us to use the pandemic as an opportunity for rigorous learning on this.

Speaker 4: And what happened mind is we don't know the answer anyhow, on the nuances, right? We know, [00:04:30] we know that something is better than absolutely abandoning, you know, not having any careful policy on school opening, but what exact policy as best we can randomize different areas, different zip codes, different, uh, downs, um, and, um, then compared the results, it would become what scientists call a cluster randomized study. And that would give us the information that now more than a year into this pandemic, [00:05:00] we lack on many questions. We don't know what policy works in schools, despite as long as experienced, because when you compare, I know Denmark and Germany, the observation that one of them is doing better than the other, they do have different school policies is telling you nothing, because you don't know whether it's because of the underlying differences between these countries. We had a randomized study. We wouldn't know

Speaker 2: That's a very intriguing proposal near, um, it'll be interesting to see if it, you know, is taken up over the course of the coming [00:05:30] year. You also mentioned vaccination policy, and that's another area where we've seen a lot of variation and extremes, frankly, um, relative to vaccine access and supply policies on distribution and the timing of when vaccine has become available. Um, Rick, you know, I think there has been a lot of criticism within the United States on our rollout, um, and we've seen variation in different, but there also seems to be some consistency [00:06:00] around the world that decisions have been made based on science, but also politics and culture. And I've heard you talk about this a little bit. How would you describe the variations that we've seen in vaccine decision-making?

Speaker 3: Well, I think globally, uh, it's a, um, it's a moral embarrassment that is, um, we in high-income countries, um, have access to the vaccines. Now we've got [00:06:30] to get them distributed correctly and widely, but, um, we have the high-income countries, which is only 16% of the world population, uh, have the majority of all purchased vaccines, um, you know, over 6 billion doses and the low-income countries, um, which is, you know, represent a vast amount of the population of the world only have, uh, about 700 million [00:07:00] doses. So that's one eighth, the number of doses, um, that we, uh, in the West or the speaker high-income countries have, and that's just, um, a moral embarrassment. Um, the, uh, the reasons that, that this has to change are threefold one, it's the right thing to do to help each other. Uh, it's not that much funding. It's not that, uh, uh, we have [00:07:30] a lot of vaccines now, um, both types of vaccines and numbers.

Speaker 3: It's just the right thing to do to help each other and get the vaccines to the poor countries. But number two, uh, if we want to think selfishly, um, we have to stop this virus from circulating, uh, in all countries. And we see this, uh, now, uh, in Brazil, um, India, uh, in other countries, England, for that matter when it, the virus [00:08:00] circulates, um, and is replicates basically, uh, in infections that are occurring over and

over again, uh, it mutates and variants of the virus are created, which could, um, bypass the vaccines effectiveness, um, and, or even be more deadly. But the main thing is, um, we're not going to be protected in the long run if other countries, especially, um, large countries, uh, have, uh, minimal, [00:08:30] uh, vaccine protection and, and the third reason, again, the selfish one, but, uh, all economies, uh, have to recover from this virus.

Speaker 3: We can't just say, well, we're doing well. Our economy is going to be better this coming year. Um, we're all linked, uh, worldwide in terms of economies, in terms of, uh, uh, you know, recovery, uh, economically from this virus in terms raw materials and other things. So, um, you know, those are three reasons. The first [00:09:00] one's the most important is the right thing to do, and the other two are selfish, but so we have to, um, address this worldwide and get vaccines for poor countries and there's mechanisms to do that. Um, uh, so we have to do that, uh, as the rich West, we have to make that happen.

Speaker 2: That's a really great standard to start this conversation. Um, but then even when you look at the rich West, we've seen variations [00:09:30] in strategy for distribution, um, as well as in other countries, um, that have vaccine access near, what have you seen that has been particularly interesting in terms of different decisions on vaccine policy that you think might raise ethical questions beyond sort of like the standard issue that there has to be equal distribution around the world that Rick has raised. Um, do any of these variations or [00:10:00] particular strategies either raise ethical questions in your mind or present learning opportunities that could benefit the countries that are still early on in their distribution plan?

Speaker 4: There are many interesting questions. Um, for example, we are now starting in the U S to, um, saturate on, on people who are, um, going to come forth and, and ask for the vaccine because they are, they understand that this is very important [00:10:30] for them and for their families health and for public health. Um, and, um, your, we should be looking at things more closely, um, measures such as green passports, uh, or vaccine passport that exist in certain countries or other measures that give you carrots and sticks to take the vaccine because, um, some people are not convinced enough about what is, um, in fact, uh, public health experts [00:11:00] will say it's important for their health. Um, and, uh, other countries haven't experienced about these, um, policies, uh, which do raise ethical questions initially, um, after all, it's putting pressure on a person to go to the way that he or she handles her own body.

Speaker 4: Uh, it may seem as though with some sort of overreach for the state, the state should be the night guard. Uh, according to the libertarians [00:11:30] that doesn't intervene beyond that. Um, there could be questions in countries where there is less good access. Then increasingly there is to the vaccines in the U S it may create a directions where it's unfair. Somebody is put under pressure to do something that she doesn't have the ability to do suppose in India right now in principle, formerly there is universal actions of vaccines, but the vaccines are not available at all in some States. Um, it would be funny [00:12:00] to, uh, tell people, well, if you don't come get the vaccine, there would be this penalty and that penalty or this, um, section. But, um, in my mind, uh, for this question, um, where there is genuine access to the vaccine, there is very little question

that, uh, certainly when this is informed through the, um, um, market, um, a business has to permission just as, um, a business owner has the permission to say, no shoes, [00:12:30] no shirt, no service to say, uh, danger to my other customers, no surface.

Speaker 4: Um, and there, there's no question about it. Um, uh, when, when there is again, when there is ample access, and I think that increasingly it's hard to argue there is simply no access in this country,

Speaker 2: No access to what.

Speaker 4: So I'm saying there would have been an ethical question or an ethical convexity when some significant populations are being [00:13:00] told, you're going to get this, Karen, only if you get the vaccine, but everybody else will get it. But in fact, by the way, we're not really creating the arrangements for you to get the vaccine.

Speaker 2: So by when you're in a country where there is plentiful access, and that isn't the, um, problem, like it is the case in other countries where there isn't supply, then it's ethical and appropriate to put restrictions or penalties on individuals [00:13:30] who don't get the vaccine.

Speaker 4: Yeah, correct. That I want to say, I would actually think that, you know, people who are not getting vaccinated are perhaps not deliberately putting other people in danger and death is, um, something that even the libertarian conception of the state as the night guard, uh, tells the States, you know, act as a night guard, please don't stop people from entering others. Absolutely. It's even easier to justify when we are merely talking about vaccine [00:14:00] passports that are used by the private market. Even people who believe that the state is, should be a mere night guard, concise, uh, private own, you know, a private business owner has the authority to tell people you can't come into my cabs, can't come into my restaurant if you're, um, perhaps not deliberately, but in fact, uh, in the entering my employees, my other customers, um, the parents in particular, um, have been, um, pointed about [00:14:30] the right of business owners to run their businesses, uh, as they want them many other counts.

Speaker 2: That's very interesting. But of course, I think some of the challenges will come into the, how do you know? So I think you mentioned the vaccine passport, um, as evidence of having been vaccinated because that's, of course, you know, the difficulty of making any of these policies or, or, um, positions work. Is there something that you've seen a strategy [00:15:00] in another country perhaps that has resulted in either high vaccination rates or, um, implementation, uh, requirements like you're, you're talking about that you would say as a gold standard that other countries should model from either one of you,

Speaker 4: Rick, do you want to go or,

Speaker 3: Well, you could probably comment more about Israel than, than I could, but Israel is an example of, uh, you know, the high vaccination rates. Uh, yeah. They may have [00:15:30] a lot of vaccines and, uh, but also, um, maybe a place where, um, there is a,

a, a sense of, um, moving, uh, as a group and let's get, you know, let's move for the betterment of the group, uh, rather than the individual. But, um, I mean, I was going to bring up the example, Mary, about we, we require vaccines commonly in our own country, uh, of our kids going to school, we have measles [00:16:00] and required. There's an opt-out for measles, and we've seen the problems when communities opt out from their measles vaccine. Uh, but I don't think it's unusual to, um, uh, uh, uh, start the debate that, um, this virus is so deadly and spreads so easily and the vaccines are so effective. So very effective that I don't think it's unreasonable to start the debate, um, that it should be required. And [00:16:30] then let's look at when, when it, maybe it's not, um, but rather have the norm be like we do in schools. And like Rutgers has been at the forefront of requiring vaccinations for its students

Speaker 2: Near. Did you have something to add?

Speaker 4: Would you like me to say something about Israel? Sure. One example is my home country, Israel, um, Israel, um, is leading in, um, [00:17:00] getting its population vaccinated, um, both because it has access to, um, a relatively large cache of vaccines. And because of something I don't like, which is that it's failed to provide any of them to Palestinians, um, who, uh, even if you support the occupation of territories, you should understand are, uh, subject to Israeli rule the factor and it should have gotten the access. Uh, but [00:17:30] also because of the consciousness, um, um, to the importance of getting vaccinated of taking care of other people in society at large and commitment to, um, policy being led largely, uh, in the light of public health recommendations. Uh, I don't think I can say that about everywhere around the United States. Um, there is use of what they call green passports. There is no hesitation about telling health workers. [00:18:00] If you know, there, there, there have been infections in our hospital. Uh, everybody who's not vaccinated is going to be put on furlough. If there are torts, we're not going to support you. And later on, we might not continue your employment here. If you continue to pose a danger to the patients you're supposed to protect. And, uh, this is working, uh, by and large in that experience.

Speaker 2: That's really interesting. Um, you know, Rick mentioned the Rutgers mandate, um, for [00:18:30] students to get vaccinated and being the first in the country to do so in so many, um, university since have followed that lead. And I think that is a positive step in increasing vaccination rates and nice the college bound or college, um, uh, students, but, um, for other children in school, the vaccine isn't not necessarily available because they're too young for the current, um, vaccine eligibility. So hopefully that will change [00:19:00] and we'll be able to see children get vaccinated in the coming year, but we've also seen our healthcare workers get vaccinated, have early access, but not get vaccinated at the highest percentages or even the percentages that the CDC is saying to require her to immunity. Um, a lot of health systems are reporting 60% or so of their population getting, um, fully vaccinated. And so it's interesting to see that other countries like Israel have made that a mandate [00:19:30] for employment in the healthcare system. So it'll be interesting to see if the United States healthcare, um, organizations look to do something like that. I know many of them have done it with flu vaccine, for example. So, um, it'll be an interesting, interesting year. I think

Speaker 4: I should say just one thing, uh, about the example of the health workers in Israel. I, as far as I know, it's not a wide policy it's, um, it happened [00:20:00] in major hospitals and seemed to be informally the way that things are evolving.

Speaker 2: So there's an interesting dynamic between government mandate, um, or private sector mandate. So, um, that will, I think also continue to evolve. I think, you know, just getting outside of the conversation a little bit of vaccines only, um, and you both talk to this point quite a bit, I think, but, you know, if we haven't already figured this out, this pandemic [00:20:30] is a global experience and what each country does clearly has an impact on not only their neighboring countries, but also the rest of the world. And you've both spoken to this, um, the fact that we're all in this together and that we will need to get out of this together. Um, Rick, you mentioned that some of the countries that don't have access to vaccine like China and India will be vaccinating into 2022 and that this could lead [00:21:00] to tragedy. Some might argue we're already seeing the impact of that in India. What do you think? Um, you know, you've talked a little bit about the, um, public health and economic impacts, and you mentioned that there's a way to distribute this vaccine. So what do you think first of all, is the impact of not ensuring equitable access to vaccines around the world, but also how do we ensure this, what are the mechanisms to do so

Speaker 3: Well for, yeah, for getting the vaccines distributed around the world. Um, [00:21:30] there's probably three approaches that have, um, that are all in play. Um, and then, uh, one is the, uh, there's a central, uh, international, um, mechanism called Kovacs, which is a, something that the who and Gavi the vaccine Alliance and other international groups have put together to, um, get vaccines, [00:22:00] um, purchased and distributed, um, along with, um, there's other, uh, parallel efforts in helping its diagnostics or therapeutics and, and, and whatnot, and the health systems that are going to have to be improved. You can get the vaccine, you know, to the airport anywhere in the world, but actually getting it distributed and getting it into people's arms is the rest of the story. So to speak once it's in a, especially in a poor country. And so that needs [00:22:30] to be, um, improved and Kovacs is, uh, tries to do that as, as part of its effort, along with the who, but there could be also just bilateral donations, uh, what we would call in the HIV world, the PEPFAR model, uh, that's the, um, president bushes, uh, um, international emergency response to AIDS, uh, now many years ago, but that's where the us government just had bilateral relations with.

Speaker 3: Another government [00:23:00] said we will help you, um, with money, um, and, uh, expertise and, and whatever you think you need to, to fight AIDS in your country. Um, and, uh, you know, it was run out of the state department still is. So it was also, uh, a mechanism for the U S to, um, have influence and look good. It's helping out in the health problem. And, uh, and we see, um, um, China doing that in Africa and other places. So that secondary, it could just be [00:23:30] the bilateral. And there's a third area of other platforms, independent of Kovacs, um, that are being put together with the African union, uh, and the African CDC, uh, and with, uh, other, uh, African platforms, um, regional bodies. And we could contribute directly to those regional, um, quote mechanisms or organizations, um, to get vaccines out. So it's, um, it's doable.

Speaker 3: It's gonna take, um, [00:24:00] our commitment, us commitment of funding, um, and attention, uh, in the billions, um, um, to help do this. But again, we've responded, um, we're spending billions and billions here at home, which we should, um, we've responded to AIDS with, um, billions in, and it's worked dramatically over the past two decades, um, in developing countries. So I think, uh, it's just taking a picture out of a, a successful [00:24:30] playbook of how we approached HIV, another viral pandemic, um, and help developing countries. We can do that for, for, um, SARS cov to the virus that causes COVID-19.

Speaker 2: What do you see from your perspective on, you know, population ethics? What are the obligations of the United States and other countries to help around the world

Speaker 4: Population level bioethics [00:25:00] is a bioethics and a personable ethics that looks beyond the obligations for the clinician in the clinic. So it's about what we should do from a public health perspective. What, uh, from the state, from a global perspective, what would be good for population health, uh, thinking about, uh, future generations, even in some cases. And, um, from that perspective to fail, to share vaccines, would we have enough of that lead to hoard, cover our population more times and more [00:25:30] times and more times, so that we have, uh, not just, um, 99.9% certainty that we'll have the vaccine that person needs in the clinic, which in fact, you know, we do already, but even more, that's just, it doesn't make sense. Um, we should be thinking about global populations and sharing our vaccines in one of the mechanisms that Rick mentioned, um, both for ethical reasons.

Speaker 4: Um, we are looking not just at my patients, but the responsibility [00:26:00] is for why to populations in global populations. And for the other reasons that Rick earlier mentioned, um, it's just, self-defeating not to look beyond the clinic, even for the sake of the interest of the person who is standing in front of you in the clinic. You don't want this person to get the, uh, variants that, uh, will, uh, turn up around the world. Uh, so long as not all of us are covered. Um, you don't want your patient to be hit by the economic walls around the world, [00:26:30] um, uh, which will persist while not everybody's covered. So population of about six, which looks at things more broadly, makes it even easier to see how absolutely crucial it is that, uh, the us and Canada and other countries that have more than enough of the vaccine, um, use various mechanisms to share our vaccines with others, uh, consider, uh, smart ways of sharing intellectual property rights, uh, share [00:27:00] money. It, it makes sense in on many, many levels,

Speaker 2: Rick, you know, w when we are talking about the global impact, um, and seeing variation around the world, we, you and I have had the conversation several times about how we see these same elements of variation and issues of equity here in the United States, and here in New Jersey. In fact, COVID has heightened these issues for many, um, many communities. And one of the focus [00:27:30] areas of your center is to try to address inequities within New Jersey, and you call it global health here at home. Can you tell us a little bit about the kind of work you're doing here in New Jersey specific to COVID-19?

Speaker 3: Yeah, I think the same issues play out at home that play out, uh, internationally and that's, um, that, uh, health is distributed inequitably and the access to health and the conditions for health, uh, are not, uh, equitably distributed, so to speak. So we look [00:28:00] at, um, you know, basically your health is many times determined, not just by the country you were born in. Um, but if you're born in the United States is probably determined by the zip code that you're born in. That is, um, you know, health is local and, uh, the conditions for health, um, are many times determined by, um, uh, whether you're born into poverty, um, whether you're, uh, uh, an [00:28:30] African-American, which you'll, you'll deal with the structural racism, uh, of a health system and a system that's not geared to, uh, help you. Um, so I think our, our response is to create a program.

Speaker 3: We call the equitable recovery, um, program and it's focuses on, um, helping communities through, um, first helping the small minority run or women run business, uh, in that, um, zip code or that community. [00:29:00] Um, we started in the Esperanza neighborhood with our partners in new Brunswick, uh, tomorrow and, and other local partners in new Brunswick. Uh, but we're expanding to, um, a couple, um, wards in, in Newark. And we hope to expand to other cities depending on the poverty levels, the neighborhoods that are, um, disproportionately, um, below the poverty line, which in New Jersey, we have a significant, uh, [00:29:30] uh, percentage of people that are, uh, below the poverty line in our cities, right, in our own backyards or the Rutgers cities of, of, uh, Candace new Brunswick Newark, but also many other cities. Um, side-by-side with zip codes that have, uh, high incomes and are, um, uh, probably having higher vaccine rates.

Speaker 3: Um, again, we're, we're working hard on, um, getting the vaccine rates up now in the communities [00:30:00] that have, um, less access and the access may be due to language barriers, um, to, um, uh, maybe, uh, housing insecurity, um, through, um, uh, uh, citizenship worries. Um, and so, uh, we're setting up pop-up clinics for vaccines, with partners and with the department of health, um, in locations where, um, people are, uh, more [00:30:30] likely to be, to get vaccinated in, um, Spanish speaking churches and, um, food banks, um, uh, uh, downtown new Brunswick and in tents near where the restaurant workers work. So, um, it's a responsive program that tries to address the issues of access here at home. Um, we need to do it internationally, as we talked about, we also have to do it here at home.

Speaker 2: Rick, if there is someone who wants to help you in that work [00:31:00] locally and volunteer, how do they find out more?

Speaker 3: Oh, that'd be great. But, uh, they could go to our website, uh, uh, Rutgers global health Institute website. It's a global health, all one word.rutgers.edu, and go under, uh, where we work, um, and that'll be listed under New Jersey. And, um, so again, uh, in terms of vaccine pop-up clinics, we need volunteers, especially bilingual volunteers, um, or, [00:31:30] uh, even, uh, Haitian Creole speaking volunteers to help, um, in our pop-up clinics. Um, you, you know, anybody that's been vaccinated knows that there's a registration process. Um, there's a observation afterwards, and those are all take volunteers to keep people moving and, um, in a, in a vaccine clinic. Um, and then we

could use, um, volunteers overall, the program is not just about vaccines, but that was the responsive part that we're adding on, [00:32:00] uh, as we've, uh, got into the program through helping small businesses, uh, in, um, those, um, affected communities.

Speaker 2: That's great. Thanks, Rick. And your, I know your center has been doing a lot of work. Um, you and I have been talking regularly in fact about some of these questions about how to distribute, um, vaccine and, and many other elements of the COVID-19 response. Um, can you share with us what work you're doing and what center activities [00:32:30] people might be able to participate in one activity, we

Speaker 4: Will have, um, an event with some international stars on the, uh, case for, and, uh, importance of, um, uh, vaccine equity around the world. Uh, it's an event that is also the launch of a letter that [00:33:00] was, uh, initiated by, uh, some friends of myself and led by people who are some of the heroes of the Ebola outbreak in 2014, 2016 in, uh, West Africa who say just as, um, it was important then for the world to come together and, um, uh, do what it took to stop that outbreak. Um, it is crucial now to do that again. Uh, so you'll have some of these, um, really [00:33:30] heroes of that app rake, uh, speak as well as, um, people from, um, surprising Biden on COVID, uh, the president of the international association of bioethics, um, and others. Um, so that's at noon on May 12th, um, and there are, um, other events that people can read about on the website, um, CPL B center for population level bio-ethics [00:34:00] CPL b.rutgers.edu. Great, thanks NIR. Thanks Rick. Thank you for all of the work that you're doing. Um, both here and abroad. Thanks a lot, Mary. This is a great podcast. So thanks Mary for doing this. Appreciate it

Speaker 1: To participate in the ethical imperative global vaccine equity event on May 12th mentioned by near I Al during this podcast, when participants will discuss an open letter calling for the world health organization to put global vaccine equity initiatives [00:34:30] to a vote, you can register@cplbdotrutgers.edu slash news. You've been listening to on the pandemic. We'll be back soon with new guests and new information from the top minds in health, to learn more about how Rutgers is making a difference during the COVID 19 pandemic visit rutgers.edu/united.