

## ep\_27\_osterholm\_update\_10.8.20.mp3

**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** [00:00:41] Over the course of the coronavirus pandemic, in our efforts to bring you the latest on the science and data behind COVID-19, one of the things we've tried to do on this podcast is avoid too much discussion of politics. It hasn't often been easy as science and politics have often been intertwined. And it's become more difficult with the news that President Trump and the first lady, along with several other White House staff members, have tested positive for COVID-19. The coronavirus is now not only the biggest health story in the world, but it's the biggest political story. So on this October 8th episode of The Osterholm Update, we're going to spend some time talking about the White House outbreak and what lessons we can learn from it. Aiming, as we always do, to focus on the science. What does it tell us about risk? About how the virus spreads? About the role of testing? We'll also discuss how politicians, from the presidential candidates to those running for other offices, should think about campaigning in the weeks before Election Day. We'll also address the CDC's new position on airborne transmission and answer listener e-mails on voting during the pandemic. But before we get to all of that, I want to let our listeners know that next week's episode of the podcast will stream live on YouTube on Tuesday, October 13th at seven p.m. Central, eight p.m. Eastern. And you can participate by asking questions on Twitter using the hashtag Osterholm Update Live. And today, October 8th, CIDRAP will be hosting a webinar featuring FDA Commissioner Steven Hahn and former FDA commissioner Margaret Hamburg about the COVID-19 vaccine review process. And that webinar will be hosted by Dr. Osterholm. So links to both those events will be in the episode description. And now, Mike, we'll start with your welcome and dedication.

**Michael Osterholm** [00:02:16] Thank you, Chris. And welcome to all of you. It's great to have you back with us again. Thank you for joining us. As I say each week and it's meant each week with a heartfelt thank you. We know you have any number of opportunities to obtain your information on COVID-19 somewhere else. And so we appreciate that precious time you spend with us, given all you have going on. I want to just also say that this has obviously been an eventful week, one that every day seems to bring a new major twist and turn, we'll comment a bit about that. But I wanted to start out today with some might say, a dedication that's a challenge and a dedication that is an incredible victory. The challenge is what's happening to our environment right now and the people who have to deal at the very front line of that climate change issue. And that's most notably from my perspective, at least right now, the more than 26000 personnel who have been working to contain wildfires in the West Coast. That has been nothing short of remarkable. That is difficult, difficult work. It's one that really is not about financial reward in any way, shape or form. And the risk that these individuals take is also something that is nothing short of heroic. We know that in the past year, more than 68 individuals have died in the cause of firefighting. Some in the wildfires. And I want to dedicate this to you, but I want to add an additional dedication to this. And we need good news. You know, we're surrounded by challenging news. We need good news. And I just have to tell a story that fits in with my initial dedication here, and that is that I have a very, very dear niece who I'm very proud of

who lives in California and her husband, Dan, who, by the way, has been very helpful to us with our sound system, were unfortunately victims of the Santa Clara fire in which they lost everything that they had. It was remarkable. And in fact, their house was a picture in The Wall Street Journal two days after the fire where they're stacked washing machine was one of the few things you could still tell that haven't been charred was in fact, at least recognizable. And Sarah and Dan and their three kids were displaced. They got out of their home quickly. They were able to get the family dog, but unfortunately, they could not find the family cat. And this particular cat, known as Mama Kitty, actually was very much a partner to one of the three, my grand nieces, Mila. And so they realized that the likelihood that Mama Kitty had perished in the fire, it was reasonable to think when you saw the scorched earth kind of environment there. But several weeks after the fire, someone thought they reported seen the Mama Kitty somewhere in the fire area. And so there was some hope even after they'd already had a funeral for the cat. And I just want to report that at six weeks and two days Mama Kitty was not only seen, but with the help of a local organization, they were able to put food out for her and capture her in a live trap. She had a sizable burn on top of her head, one in her cheek, but doing well. Somehow, after six weeks, what a miracle. After having been scrubbed up, cleaned up the wounds, taking care of a bit, Mama Kitty fell asleep on the chest of my grandniece, just like she had done for many years before. Now, you know if a cat can do that, first of all, they reaffirmed the concept of nine lives. But second of all, it should give us all hope. I mean, come on. We got to have hope right now. And Mama Kitty is my beacon right now in terms of we're gonna have hope. And today, as I go through the podcast, you know, hopefully reflecting the sense of hope and we're gonna get through this as we've talked about time and time again. Our job is to minimize the casualties. Our job is to make it as kind and thoughtful world as we can in the process. We're getting through it. But we're going to get through it. And Mama Kitty, thank you for your example.

**Chris Dall** [00:07:08] So, Mike, before we get to the news about the president and the White House, let's start where we usually do by taking a quick look at the current state of the pandemic in the U.S. and the rest of the world. Is there anything you're seeing that changes your assessment of where things are headed right now?

**Michael Osterholm** [00:07:23] Nothing that really changes the assessment. As everyone who has been following these podcasts know for about the last month and a half to two months, I've been predicting this substantial increase in cases in the United States after Labor Day. It really is the collision of pandemic fatigue as well as pandemic anger. The concept I talked about over the last several weeks where people who just don't believe the pandemic is real believe it's a politically motivated activity and therefore, under no conditions will they comply with standard public health recommendations for how to limit transmission. If we look at what's happened today, we're gonna be up to forty two thousand two hundred and some plus cases. We're still looking somewhere in the neighborhood, an average of 450 to 800 deaths. But those numbers are going up. In 24 states the numbers are high and going higher. 16 states, the numbers are still low, relatively low compared to the other states, but they also now are increasing for a total of 40 of the 50 states, the District of Columbia, now showing this substantial increase. Only eleven are, in fact, what we'd call basically stable and not going up. I continue to have grave concerns about where the number of cases is headed. The combination of students at universities and colleges, while not adding a large number to the hospitalized population or those in intensive care, surely are adding to the transmission in communities where we're seeing it in those individuals who are at higher risk for serious disease. I talked about that last week, the CDC surveillance paper showing the increase first in younger adults and then the subsequent increase that occurred in the time period after in older

individuals. So that's there. But in addition, we're seeing basically business back to usual kind of activities in terms of weddings, family reunions, neighborhood get togethers, all the kinds of things that we would be most concerned about in terms of transmission. You know, the worst thing that could happen is to have a joyous wedding, only to have transmission occur. And one or more family members at that wedding subsequently die in the days after the wedding. That's happening. These activities are not slowing down. People are back into public spaces. They want to be in bars and restaurants. I see it in so many locations as I've shared with you before, my deep, dark secret here, what I do for entertainment, which is a very unfortunate commentary on my lifestyle, but I will get in my vehicle sometimes and just drive around late in the day and just watch to see what's happening with activities. And it's as if there's not a pandemic in the minds of many people. And so this number is going to continue to increase. And I think it could go up substantially over the course of the next six to eight, 10 weeks, easily reaching the kind of peak that we saw earlier this summer in the July time period. Now, where there could be an interesting impact on this, that I'm not sure how to factor in yet, and that is who actually does get tested and gets reported. We know we're doing more testing. So you could argue the case should go up. But on the other hand, the percentage of positives is staying very high. So it's not somehow that we're just capturing more of what was already out there. The case numbers are truly going up. But I'm learning of and others surely can confirm this. More and more people refuse to get tested when they have symptoms of COVID-19. They don't want to know. I think it's illustrative of the problem we have right now in terms of individuals complying with good public health recommendations, reducing the transmission. When you just look at what's happening in the upper Midwest. You look at the states of North Dakota, South Dakota, Wisconsin, Iowa, Michigan. And what's happening there? It's remarkable. Minnesota is not far behind in our own state. I worry about that a great deal. But here's an example of what I can't believe anyone would accept as good practice in light of the events happening. And that is what just happened in North Dakota. There the state, which is tied right now for the highest incidence of disease in the country. Very significant increased disease risk there. And the governor has just declared that the new quarantine recommendations for individuals who are exposed to someone with COVID-19 have now been changed according to his rules. And if you were wearing a mask and the other person was wearing your mask, you no longer have to be quarantined. So even though I was in contact with someone for extensive period of time. I don't want to be quarantined, assuming that these masks are perfect barriers and we've talked many times about everyone should wear a mask, but we know that they are not perfect barriers. They are a layered effect. They are one more additional means of reducing risk. And that's it. And the fact that somehow someone wanted to, you know, reduce the inconvenience of quarantine in a state that is on fire by coming up with this unscientific approach, and the worst part about it was the health department folks said, yes, we support this because the data shows that it works. There are no data that supports that that works. I found that really difficult. And, you know, we all want to have creative public health, but we want creative public health that makes a difference and doesn't serve as an illusion to people about what they can do to make life more convenient. So I think that we're gonna have to follow this carefully. I also find it just a remarkable commentary. Wisconsin is another state that's on fire. The governor has all but pleaded for individuals to reduce close contacts to infected patients. And notably, right now, state legislators in Wisconsin are trying to overturn the governor's statewide mask mandate, which just, you know, if you did that during a time period when case numbers were down, not increasing dramatically, you'd still say, well, it's not a good idea. But how you could approach this at a time like this? You know, it's kind of like in the middle of a house on fire and all the firemen are trying to put the fire out and you're inviting them all to come to tea at the local intersection. You know, it's not a good time to do that. The one good news piece that we have out of this, of

course, is the fact that, you know, the medical care has just improved substantially. The actual mortality rates, the the likelihood someone would die when they get into an intensive care unit is one fourth of what it was in April. And it's not because of some miracle cure. No blockbuster drug. It's because the intensivists, the doctors, the nurses, the support teams have really learned a lot about how to provide good medical care to these patients. And I think that will continue to be one of the major bright spots in this entire situation. In terms of international activity, the trend also is continuing, particularly in Europe, in the Middle East and to some degree in some select locations in Asia. When we look at what's happening today around the European Union, we're seeing substantial increases in cases. But what's interesting is when we talk about a substantial increase in cases, again, let's put that in some kind of comparison to the United States. Just take Finland. Finland today reported its record daily high number of cases. And this made all kinds of news. There's considerations for a number of much more stringent public health requirements and on being in public spaces, etcetera, etcetera. And as much as they are concerned about it and rightfully so, and they want to do something about it, just think about this. Finland has 5.5 million people. Collectively, to date, they've had ten thousand nine hundred twenty nine cases. Three hundred and forty six deaths. So 5.5 million people. Ten thousand nine hundred and twenty nine cases. 246 deaths. Minnesota has 5.5 million people. Exact same size as Finland. However, we've had one hundred and five thousand seven hundred and forty cases here and two thousand eighty seven deaths. More than a tenfold increase in the number of reported cases. And from the standpoint of deaths, two thousand eighty seven versus their 346. So when they're trying to put a lid on this and they're trying to dampen down transmission, they're at a place where they can do it much, much more effectively than we can. Because in a sense, as I've said before, it's pretty hard to try to plant your petunias in a category five hurricane. And that's what we try to do when we're trying to do contact tracing and follow up. When you have this many cases coming in almost a thousand a day in a state like Minnesota. So the European countries, while they're still experiencing these big increases, they are in orders of magnitude lower than we're experiencing here in the United States. And so they still have an opportunity to really suppress transmission, keep it down, where we are still really, really challenged with that issue. The European regional director of the WHO just issued a warning today talking about pandemic fatigue. Everywhere around the world to seeing it right now. I worry that humans are giving up a lot sooner than the virus ever thought about giving up. And so somehow we have to figure out how can we help the population continue to deal with this issue, knowing that pandemic fatigue is normal. It's not something that, you know, you have to fault someone for. But at the same time saying, you know what, you can't give up yet. It's not done. And I think that's the challenge we have today. But then I come back to that concept I started with- I have hope. I have hope that we will have conversations about what can we do? How will we deal with that issue? And where we go? So right now, the United States is on fire and getting much hotter. The world is getting hotter, not quite full flames everywhere. But we worry a great deal about what is coming down the pike if, in fact, pandemic fatigue and in our case, pandemic anger become the norm.

**Chris Dall** [00:18:33] The news that President Trump tested positive for COVID-19 broke early last Friday morning. So, Mike, what was your initial reaction to that news? And in the days since, as more in the White House have tested positive, what have you been thinking about? What are the lessons we can take away from this outbreak?

**Michael Osterholm** [00:18:50] Well, first of all, let's take a step back. You know, I'm not going to comment specifically on the actions of any one person in the administration. You know, that's what people would expect to have happen and then immediately we devolve

into a partisan discussion. But let me do take a step back and say, if you're on this podcast as early as July, you heard me say that I thought that the testing program put in place at the White House to protect the president and the other senior leadership was not a plan at all. And in fact, it reminded me of providing all the Secret Service agents with squirt guns and expecting them to protect the president against an assassin. Let me just say a couple of comments about testing and what was done at the White House. This is one of those examples where there was a mindset you could test your way into safety. I.e., test your way out of the pandemic. Simply not possible to do. Testing is always going to be after the fact. It's going to be a situation that even if it is highly reliable, it doesn't protect you from being exposed. All it does is tell you that you were. And now some people would say. But if I know that I am infected, then I can take steps to reduce my risk of transmitting to others. And that's, you know, a great idea. But let's just be honest here, first of all, the tests we're talking about, these point of care tests are often coming up with more than 30 to 50 percent false negatives, meaning you're missing people who were positive. And so if you're trying to bowlby yourself, that's one thing. The second thing, though, is I would acknowledge to those who promote this new testing approach a strategy for containment, as they call it. You know, this will help. But with one caveat. As we just saw, what happened at the White House, will people actually use this information to actually change their behavior so that they don't transmit? And we saw a number of examples of people who were contacts of cases, who were cases who actually didn't abide by what we would hope would have been risk reduction behavior. So I'm not suggesting that's widespread in the population. But when you have almost a third of the public that doesn't even believe this pandemic is real, you have a number of people who are experiencing pandemic fatigue who just think it's too much I don't want to deal with it, and you have a number of people who are bubbled in today because of their high risk of serious disease if they get infected, that doesn't leave a lot of people left in the middle necessarily, who are going to be impacted by this kind of testing. And so the last piece is, is that also with this point of care testing, we're going to show very shortly that there is actually a very important number of false positives. And wait until people are taking these rapid tests and call false positives, only to be confirmed by PCR that they weren't positive at all. And see how long that's going to last. And watch that spread around as a challenge why not to take them. Because the next thing you know, you've got to get worked up. You know, you got everybody upset and concerned and it wasn't even true positive. So I just want to come back to this issue. I would support any kind of testing that might help actually reduce the number of cases. And I think the White House experience really is that. It shows you the challenges of using testing in a regards to behavior change and what it means or what it does. So, yes, it can have some impact, but it's not going to have this major containment strategy outcome. And I'm sorry that the White House situation ever occurred, but I think it's illustrative of the point that we're making. And again, false positives and false negative point of care tests are occurring much, much more frequently than people realize. And they will dramatically impact, even among that limited number of people who are willing to consider taking these on a routine basis, what they ultimately will do. Now, what I have a hard time with is that no one addressed that situation at the White House, even though it was raised with him on numerous occasions that this was a terribly inadequate plan. Keeping in mind that this is what I had been basically saying, as many of you know, it is emblematic of we don't have a national plan for responding to this pandemic. So why should we be surprised if we don't have a White House protection plan? And so what this episode really should tell us is we still have a desperate need for a national plan of how to respond and how we bring the 50 states together, recognizing their diverse differences, whether they be urban or rural, whether they be west, south, north, east or wherever. But we need a comprehensive plan. We don't have that. People will say we do. But I defy anyone to actually come forward and tell you what our plan is. But this is where I also have

some hope because there is one location that has a plan, New York. Now, I know several of you written to me about Vermont. Vermont, too, has done very well. Although the last two weeks they've been seeing an increase. But let me just go back to the concerted effort of New York. I've talked about this before. I want to acknowledge those who painfully went through the last March, April time period and lost loved ones in long-term care facilities. That was a challenge. That was a real problem. That was not what we wanted or needed. But since that time, they've done a remarkable job. And we went for better part of almost 14 weeks with this very low level of activity, days without deaths. Now, what was an interesting development, however, in the last three weeks, they've seen an increase in New York City, particularly in Orthodox Jewish communities. And there has been this back and forth between the governor and the mayor about how to respond, but the point of it is they've identified the increase. They know where it's occurring. They have an idea of what community it's occurring in. And they're taking steps right now to try to limit that transmission and drive it back down. That gives me hope. That's a plan. That is a plan. You know, I have been asked to review these New York plans on a daily basis in terms of numbers and so forth. And they, unlike any other place in the United States, adhere to the everyday data to try to drive this down. So I want to just say that as much as what happened at the White House was a debacle, there is an opportunity out here to learn from those that are doing right. And New York is a good example of that. So I want to make that point. The second thing is, you know, I don't really know how to talk about this because I don't want to be misunderstood because I'm not wading into the politics of this. But, you know, how much longer do we have to go as a group wondering what it is we need to do to respond to what the administration does or doesn't do? You know, we lose so much sleep. We use so much energy, and we know the situation is what it is. I think we need to move on. I'm kind of over the idea of public health theater, of the idea that, you know, how are we going to respond to this, respond to that. What we need to do is take the bull by the horns and say, OK, what are we as citizens in our own states, our local areas, trying to get our national leaders to do that we need to make happen to accomplish the kinds of risk reduction activities. Where do we go with that? And so I'm not going to spend any more my time in public health theater. I think it's a waste of time. I know who those individuals are that can contribute to improving our public health response. I know what we need to do to help support various federal, state and local agencies in trying to get that done. So I think at this point, what we should do is concentrate on kind of a coalition of the willing. Who we have together that come together to bring us the national plans, the national approaches that really are based on the best science and support that kind of activity. So, you know, I'm not going to spend the time getting into, you know, he said she said, I wish anyone who had COVID-19 infection the best. I continue to offer my sympathy to those families who have lost loved ones to this disease, friends, colleagues, whatever. And so from that perspective, let's just move on. Let's just take this situation and say, you know, we're not going to change it. We're not going to change that national perspective of some. But we have a coalition of the willing that can really make a difference. And over the course of the next several podcasts, I plan on trying to cover those things I think that we can do now that we don't have to wait for someone else to help us do them and that we don't have to be discouraged or prevented from doing them by the rhetoric of a few.

**Chris Dall** [00:28:29] We have less than a month to go in the 2020 election, and we now have one presidential candidate who's been infected and another who's potentially been exposed. So, Mike, are you concerned about the candidates being out on the campaign trail? And is it safe for any candidates, for any political office to be holding campaign events during this pandemic?

**Michael Osterholm** [00:28:48] First of all, anybody who's willing to get into the arena deserves our respect and appreciation. Even if you disagree with them, even if you think, you know, they're the last person in the world I'd vote for, at least they're out there, they're doing something. And so, you know, we need to have that kind of discourse and the way to have that safely right now is a challenge. I worry about the candidates out there in terms of, as you've heard, just and we'll talk more about in a moment, the idea of aerosols and this transmission that can occur over longer distances than just six feet. And so I think every candidate has to take a step back right now. It doesn't matter what party you're in, doesn't matter where you live. It doesn't matter what your age is or underlying health conditions, you need to help yourself and your staff reduce the risk of being infected with this virus. And so if you hold indoor rallies or meetings, know that you are playing with fire. If you, in fact, are not being masked, finding yourself hugging and glad handling people right now across the spectrum, wherever the classic, you know, kiss the baby politician moment might take you, you got to avoid that right now. You know, it's four more weeks. I know it's a campaign. I know you want to win. I know that the way you have traditionally done that is the closeness to the public. But I fear very much we're going to see additional candidates who are going to become infected between now and the election because of this issue. They're outside what has been their bubble. And I think that now is the time distancing is very, very important. The more activities you can pursue online, you know, the classic, you know, video media type of meetings. That's what you need to really think about right now. And I know people will laugh at me and they'll say, that's crazy, I don't understand. But also, as we've seen more and more, I think elected officials or people running for elective office, it's going to be a real challenge.

**Chris Dall** [00:31:01] Mike, as you just mentioned, the CDC this week officially updated its guidelines on how COVID-19 spreads. Acknowledging that while the virus mainly spreads through close contact with an infected person, airborne transmission to people farther than six feet away is another avenue for spread of the virus. So, Mike, do you agree with the CDC's position?

**Michael Osterholm** [00:31:20] Well, let me just say that I think the way they sliced and diced it was a bit challenging. And what I mean by that is, you know, they did acknowledge that the aerosol or airborne transmission route occurs. Meaning these fine particles that float in the air. But, you know, they they went the extra step to say that it's unlikely that this is responsible for much transmission. Well, you know, that's just not consistent with the epidemiology. Again, I have talked about this from previous podcasts, but this is a lot like your head's in the freezer, your feet are in the oven and your average temperature is just right. For a large percentage of cases of COVID-19, you see them transmit to very, very few people, particularly in the household setting. Very reminiscent of a classic droplet type transmission model, one where there is actually not much virus. And if you studied that group, you would come away completely convinced, and appropriately so, that this is largely droplets. This is not anything to do with airborne transmission, and it's got to be very close contact for transmission. On the other hand, up to about 20 percent of the infected individuals probably account for 80 percent of the transmission, where in those settings we actually see dynamic transmission, just like we saw at the White House. You know, I don't have any primary knowledge of the issues at the White House, but I will bet you right now that most that transmission, if not almost all of it, didn't occur in the Rose Garden. You know, the outdoor air dissipating, the viruses, we think about it. There were two receptions held inside the White House for a much more limited number of individuals. And right now, we can place virtually all the people who were infected in those indoor small room environments where their aerosols clearly can play a key role in terms of basically capturing a room with that fog of virus that you don't see. And so I think the CDC

still needs to further refine the fact that to reconcile the droplet world and the aerosol world means you have to recognize there's really kind of two, almost two epidemiologies of this disease transmission. And that's what's key to understanding how to look at aerosols. And I think the aerosol particle technology experts, aerobiologists, industrial hygienists would all say the same thing, that that's the case. And so, you know, we're appreciative that we're making progress and understanding how transmission occurs, appreciating the role of aerosol related transmission or airborne transmission, and also understanding the implications for this, you know, this idea of having a fine line at six feet. You know, it's almost like, you know, either you're on one side or the other side of six feet. One's a cliff top a thousand miles down. The other one, you know, is the top to the mountain, a thousand feet up. So I think that's the challenge we have is there is no fine demarcation and aerosols can change that a lot. And we're gonna have to understand that as we move forward.

**Chris Dall** [00:34:40] So last week on the podcast we talked about travel. And we named that episode Planes, Trains and Automobiles in a nod to the great Steve Martin John Candy film. But some of our sharp-eared listeners noticed we talked mainly about planes and automobiles, but didn't spend too much time on trains or public transportation in general. So, Mike, do we have much data on COVID-19 transmission on trains and public transportation?

**Michael Osterholm** [00:35:02] Well, first of all, congratulations to the listeners who are listening at that point in the podcast with the sharp ears they had, because you're right. Planes, trains and automobiles didn't necessarily have adequately reflect the discussion. The train issue comes up as well as public transportation, i.e. subways and so forth, for which we actually don't have very much information at all. We talked in the podcast last week about the issue of airplanes and the air circulatory systems and what that all meant. Obviously, your automobile is pretty clear cut in terms of what we mean by air inside that vehicle. So it is an issue right now of understanding what the transmission implications are in trains. We know in many subways there is substantial air movement both inside the cars and clearing the tunnels as you're going through. But how much? We don't know. We're looking into that more. This is a concern for large cities where subway ridership in particular is very, very high. Several Asian countries are looking at this issue now. And as we get more information on it, we'll let you know. But I think that, you know, subways could play an important role in transmission. It surely has not been documented yet. And we're gonna need to better understand that before we can say, you know, avoid subways or definitely don't worry about them.

**Chris Dall** [00:36:28] Finally, we've gotten a lot of e-mail questions recently about voting during the pandemic. Here are two of them. One is from Virginia who asks, "Is it safe to vote in person when mail voting isn't an option?" The others from Diana, a retiree from Pennsylvania who wants to know about being a poll volunteer at her local polling station. She writes, "Even if most or all voters wear masks, how risky do you think it will be for me and the other poll workers to be confined to a fairly small, poorly ventilated space over twelve hours? My husband and I have been staying home since March with our only excursions being to the grocery store and to the pharmacy. So we're taking this very seriously." So, Mike, two slightly different questions. But what's your overall message for our listeners on voting this year?

[00:37:11] Well, thank you, Virginia and Diana, for your very thoughtful questions. And the fact that you are thinking very seriously about your very important role as a voter and, of course, wanting to protect yourself and your loved ones from becoming infected. Diana, in

particular, I appreciate your willingness to consider being a poll volunteer and helping out with the election. First of all, if you can avoid the risk of being exposed to the virus by being out voting, by all means, consider that as your first option. To everyone listening, if you can vote by mail, do it now and get it done. I've already voted by mail. I've already gotten confirmation my vote has been received and accepted. And I can't emphasize enough how important that can be in reducing your risk. Second of all is if you can't do that, then yes, voting still is very important. I would not want anyone not to vote and think of creative ways for which you can do that. Number one, of course, wear a mask. Number two is see if you can find someone who, if you're older, if underlying risk factors, may find someone who would stand in for you in line. And you can sit in the car nearby until it gets to the point of where you're almost into the polls, realizing you are outdoors at the time or even indoors, and then be allowed to get in line and vote and do it. Get in, get out quickly. I can't say that I know exactly how much risk that will reduce, but it sure is a possibility. If you are a poll worker, this is a bigger challenge. We just have to be honest and say it's a bigger challenge in terms of your risk of exposure. Remember, we have people working in grocery stores and pharmacies, stores all the time who have been there day in and day out working. Not that there hasn't been transmission in those settings. There likely has been some real transmission issues. But on the other hand, they continue to operate. And we haven't seen what I would say is these major outbreaks associated with people working there. So I would urge you to wear your mask and to stay at least six to 10 feet away from someone, if you can, and try to shorten your amount of time there. If poll workers could share time, so no one works more than one or two hours, that would surely be helpful. Most poll workers actually spend much of the day there. It would be better because, again, we know of a dose response issue that transmission just doesn't occur in a minute. So I think those are all opportunities there to reduce your risk. It is so important you vote. I can't emphasize enough and cast that ballot. At the same time, we need you to be careful. Just let me re-emphasize mail in ballots. Please do that as much as you can. And hopefully that will solve the problem for many of you.

**Chris Dall** [00:40:20] So, Mike, your closing thoughts this week. Any poems or song lyrics for us?

**Michael Osterholm** [00:40:25] Well, thank you again for being with us. The entire CIDRAP team really appreciates you're listening and your many, many, many thoughtful emails that you send in. Next week we will initiate the series that I mentioned before, a brief overview of loved ones, colleagues, dear friends who have died and highlighting their lives with each one of these podcasts. Again, we encourage you to send those little brief stories and tell the special things about the individual. Of course, we will not identify anyone by first and last name. So please do that. We look forward to that, hearing from you in that regard. And I just want to continue to emphasize over and over again, these are very challenging and trying times. You know, as I have said to you in the past, Tom Clancy's famous quote, "The only difference between reality and fiction is that fiction has to make sense." I feel like I live in that world on a daily basis. But I also feel, in a sense, you know, more empowered than ever right now for us to move forward and to take this virus on. Let me just close with words again to another song. This comes from Beth. Thank you, Beth for your suggestion, very thoughtful one. A very favorite song of mine. This song is written by Burt Bacharach and Carole Bayer Sager. It was a 1982 hit for Rod Stewart, it was part of the music score of Nightshift. And in 1986, it was the number one hit of the year. It was a cover version, recorded in 1995 by Dionne Warwick, Elton John, Gladys Knight and Stevie Wonder as a fund raiser for HIV/AIDS work. The title of it is That's What Friends Are For. "And I never thought I'd feel this way. And as far as I'm concerned, I'm glad I got the chance to say that I do believe I love you. And if I should ever go away. Well,

then close your eyes and try to feel the way we do today. And then if you can remember. Keep smiling, keep shining, knowing you can always count on me for sure. That's what friends are for. For good times and bad times, I'll be on your side forever more. That's what friends are for. Well, you came and opened me, and now there's so much more I see. And so, by the way, I thank you. Oh, and then for the times when we're apart. Well, then close your eyes and know the words are coming from my heart. And then if you can remember. Keep smiling. Keep shining. Knowing you can always count on me for sure. That's what friends are for. In good times and bad times, I'll be on your side forever more. That's what friends are for. Keep smiling. Keep shining. Knowing you can always count on me. For that's what friends are for. For good times and bad times. I'll be on your side forever more. That's what friends are for." And I would just like to say for all of you who are regular listeners of this podcast, I feel like we all our friends, we're kind of one big family and we're all getting through this thing together. I keep hearing more and more people sharing stories about kindness and about the motivation to be kind, to be tolerant, to be understanding, to reach out. Everyone on this podcast listening, go find someone who needs you. Reach out to them. Someone who's lonely. Someone who is feeling the tremendous weight of this pandemic. If you can, for those of you on this podcast that can financially afford it, find someone that needs help. I know far too many stories today, even with food stamps and what's gone on, how many families are having a hard time finding just to have enough to feed their children. That's the kind of thing where if you can help out, do it, you know. Can't take money with you after you go. Help out now, if you can. So I would just leave you by saying we want that pandemic kindness. It's our counterbalance to this ugly virus. And thank you to all of you for being with us and for being part of this experience. We're gonna get through it. Remember, Mama Kitty, if she can do it, we sure in the hell can. So thank you. And I look forward to being with you again next week. Goodbye. Be safe. Be kind.

**Chris Dall** [00:45:14] 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](http://cidrap.umn.edu). The Osterholm Update is produced by Maya Peters, Corey Anderson and Angela Albrecht.