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Chris Dall [00:00:05] Intro segment.

Chris Dall [00:00:41] It's September 24th and the United States this week passed another grim milestone in the coronavirus pandemic, surpassing more than 200,000 COVID-19 deaths. More than one fifth of the global death total. While that staggering number alone is a measure of the pandemic's devastating impact, it doesn't account for the other ways the virus has affected health in this country. How many people have forgone needed or routine care because of concerns about being exposed to the coronavirus or couldn't get that care because their doctor's office was shut down? And how has that affected their health? Later on in this episode of The Osterholm Update, we're going to discuss these downstream health impacts with the COVID-19 pandemic. We'll also get Dr. Osterholm's view of the current state of the pandemic in the United States and the rest of the world, delve into the latest vaccine news, and answer listener e-mail. But first, as always, we'll start with Dr. Osterholm's welcome and dedication.

Michael Osterholm [00:01:31] Thank you, Chris, and thank you to all of you who are joining us here today. It's great to have you. One more week, hopefully one more week closer to the end of this pandemic. And I just want to thank you. I know you all have many opportunities to seek your information on COVID-19 and SARS-CoV-2 in many other locations. But I'm glad you come back to here to our team of people at CIDRAP who make every effort to, as we say, affectionately call balls and strikes and give it to you as we see it. Today's dedication is a bit unusual, I think, in that it's because of someone, but I'm not dedicating it to that someone. I had the very good fortune to meet and know Justice Ruth Bader Ginsburg. She lived down the hallway from Mark Olshaker, my co-author of *Deadliest Enemies*. And in the process in 2016, I spent tremendous amounts of time at Mark's place with him writing that book and would run into Justice Ginsburg. And of course, Mark had many incredible stories, but she was an incredibly kind, thoughtful individual amongst those who lived around her. And I couldn't help but be moved by that personal experience. But in addition to that, of course, like many, I was very moved by a lot of other things that she did. I realize and I've read a number of things where some people don't have the same warm feelings for her that I might have because of political differences, whatever. But I think we all hopefully can agree that this was someone who changed the way the world looks at itself and how it accepts itself and what it calls upon us all to do to live in a better life. And I know that there have been many women and even men whose lives are better because of what she did and how she did it. It's hard to put into words the kind of actions she took that ultimately led to an entire trail of opportunity for people throughout the world. So today we dedicate this podcast to not Justice Ginsburg. She wouldn't want that. I dedicate it to all the younger women and even men who will be beneficiaries, and may already have been, of what Justice Ginsburg did and how she did it. And I even dedicate it more specifically to those few who will be the Justice Ginsburg's of tomorrow. We need you. You know, this can't end with her death. It should be just the beginning. And so I dedicate this to you. And I know there are people listening on this podcast who are clearly in this category of individuals who know a different life because of what Justice Ginsburg did. And I know that you can be the future of this country at a time when we need to look to the future for a better country.

Chris Dall [00:04:52] Mike, after a steady decline through August and the early part of September, the rise in U.S. COVID-19 cases that you've been predicting with the return of school and colder weather seems to have begun. While Europe appears to be well into a second wave. Two questions for you here. First, could you just reflect on the U.S. passing

the two hundred thousand COVID-19 deaths mark? And then how much worse do you think it's going to get over the coming months?

Michael Osterholm [00:05:18] Yes. Two hundred thousand death mark is unfortunately a tragic number that we're confronted with. Even more tragic is the fact that we know that there are many more people who have died who have not been designated as COVID deaths, but in fact were. We also know that around the world, the number of deaths will never, ever really be truly counted in terms of what's happening. And that is even more devastating. I also just want to reflect for a moment that as these numbers continue to increase, and they're going to increase a lot, we can never forget that these are not just numbers. These are people. These are people who are loved. These are people who have made the world a better place. These are people who are missed. And so I just I want to take a moment, just reflect on that. And I worry that when we get into these kind of anniversaries of numbers, they far too often become just numbers and not a reminder to who all these people are. So to all of you who have lost one of those individuals who is near and dear to your life, a colleague even, a friend, an acquaintance-I'm sorry. In terms of where we're going, this virus is following the path exactly as we feared it would. As you know, back in the podcast weeks ago, I talked about what I thought would happen post-Labor Day and kind of a, you might say, a Memorial Day two kind of phenomenon. After having driven the cases down from sixty seven thousand new cases a day in late July, people were feeling pretty content. That is, recently as just a week ago, we were reporting thirty one thousand three hundred sixty one cases, half of what we were reporting in July. We are now, however, just reminding everyone that we were actually at the very same number of cases a week ago, that we were in the hottest days of the New York experience in April, and the house was on fire and we thought it couldn't get worse. It's amazing how we can become numb to these numbers. But if you look at today, we're at fifty three thousand new cases today. And the numbers are growing quickly. What's happened with Labor Day? We see the confluence of young adults coming to colleges and universities around the country with substantial transmission. And to the best of the way I've been able to look at it so far in terms of numbers, no more than six to eight percent of all college students have been infected yet. Meaning there's still a lot to go. And so these numbers could grow substantially over the course of the upcoming months. We also see a growing number of event related outbreaks around the country. We see them in funerals, weddings, birthday parties, retirement parties. People just realizing, you know, I'm ready to go out into the world and be damned with this virus. And it's almost as if they've given up on the virus. They're done. But, of course, we know the virus isn't done. It won't be done until it burns all the human wood it can. And then we continue to see a growing number of cases associated with bars and restaurants, etcetera. And when you start adding this all up together, it's as if somehow the collective -we- are done. And I worry desperately when you overlay that with what will become an ever increasing indoor air experience as we get further and further into the fall, these case numbers could go up really substantially. Now, the good news is, and I think this is a point of real positive outcome, is we really owe the intensive care medical experts of this country, and for that matter around the world, the doctors and nurses, the all the support staff and the respiratory therapist, etcetera, who have figured out how to care for coronavirus patients in a way that's very, very different than they were in the earliest days. Whether it be mechanical ventilation, how to use steroids, etcetera. And so we've had a substantial reduction in the case mortality rate for people who are seriously ill. And that will continue. Note that none of those occurred with a new blockbuster drug. You know, remdesivir was never a blockbuster. Plasma therapy has not been a blockbuster. We already know about hydroxychloroquine. The steroid picture may be one of the most important advances. But the point of it is just really good medical care. And my hat's off to the intensivists who have really taught us a lot. But having said

that, we're going to continue to see ever a growing number of people who get infected, who do get seriously ill, who will die. That number is going to go back up again. How high we'll get, I don't know relative to the total number of cases, but it won't change. And as I shared with you last week, I am so concerned about this long haul or condition. Everything this past week, we heard from a number of people who were responding to the podcast from last week who are in fact saying, oh my God, thank you. And the sense that, you know, somebody is listening to me because this has really been incredibly tough. And so I want all the long haulers to know we hear you. We recognize you have real challenges. Help us help you. And one of the things you do to help us is please speak up and speak out to your colleagues, your friends, your relatives, your family about why not to get infected. Because you are, in fact, a very good reason why. And so, you know, we'll continue to push as much as we can the research agenda for understanding what's going on. So, on a national level, we're going to have houses on fire again. It's coming. I see it. I see it as clear as I see tomorrow. And I think that we just have to get prepared. We don't really have a national plan for it. You know, there's so much happy talk. We've turned the corner. We've done this. Now vaccine is coming. We know that. I don't think it will be here in any measurable amount before the end of the year. And when it does come, remember, we talked last week that even if 50 percent of the population takes the vaccine, which I'm not sure we can get that high, and it is 50 percent effective, up to 70 percent effective, it's still just twenty five or thirty five percent of the people will have immunity from vaccine. Which means there's still a lot of people out there who are going to be susceptible, and thus therefore likely to get infected and be infectious. So we're going to have some real challenges ahead of us yet. And now is the time to hunker. And now you can say, boy, I don't know why I tune into this podcast, because this is just so depressing. You just want the truth. You want to know what's coming, because with that knowledge, you can prepare yourself for how you're going to get through. And we're going to get through. We are going to get through. But it is going to get worse. I've heard a number of talking heads on the television sets and reading comments and the various medias saying, you know, this is a you know, the fall's coming, but, you know, it's going to get better when the vaccine comes. And as I said before, I think we're in this for the long haul. On the international level, we're already seeing major upticks in cases throughout Europe, Eastern Europe, in particular, the Czech Republic. We're seeing it in Western Europe, France, Spain, England. You know, just put into context, I just have to give a sense here. England is having a serious discussion today about locking down. That term they're using, not me. And really closing down a number of their activities because of the transmission. When you actually look at the rate of cases today in England over the course of last seven days, there is about six cases per hundred thousand population per day. Minnesota this past week, was at about 20 cases per hundred thousand per day. Look at us. We're almost three and a half times higher in rate. And, you know, we're talking about possibly relaxing the restrictions on people or recommendations about bars and so forth. So it really is a challenge. It's a challenge right now to try to deal with this. One other point I just want to make about the world and the fact that we're seeing all this additional transmission, as I said last week, unfortunately, Europe didn't learn from us that if you lock down, that went up too quickly, you're going to have problems. I just come back and report that New York City, as well as the state of New York, continues its streak this week of below one percent positive days. A remarkable accomplishment there. A model for us. It can be done. This is the part of these podcasts, this is the good news, it can be done. I'm not going to suggest New York City's back to normal. Not at all. But they have figured out how to do it. So, when I hear people say, well, what can we do about it? We need to study New York.

Chris Dall [00:14:39] So you mentioned vaccines, and as you well know, there's been a lot of noise over the past week about when a COVID-19 vaccine might be approved, how

soon it could be widely distributed. With the head of the CDC, the president, and vaccine makers all providing different timelines, can you cut through some of the noise for our listeners about vaccines?

Michael Osterholm [00:14:59] Well, I actually raised this issue in last week's podcast in which I voiced my concern about the fact that the administration could, for an October surprise, basically declare an Emergency Use Authorization even if the companies didn't request it. And then through the Defense Production Act, could actually force companies to make vaccine. And while there's no clear path here, I think that surely is one possibility. And it was actually borne out in an article that appeared in Kaiser Health yesterday that also followed up on an article that appeared in New England Journal Medicine this past week, basically suggesting the same. And the challenges that would occur with that. You know, I'm more confident now in the kind of, how shall I say it, statements being made. I think if there were ever the possibility that this would happen, the administration is listening to the kind of discussion going on out here for which the scientific community would just absolutely not accept an early, unwarranted availability of this vaccine. You heard Secretary of Health and Human Services Alex Azar say that the decision was totally left up to the FDA. You can say, well, will the FDA hold? I do believe they will. Commissioner Hahn has made it very clear that that's the case. Just yesterday, they put out new documents basically supporting how the vaccines would be approved, what the conditions would be, and it was very clear what they're doing. So I'm more convinced now that we will have vaccines when they're ready. I want to be really clear, that doesn't mean that they're going to be perfect. Please don't misconstrue the two. I worry to a certain extent about what the actual protection level will be. I think that anything we get will be a gift. But, boy, I wish it could be on that very, very high 80, 90 percent. I don't think that'll be the case. And I don't know what the durability of the vaccines will be. The safety issues are still yet to be fully determined. As we record the podcast, the one vaccine that has been a part of a trial that's been put on hold because of a possible adverse event is still on hold. And that's a good thing in the sense that I believe it's been thoroughly investigated to be certain that it's not involved with any aspect of the vaccination, or if it is, how. And so I think the vaccine issue looks better. What I'm really still concerned about is this idea of how are we going to convince the public to take the vaccine for those that really want it. And we've seen that time and time again. Those that really want it really, really want it. They want it now. They want it yesterday. For those who don't want it, don't, you know, don't talk to me. But for those that really want it, those first days are going to be a bit chaotic. And we're going to have to figure out how we're going to distribute this vaccine. The states have yet to really determine that. Despite the comments to the contrary, we have many, many holes left in the plans for the movement of the vaccine, from the federal government, to the state government, to the private sector, to the medical care community, the public health agencies, to the arm of individuals who want it. And so this is going to be an ongoing challenge and we'll keep you posted on that as time goes on.

Chris Dall [00:18:33] There's been more controversy this week about the CDC's communication on the coronavirus, with the agency posting new guidance on airborne transmission of SARS-CoV-2 on its website, then taking it down. This followed a controversy over updated testing recommendations on the CDC website that were written by political appointees in the Trump administration. Mike, how badly are these issues damaging the CDC's reputation?

Michael Osterholm [00:18:57] To put this into some perspective, let's just imagine you have this extended family, which some of the members are just gifts in your life, and they've been there through thick and thin with you, and you care a great deal about them.

And then one day their shine goes off for some unexpected reason, it's something they do or something that happens, you know, you don't just walk away from them. You know, you come back. You want to help them. You want you want to be there for them. They've been there for you. You know, I think many of us in public health feel that way about CDC right now. CDC, in my 45 years in the business has never, ever had the reputational challenges that it has right now. And I know that there are many really incredibly talented, committed public health professionals at CDC who we need their skill sets desperately. But I think there is a certain part of the leadership there that has let CDC down in a big way. You know, this ongoing challenge with what information they put out, how they put it out, who gets to put it out, you know, really undermines their credibility in a big way. In terms of what happened with the aerosol related information, you know, I think they've been very slow to the gate to deal with that issue. But I read the materials around the website over the weekend before they were taken down and I thought they're actually quite good. This time, it wasn't a challenge from somebody in a political position wanting them to rewrite it. I believe this to be the case. It was actually an administrative error inside of CDC where somebody posted them before they had received final approval. As in any government organization, there is a designated sign off that a document like that goes through. But you would think that given all the missteps they had, they would have triple checked everything to make certain that none of these kinds of situations would arise because they understood they were under such scrutiny. That they were being challenged in such a major way for credibility, and then to have this happen? Did anybody hear from the leadership of CDC? Did anybody hear from Bob Redfield that, you know, I'm sorry. This is what happened, this is what we're gonna do to make sure it doesn't happen again. You know, we've talked time and time again about crisis communication. That's what a good crisis communicator does. You know, previous week, he says the fact that, you know, he holds up his mask and says this is more likely to protect me than a vaccine. You know, again, no data to support that. Wear your mask. I'm telling you, wear your mask. I'm also telling you, I'm telling you for the best chance we have, for the best protection, is going to be in a vaccine. I worry that people will hear what Bob said and say, OK, well, I guess I don't need to get vaccinated, I just wear my mask. You know, there's just so many areas of challenge with what CDC is doing. So, you know, I very much support CDC. We need them. We need them. Please audience out there, don't give up on them. But we do need to demand a whole new leadership structure, and we need to demand an accountability that we don't have right now. Because in the end, the only real currency public health owns is trust. If we don't have trust, we are nobody. We are nobody. You know, we don't give money away. You know, we don't provide services in a sense of, you know, in every community out there. You know, we don't have a lot of things that tangibly people can say, "oh, we really like the CDC" or "we like public health". What people count on us for is trust. So we got to have it. So I do have real challenges right now. CDC, I think the FDA has had its own challenges. I believe some things are going on at FDA that are going to prove that. But for right now, I'm extremely concerned about where CDC is at. And this is said as one of those people who loves the CDC and what it stands for. It is the altar of public health in this country, and has been for the entire forty five years of my career. And I so appreciate and I feel horrible for the people who work there, who are among the most talented public health experts in the world, who are constantly having to live with this reputational issue and being challenged about what the hell's going on at the CDC. So we need to move on with it. We need them for this pandemic. And I look forward to better days ahead with them.

Chris Dall [00:23:50] So now onto the issue of the downstream health impacts of the COVID-19 pandemic. Mike, you decided to focus on this issue following two studies that came out last week on COVID-19 and pregnancy, an issue that we've previously

discussed from the podcast. So what did those studies find and what did they tell you about the pandemic's impact on routine medical care and how that's affecting people?

Michael Osterholm [00:24:12] Well, this is a continuation, again, as we talked about the issue of pregnancy and newborns. And I have to say right at the outset, again, I take full responsibility, whatever I say here, I'm the one that screws it up. But I want to give credit to a very special person known as Erin Osterholm, my daughter, the Neonatologist at the University of Minnesota, who is the real doctor in the family. Also to Sarah Cross, who some of you may recall I talked about before, who's in the department of OB-GYN, Women's Health at the U. She's the medical director of the birthplace at the University of Minnesota Medical Center. And Sarah has been very, very generous with her time and her expertise. And I also want to thank Samantha, who is an epidemiologist at the Minnesota Department of Health, who has been working on the activity here in Minnesota, looking at pregnancy and newborn outcome. Several reports came out this past week that shed more light on the relationship between maternal and birth outcomes of hospitalized patients with COVID-19. Let me just summarize very briefly and say that it very much supports the previous statements that we made in an earlier podcast about the confluence, you might say, of race, ethnicity and racial disparities, and, of course, the virus itself and they're interacting. It's clear that the issue of access to health care, prenatal care is very, very critical. Unfortunately, neither of these studies really looked at that issue very closely because these women were delivering babies at a time when, in many instances, visits were not happening. It was telemedicine. And I know a number of places did try to have visits and did do that, but telemedicine was part of it. And all I would say is that what these studies really point out are two things. One is we do have a major challenge in this country with racial disparities and birth outcomes and maternal health. And this is shining a light on that, we have to address that. Number two is that we need to assure ourselves that we are providing access to prenatal care and very carefully following high-risk women in terms of birth outcome. And so whatever happens with the pandemic over the weeks or months ahead, we have to make this a priority for potentially in office visits when possible. And not the telemedicine doesn't have a role, but that we need to look at that carefully. And finally, what I would just say is, we don't want to get infected with COVID virus, particularly in the later stages of your pregnancy. I say that not that you want to get infected at all, even the early stages, you can have a severe case. But the idea that, you know, in terms of the interaction with a live birth, this is surely a challenge. So, throughout the pregnancy, avoid COVID however you can in terms of distancing. Now, I say that with some pain because I recognize, again, another risk factor associated with racial disparities is the inability to isolate yourself. Oftentimes these women are living in a home setting where there are multiple generations present. There's not places to space out and you are going to be at risk. So we we just need to look at this. This is clearly an area where COVID-19 is shining a light on our disparities that we need to address. And now is the time to do that. The last thing I would just mention is the fact that there was one paper that Sarah Cross shared with me that is in press is coming out that looked at the outcome of children born to mothers who came in, were tested for COVID-19. And those who are positive, meaning that they actually had the infection versus those that were suspected to have an infection, were also pregnant. If you look at the children of both of those groups, one clearly were infected, one were not, the outcomes were the same at eight weeks later. So that's a really good thing that there wasn't evidence that the mother infected actually caused some kind of condition among the children who were subsequently born. While we're on this topic of the issue of risk factors and prenatal care and what happens, I just want to emphasize also that we really need to concentrate on how we're gonna deliver so many other aspects of our normal healthcare or disease-care delivery systems, so that we also don't create major health challenges for others because of COVID, not because of it being infected with the

virus, but because of lack of access to care. Let me just give you some examples of this. And I know that clinics around the country, and for that matter around the world, are working on this, but this is a huge challenge. Let me give you some examples. In a Kaiser Health Network publication in July, there was a summary of a poll done for the American Heart Association in terms of looking at adults experiencing heart attacks or strokes, and would they come in to be seen? One out of four adults said if they experienced a heart attack or stroke, they'd stay at home rather than risk getting infected with COVID at the hospital. This is exactly consistent that we're seeing with increased mortality in the community and how important this is. In this same work, there was clearly documentation of routine medical care. Models created by one medical research company predicted delayed diagnoses of around 36,000 breast cancers and 19,000 colorectal cancers. That's huge. And that delay could very easily lead to a stage of cancer later on that would be a much less amenable treatment. So, the idea of screening for mammography, for colonoscopy, is really huge. One family care center, for example, in California, it was part of this report, indicated that mammograms had dropped by 90 percent during the early days of the pandemic. 90 percent. On top of fear, other reasons exasperated this problem. Medical offices were closed during the pandemic which delayed care, you know, increased unemployment led to many people also losing their company sponsored health insurance, which then caused them to be reluctant to seek care. And actually, a study done by the American Cancer Society's Cancer Action Alert Network found that nearly 80 percent of cancer patients in treatment experienced delays and care and 17 percent reported significant delays in chemotherapy or radiation therapy. Again, challenges of the COVID-19 pandemic. If you look at the issue for vaccination for children, this is an area that I've talked about before, have been very, very concerned about this. When you look at it on a worldwide basis, it's been quite remarkable. A recent Gates Foundation report indicated that the percentage of kids worldwide receiving basic vaccinations has dropped from 84 to 70 percent just in the last year. This is the lowest reported coverage in twenty five years. And we know that the number of vaccine-preventable deaths could be substantial. And it was unclear in this report, as it said, whether these rates will rebound quickly following the pandemic. But experts in this area have worry that there'll be a lost generation of kids who never got what they needed. It will take years to catch up. If we look at these issues today, we have to understand that the challenges posed by COVID-19 have to be addressed simultaneously and it's easier for me to sit here and say that healthcare systems have to understand how we're going to catch up. What are we going to do? How do you prepare if we have a big fall wave? What are we going to do, are we going to go back to where we were last spring? What are our plans to do that? On an international level, I just have to say, because this is really very, very hard to even think about, let alone talk about. The U.N. report recently indicated that hundreds of thousands of additional under five year of age deaths are expected in 2020, along with tens of thousands of additional maternal deaths. If routine healthcare is disrupted and access to food is decreased, the increase in child and maternal deaths could be a devastating situation. 118 low and middle income countries could see an increase of 9.8 to 44.8 percent increase in deaths in age five years of age and younger per month. And, 8.3 to 38.6 percent rise in maternal deaths per month over a period of the next six months. This is devastating. We're seeing interruptions to HIV and TB programs, which are resulting in additional hundreds of thousands of cases in sub-Saharan Africa. So I could go on and on and share with you, but I think the message here is that we have to have a separate plan of attack that is dealing with all these other health issues. And it needs to be a plan just like we need for COVID-19 response. And right now, that plan is sorely lacking in terms of coordinated efforts at a national and even international level. And I think that it's fair to say that when the WHO puts out a document that says, as is titled, 'COVID-19 Could Reverse Decades of Progress Towards Eliminating Preventable Child Deaths', the agency warns, we have to take that very seriously, even

right here at home. And so we'll continue to follow this. Just where are we at? What's happening? How is it happening in terms of follow up? What are medical care plans doing to increase overall provision of these kinds of services and what impact that the loss of them has on the population?

Chris Dall [00:34:43] Another issue that we've touched on briefly is whether animals can spread SARS-CoV-2 to the people or vice versa. This is an issue of personal interest to me as someone who owns three dogs. So are there some new studies out on this topic? And what do they tell us about human to animal transmission?

Michael Osterholm [00:34:59] Well, as a bona fide dog lover of the tenth degree, I understand exactly what you're saying. Since the first cases of companion animal infection reported in Hong Kong early in the pandemic, we've come to recognize that companion animals, particularly dogs and cats, as well as other animals such as ferrets and mink, can become infected with SARS-CoV-2. The question is, how do they get infected? Do they transmit it to other animals and are they transmit it to humans? First of all, of all the animal species that we deal with as companion animals, cats appear to be in particular, susceptible the infection much more so than dogs. And with what surveillance we've had to date, it does appear that humans are the primary source of transmitting to these animals. They occasionally can become ill themselves. And however, all the data we have suggests that they themselves don't transmit readily to other animals or to humans. And so the good news is no one should think about eliminating their domestic animal pets for purposes of improving on the safety of COVID-19 in your household. Don't. If you lose your pets, I promise you your mental health will be much worse and your physical health will not be any better. So that's an important message to take home. But you need to hear this because it's coming out in the media more and more every day. Now, I mentioned earlier about the issue with ferrets and mink, these are on game farms, and we've seen transmission there that have occurred and they, it was independent of any humans. Once the humans infected these animals, it transmitted relatively quickly. The health impact of SARS-CoV-2 in companion animals in dogs and cats is still unclear. It does appear that cats are more likely to have some symptoms. Most get like a flu-like illness, as it's called. Based on the limited information we do have to date, let me just conclude by saying the risk of animals spreading COVID-19 to people is really considered to be very, very low. It appears that SARS-CoV-2 can spread from people to animals and in some situations, maybe animals to other animals. But at this point, treat your pets as you would any other human family member. Do not let pets interact with people outside the household any more than you would in terms of getting infected yourself. If a person inside the household become sick, isolate the person from everyone else, including the pets. But most importantly, you don't need to get rid of your pet. Don't. OK. That's the key message I want you to hear. So when you hear more media coming out about this, you can say that you're feeling very confident about keeping your pet and not allowing that to be a reason why you shouldn't have.

Chris Dall [00:38:01] We continue to receive a lot of great e-mail questions from our listeners, and thank you again to our listeners for that. This week we received a question about some of the precautions that are being taken to prevent possible SARS-CoV-2 transmission. Christine writes, "Could you please address whether or not the following practices and recommendations are necessary? One, not allowing reusable shopping bags to be used to the grocery store. And two, CDC guidelines saying that restaurants should be using all disposable cutlery, cups, plates, condiments, etc. Wouldn't a dishwasher be sufficient to kill the virus so that all restaurants can be comfortable with

going back to washable and reusable dinnerware? What is the science behind this recommendation?"

Michael Osterholm [00:38:39] Let me take the reusable bag first. The challenge is there is not COVID. It's not SARS-CoV-2 contamination. It's about the fact that if you had a food item such as a raw meat or chicken or whatever, and the juices got inside the bag and contaminated that. That's where we worry about them coming back and forth. And even there, if it's only used intermittently, how long that particular infectious agent, salmonella, campylobacter, would survive is really a limited challenge. It's not a big risk. So do not worry about your bags with COVID. And again, if you think about in a hospital setting, even if you had virus on it from having been at the store, just remember that washing your hands, if you do that, would eliminate that off your hands. But within several days, all the virus that could have potentially even gotten out and are gone, they're dead. They're over with. They're not going to cause any problems. So don't worry about your bags, except that they have obvious contamination from juices of food items that very well could potentially carry salmonella or campylobacter. In terms of the cutlery and dishes and so forth, I don't know why that recommendation is in place. It makes no sense to me whatsoever. Dishwashing will be more than adequate to disinfect and basically remove any virus that might be on those particular items. So to me, unless they are somehow envisioning that some super spreader is back in the kitchen, you know, physically contaminating all these items and then get used for you, which that possibility is just so remote. I think this just represents another one of those hygiene theater issues. It's unneeded. And I would not continue to recommend this at all. I think it's a waste of energy. And it also just changes the experience wherever we can, we need to look for ways to live our lives in spite of COVID, and not have to be impacted when it's unnecessary.

Chris Dall [00:40:55] So, Mike, you dedicated this podcast to those inspired by Justice Ruth Bader Ginsburg. And I understand she has some words of wisdom that you'd like to share as we close out this episode.

Michael Osterholm [00:41:06] Well, as anyone who has followed Justice Ginsburg's career knows that she was a woman of some remarkable words. And again, whether you supported her political leanings, whatever, she was a remarkable gift to the world. I've just picked out a few of the quotes from her in recent years that I think are words that actually can help all of us with this pandemic. And let me just share them with you with maybe some notes about them. This is from her U.S. Supreme Court Justice Confirmation Hearings in 1993. "This is a very trying issue for our time. The individual's rights to be free and the individual's respect for others. One hopes that we can reason together and get the message of mutual respect across to our young people." Could there ever be a more needed concept right now than that? She said also at her confirmation hearings, "All persons should care about the next generation". As I've said multiple times on this podcast, my North Star is what does this mean for our next generation? She said it so well. Another one, she said, this was remarks delivered at the National Museum of Women in Arts in 2015. She said, "Waste no time on anger, regret or resentment. Just get the job done." And I think right now, all of us working through COVID, of there was ever a motto, that might help us just get on with and get the job done. She said at the World Justice Forum V in 2017, "Freedom to speak and to write are so precious, but also so vulnerable." We know today as we live in this world and we're trying to craft the messages of life and safety that these words are so absolutely on the mark. She said in the Stanford Rathburn Lecture in 2017, "Do something outside yourself, something to repair tears in your community. Something to make life a little better for people less fortunate than you. That's what I think a meaningful life is." For all of us today, trying to figure out how we're going to

get through this, think about what you're meaningful life means. Do something outside yourself, something to repair the tears in our community. She also said at the Gruber Distinguished Lecture on Women's Rights at Yale Law School in 2012, "As a litigator, I would try to get men on the bench to think not so much about what good husbands and fathers they were, but how they wanted the world to be for their daughters and granddaughters." As I sit here today thinking about my own daughter, Erin, you are the love of my life. And you're everything that I could ever hope for. I have to ask myself, what am I doing to make the world better for you and for my granddaughter? Finally, let me just say that when she was before her confirmation hearings again in 1993, she said, "What a judge should take into account isn't the weather of the day, but the climate of an era". And if there was ever a time we needed to think about more than just today but where we're going as a society, what is this virus doing to us? What are we doing to ourselves? This is it. The climate of an era, and that's where we're at. So I leave you with these quotes from Justice Ginsburg. A personal loss and an incredible woman who, you know, basically did so much for so many, paved the way for so many young women and even men. What an incredible life. And I look forward to all of the future Justice Ginsburg's emerging right today, becoming the leaders of tomorrow. We salute you. I close again. Be kind. Be kind. This is getting harder and harder some days to appreciate and understand that. Be tolerant. Be patient. I find myself today challenged sometimes to be patient when I deal with issues around COVID. But I know that I have to. It's the only way that I can repair those tears in our community. And that's true for all of you. And thank you for reaching out to us. Again, the emails we receive are remarkable. We appreciate you so very much. I speak on behalf of the entire team. And we'll get through this. We are going to get through this. It's just a matter of sticking together. So thank you. Be kind. Be safe. And we'll see you next week. Bye.

Chris Dall [00:46:12] Thanks for listening to this week's episode of The Osterholm Update. If you're enjoying the podcast, please subscribe, write and review. And be sure to keep up with the latest COVID-19 news by visiting our website, CIDRAP.umn.edu. The Osterholm Update is produced by Maya Peters, Corey Anderson and Angela Oelrich.