

## ep\_23\_osterholm\_update

**Chris Dall** [00:00:05] Hello and welcome to the Osterholm update, COVID-19, a weekly podcast on the COVID-19 pandemic with Dr. Michael Osterholm. Dr. Osterholm is an internationally recognized medical detective and director of the Center for Infectious Disease Research and Policy, or CIDRAP, at the University of Minnesota. In this podcast, Dr. Osterholm will draw on more than 45 years of experience investigating infectious disease outbreaks to provide straight talk on the COVID-19 pandemic. I'm Chris Dall, reporter for CIDRAP News, and I'm your host for these conversations.

**Chris Dall** [00:00:42] It's September 10th. And as the nation enters its seventh month since the COVID-19 pandemic began, the stress of living with the Coronavirus and not knowing when the pandemic will end is taking its toll on people's mental health. Many Americans are feeling isolated, anxious, angry and fearful. Studies are showing that the prevalence of depression among U.S. adults is on the rise. And parents report that both their and their children's mental and behavioral health have worsened. Later on in this episode of The Osterholm update, we'll discuss the COVID-19 pandemic's impact on mental health. But first, we'll get an update from Dr. Osterholm on the current state of the pandemic, look at the challenges that colleges and universities are facing as they try to limit the spread of the coronavirus on campus and examine the latest news on vaccines. And as always, we'll start with Dr. Osterholm's dedication. Mike, who receives the honors this week?

**Michael Osterholm** [00:01:30] Thanks, Chris. It's good to be with you again. Thank you for for being here with me and sharing this experience. And let me say in who I'm dedicating this to gives you some sense of what this particular episode means to me. I'm dedicating this to all the mental health providers and professionals across the land in whatever area you're in, whether you're a psychiatrist or psychologist or a therapist, a social worker. Thank you for being there. We need you so much. And you have not really received the recognition and the acknowledgment of how critical you are to this pandemic response. And so I salute you.

**Michael Osterholm** [00:02:15] And as we do talk about the issues of mental health later in this broadcast, I just want everyone to know how much we appreciate the wonderful mental health notes that you send us as CIDRAP. Every week we get some of the most amazing emails from you. And it really is. It's a remarkable gift. I can say. I speak on behalf of all the CIDRAP staff.

**Michael Osterholm** [00:02:40] I've also had some feedback. I will have to acknowledge that some people find my dedication's and my end of the podcast, conversations in and insertion of some more personal sides of the issue as being something they're not necessarily interested in. On the other hand, there are some of you who find that to be very helpful.

**Michael Osterholm** [00:03:01] So what I'm going to ask is the indulgence of those who find the dedication and the end of the podcast discussion and not what you want. Just fast forward. Go for the heart of it, if that's what you're looking for.

**Chris Dall** [00:03:16] Mike, as we've discussed on previous episodes, U.S. case numbers continue to drop from this summer's peaks. But the school year is now in full gear and colder weather is coming. And in fact, it has already arrived here in Minnesota. How do you see things playing out over the next few months?

**Michael Osterholm** [00:03:31] Well, the virus is continuing to do what we thought it would do. What we shared with you four and five weeks ago is all coming to fruition now that colleges and universities are open, high schools are coming back into session. We're beginning to see a substantial increase in transmission in those settings. Again, that's not a surprise. That's what we thought would happen. How we're dealing with that is still unfolding. I come back to what I have said many times. This is our COVID year. Do not forget that this is our COVID year. We get one free one. And what we have to do is just get through. We have to make it work the best we can. I watch colleges, university students and parents, the public relations side of the house and the science side of the household struggling to how to deal with what's going on our campuses right now. We should not be surprised that what's happening in our college campuses wouldn't have happened. These are young individuals who are coming home from homes to be on college campuses after having a horrible second half of their senior year. They're coming off a largely a an unfulfilled year and now they're coming to a college campus. Now, that's not an excuse for behavior that puts them or others at risk. But it's also understandable. And so we shouldn't be surprised by the fact we're seeing these thousands of cases that are occurring in these college campuses. Universities, meanwhile, are struggling. They're trying to figure out, you know, what should we do? How do we do it? Anyone who thought they could have stopped this virus cold in his tracks on a college campus just doesn't understand it. Now, having said that, let me move on and say that these cases in these college campuses and in high schools are going to spill over into our community. And I think that you're going to see the numbers as we have now gone from that sixty five thousand cases a day in late July to now, roughly the seven day average is right around 40000 cases. It's plateaued off there. Imagine when we were at thirty two thousand cases a day in April in New York. And we also. Oh, my. This is as bad as it's gonna get in here. We're now talking about leveling off at low 40s.

**Michael Osterholm** [00:05:55] That number is going to increase. Now, one thing that may change, how much it increases is America's willingness to be documented as a case.

**Michael Osterholm** [00:06:06] We're learning of increasing numbers of college campuses where students refuse to be tested, where they, in fact, are not giving up contact names. They don't want to put somebody in isolation or quarantine for 14 days because of something they said. And so I think we're going to have a challenge, in fact, getting more and more people to be tested because they don't believe the implications are worth the testing. Now, that means there will be cases that will get seriously ill and they will obviously come to detection or we're gonna see more and more of these young adults transmitting to others who will get seriously ill and will pick those up. But I think that this young adult explosion of cases will not be well documented on a whole. And we just have to understand that what will happen when the case numbers increase and we hit the fall season, the winter's heating season, where indoor air is going to be the norm. I think that's going to be a challenge. I think we could see case numbers go up substantially. I'm making the case right now that vaccine will not have any substantial impact on community acquired cases between now and the end of the year.

**Michael Osterholm** [00:07:16] So for the next four months, we just have to assume that we're in this with what we can do to limit transmission. And we're just going to see the case numbers increase and not be surprised by it.

**Chris Dall** [00:07:32] Internationally, are there any areas of the world that have you concerned?

**Michael Osterholm** [00:07:35] Well, as I said in a previous podcast, I fear that the rest of the world is learning from us, just as we should have learned from the rest of the world earlier and their experience. You know, as we saw in April, May and June, many other countries in the world really put their foot on the brake and brought their outbreaks to almost screeching halt. Case number is diminished dramatically and they were quite successful in driving down numbers far, far below what we did when we got to our twenty two thousand cases of Moral Day and were done. Pandemic fatigue, summertime outdoor parties. And we're going to these other countries in the world in many cases, actually got the numbers down so low that they were able to use testing, contact tracing, follow up to maintain low levels. But then they started to open up and they didn't do it gradually. And as a result of that, they've now seen explosions. We have cases in a number of countries in Europe that are as high now as they were in April. And these were countries that had quite good control going. And people say to me, well, they never really had control. And I just come back to one shining example in this country and the state of New York, in New York City, they have now, just for the last 30 days, been under one percent positives among all their people tested. They are just opening up restaurants again to 25 to 50 percent capacity. Still, they're not back to where they were, but they have done an incredible job of controlling what they could in terms of of this pandemic in the state of New York and New York City. Now, I know you'll hear from people say, but our life isn't the same. It is not. Please. No, I understand that. We all do. But at the same time, you're not seeing these incredible high numbers of cases and deaths. You already went through that in April. You went through a hell of a time, a horrible time. And there were things that anybody in their right mind would recognize would've been better had it not happened that way. But I think the lesson is now. So I still believe we have that ability to get through to a time for a vaccine. And I want to be really clear, too, because there's been some misconceptions about vaccines in that they think that they're all going to be there right away. Once they get licensed, it will take months before we'll have no vaccine to vaccinate this country. So we're gonna be in this for a while yet. As far as other international countries, let me just come back and say that India is poised right now to surpass the United States in total number of cases and deaths. We're seeing really tragic outcomes in some of the South American countries. So there are other countries out there that are houses on fire that are really a challenge. Other countries are trying to regather their public health control efforts and bring case numbers down. We're seeing that, you know, in France, England, Czech Republic, Spain, and and we'll see how well they're able to do. Again, I don't have any hope for us taking the course we are right now that we're going to see these numbers dropped much lower. In fact, they're only going to go higher. One last point I want to add. I keep getting comments about this and it has to do with Sweden, you know, for the last 10 weeks, Sweden has really had very low numbers of cases, you know, in the two 200 range, 300 cases a day average compared to what they were fourteen hundred today at one point. And people are saying, see how? Look at they have actually succeeded. They did hit herd immunity or something. They did basically drove the virus transmission down. And, you know, I would like to be so optimistic. I would like to congratulate them, but I know better. This is to me, just like what happened last spring when California had very limited activity. And there are all kinds of people coming up with reasons why; lack of public transportation, so people weren't getting exposed that way. You know, the fact that they were all spread out throughout places like L.A., etcetera. It wasn't living right on top of each other. And these are all reasons why they were not going to have a problem. And then we saw what happened in July and August. And suddenly, suddenly, that issue of mass transit didn't seem to make a difference. Or if it did, it was sure not a positive thing. And so I think Swedens in the same boat. I hope not. I'll be very, very, very willing to be wrong on this one and acknowledge that. But I think three or four months from now, I'd like

to see where Swedens at. And I have no reason to believe that they're going to continue where they're at right now. I think they're in a respite. And so please don't use Sweeden as the policy answer for how to deal with this pandemic.

**Michael Osterholm** [00:12:29] It's not. And. You know, I'm not going to sit here and tell you one day when cases go back up. Look at it just more a matter of knowing that anyone who has a simple answer to a complex problem is most often wrong.

**Chris Dall** [00:12:45] So there's been some major news on the vaccine front this week. And let's start with the pause of AstraZeneca's phase three vaccine trial due to an unexpected, serious adverse event. For those in our audience who might be alarmed by this event, can you explain what it means and how it impacts that Phase three trial?

**Michael Osterholm** [00:13:03] The very purpose of doing these types of phase trials, of actually vaccinating people with a vaccine and then another group with a placebo with no one knowing who got what, except for the monitoring board that oversees the study, which is an independent board, by the way, not made up of the company members, is the very purpose to see how well this vaccine protects and to pick up any potential adverse events that might occur, either with the actual vaccination itself or weeks to months later when they're exposed to the actual real virus. Does something get triggered from an immune standpoint that could cause a problem?

**Michael Osterholm** [00:13:46] So this is exactly what we would expect to see. A study like this do, documenting an adverse event and then putting a hold on and then going in and evaluating that event to see if it having to do with the vaccine. Remember that when you have thirty thousand people enrolled in a trial or more every day, bad things happen to these people. You know, they're in car accidents. They have heart attacks. Women have miscarriages. They're diagnosed with cases of cancer. All kinds of things happen just by the mere presence of how often they occur in our population.

**Michael Osterholm** [00:14:26] The job of the overseers of this trial is to say, but did that have something to do with the vaccine? And so that's what we're at right now. We're actually there. And I feel confident that what's being done is exactly what should be done. We see this with trials all the time. We we've had many different trials with vaccines over the years where the monitoring board would come in and look very carefully at a potential adverse event and rule. Yes or no? I'm not sure what the final answer would be on this one, whether it is vaccine associated or not. But I'm very confident that the systems in place and as people who are worried about speeding along too quickly with this operation, warp speed evaluation of vaccines, this is exactly what should happen. And it happened exactly at the right time.

**Chris Dall** [00:15:15] There was also a statement put out earlier this week by nine pharmaceutical companies that are developing COVID-19 vaccines in which they pledged not to seek approval for their vaccines before they have been fully vetted for safety and efficacy. This letter was widely seen as a response to fears that a vaccine could be approved by the Food and Drug Administration as soon as late October, just before the presidential election. So, Mike, how significant is the statement from the pharmaceutical companies, and does it ease any of your concerns about an October surprise?

**Michael Osterholm** [00:15:44] Well, I actually I've had the opportunity to participate in several different panels over the course of the past week related to this issue. And what are we really talking about when we're talking about an October surprise or the actual

approval of the vaccine and its availability? Let me just start out. First of all. And, you know, I'm just calling balls and strikes here. OK, this is not partisan. This is not hopefully judgmental from an emotional standpoint, just as Joe Friday in the old Dragnet show and say just the facts, ma'am. If you look at these nine companies, they have a lot to lose in this whole process, not just a lot to gain. If any of the companies come forward with a vaccine that they want approved and somehow it gets approved by someone, which we'll come back to, and there is a problem with that vaccine, they will pay a price in the immunization world for as long as I'll be on the face of this earth. They know that if they're a company that had a vaccine that should have and could have been further vetted, that would have picked up some kind of a problem before it was made available, that there will be a price for them to pay, not just financially. And so it's not a surprise these companies would say this. There clearly are leaders in these companies that have the essence of integrity. I know some of these executives and I believe that they, in the first instance, would think more about is this a vaccine that would be safe for my own family members to take not just what it means for their company.

**Michael Osterholm** [00:17:23] So I am confident in this. But I think the challenge we have is how could a vaccine arrive on the scene as an October surprise? And unfortunately, it was that attention was drawn to that point this past week, again, by the president, indicating that it's very possible that one would be here by, as he declared it the big day.

**Michael Osterholm** [00:17:46] And I actually believe that the the data monitoring group that will look at these data, which will determine if for some reason there is evidence that the vaccines are highly effective and safe before the election, that they'll come forward with that as an independent board. Remember, we have five hundred to a thousand people a day dying in this country from this disease. We want this vaccine as soon as possible. So if we can have it tomorrow with those kinds of criteria, I would be extremely pleased. But at the same time, if it's rushed and we have this challenge I just mentioned then we've got a hell of a problem. So from from my perspective, I believe that the monitoring board will not come forward with a statement of of success in terms of efficacy or safety until it's time. I think the FDA will do the same. The FDA surely has been challenged with issues like hydroxychloroquine, remdesivir approval. The issue around plasma therapy and some would say, well, this one would come through too maybe with an emergency use authorization.

**Michael Osterholm** [00:18:58] I'm confident that's not going to happen. I think that if a company doesn't apply for emergency use authorization, there's no way the FDA itself will initiate that. So you can say there really isn't much of a chance of this being an October surprise. And of course, administration officials out of the NIH have been fairly clear about that, that, you know, they, too, would not support something before it's time.

**Michael Osterholm** [00:19:25] On the other hand, I think we do have to be mindful of the fact that the secretary of health and human services has the authority to issue a emergency use authorization for this vaccine. And if he should want to do that, even if a company did not want it to be done or the FDA did not want it to be done, he could still do that. And you say, well, but they've gotta make vaccine. Well, unfortunately, it appears that under the Defense Production Act, the president could force a company who now has had a emergency use authorization put upon them for the vaccine that was approved. And with the defense production act combination a company could be made to make the vaccine, even though they had not applied for that. Now, that obviously is still open to interpretation. Hope we'd never see that happen, but we have to entertain, that's a possibility, and I think

that there would be an outcry from the public health community second to none, which is my worst nightmare.

**Michael Osterholm** [00:20:27] My worst nightmare, because we will so confused the public. If it what we're saying is there's not enough information yet to determine the safety and effectiveness of the vaccine. That'll be interpreted with that vaccine is not safe. Meaning that when we finally do get sufficient information and it might reach approval, the public will be so whipsawed. We owe them so much more. So what I can only hope is we get a safe and effective vaccine as soon as possible and multiple vaccines, we're gonna need multiple vaccines. And that we not have this confusion about was it rigorously vetted? Has it met the standards of vaccines that if this were a very different time without a crisis, would have been handled the same way? I can only hope that will be the case. So we'll keep you posted on this. We're involved in a number of discussions on this issue, and we can only hope that we're going to get to the point where we we actually can start vaccinating Americans against this horrible pandemic virus.

**Chris Dall** [00:21:30] There was a commentary published this week in the New England Journal of Medicine that got you pretty riled up, Mike. And it brought up the concept of variolation and how it relates to COVID-19 and masks. So can you explain what your issues are with this piece?

**Michael Osterholm** [00:21:45] Well, I can't imagine this audience would ever think of me getting riled up. I was I was very riled up. I can think of only a couple of times in my forty five year career when I felt that an article published in a medical journal was irresponsible and even dangerous. And I think this one was. We're working to respond back to this article. The title is Facial Masking for COVID-19 potential for variolation as we await a vaccine. For those that don't remember, variolation was the process of in the old days of taking someone with smallpox and actually taking a postule from some of the smallpox and inject in basically scratch in the arm and putting that on that person person's arm with them then getting a mild case of smallpox. It was not inhaled. It was not the big dose that got in there. And while some people still died from this, many were protected against the severe form of smallpox. Well, this paper by Monica Gandhi and George Rutherford basically was a whole series of kind of what ifs, what ifs, what ifs.

**Michael Osterholm** [00:22:51] And what they hypothesized was, is that if you wore a face cloth covering, or they called it a mask, they didn't really define what they were talking about, that you had a lesser dose inhaled of the virus and you then had mild asymptomatic disease, but then developed protection. And there's not a lick of data in here that supports this concept at all. And the reason I'm so concerned is that, in fact, if I were to read this or to hear about this as someone, I would say, well, you know what? I'm just gonna go out into public with my face cloth covered out and I'm not going to distance.

**Michael Osterholm** [00:23:28] I'm going to go right up with everybody, because if might tonight might be the lucky night I get infected with this mild virus level and therefore now I'm protected. Couldn't be more dangerous to make that point. I would just say, in short, we've gone through this at length. They make statements about lower dose. They have no clue what they're talking about. There's no dosage data in here. We're doing the work right now looking at infectious doses, you know, we've been working with the animal model people to look at what this is. And we're looking at likely needing an infectious dose in humans for this virus, which probably is somewhere in the order of ten to the two, which is very, very, very low. And that's just to infect people that that doesn't say a lower dose. We've also seen that there is no evidence that dose in animal studies actually affect their

outcome, though they differ by age or the genetics of the and the co morbidities of the animals. So if you take old macaques with diabetes and overweight and infected with a low dose, they still come down with very, very serious disease where young macaques, even when healthy ones with higher doses, still have this very mild, if asymptomatic infection. So the dose may be actually even less important than just who the individual is is getting infected. This paper had no sense of how well a face cloth covering actually reduces inhalation. We know and you've heard me talk about this before, our concerns about the issues of aerosols and how they are inhaled in and how they're exhaled, exhaled out. And then they cited studies using hamsters for which they actually misinterpreted the information. And and made it seem like somehow the dosage being delivered to these hamsters would actually show that the hamsters have got less, really had less illness. And in fact, it had to do with airflow. It had to do with with many other things. So my worst concern is that this paper will lead people to actually let down their guard. They won't distance. And we're going to see many more infections.

**Michael Osterholm** [00:25:43] If there were some data in here that supported this in a way that would say, well, you know, we need to look at this. That's great. But this was just absolutely irresponsible. And I don't say that lightly. You know me well enough on here, you know. But I, I think that The New England Journal has a lot of explaining to do. And I plan, as do some of my colleagues, addressing that with them, because it surely gives the public the wrong idea. There is no data to support this concept. It all is a reality.

**Chris Dall** [00:26:16] Want to quickly follow up with you on the issue of testing. You've been skeptical of the push for more rapid but less accurate COVID-19 antigen tests. And it seems like other experts are sharing your skepticism about widespread use of these tests. But Mike do you see these tests playing any role going forward?

**Michael Osterholm** [00:26:31] Well, I do see them playing a role. I think this is where there's been some confusion, but it's just what role. And I think it's also the reality of how these tests can actually be used. And I've gotten a lot of e-mails from some of you who are still not convinced that I know what I'm talking about in this area. And so be it. But there was a really thoughtful and very well done article by Catherine Wu this past week in The New York Times. Catherine is a PhD in Lab Science, a brilliant writer. And the article, which was published on September six, is entitled Daily Corona Virus Testing at Home: Many experts are skeptical. And the actual tag line underneath is the buzzy idea is impractical, critics said, and there isn't really real world data to show it will work. And, you know, I'm I'm all for trying things that haven't been shown to work. If there's a reason to think they could. And as I've laid out over the course of several of these podcasts, why I have a concern about this and why it hasn't taken a hit and caught fire is actually laid out very nice in this article.

**Michael Osterholm** [00:27:41] I was not part of the article. I can't be accused of having influence. But Catherine did a very nice job of laying this out. So I urge you to go read this article. There'll be a link on our Web site here at the podcast. Again, remember, it's daily corona virus testing at home. Many experts are skeptical and it does really, I think, give you a sense of the reality of how this test might work or not work. Remember, I just got done telling you that we have all these students today at college campuses who won't get tested. You know, I think they're going to take a home test. We have up to 30 percent of the population. This country still believes this pandemic is a hoax. Do you think they're gonna take a home test? You start nibbling away at all this pretty soon. You have a very small percentage of people who would use this test. And and so if that works for them,

fine. I'm just pointing out it's not going to have a measurable impact on the pandemic. And that's what this article really lays out, I think, in a very objective way.

**Chris Dall** [00:28:38] Mike, last week on the podcast, we discussed the issue of how the CDC classifies COVID-19 deaths. I understand you've gotten some feedback from our listeners on this issue. What are you hearing?

**Michael Osterholm** [00:28:49] Well, I actually heard a lot. And I have to say that, you know, I'm accused by my family as explaining the world in analogies. I think that's my simplistic mind that doesn't understand things that they're very complicated.

**Michael Osterholm** [00:29:03] I've found someone whose analogies were something I was very attracted to. This is from Megan. And it's not surprising that Megan is a professor of English and history and had a very thoughtful analogy to understand this point of call morbidities and what it means in terms of what you die from. Remember the debate about the fact that there were one hundred eighty four thousand deaths and only nine thousand were recorded at CDC as having died from COVID-19 as all by itself and the other ones had these called morbidities listed. And so Megan took my previous analogy of a forest fire and how this was burning and said, well, you know, this really can help explain also the idea of when we talk about deaths. What is the cause of death? And she said and I'm quoting here, We know that some things increase the risk of wildfires and also increase the risk of wildfires become dangerous. For example, hot, dry weather accelerates fires. A longstanding drought makes the countryside extremely dry and a flammable tinderbox. High winds blow the flames and embers further afield. When a person has a comorbidity like heart disease, type two diabetes, obesity, COPD, it's kind of like when the landscape is extra vulnerable to bad wildfires due to heat, drought or high winds. If a wildfire or COVID starts under these conditions, it's much more likely to become dangerous and even fatal. But the cause of death would still be COVID.

**Michael Osterholm** [00:30:36] The wildfire, not the drought, not the tinder box, not the high winds. And I think this is an incredibly thoughtful way to look at this. The fire is what did it. The tinder box was there beforehand. The droughts were there beforehand. All of those things that make that forest fires so bad are still there. But it is the fire that ends up causing the problem. And that's what this virus is. The viruses, the fire and these other risk factors are clearly a precipitating factor. But, you know, you don't die from the drought. You don't die from having no high winds. You die from the fire. And so I think that all I can say is. Megan, thank you. That was an incredibly thoughtful piece of information. And I hope that helps others understand this idea of comorbidities and actual cause of death.

**Chris Dall** [00:31:28] So as I discussed in the intro, the pandemic's impact on mental health is becoming increasingly apparent. And we've gotten several e-mails on this topic. One of them is from Michael who writes, As we go into the seventh month of the pandemic, many people realize Dr. Osterholm was right. It is not a winter storm, but a season. But it was troubling to me that a patient that I saw this week told me she was losing hope. This patient just celebrated her sixty fifth birthday and five years of being cancer free. We had a great conversation about hope and not giving up. She left the office hopeful. But what worries me is how many people are feeling the same way. And we also received an e-mail from Kai. Kai wrote, in light of World Suicide Prevention Day, which is today, September 10th, how should we go about achieving a balance between addressing our COVID-19 pandemic and our mental health epidemic? So, Mike, everyone is focused on the physical impacts of COVID-19, but the mental health aspects of it can't be ignored. What do we know about how people are being impacted?

**Michael Osterholm** [00:32:23] This is an incredible challenge that we have not just the virus, but all that the virus is doing to us as a society and as individuals. And this is also one that we all often don't want to talk about. Mental health is one of those very difficult areas to talk about. And yet we all have some sense of mental health, be the very poor, hopefully very good. So let's just take a few moments and talk about versus the mental health issues versus the physical issues of this virus. It is very real.

**Michael Osterholm** [00:32:58] There've been several recent studies published, one in JAMA just published this past week, a study done by the Boston University School of Public Health, Brown University, Columbia University and the Hazenfield Child Health Innovative Institute, where they really looked at a population based surveys of adults 18 and older.

**Michael Osterholm** [00:33:18] And they compared what's happened since the pandemic began with a year ago with the data set, the data set from a year ago is the NHANES, which is the National Health and Nutrition Examination Survey. And they had quite comprehensive information on mental health of five thousand sixty five individuals representing the population of the US. And then they compared it to a population based study that was conducted March thirty, first April 13th, which they had fourteen hundred and seventy adults.

**Michael Osterholm** [00:33:50] Now I want to make a point because the period of time assessed in March April surely was a challenge. But it wasn't even the big challenge yet of what we've seen with the cumulative course of this pandemic through into September. Now, I think a lot of people kind of thought this was going to be over with by May or June had one sense of this, and now they see this dragging on. But in the results of this study, a well done study, they found that if you looked at depression symptoms and they characterized them in the amount of of the symptoms you had, it was either none, mild, moderate, moderately severe, severe.

**Michael Osterholm** [00:34:33] And if you looked at before COVID-19 last year's survey, 75 percent of the population had none. No. However, only forty seven point five percent had them this year. And remember, again, this is an earlier survey. This isn't with all the fatigue this set in. Twenty seven percent difference. If you looked at mild a year ago, 16 percent were mild. This year, twenty four point six percent. Moderate, five point seven percent a year ago. Fourteen point eight percent this year. Moderately severe. Two point one percent a year ago. This year, seven point nine. And in very severe depression point seven percent a year ago, 5.1 percent now. I could go on and talk about all these issues around depression and what is. But the point is, it is real, it is substantial, and it is growing.

**Michael Osterholm** [00:35:29] In another subsequent study that was published not long ago in August was one from the CDC, which in this particular study, they, too, looked at adults. It was five thousand four hundred and twelve adults, again, randomly across the population. This study and the JAMA study will be on our Web site so you can go look at these.

**Michael Osterholm** [00:35:53] But while the authors of the CDC study say the results from that study may not be directly comparable to results obtained from similar studies in previous years, there is a significant amount of information that can be gleaned from these studies. For example, in the second quarter of 2019, eight point one percent in a previous study reported anxiety where it was twenty five point five percent of the participants in the

second quarter of 2020. Depression for those same type periods went from six point five percent to twenty four point three percent, over a quarter of all the respondents in this study. Twenty six percent reported a trauma or stress related disorder somehow related to the pandemic. And what's really concerning is thirteen point three percent have now started or significantly increased substance use to cope with the stress or emotions related to all of it. And we know what happens with chemical and substance abuse. Finally, ten point seven percent of the respondents reported serious consideration of suicide in the past 30 days, which is two times higher than was reported among U.S. adults in two thousand eighteen.

[00:37:03] These conditions clearly were disproportionately affecting specific populations, including young adults, Hispanic individuals, black individuals, essential workers, unpaid caregivers for adults. Some of the groups already were at heightened risk for becoming infected, essential workers, and are facing more severe adverse outcomes from their infections. In a sense, this is almost a double whammy. The emotional mental health issues in these populations then having to be faced with going into the workplace every day to be exposed. And so you can understand why they're kind of hand in glove in terms of issues. And one of the things that this report says that the findings highlight the need to prevent and treat these conditions. However, we know access to mental health care has been a challenge in this country and it has not gotten better in recent years. It's clearly has been exacerbated by the pandemic due to heightened demand. And yet the inability to have the one and one kind of therapy session in this is going to only increase the need for more mental health capacity.

**Michael Osterholm** [00:38:11] In a recent Kaiser Family Foundation publication on mental health, they demonstrated that nationwide nearly one hundred and seventeen million people are in a mental health provider shortage area, and less than 30 percent of the need for psychiatrists is being met. Furthermore, if you look at HRSA projects, there'll be a national shortfall over twelve thousand five hundred adult psychiatrists and over eleven thousand five hundred addiction counselors by the year 2030. In another area of real importance is that pediatric providers are particularly problematic, with 70 percent of the counties in the U.S. having no practicing child psychiatrist.

**Michael Osterholm** [00:38:51] So the challenge we have before us is immense in terms of where we're at. And today I just wanted to share a sense of where I think we're at and going right here in Minnesota. We know that we have over seven hundred thirty five thousand Minnesotans who do not have consistent access to enough food. Think about that. Think about seven hundred and thirty five thousand just in our state. And I think that that's if you're a parent, if you're an adult without children and you're wondering where my next meal gonna come from, where is it going to be? How absolutely difficult that is, particularly if you've been employed most your life and suddenly you lost your job with the pandemic and even with the financial support you're getting has not been sufficient. And now you're sitting here without the financial support, waiting to understand what they're going to do in Congress.

**Michael Osterholm** [00:39:49] So let me just take a step back and say, when we look at the mental health issue, we must have help. We must have help. We must seek help from a professional or friend if nothing else to talk to us about this. And, you know, I've tried to summarize this in kind of my own words. I am not an expert in mental health. You all know that you can take whatever I have to say for whatever it's worth. It's about as much, probably as much as you're paying for this podcast is probably what it's worth.

**Michael Osterholm** [00:40:20] But let me share with you, in a sense what I feel and what I think, because I've struggled through this situation and I think that I've come upon really, I think, several categories of what we have to address. There are four of them. Fear, hope, loneliness and exhaustion. And fear comes into play so often when people they say, I'm afraid. Others will say, don't be fearful, don't be afraid. You know, take control. And that's easier said than done. And so I agree with that notion. You know, fear comes upon us and leaves when we have courage, when we can actually take something on. But the fear of the virus is real. It's very real. I hear people say, I'm afraid to go back to the gym. I'm afraid to go to the grocery store. And what they have to do is begin to understand what they can do to protect themselves, how they can protect themselves, what kind of facial coverings to use. How much time, you know, what is their overall risk in terms of having a serious illness? Knowledge will help deal with fear. I have a job loss. I'm going broke. I have no money. I can't pay for it for putting a roof over my kid's heads. That's fear. Loss of friends. I can't tell you how many times in the past several months I've had conversations with people who all but break down into tears because people who are friends, people who are loved ones, family members, they are now almost bitter enemies over this issue.

**Michael Osterholm** [00:42:00] I actually had a history professor from a college here in the United States shared with me a couple of weeks ago. He said, you know, as many years as I've been teaching civil war history, I never understood what it could feel like to be a parent where half my sons went and fought for the north and half of the south. And in my family situation, you said right now over this COVID issue, that's where we're at. That's really hard. You heard Mike talk about the issue of hope. You know, it's a challenge right now between the political sense of where we're at the pandemic. You know, we will get through this. It could be awhile, but we're gonna get through this. And if anything else, I hope this podcast's family helps each other get through this because we got to be there for each other. And that means sometimes, you know, one broken leg on this side, one broken leg from somebody else on the other side. But we got two whole legs in the end. OK. So let's do what we can do to get through this by helping each other. As far as the loneliness, in so many ways, as bad as fear is and loneliness is the cruelest of all, learning to live with this virus. Don't let it control you. Figure out how to be outdoors and a way where you can still socialize with people, I've already talked about the infectious dose issue. If you've got grandkids or kids. Go hug them. 30 seconds to a minute and then back off. Don't hang on them. Don't let them hang on you. But don't not see them, you know, figure out how you might even take pods.

**Michael Osterholm** [00:43:37] You know where where three of you are basically sequestered in your apartments or your homes. But you get together every day if you can because you don't see anyone else. But you make sure you reach out to someone who's just like you. Connect with friends. You know, this is a day and age where phone bills are not a big problem, largely. Talk, talk, talk. You know, reach out to friends and see your family. You know, this is a time to reach out where families in the past may have been distant, you know? And maybe it's not possible to reach out to some because they're going to be part of this whole problem of agreeing or not agreeing with what's going on. But reach out to people.

**Michael Osterholm** [00:44:23] Finally, exhaustion. And this one. I'm not sure I'm so good on right now. Many of us are exhausted, really exhausted. But you know what? We can't give up. And it's going to get worse. It's going to get worse. The days are going to get darker. It's going to get colder. The virus isn't going to go away any soon. But we have to decide we're going to get through this, you know, find new ways in your life, new hobbies, you know, exercise, even if it's literally doing laps around your kitchen table at home, if you

don't have any other place to go. And see how high you can get before it drives you crazy. You know, reach out to others again from an exhaustion standpoint and talk about it. Not to complain, but just what are we gonna do to get through this? And you know what? Plan a goal, maybe it's to read like you've never done. Maybe it's that 40 year clean in your house that you were going to do but you never did. Maybe you take up a new hobby of plants, horticulture, whatever. Just do something. Don't let exhaustion let you just sit there and feel exhausted.

**Michael Osterholm** [00:45:32] And one of the ways I think comes back to this is, let me just summarize and say I think just be kind and be forgiving. You know, forgiving is a hard thing right now, particularly when some things are so in your face. But just forgive. You know, it's it's too much of a burden and you know it. I have to do that. There's times when I don't know how I'm going to do that. But I have to. And just be kind. Just be kind. Exercise if you can. I said walk around the tables if you can, walk outside. Go for walks right now if you can. If you live in an area where it's not safe to do that, actually find that friend I talked about who can pod with you and maybe they can drive over and pick you up or you can drive and pick them up.

**Michael Osterholm** [00:46:16] Don't be afraid to seek therapy, even if it's distance therapy. Telemedicine. Do it. You know, I've been in therapy my entire adult life and thank God I've had Linda to be there for me. She's been incredible. I've learned a lot. I've learned a lot. And so I want all of you to know it's OK. Don't be ashamed. Don't feel like it's somehow your less someone because you do that. Seek that out and know if you're feeling really rough right now, you're normal. That's your problem, your normal. And many of us feel that way. Many of us feel that way. So you know, we at CIDRAP are here for you. We're gonna do the best we can. Our podcasts our information. Information is power with this virus. And I do understand what we have here. I get it. We see the communications every day. You know, a lot of us don't get it right. I don't get it right. As I've said many times. But I think this this this podcast today is me asking you to let us be part of your family and you part of ours. And it's why. Because we need it. You know, it's not about facts. I got all the facts in the world I could want. But what I want and what all of us want, is that feeling of a connection, that feeling we're gonna get through this. And by God, no virus is going to rob us of that. So I conclude to say be kind. I can't say that enough. That is by itself the first grease in the gears of moving forward with our lives. And when you find you're spending more time trying to be kind than you are, fearful, lonely or exhausted, the world will look a different color.

**Chris Dall** [00:48:09] So, Mike, I think you've left our listeners with a lot to chew on, but I'm wondering if you have any words you can share with us from one of your favorite songwriters.

**Michael Osterholm** [00:48:20] Well, of course, we couldn't miss this part. Right. This is one I think I've been saving and I don't know why, but it's one that, again, means so much to me. It's a 1971 song by Carole King. It was actually on her album Tapestry. And later in 1971, James Taylor released it as a single, which made it the hit, even though it was Carole's song originally as written by her author, James Perrone, a chronicler of Carole King's songwriting, basically described this song as an expression of a universal sister, brotherly type of love of one human being for another, regardless of gender. And I think maybe that's we all need right now is just a friend and and being a friend, not just getting a friend, but being a friend. And the song is You've got a friend.

**Michael Osterholm** [00:49:18] When you're down and troubled and you need some love and care and nothing, nothing is going right. Close your eyes and think of me. And soon I'll be there to brighten up even your darkest night. You just call out my name and you know, wherever I am, I'll come running to see you again. Winter, spring, summer or fall. All you have to do is call and I'll be there. You've got a friend. If the sky above you grows dark and full of clouds in the old north, wind begins to blow. Keep your head together and call my name out loud. Soon you hear me knocking on your door. You just call out my name. And you know, wherever I am, I'll come running. Running. Yeah. Yeah. To see you again. Winter, spring, summer or fall. All you have to do is call. And I'll be there. And I'll be there. Yes, I will. Now aint' it good to know. You've got a friend. When people can be so cold, they'll hurt you. Yes. And desert you. And take your soul if you let them. Oh, but don't you let them. You just call out my name. And, you know, wherever I am, I'll come running. Running. Yeah, yeah. Yeah. To see you again. Winter, spring, summer or fall. All you have to do is call and I'll be there. Yes I will. You've got a friend. You've got a friend in a good to know. You've got a friend. Ain't it good to know. Ain't it good to know. Ain't it good to know. You've got a friend. Oh yeah. Now you've got a friend. Yeah. Baby, you've got a friend. Oh yeah. You've got a friend.

**Michael Osterholm** [00:51:02] Thank you, everyone, for listening through another podcast. And be kind. We'll get through this. We're gonna get through this. And it won't be easy, but we're gonna do it. And I hope you can join us again next week. Next week. I'm actually get into the issue of the long haulers and the challenges that we're seeing right now with people who have the chronic manifestations of this virus.

**Michael Osterholm** [00:51:26] And I wish you all a kind, safe and friend filled next week. Thank you very, very much.

**Chris Dall** [00:51:38] Thanks for listening to this week's episode of the Osterholm update. If you're enjoying the podcast, please subscribe, rate and review and be sure to keep up with the latest COVID-19 news by visiting our Website, CIDRAP dot UMN dot EDU. The Osterholm update is produced by Maya Peters, Cory Anderson and Angela Ulrich.