

Chris Dall: 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, reported for CIDRAP news, and I'm your host for these conversations.

Over the last several episodes of this podcast, we talked a lot about the expected surge in covid-19 cases as the country moves into the colder months and people start spending more time indoors. It's now October 22nd, and whether you want to look at it as the third wave or just the spread of the forest fire we are well into this new phase of the pandemic. This past weekend, the U.S. reported more than 70,000 new infections in a single day, the highest number we've seen since July. And the moving 7-day average of new cases has now climbed above fifty thousand. And in states across the Midwest and the Mountain West, hospitals are rapidly filling up with COVID patients. We're going to talk about this new phase of the pandemic and what the coming months will look like on this episode of The Osterholm Update. We're also going to discuss the targeted lockdown measures that some European countries are experimenting with, delve back into The Great Berrington Declaration, examine covid-19 racial disparities in the workplace, answer listener email on what Halloween should look like this year and share our latest celebration of life. So we have a lot to get to on this episode of the podcast, but before we get started we'll begin with Dr. Osterholm's welcome and dedication.

Michael Osterholm: Thanks Chris and welcome everyone to this edition of the podcast as I say with every podcast and meant with sincerity each and every time is, we appreciate very much you being with us. We know you have many choices and getting your information about covid-19, we're just very happy you're getting information and we continue to try to provide you with what we think is the most important and relevant information of the day, and also with as much adherence as we can to calling just balls and strikes. That's gotten tougher in recent days. Some of you wish we were doing more than calling balls and strikes, some of you are glad we're not doing more than calling balls and strikes. But I promise you we will continue to give you the best information we can, delivered with as much honesty, and frankly humility, as possible. In that regard, I want to dedicate this to so many of you out there in the podcast land, and I'm kind of dedicating it to myself and my family because this is about all of us, this is about what to do for the holidays. And for everyone who has been struggling with what to do and what it means for your family in terms of tradition, what it means to your family in terms of safety, what it means to your family in terms of the future and how other family members might interpret your decisions, what you do. These are a struggle, but they're a struggle well worth it because we have to make the right decisions about protecting the ones we love most, and so this is dedicated to all of us who are struggling with how to best handle the holidays.

Chris Dall: Mike, you were on Meet the Press over the weekend and you said the next few months will be the darkest of the pandemic and that the country is likely to see higher case numbers than we saw over the summer. So why do you say that?

Michael Osterholm: We have been following the journey of this virus from its first days and over the course of the last nine months have really tried to anticipate where would it show up next in terms of populations, what kind of incidents might we expect to see, what damage will it do to all of us, and, you know, this is no different, what we're anticipating here. You know, as I've said multiple times, we don't use models, I find that models are almost universally wrong and occasionally provide us with useful information, but just what does our experience tell us, what does human nature tell us? Something you can't put into a model. And I made this statement knowing it would be in a sense hard for people to hear and would only add to those who think that some of us want to have a major crisis, but I really said that with the idea of helping us prepare for where we're going and what's happening. You know, there's nothing worse than getting at the starting line thinking you're doing a hundred yard dash, only to be told at the 50 yard mark that this is really a marathon. You know, emotionally physically it's very tough to adjust at that point. And so I'm trying to help you here now from my best perspective, my best professional judgment, where we are going for the next 3 to 4 months and what I think is likely to happen are the darkest weeks and months of this pandemic. Why do I say that? Number one is we've been anticipating and unfortunately it's becoming true every day, more and more, that once we got to the Labor Day weekend we would begin to see a convergence of a number of factors that we had been witnessing in our communities. The first is that of pandemic fatigue. And we talked about it, it has become a commonly used term, but we can sense that it was going to be extraordinary after Labor Day as we saw more and more people just saying, "You know, I hit the mark, I can't do this anymore. I'm not that worried, you know, I haven't gotten infected already, you know, I know a few people that have and it wasn't that bad. I haven't known anybody who's died." Remembering that only 10 to 12% of the US population has been infected to date. So that's not an unreasonable or irrational point of view. But with that came really letting down the guard for a number of ways in which this virus can be transmitted. First and foremost, we're seeing more and more events taking place in the home. Family settings where people think, "I know this person, they're not going to infect me", when in fact none of them know that person or the rest of the family that they are infected and they are transmitting the virus at that very moment indoors. Then when you add in all of the events, and some of them postponed events, that have been rescheduled and we're not going to reschedule again, like weddings, we're seeing an epidemic of weddings, I wish you all well, but indoor air, receptions, dances, celebrations and there's a lot of them. Funerals, of course, a time of sadness, when embracing, despite the fact that we know that being close to people is not a great idea, it's hard not to do. You get into the school athletics, we're seeing a number of outbreaks right now in high school and junior high athletics where it's not just on the field, it's the socialization around what happens with those athletics events. Riding in vans, doing all kinds of things where people are exposed. We're seeing birthday parties, graduation parties, family reunions, neighborhood get-togethers that start out as an outdoor BBQ and by the end of the evening end up indoors, you know, what a bit of alcohol. And, of course, we're seeing the bars and restaurants which are finding more and more customers willing to come into their space, not worried anymore even with face coverings on, take them off, while they're eating, etcetera. And so when you put this all together, that issue of pandemic fatigue has created a bolus of likely sources of transmission that we have not seen before. This is new. This level of this is new. And then on top of that, when you add in a group that I consider challenging, and we'll talk more

about that, but those who I've labeled as pandemic anger, the people who are really not at all convinced that this pandemic is real, it's a politically-motivated event that, as I've heard it so many times, will go away the day after the election. It's just not true. And I don't know what to do with that group, in terms of just you got to keep trying and I'll talk more about that later, but they are not going to comply with any kind of Public Health recommendations about how to limit transmission. And when you put this all together and then lay on top of it the fact that we have the indoor air issue now front-and-center. I sit here in Minneapolis where this week we've got a number of inches of snow already. People are indoors, and we know that this virus is much more readily transmitted indoors. So I put this all together as an epidemiologist who has been investigating disease outbreaks for 45 years and anticipating kind of what might be coming, this is about as clear-cut as I can imagine what I see happening. So, when we saw cases go from 32,000 a day Labor Day week to now hitting 70,000 this past week, and it's going to keep going straight up that's not a surprise, it is not a surprise. Now some hearing me say this will say "oh my, you know, what can we do then? You make it sound so dire, you make it sound so bad". Well it is. Let's just be honest. But we can do a lot about it, a lot about it. But what I don't want to do is do a lot about it for all the wrong reasons. And what I mean by that is, I have no doubt that this virus will continue to burn and in that corona forest fire, it's going to keep looking for human wood to burn. And people who have been the naysayers, people who have been totally of the belief that this is somehow a manufactured political event, are going to start losing loved ones. And when that happens, that's when we're going to start seeing some people saying "oh my God, you know, this is real". But by the time you get to that, that's really an incredible price to have to pay, so we have to keep doing, and failure is not an option here. We can't give up. We have to keep giving people the best information about how they can protect themselves and their loved ones. And again, this is a loved one issue because it's not just about me taking care of myself, but if I take care of myself not to get infected I don't put those I love in harm's way. And making sure those I love also practice that same thing. So this is going to be a heck of a challenge. Today of the 51 states with the District of Columbia, 42 are now showing sustained 2-week major increases in cases. If you're in the Upper Midwest right now, it's hard to believe. You know, North Dakota just is hitting a hundred cases per hundred thousand population per day. This is not going to be unique to the Upper Midwest, we're beginning to see this increase throughout the country. So all of these factors we just talked about, we have to understand that we're not asking you to go up your life. Don't. Please. From the virus or from everyday living. What we're saying is, just allow us six to eight months of helping, to get to a point of vaccine, where we can get to that 50 to 70% herd immunity level and slow down transmission. Not from a situation of disease and death but from one of immunologic protection from a vaccine. So whatever we can do to minimize the number of cases between now and then, we're going to be able to help pick them up on the other side with vaccine. That's the point. We're not asking people for four or five or six years. We're not sitting here in World War II or Vietnam or any of these wars, any of the most recent ones, where asking families to sacrifice greatly for years and years and years to come. So that's where I think we have to get that message out that we can with personal responsibility make a really big difference. And what we have to understand is that this is not about partisanship, this is not about skin color, this is not about, you know, where I went to school, or where I work, this is about us as humans versus the virus. All those things will come to play, but this is about us versus the virus. So I come in with this a sense of

optimism. I refuse to give up. But at the same time, I recognize the challenge of getting people who are just going the opposite way in terms of risk, coming back and helping to support a risk reduction lifestyle, that for the time being, will save them from developing infection.

Chris Dall: Speaking of efforts to mitigate the spread of the virus, we're now seeing several countries in Europe instituting more targeted measures to slow the spread of covid-19. One approach they're trying in the United Kingdom is what's being called a 'circuit breaker lockdown'. These are two week mini lockdowns and Northern Ireland and Wales are imposing them, other areas of the UK may follow. Mike, what do you make of this idea and what do you think it achieves?

Michael Osterholm: You know, I find it very difficult to address this issue because it's like me asking people out there "tell me what your black hole is like?". And they'll look at me "what?". "You know, a black hole". I have found that the overall understanding of what a lockdown is about that of a black hole. It means so many different things to so many different people. You know, we never really did lockdown in most of the United States, even though we keep talking about how we have to avoid lockdowns. As I pointed out before, you know, over 80% of the Minnesota population stayed at work even though only 37% were considered essential back in March. Now, do I think that people have suffered? Look at the unemployment, it's been incredible. But it's been disproportional to a very relatively limited number of people by their occupation. You know, those of us on this podcast producing it for you, we've been lucky. You know, we don't have to be at the University. We can be at home, we're working from home. You know we didn't find ourselves unemployed. So part of that isn't really a lockdown. When we talk about lockdowns, as far as limiting human-to-human contact, we need to be very clear, defining what we're talking about. As I pointed out in previous podcasts, and layed out with Neel Kashkari, the President of the Minneapolis Federal Reserve Bank, in our op ed piece in the New York Times in early August, we need to compensate those who are impacted by this. And, you know, by holding them whole. That will help a lot in terms of minimizing the impact of this distancing requirement. We need to hold businesses whole, that have to suffer disproportionately because of something that they're doing that is contributing, like bars and restaurants. And so, I come back to this, and, you know, and I'm not the economic expert, Neel is, and the Federal Reserve Bank has determined that in the long run this would be a much, much more economically beneficial situation for the United States. Look at China right now, China brought this under control, they are watching their GDP and annual growth rate going way up right now financially. They're in the middle of the pandemic too, but they were willing to knock the level of virus transmission down and hold it down. So when I talk about lockdown I don't want us to think of some socially-motivated, politically-motivated kind of thing to restrict people's movements for ideology or anything else. We're just trying to stop a damn virus from hitting each of us. And so the concept in the European approaches, if we can just knock it down after 3 weeks, meaning that we can knock out three generations of transmission, that may give us the opportunity to do what they had been doing so well through the summer of holding it down with what limited efforts that they had in terms of reducing human contact. They got tired. They just let it go because they had felt that they had been successful. As if somehow it wouldn't come back. You know, as I've said all along, this is a coronavirus forest fire, it's looking

for human wood. If we put it out, or contain it, in a given area, but leave one little spot of hot embers, it's going to blow back up again. It may take days, weeks to do it, but it's going to come right back. That's what this is doing. Now us, we never in the United States ever really got it down to just contain brush fires, you know, we kind of had well, we'll take this mountain here, let this mountain go, and you know, we'll take this hundred acres here and let those thousand acres go, and so why are we surprised it comes back so quickly when it does? And so I think at this point, I would pretty much support what they're doing in Europe. I think we have to take care of those people who are harmed. We have to understand that healthcare delivery still is very critical. We can't leave people out there with heart attacks and strokes. We have to keep screening, we have to keep delivering vaccinations, we have to find a way to incorporate all of this and still minimize and limit the contact, which I think we can do. And our challenge is going to be again just keeping us as healthy as possible in all regards, not just with covid-19, but every other aspect and mental health, as you know from my previous podcast is something, and I know, is front-and-center. But we're shooting for a goal of next spring and early summer. That's what we have to keep aiming for. And that's why we need to keep in mind we're not asking forever. And so, from my perspective, if they can knock the virus activity in Europe down to a level that then allows them for testing and more contact tracing, to be able to contain it like the Asian countries, I mean, let's be honest here, I mean, who are we? Look at the Asian countries. Look what they've done. They've been remarkable, you know, whether it be, I know the challenges in Australia or New Zealand, look at what Vietnam did. They did what we couldn't even begin to think about. At this point, we should think about it. We should understand what they did, and we should try to employ the methods they used. And so, I think this gives us hope, I actually have hope that we can make a difference. But it's not going to be as simply as just being easy, it's going to be inconvenient at times. But it will make a real difference and you know next year, there will be a lot more loved ones around with that approach than not, and I hope the European efforts give us that opportunity to show that.

Chris Dall: So I want to follow up on another European country that keeps coming up in the discussion of lockdowns and that's Sweden, which has taken, in general, a less restrictive approach since the spring. Mike, are people making too much out of Sweden's strategy and what they did and didn't do?

Michael Osterholm: You know, people are making a lot out of a lot of different places for reasons that they have no basis for doing. And what I mean by that is, think again this is this coronavirus forest fire, it doesn't burn evenly, it may skip a valley, it may skip one hillside, one mountainside, but it will come back if there's still embers nearby. So you can never say that you're "out of the woods" relative to this coronavirus forest fire. I remember so well and as I've share before on this podcast, last May as cases were beginning to heat up in Southern California into June/July, I heard over and over again well look at April/May, you know, we don't have any cases out here, it's because we don't have public transportation, that's the key that's the factor, public transportation. No, maybe it's the weather. That's it, it's the weather. You could go through location, by location, by location where somebody had an answer why something wasn't happening and then lo and behold just give it a little while, and it happens. I heard it a hundred times. Italy. What's going on in Northern Italy? Lombardy region is so

different in southern Italy- what are they doing different? you know there's a difference there. Something happening. It's something about the culture. Today southern Italy is a house on fire, you know, Lombardy is still heating up again, but the point of it is it was there. And don't say that you can't have the fires come back hot and heavy. We're watching right now in Iran the third big peak of cases occurring just like here and locations that you would think that most of the people had already been infected because it was so substantial. But it wasn't. It wasn't enough. Just like in New York where we still have a lot of people in New York City who not been infected with the likely city overall rate of less than 20% positivity, meaning we still have a long ways to go to get to herd immunity, even in a place like New York. So just know that we have to look at all of these. The Asian countries are just as vulnerable today as they were six months ago to see a major problem emerge, but they're staying on top of it. And so I think that's one of the things we have to interpret. So in terms of Sweden, this has become more of the ideologic, and almost political issue, than it has really a science issue, and you know, being I'm from Sweden, at least my relatives were, you know, I have to look at what's going on there and reflect on, you know, the culture. Let me just back up and say Sweden is an example of what I was just talking about. Six weeks ago, I had so many emails saying "haha see Sweden was right look at they're flat as can be right now, they didn't do anything to make this happen and it's gone away". Herd immunity, you know, let it rip. Absolutely not true. If you look right now at the cases and deaths in Sweden, as of this week, one hundred and six thousand cases and almost 6,000 deaths. Well they never implemented a lockdown with bars, restaurants and gyms remaining open, they did require physical distancing, they were in place in the facilities, they didn't have a mask requirement, they didn't do that. But they also did do a lot of other things. Schools were closed for students 16 years of age or older in the spring, people were encouraged to work from home as possible and many did. As I mentioned bars and restaurants were asked to distance tables at least one meter apart, guests must be seated when consuming food or beverages, they had restrictions on all large gatherings. On March 29th they banned any public gathering of 50 or more people, that 50 person cap on large public gatherings is still in place, and punishable by a fine or a maximum of six months in prison. Private events such as weddings, graduation parties are not capped, but they're discouraged and personal responsibility with distancing is expected among the attendees. They have done a number of things. Well, look where they're at today. They have five times as many deaths per capita as Denmark, and almost 10 times as many as Finland. Sweden right now with 581 deaths per million population, Denmark is 117, Finland is 64 and Norway is 52. They sure don't stick out as an ideal option that way, but if you look at the case numbers and what's happening there it's very interesting because you'll see that they've had this big increase in recent cases. On June 24th they had a peak of 1698 cases and then through that time period cases came down. They were literally at about two hundred cases a day through much of July and August. On Friday last week they reported 1180 cases, they're well on their way back up to their all time high. This again just points out what I've been saying on this podcast about Sweden, there's nothing unique or special about them. By the time, the next two or three weeks, they could be much much higher than even their June high. So there wasn't anything magical about that, don't attribute magic to what they did because it's just the biology of the virus coming in, coming out, going in, going out. And I think that Sweden is an example of that, and I hope we just put that to the side and realize that as long as there's wood

to burn this virus is going to find it. I don't care where you live, what country you are in, what you're doing, if you're not protecting yourself against exposure you are going to get infected.

Chris Dall: I want to go back to the Meet the Press interview to get into the discussion of the Great Berrington Declaration. Now, one of the concepts underlying the Declaration is the idea of the percentage of people needed for herd immunity to kick in is only around 25%. You said on Meet the Press that this figure is “the most amazing combination of pixie dust and pseudoscience I've ever seen”. Can you explain to our listeners why you think this notion is so misguided?

Michael Osterholm: Well since I'm sure everyone on this podcast understands pixie dust and pseudoscience then I've said it all. No, I did say that, I guess, you know, we've had many different approaches brought forward about, you know, how this virus is going to get transmitted, you know, what the levels of transmission will be, and that herd immunity is at 20%, and no matter how much information we supply or provide, these myths still continue. If you look at the congregate living areas or congregate work areas, you can see that once the virus gets into this tight space with enhanced capacity for transmission, it blows right through well into the 60-70% range. Look at the prisons, look at San Quinton. And what we see is the fact that it does slow down at those higher levels, but it doesn't mean that at that point even that it stops transmitting. It keeps going. And so, you know, I've seen studies come out where it says “well look at we had a house on fire and you know suddenly it got limited in terms of transmission and so you know herd immunity must be at 25%”. I've heard that for New York, I've heard that for studies done in Brazil, in the Amazon region. No. What happened was enough suppressing activities were put in place, enough mitigation measures were put into place and distancing took place, and in fact it slowed down to the point of transmission was minimized. That didn't mean you hit herd immunity. Again, I come back to the fact that a place like New York City is just as ripe right now for another major outbreak in the, for example, the Orthodox Jewish Community which hit hard last April and is coming back again. I had people tell me “we'll see, look, they had herd immunity in the Orthodox Jewish Community back last April”. So none of those examples are at all supported that it's just at twenty or thirty percent and you hit herd immunity. Herd immunity again just remind everybody is that concept epidemiologically that if you have a certain element of infectiousness, in this case the virus, transmitted by the respiratory route, that what do you have to have in terms of rods in the virus transmission reaction to stop it. Those rods being somebody whose immune either for natural infection or through vaccinations, and you know, I think we are clearly showing that you have to have at least 50 to 70% level to hit herd immunity. And you know I'm more than willing to look at some other data if we can actually show that that's the case but every example I've seen so far just continues to reinforce it's higher than. That doesn't mean transmission may not slow down with some mitigation activities, but it's going to come back. Look at Iran, they're in their third big peak over there and everybody said after the first peak they'd hit herd immunity, then after the second peak that they'd hit herd immunity now they're at their third peak and they're saying “you know I don't know when we're going to hit herd immunity”. So I just think that this is an unfortunate distraction. I think it's immoral frankly to conclude that we should just let a lot of people get infected, it's naive. It's one where, you know, you assume that I can bubble off these people

who are at high risk and, you know, they typically think of congregate living, that kind of thing. They don't think about, you know, first of all, how do you bubble the people that have to work there? Second of all, there's a lot of people in our society who are at high risk. How do you bubble people who may have increased BMI who are 35 years of age? How do you bubble if you live in a house where you are the essential worker, thank God you're working at those jobs, and you come home to a multi-generational family of grandpa and grandma and your kids, how do you bubble when you have two bedrooms? So I think that we don't want to do that. We want to try to keep everybody from getting infected until we have the vaccines available. And, you know that's not putting, I think, unreasonable restrictions on people relative to what the outcome can be. You know, how many inconveniences are worth it not to lose your mom and dad? How many inconveniences are worth it not to lose your brother and sister? And I think that's what we have to start weighing right now, and I think we can still live our lives I think we can still do many of the things that bring us joy and happiness and, you know, deal with this. Now it's still going to create the mental health issues, there's going to be loneliness, there's still going to be challenges financially, I don't want to minimize those, but at the same time this idea of promoting that Barrington Doctrine, I think we'll go down ultimately as one of the worst moments of anyone who ever signed that will ever have in their public health career.

Chris Dall: During the live podcast last week, you talked about the covid-19 racial disparities and the disproportionate impact we're seeing in the black and Latino communities. This is something we talked about on several podcast episodes. I understand that you want to follow up on this topic specifically and how the workplace is playing a role.

Michael Osterholm: When you look today at the disproportionate risk that we have with regard to race, ethnicity and even to some degree age, it really is a function also of occupation that we can do something about. We should do something about. I might add that this past week the CDC's Morbidity Mortality Weekly Report had a very important article, an update on race ethnicity and age trends and persons who died from covid-19 in the United States from May to August. And you know they've shown what we already knew, that in fact if you look at those individuals who have died in this case from May to August they found that 51.3% of the decedents were not hispanic whites, whites make up over 60% of the population, 24.2% of Hispanic or Latino Hispanic, and they make up only 18.5% of the population, and 18.7% were not Hispanic, Hispanic black, and they make up only 13% of the population. So you can see this disproportionate number of deaths of these, in these groups, and clearly the factors I did discuss last week are relevant to that and they do play a role. Now, as with most things related to covid-19 we really have not had the national leadership in the occupational area. And I've heard this from many people, so again, this is not a function of just Amy as an advocate, but OSHA has really abandoned its duty to protect workers in these settings. I've heard this from multiple different sources and that during the H1N1, on the other hand, they made the CDC guidelines mandatory for these locations like meat packing plants they were really doing an outstanding job back just in 2009. And in fact, the former head of OSHA actually outlined an important plan for what should be done in the federal approach in this new report halting workplace covid-19 transmission an urgent proposal protect American workers. A very thoughtful, thoughtful proposal and this now, by the way, is the former head of OSHA, so it's

somebody from inside who was telling us that we really abandoned these workers. And I think that Amy, thank you because we do have to look at this issue now. What can we do? And what we're left with really has been a haphazard state-by-state approach and even in some cases Municipal approach. And while these are important and they're helpful, lacking a national response leaves these people highly vulnerable. And I think that we've got to stop thinking about jobs like that with infectious diseases and somehow they're like minimum wage or paid sick leave or worker protection, as worker benefits. No, these should be public health policies just as we should be protecting her healthcare workers, just as we should be protecting those who work in long-term care as care providers. If you're exposed because of work that you do, how can we best help protect you?

Chris Dall: We have gotten several email questions in the past few weeks in regard to Halloween and what people can do to try and make it safer this year. Wendy asks "do you think it would be okay for kids to participate in trick-or-treating? What precautions would you suggest for communities wanting to partake in this tradition?" Then Sarah writes "I'm assuming door-to-door trick-or-treating for Halloween will be cancelled so I'm considering putting out a candy table with the treats spread out and not all in one bowl on our sidewalks and away from our house. So do you think that would be okay or would that just be a potential virus vector?"

Michael Osterholm: Well let me just tell you that when I think back on all the experiences in my lifetime as a young kid, as a father, and even as a grandfather, Halloween trick or treating is just so special, it is so special. It's that kind of connection that I have to admit even as an adult as a father and grandfather, I didn't mind finding some of the extra chocolate that was secured in those Halloween treks. But, you know, again this is our COVID year, and trying to find the balance of what the risk of transmission might be and what we can do, I think Halloween is one of those ones that actually offers us an opportunity. Not necessarily something that closes us off. I personally, you know, thinking about the transmission, picture, you know, how much is air, you know, what the whole hygiene theater issue has brought us, and how much we worry about that issue when it isn't really a significant, if even measurable, impact function of transmission. So I would say you know if I'm a parent, and I can get my couple of kids together by myself meaning I'm not going to trick or treat anybody else, and I went to some neighbors houses, never went in, door was opened only dropped into the bag. Or, more particularly if you could encourage your neighborhood to put the candy out, I wouldn't be afraid to put my hand into that container and pull it out. I wouldn't be afraid to have somebody's hand from a door no more than 10-15 seconds and then walk away. So I think, actually, Halloween is one you could do. And, you know, you don't want to get together a lot of other people, you don't want to be in somebody's house, you want to be outdoors, you know, obviously the weather will be a big determining factor, whether that is even doable. But, you know, even if it's a limited evening where you don't hit all the places as before. Remember those 14 year olds that can make it to 112 locations all in one night, with their third bag full. That's not likely what we want to have happen. So I would say go ahead with it and just remember distance, remember the infectious dose time thing. You know, be at the door, get away quickly. And you know, if somebody does want to come to the door, there may be people in homes who don't want to give up candy this year because they're afraid. And you know, we have to be respectful of them. If you walk by

Uncle Bill's house or Aunt Jane's house and they're not there to give you candy or the lights are on but the doors are not there, you know, respect that. I can understand their concern too and so let's celebrate Halloween and then realize we have some other challenges coming down the pike with other holidays.

Chris Dall: So, Mike, speaking of other holidays you mentioned in you're welcome and dedication the continuing discussions that families are having about Thanksgiving and Christmas and how difficult those conversations are, so any further thoughts on these holidays?

Michael Osterholm: Well, you know, I realize I'm out there a ways clearly if you look at some of my colleagues what they've been recommending and you even look at the groups like CDC, I just have to say I think that bringing family together in Holiday settings, if there's not a way to successfully and with confidence you know, bubble up for at least ten days, 14 days is ideal, before you get together, and if travel is involved then you invalidate that whole bubble as far as I'm concerned, meaning travel by plane. Let me be clear, if you're traveling by your vehicle and you're not, you know, seeing anyone, that's a very different situation. But if you're in a plane, and we just learned this week that a million people have just cleared the TSA on a daily basis now, we're flying a lot. You know, the plane flights are there. So I think that it's really a matter of covid year love, where we say to our loved ones you know what let's just take a break this year. We can't get together at Thanksgiving or Christmas and have a lot of us at Grandpa and Grandma's house or Mom and Dad's house. Or, you know, my sister's house, and not expect we're going to see you know the kind of conditions that are just ideal for transmitting this virus. And what we need to do is help support the people who understand that and are feeling pressured by family members or others to get together. I have received many, many emails this week from people just wanting permission to say no but feeling guilty like they were not being, you know, a loving brother, sister, son, daughter, when in fact, they are there. They are being the ultimate in that regard. And so, as I started this podcast of the dedication, you don't want to find out two to three weeks later that your loved ones who were there, particularly grandma and grandpa, are now seriously ill in the hospital or even dead because of what happened, and I am personally aware of far too many of these situations where exactly that has happened. So to me the ultimate love this year is how to be creative. You know, use your computer, use your internet. If you can and you can do an outdoor visit quickly, you know, if you live in the same town, get your kids and go sing Christmas carols in the backyard to your loved ones but keep that distance. Do not plan a traditional holiday turkey dinner where basically everybody sits around the table all day you know eating lots of food. Don't plan on opening presents together under the tree for hours, that will be I know very difficult for many, and it contributes to the loneliness I understand that try to find creative ways to connect that aren't that way. I'm already hearing people, they've actually invited me, to virtual Thanksgiving dinners, where we're basically going to use the zoom to get a group of people on and have a big dinner together. So I think that's the thing you want to look for, and do feel empowered to say no. You may have family members who will really put pressure on you, they may be very angry at you because they feel like you're overreacting, you're denying the family, it's time together. Some of those will ultimately result in horrible situations and you don't have a part of that. So I go way beyond. I think, I don't know how you reduce risk with this, you don't know. None of us has an idea if

my, you know, son or my daughter, or me or my partner, whatever, has the virus when we walk into that house, we don't know. And so you know I don't know how you reduce risk, you don't. It's one of those ones where you're either going to experience it or you're not. So I hope that none of you have the challenge of the holidays of feeling intimidated to have to go to an event, knowing you want to go badly, you know you want to go, at the same time I hope all of you can afterwards appreciate we saved that one for being a problem.

Chris Dall: We have gotten several notes from our listeners sharing memories of people they've lost to covid-19, we're calling these notes celebrations of life. Mike, who are we hearing about this week?

Michael Osterholm: Well this one came from SH, and I think it has some very, very important lessons, and I think it's a beautiful statement so thank you SH for sending it to us. She writes "I am the niece of the man reported as the first death directly related to the Sturgis Motorcycle Rally. He's my Uncle Frank, my father's younger brother. He and my dad were often confused for one another because of how similar they looked and sounded. My uncle was a devoted father to his two kids and grandfather to two young grandchildren. I never imagined I would grieve as hard as I did when he contracted covid, and even more so when he died. It was hard to shake thinking about the terror and isolation he must have felt not being able to breathe, not having someone there with him. He suffered like this for many weeks. What really broke me down was a heartless commentary that came from a Facebook covid support group saying things like he deserved it, since he knew the risk and went to Sturgis anyway, and much, much worse. I'll admit I had those same thoughts of people I would hear about in the news that participated in risky behavior without safety measures that end up contracting covid. After my uncle's death I have realized that every case and every death is a human, is someone's parent, grandparent or loved one. No one deserves to suffer from covid, and no one deserves to die from covid. My uncle is a fun-loving guy, he was loved by so many. And to all the great nieces and nephews in our family, he was Great Frank. Every covid death was someone's Great Frank." Thank you SH.

Chris Dall: As a reminder to our listeners that if you want to share a memory of a loved one you've lost to covid-19, you can send us an email at osterholmupdate@umn.edu. Mike, closing thoughts for this week?

Michael Osterholm: Yes, you know, after reading that beautiful tribute to Frank from SH, you know, I was torn because I myself go back and forth on this risky behavior and watching the people who continue to do that. People who send me those terrible emails, you know, it's a natural reaction to want to be angry. And yet we're at a time when you know I still understand the risk of these people put others at by being infected, and it doesn't help, it doesn't help to basically, once they're ill, for their loved ones or otherwise, to blame them and to condemn them. And, you know, some will say I'm being naive, you know, I hear emails from you saying I'm too easy on them, you know, I'm hard, I'm a hard guy that way. You've heard me. I'm probably as hard as anybody you know in terms of the concern that I have. But at some point at someplace, we have to find in our humanity a way to forgive and for how to try to move these people to an

understanding of why we're doing what we're doing to protect ourselves. And I'm so sorry that you know SH had to read on her Facebook those people who were blaming her uncle as they did for what he did. He did it okay, he did. But there's some point we have to move on, so we have to continue. So you know I thought about this over and over again, what I could use for a closing and, you know, I probably am to many of you at this point, you figure I've gone off the deep end here. But one of my heroes in my life and one through my adulthood was Fred Rogers. You know, as a father of two young children back in the 70s and 80s, I had the opportunity to get to know Fred Rogers pretty well. All those crazy songs he wrote, over 200 of them, they were playing in my head. And so today I close this, as we go into this very dark period, and it's going to get tougher and tougher and we got to hang in there, we're going to get through this, but so today my little reading is from Mr Rogers. And it's Won't You be My Neighbor.

It's a beautiful day in this neighborhood, a beautiful day for a neighbor. Would you be mine? Could you be mine? It's a neighborly day in this beautiful wood. A neighborly day for a beauty. Would you be mine? Could you be mine? I've always wanted to have a neighbor just like you, I've always wanted to live in a neighborhood with you so let's make the most of this beautiful day. Since we're together we might as well say, would you be mine? Could you be mine? Won't you be my neighbor? Won't you please? Won't you please? Please? Won't you be my neighbor?

I think today if we've ever needed that approach it's now. Neighbors take care of neighbors, neighbors help neighbors, neighbors understand neighbors. So I just close today was asking you to be a neighbor. Impart that pandemic kindness out there, keep focused on the fact we're going to get through this. We are going to get through this, we'll get through it together. This family, this podcast family's been remarkable, please keep sending your messages to us, we have read every one of them, they're incredibly helpful and just know that we can get through this together. And it'll be tough but go out and find someone to be your neighbor, be kind to them today, be kind to them everyday, we'll all feel better. So be safe. This is a tough time, there's a lot of virus out there, be safe. And I look forward to talking to you next week, thank you so much for spending your time with me. Thank you.

Chris Dall: 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.umn.edu. The Osterholm Update is produced by Maya Peters, Corey Anderson and Angela Olerich.