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 is Dr. Perry hall, Kietus Dean and professor of biostatistics and herbal global public health at the Rutgers school of public health

Speaker 2: Afternoon. And thank you for joining us. This is Mario Dowd from Rutgers university. And today [00:00:30] we are talking about what to expect from COVID 19, this summer, everything from mass rules, the vaccine, and how our public health leaders are performing to discuss this topic. I am joined today by the Dean of the Rutgers school of public health Perry health Kiedis Perry. Thank you so much for joining me today.

Speaker 3: Thank you for having the Mary's man honor, to be

Speaker 2: Here. Perry, let's talk about what is hot right now, which is masks and wear when to wear them, how to wear them [00:01:00] and who to wear them around. Um, the guidance for how this has been coming out, um, has been changing and the rules are different for vaccinated people versus unvaccinated people. And in some ways, this makes sense. Um, because we are having more people vaccinated in our communities and the number of cases is going down, but there's also a lot of controversy over the complexity and confusion that the changing rules has made. Even president Biden [00:01:30] has been criticized for wearing masks more often than the CDC recommends. How do you feel our federal leaders have dealt with the communication and messaging around the masking issue?

Speaker 3: So this is a, this is a great question, right? Because I think we spent the last year and a half every day learning something new about this pandemic and about this virus. And, you know, as human beings, we always want simple answers, right? Yes, no up, down left, right. But life is not like that at all. [00:02:00] And uh, every piece of information requires how we think about handling this virus. So let me, let me first talk about the new mandate from the CDC. And then talk about the communication around that. I mean, I think first and foremost, it is pretty clear from studies out of Israel and based on data from here in the United States that showed decreases in hospitalization decreased in cases that's, the vaccines do provide a high level of protection for people who are vaccinated. All right. So for those of us who are vaccinated, [00:02:30] it seems pretty clear at this point that one, while we might get infected with the virus, again, it will never, never, um, advance to a complex disease.

Speaker 3: Uh, number two, because we have antibodies, the virus in our body never gets that high. So it becomes really difficult for us to transmit the virus. So there's benefits both to us and the people around us as somebody who's done HIV work for 25 years. I'll tell you it's the same viral dynamics there, right? Hi, viraemia [00:03:00] uncontrolled virus leads to spread controlled virus, doesn't lead to spread. And so it makes sense to me that the CDC recommended that those of us were vaccinated don't necessarily need to wear masks in outdoor settings. You know, I think that for protection, for people like myself or overly cautious, I still, and because we live in New Jersey and the mandate, hasn't really taken effect here. I tend to wear a mask when I go to public spaces. But this

weekend I will tell you that I was walking [00:03:30] the streets alone without a mask. So look, the communications. Yes. Could the communications be better? Absolutely. But the problem is that the reasoning and the thinking and the rules are so complicated, you can't just give a one simple sentence a directive. And so that's why I think that people are getting confused. Mike, what I say to my family is if you have doubt wear your mask,

Speaker 2: Um, that's good advice. And you know, I think it makes sense that this is complex, [00:04:00] right? Because we have different environments too. So there's the indoor versus the outdoor. And I think the science is clear that outdoor transmission is much lower. If not, almost non-existing compared to indoor transmission. And then we have issues of, of vaccinated group of people versus an unvaccinated group of people. But, you know, because we're moving in and out of these different environments, what do you say to people about the most common sense rule of thumb about when and where you should wear your mask?

Speaker 3: [00:04:30] Yeah. So in your home with your family, that's vaccinated, you don't need your mask. You know, outside, when you're walking around, like on the beach or on the street, when you're walking quickly past people, you don't need your mask. I continue to wear my mask at the gym. I continue to wear my mask at the supermarket. I continue to wear the mask where I don't know the people. Right. And this is quite frankly what you would think about for any disease, even if you were like to go on the path, train, you know, in non COVID [00:05:00] days, touching the hand rails and then putting the hand, that's stuck. Your hands in your mouth is not a good idea. So public environments where you don't know people, you should have higher levels of caution environments, where you do know people where, you know, they're vaccinated or, you know, they're undertaking mitigation strategies. You can be less cautious that in terms of,

Speaker 2: And that's all about risk and knowing the risk situation, right? Yeah.

Speaker 3: It's all relative risk at the end of the day, it's all about like, you know, assessing an [00:05:30] environment and judging for yourself. So if somebody said to me right now come to a party with a hundred people, I would not go. But if my friend said to me go, I know her vaccinated come over. We're having a couple of other couples over and we're just going to sit around by the pool. I would go. And so it's like, you know, you have to make a determination. You know, it's about being smart in your decision-making and not reckless in your decision, making

Speaker 2: Perry, you brought up HIV and how many, um, vaccines and also [00:06:00] viruses have similar characteristics. One of the things that I noticed about this that reminded me of some of the vaccine camp, not vaccine, the, um, know your status campaign for HIV is that people now they meet each other and they say, hi, I'm vaccinated. And they're sharing their vaccine status with almost strangers, which is in some ways good because it's sharing information. Um, but you know, it's complex when you're with a group of people you talked about. If there are people that you know, that you know are vaccinated, [00:06:30] you'll hang out with them, but you're a little more cautious around people that you don't know and you don't know their vaccine status. Um, and

you know, what about the situations where you're unsure if a group of people is unvaccinated, is the safest thing, just wear a mask.

Speaker 3: That is the safest thing. And I'll, I'll tie it back to HIV. Um, the only thing you really know about HIV and a person is a third HIV positive. If somebody says they're HIV negative, I don't know that they're HIV negative. They could. When was [00:07:00] the last time they had a test? When is it? You know, when is the last time they had a behavior that puts them at risk? So the safest strategy when you don't know is to assume that somebody is infected and that somebody is risky and to wear a mask that is the safest,

Speaker 2: You know, the last thing I want to talk about masking with you is when you have a family who are at mist mixed vaccine status. So right now there isn't a vaccine eligible. Um, for kids under 12, I have three little boys at home. None of them are eligible [00:07:30] to get vaccinated. So I find myself being extra cautious and environments where perhaps I wouldn't necessarily wear a mask. If I didn't live with my kids who are unvaccinated. Also, I feel like it's really hard because masking is a behavior, um, that I'm asking my children to do every day when they go to school and when their environments and they're in the little league and that's the rule. So I'm masking and solidarity with my kids, because I feel like it's just unfair for them to [00:08:00] see people like me creating this rule for them masking, and then not doing it myself. What do you say to parents or other people who have unvaccinated people in their home?

Speaker 3: Yeah. I love that rule actually thinks that, you know, role modeling is extremely important here. You're the leader of your children. You're like, they look up to you, they're going to do what you say. You know, it's like most days, yeah. Most days. Right. You know, you know what I wrote, I wrote recently, like, you know, the mask, you know, the mask is the condoms of the 20 of 2020, right? It's like people refuse [00:08:30] to wear a condom in the eighties and nineties. Now they're refusing to wear a mask. So my response is what I've said all along throughout this pandemic, which is that there are people at risk, like your little boys, or like my brother who has Ms. You know, as, as a commitment to them and to their health, we wear masks because we love them. And so this disease is not just about protecting our own health, if the health of the people around us.

Speaker 3: And I think modeling is really important. I do think we'll have vaccines for six to 11 by the fall. And, you know, and I, and [00:09:00] I don't want to underplay the pandemic and children. Yes. It has not manifested in ways that as an adult, it doesn't mean that they're completely immune to it. So, you know, you don't want to put your children at risk cause you don't know what's going to happen. And so to parents, if you have children at home who are not vaccinated, you want to model good behaviors and that includes mask wearing.

Speaker 2: So let's talk a little bit about what we can expect in the coming months, in terms of the decreasing cases. We hope of [00:09:30] the actual virus in our communities. We have seen in the United States, across the country with some variability in different States, um, decreases. We've also seen that in New Jersey, we have a significant decrease. Um, we're not quite where we were last summer, which was, are so far along, um, or our

lowest low, but we've had, you know, ups and downs and concerningly. We are seeing across the world, um, countries that are having significant [00:10:00] and extreme increases, you know, tragedy coming out of countries like India and closer to home in central and South America. We're seeing countries with some of the highest rates, you know, relative to the overall population in countries like your, a grit, Uruguay, Argentina, Costa Rica, and Columbia. And they're very close to our country. And we have a lot of crossover in terms of, um, family populations. What do you see when you look into the future, um, for [00:10:30] the types and variability in terms of cases or peaks and LOLs and cases locally, as well as globally.

Speaker 3: Yeah. So, and let me add to that grease, you know, the, the, the origins of my family are from Greece where, you know, caseload's remained relatively low throughout the pandemic, but they can't get the vaccine and they're not taking, and the vaccine is not being, you know, uh, you know, uptaken implemented, you know, in the, in the population at the rate, we would want it to be. So it's like even countries like that. So, [00:11:00] um, what do I expect? I expect that we continue to have a global pandemic for the foreseeable future that we keep talking about this herd immunity idea, which is like, we don't know exactly what that proportion is for. COVID-19 maybe 70%, 80%. I dunno, you know, we'll get to it in New Jersey. We'll get to the United States United the United States is in New Jersey in the United States, which is part of the world.

Speaker 3: And unless the world gets its act together around this, this, this disease, then we're going to continue to have to live with it. So what do I [00:11:30] foresee? I foresee regulations being lifted from now until the end of the year. I foresee a winter holiday season that looks a little bit more normal than it has in the past year. I see restrictions continuing to happen for travels to certain parts of the world. Um, I see outbreaks potentially happening like they do with HIV in sporadic places throughout the United, because you know, either there's not people are that because you've entered, introduced, all you need to do is introduce one infection into [00:12:00] a pool, and then you have like a wild infection protection potentially happening. So that's going to continue to happen for a while. And I believe that given the fact that this virus continues to vary as much as it does.

Speaker 3: And, you know, thankfully it looks like the vaccines are working for most, with most of the variants. It may happen that unless we continue to get it under control, a variant will emerge. That will not be controlled by the vaccines. And we may be looking at a booster or an annual vaccination for the foreseeable [00:12:30] future. So I think COVID-19 is here to stay then the next few years, not as horrendous as it has been in the last year and a half. And it's been tough for all of us, but certainly something that we have to keep in our minds at all times as we continue to go on our lives.

Speaker 2: No, it's interesting to hear you say that you, you touched on the issues of variants and vaccine rates and the equitable distribution of vaccine is critical worldwide for all of us, both selfishly and also in a charitable way. Um, but I [00:13:00] think that, you know, one of the ways that I've thought about this when I've talked about it is, you know, we want to almost get to the place where we are with measles, where we still have sporadic outbreaks, um, because of pockets of unvaccinated individuals, but that, you

know, we still live with it. We still monitor, and we're still very rigorous on our vaccination campaign and potentially with additional boosters, as you mentioned, because of the variant issue, is that a reasonable view, do you think? Yeah,

Speaker 3: No. And relax. [00:13:30] Remember we didn't get the mutuals under control worldwide to like the seventies, right? So, so we, we make believe like it's never, we haven't seen it forever. Okay. Maybe we haven't seen in 50 years, but 50 years is not such a long time ago. So that is a reasonable comparison here, you know, unless we can, unless we get it under control worldwide, you know, there was a national there that there was an international effort on the part of countries throughout the world, including the USA and then the former USSR, you know, to vaccinate the people of the world with measles. And they came together [00:14:00] and they made that happen, but we need the same sort of approach here. Right? We need to be able to provide vaccines to those countries that need it the most. It means that the richest countries like ours, um, and others need to come together and provide those vaccinations because we are not in this global community.

Speaker 3: If we've learned anything in the last year and a half, it's like, it's been, wait a second. We are in a global society where people travel back and forth all the time, viruses like this are going to just continue to happen. Right. And so we have to help each other and we have to have [00:14:30] a global response. So I think your, your metaphor with measles is, is it is exactly right. We will continue to see outbreaks in some places we will continue to see parents who don't vaccinate their children for whatever reason. Um, and I think Mary, you know, and I've said this consistently in the press over the last couple of weeks, it is, I think you give up certain rights if you don't want to be vaccinated. Like, I think that go ahead.

Speaker 2: I was going to say, let's talk about vaccine. I read in the paper that you have endorsed, um, [00:15:00] uh, providing incentives such as free beer, um, like here in New Jersey, which has gotten some national attention for individuals who want to get vaccine, um, get the vaccine. Of course that's only for the 21 and older. Um, but tell me a little bit about what you think about incentives. Um, do they make sense, um, uh, beyond a free beer? What other types of, um, incentives should we consider?

Speaker 3: I, you know, there are these moment, you know, I'm a guy I grew up in New York city. There are these moments where I'm still proud to be a [00:15:30] New Jersey in, and you know, one of those moments now I'm in New Jersey. And, you know, one of those moments was when governor Murphy and his team announced this beer initiative, because it said to me like, Oh my God, what innovative out of the box, thinking, this is exactly what I've been. We've all been saying for a long time appeal to what people appeal to you, appeals to people. So I think that particular initiative targets a very specific audience. I think there are other initiatives. If you think about what's going on in the state of Ohio with a million dollars, you know, the governors is doing monetary incentives. [00:16:00] Uh, monetary compensation has been used in educational systems in four countries has been used in, uh, in, in health behaviors in other countries.

Speaker 3: I don't see the problem with that. I also see potentially the, um, another kind of initiative, an offender incentive, which is the incentive of going back to school, right? So if you think about parents with their children and God bless you all with having to deal with their children for the last year and a half, I just had dogs and they were difficult enough. Um, you want to come [00:16:30] back to school, you have to be vaccinated. And I think that is what I mean by, in a civil society. When you agree to be part of a social compact, when you agree to be part of this group, then you have to give up certain, certain privileges. And one of those privileges may be, you don't get to decide whether or not you have a vaccine. If you want to go back to school, you have to vet things.

Speaker 3: So that's, that's another initiative, you know, I would just do lotteries and I would do, you know, I would, I, you know, there's every everything different issues is going to work for different groups of people. I know there's for my research studies. [00:17:00] Some people want cash. Some people want gift cards. Some people want beverages, right. You know, obviously the beer doesn't work for under 21. And for people who have an alcohol problem, right. But there's other things we can give them. So I, I'm an oppressed, the governor and, you know, and his team to continue to like, do this really cool out of the box thinking, cause it's like, I can't, we look great in the face of this epidemic over the course of the last year, given this type of thing. I like, I like, I like positive reinforcement and rewards as a way of getting people to change their behavior.

Speaker 2: So you said [00:17:30] positive reinforcement and rewards, but some people would call, um, a vaccine to get to school a mandate. And in fact that's what Rutgers university did. Right. And we were the first in the country that said that we were going to mandate vaccine for students coming back in the fall because we felt that it was the safest way to have school. And president Holloway really made a lot of news on that. Um, so I, I heard you endorsed mandates as a, um, one of the mechanisms to ensure a vaccinated [00:18:00] population in a safe environment.

Speaker 3: Yeah. My other proud moment over the last couple of months has been that when, when brought to her said, you have, if you want to come back to the university, you have to have a vaccine. I think, look, we are a public university, there are public schools. I'm not saying that private schools necessarily have to follow this rule, but I'm saying certainly anything that any, any organization that's get gets federal or state or local money, there has to be an obligation to protect the safety of the public. And yes, I have an, I have no problem mandates, you know, marrying in 2009, I went back to [00:18:30] school to get my MPH after years of being out of school, because I thought one day I might want to be a Dean and I thought I should have this MPH degree. And so I went back to school, which just by the way, let me tell you, after being an associate Dean for years and years, it felt like a vacation going to class at night.

Speaker 3: It was amazing. Um, and I learned all these new things, um, um, um, along the way, and I remember getting into the program and having to dig through all my mom's and dad's records of my vaccination stuff from when I was a little kid and I did, and it was required [00:19:00] for me to go to the university. So I, I mean, I think that that is just par for the course here. And I think that if we are going to move forward, I love the idea of kids

coming back to school, just like we had both polio vaccines when I was a little boy on my sugar cubes, my folio vaccine in school, getting vaccinated in schools and, you know, really helping us get to that herd immunity number because we've got the six to the six and over crew that has been vaccinated.

Speaker 2: So one of the things that people are concerned about is this is a relatively new vaccine [00:19:30] and we have just made it available really just the UN only the Pfizer vaccine for children 12 to 15. And I think you're right that, you know, um, you know, studies are well on the way to make, um, increase the pediatric population that's eligible down to maybe six years. But do you think that, you know, the new eligibility for kids, one presents different challenges for the vaccine campaign or two changes your thinking on mandates? Should we wait longer for that population or not just [00:20:00] because they're younger.

Speaker 3: I mean, if it was 1950, I might wait. Um, but I think like in the last 70 years, vaccine development has advanced so rapidly and safety trials have advanced so rapidly, um, that I, I feel okay about it. Look, I mean, I'm thinking about writing a book actually in my spare time, um, about, you know, how public health has been transformed by HIV and by COVID quite frankly, because I think it has been these two viruses interacting. We've learned a lot since [00:20:30] the 1980s with HIV, we've learned a lot about how the FDA does business and about how, how we encourage people to be part of safety trials about how we do safety trials. So yes, and I'm not going to say Mary there's zero risk because there's never a zero risk, but I feel really confident in the science that's been undertaken that it's it's, you know, if, if, if the, if the FDA says it's relatively safe, it's relatively safe, the course will be the outliers, the exceptions that's going to happen with any situation, but quite frankly, you know, I I'll drive [00:21:00] over a new bridge without a hundred percent assurance if that bridge has been to stand up.

Speaker 3: Right.

Speaker 2: And I think the other thing, aside from the new bridge analogy, one of the things we do know for sure is that there are risks with COVID and that they can be very long-term risks, um, based on what we've learned so far. And we still have more to learn about those, um, last topic I want to talk with you about is mental health and resiliency. Um, one of the things that I learned in, um, events where you had [00:21:30] trauma, whether they were emergency events or others, is that you often see a very vulnerable population and, um, you know, relapsed with issues like alcohol or substance use. And you also see new populations, more susceptible to overuse of these types of things, um, because of the increases in depression, um, and other mental health challenges, just because of the dynamics. Now, this has been one of the most dramatic trauma oriented [00:22:00] times for our population, not just because of the physical, mental health, the loss of loved ones, but because of all of the social dynamics that have occurred with, you know, the isolation, um, we have seen everything from major increases for depression, alcohol use, as well as things like waking for kids and childhood obesity rates.

Speaker 2: What are some of the things that you're seeing that you think, um, are a major challenge relative to mental health as a result of this panel?

Speaker 3: [00:22:30] Well, I see, you know, look, I, I see the, I see something called retraumatization. I think marginalized populations in our society, whether they be, you know, uh, people of color or sexual gender minorities or women for that matter, who are traumatized because of society have the experience of the last year and a half of being retraumatized. And when somebody is retraumatized, it ignites all these psychological processes, those psychological processes, manifesting depression and substitute substance use and mental health are not, are not separable. [00:23:00] People just don't like decide they're going to have a heroin addiction or alcohol problem because they have nothing better to do it's because they have these mental health problems that drives them to use these substances as a means of ameliorating or less than name or dampening, those negative feelings. So look, here's what I think. I think we need a collective, I need, I think we need collective therapy as a nation.

Speaker 3: We need a breather. I think that what is very clear to me and I'm talking to friends is that many have, have, have gone back to therapy who had not been there before meant [00:23:30] for a very long time, just because COVID-19 has ignited for them. These really, really negative feelings. I mean, we've, we've done an analysis of LGBTQ plus people in the first quarter of the pandemic. The rates of drug use are unbelievable even higher than before in a population that already has high levels of drug use. So what I think we're going to have to do, and I'm hoping that Biden administration and Murphy administration, I know governor Musk really gets, this is like start to focus on mental health as part of health, right? It's not just like our [00:24:00] bodies, it's our minds and our souls and providing resources that are accessible to people, um, so that they can continue to like enhance their wellbeing.

Speaker 3: And I think what we've learned also over the last year and a half is that this can all happen on the computer for God's sakes, right? Like, like talk therapy, like, you know, it felt about something that was not catching on before has now really caught on. And I would encourage anyone who is thinking of posts, having any struggle whatsoever with having negative feelings as we [00:24:30] all are having them. And we are all afraid to put on our suit pants and we are all, you know, are adult clothes and put them, I had to put them on last week to go and do a photo shoot. Yeah. They were a little snug, but okay. I made a decision that I needed to lose five pounds. We're all facing it together. And most importantly, as a psychologist, as a public health psychologist, I will tell you the best thing you can do. Just talk to people about what you're feeling, right. We're all going through it. You're not alone in this at all.

Speaker 2: That's a really great message because I think it's so simple [00:25:00] and so true. Right. Um, what do you think though, about sort of systemic or structural ways that we can reinforce our infrastructure? Right. And so I think about this relative to, you know, kids who have been out of school and all of that play that they've missed and socialization and, and, you know, it's also affects adults in different ways too. So, you know, looking at school systems, looking at work environments, how do we think about bringing mental health or [00:25:30] any kind of behavioral resiliency elements into those

existing infrastructure so that we, we can not only get better from where we are, but then get better from where we want to be. How do we build that resilience?

Speaker 3: Well, so I'm going to say two things. First of all, if a person who was an athlete, like a marathon runner becomes injured and that marathon, or has to be off their legs for a period of six weeks, once they're healed, they're not going to run back to doing 26 miles right away, or 26.2 miles, excuse me, I'm being a bad Greek. I'm not getting [00:26:00] it exactly right. This is this. So that's my first recommendation is like, when we think about re-entry re-entry has to be methodical and slow. We can't just all of a sudden say, all right, everyone back to work, right? Because we are taking a system where we've been living in this like weird way for a year and a half. And all of a sudden we're going to rip the bandaid off, or we're going to just run back. No. So staggered re-entry both were schools, right.

Speaker 3: And for the workplace is going to be really, really important. Otherwise we're going to shock the system and we're going to hurt [00:26:30] ourselves again. And it's going to come out in all these other ways. Number two, I think that in organizations like Rutgers and in schools and in other companies, there needs to be a place for people to come together and, you know, socially support each other. It doesn't have to be a therapist running the group. It could be somebody like, if you think about like, I don't know, on the Donald's or something, or like a seven 11, or one of those places, you create a space by which the workers can gather with each other for at least like, you know, half an hour, maybe once a week, maybe more than once a week [00:27:00] where they just sit and talk. Right. And sometimes the talk is about COVID.

Speaker 3: And sometimes it's about like the Halston mini series on Netflix, which by the way, I highly recommend to everybody. Um, and that gets people to re introduce themselves into the social system because how many people have we all really seen in the last year, I went to Easter, Orthodox Easter at my aunt's house two Sundays ago. And I saw my aunt and my cousins for the first time in a year and [00:27:30] a half. It was bizarre. It was just bizarre. And it's almost like, it's almost like we have forgotten how to relate to each other. So those kinds of skills are important. And for schools and for kids, I kind of say, I feel like last year was lost. Like let's, if they were in third grade, let's watch and they're supposed to be enforced, but maybe we should do like a combo. Third, fourth grade, middle schools need to be innovative in how they think about that. But kids have really, really, um, have really, I think that the [00:28:00] young children in particular, six to 12 have been the ones who have been most accepted here, and we have to give them a chance to catch up

Speaker 2: Well, Perry, we have a long road ahead of us. Um, and, uh, I really appreciate you taking the time with us today. Do you have any last comments that you want to give to our audience as we end our first season?

Speaker 3: Yeah. I think that, look, I think, you know, out of every, every cloud has a silver lining. Right. You know, we have to find like, you know, when I talk about HIV, people are like, [00:28:30] they always talk about the horrible things that happened and it was horrible, but there was a many good things that came out of that. Right. And I mean, and we've

benefited from that during this COVID 19 pandemic with those development of the vaccines and the development of like, you know, trials and all of that stuff is because of AIDS. I would just say like, think about this period as a learning moment in our history. Yes. It was horrific. Yes. Over half a minute, over 500,000 people have died in our country app. It's, there's not one person should have been lost, but take it as an opportunity to rekindle how we do our business. [00:29:00] And most importantly, continue to build our public health infrastructure because that's, what's going to get us through the next one.

Speaker 2: Thank you, Perry. And thank you for joining us for the first season of on the pandemic

Speaker 1: 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.