

The Osterholm Update Episode 30: New Dialogue

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 in more than 45 years of experience investigating infectious disease outbreaks to provide straight talk on the covid-19 pandemic. I'm Chris Dall, reporter for CIDRAP News, and I'm your host for these conversations.

Chris Dall: [00:00:42] It's November 6th, and while the American public awaits the final results of the 2020 presidential election, the coronavirus pandemic is raging. Two days ago, the United States reported one hundred and two thousand new covid-19 infections, the first time the country has reported more than 100,000 cases in a single day since the pandemic began. Eighteen states have reported a record high hospitalizations over the past week, and three have reported their highest daily death counts. N95 respirators and other personal protective equipment are again in short supply and winter is still more than a month away. On this episode of The Osterholm Update, we're going to discuss the state of the pandemic in the United States and where it's headed. We'll also talk about what the election results say about Americans views on public health, get an update on covid-19 vaccines and answer some listener emails. But first, we'll begin with Dr. Osterholm's welcome and dedication.

Michael Osterholm: [00:01:35] Welcome back. We are very honored to have you with us, this podcast family has really become a remarkable part of our lives and we hope that we can be of some help and support to you and know that your ongoing communications with your many, many emails mean the world to the CIDRAP team. We read every one of them. So thank you. In terms of dedication this week, I am absolutely struck by and very proud of our country for the fact that over 140 million people have come out to vote. And in the face of a pandemic, that's a remarkable accomplishment. Whether you voted for Democrat or Republican, doesn't matter. You voted. And several weeks ago, I dedicated it to the poll workers. I think it's almost a second dedication they deserve right now. I have been so proud of the city, county and state officials overseeing this election and how they have represented their work, how they've done their work. You know, the care that they've taken to get it right is really a tribute to our

country. And and in that regard, I am very proud to be an American today, knowing that whatever the eventual outcome of this election will be and whether you agree with it or not, everything so far to me says this is what a democracy is all about. This is how it should be done even in the face of a pandemic, even in the face of a pandemic. So to the one hundred and forty plus million people who voted, this podcast is dedicated to you.

Chris Dall: [00:03:14] Mike, I laid out some of the grim statistics this week here in the United States. And at the moment, there really is no plan to get this nation widespread under control. So instead of asking you where we are in the trajectory of this pandemic, I'd like to ask you what you would say to listeners who are scared right now and maybe even feeling a little hopeless.

Michael Osterholm: [00:03:34] Well, let me first of all, say that it's OK to be scared and even feel a little bit helpless. That's a part of all of us. And that's what makes us human. And I'm there myself. So don't for a moment think that somehow that you are the person out. At the same time, there is so much we can do to protect ourselves, that we can do to reduce our likelihood of being infected by this virus, and that's true for many of us. Some are more limited in their ways to do that if they're essential workers, if they're working in the health care setting area, etc.. I recognize that and I don't want to minimize that. But there is much we can do. And what we have to keep reminding ourselves- we are going to get through this. You know, what I'm going to talk about today is not going to be easy. I'm telling you right now, fasten your seatbelt. But this will be the truth, it's where we're at. And I'd rather know where we're at and try to respond to it and deal with it than to be surprised and somehow, oh, my, how did that happen? And so I would just say to you right now, we can get through this. It's just a matter of us collectively coming together and helping each other through it. And hopefully today what I can share with you will, in fact, give you a sense of that. Where are we at right now? It's a historic day, historic in all the wrong ways. Today, we had 107,872 cases reported, an all time record high, over one hundred thousand. I think some of you probably thought that I was winging that and you still may. But remember the week after Labor Day when I said that it wouldn't be long before we'd be over one hundred thousand cases. Right after Labor Day we were twenty five thousand cases a day in this country. We have had a four fold increase in just these few short weeks. If you look at deaths, we have reported six hundred and sixteen deaths today, a 21 percent increase over the

last 14 days. The last time we even got close to this number of deaths was in July. On July twenty seventh we had sixteen hundred ninety six deaths. That was during that big peak that we saw when we had cases in Georgia, Florida, Texas, Arizona and California at increased rates. What is this telling us? Well, we're right now on a rocket ship to somewhere and I don't know where that somewhere is, but I know we're on a hell of a rocket ship. So many in the public today have grown tired of dealing with this pandemic, with the idea that their indifference means that they can just avoid dealing with the virus. This virus doesn't care who you are, how old you are, how young you are, how rich you are, how poor you are. It doesn't care where you work, it doesn't care what you do, it doesn't care who you love, it doesn't care who you care about. It only knows to infect you. And so what we have to do is remind ourselves of that and say, what can we do about it? And I think one of the really important points today we have to come back to is what does pandemic fatigue mean? Now, I received comments from some of you last week where I seem to put people in two camps, I think. Those who are the law abiding absolute do it just like Mom said, people in the compliant group and those that then are the ones that don't. They just don't care. And I hope I never, ever leave that impression. I'm just like you. I'm among the pandemic fatiguers. You know, I'm tired. I want so badly just to be with my grandkids. I want so badly to be with my friends. I want to go back to work. I miss my colleagues at CIDRAP. I love seeing them on Zooms every day. But, you know, it's not the same. And I know you know that. I know you feel that. But the bottom line message is right now is that this is the time we need to basically really direct our energies to protecting ourselves and our families more than we've ever done. When we look at pandemic fatigue, you know, openly going to bars and restaurants right now, attending weddings and funerals, going to the gym, being in public meetings where people are not distanced in any means. Going to home events in other people's houses where "oh that's our neighbors, well, it's just our neighbors", you know, "it's not like somehow they would get infected". And what we have to understand, every time you bring people together, you have just another chance of getting infected. And right now, if I had to use an analogy. Somebody said to me, how safe is to go out for a walk in your neighborhood? Well, earlier this fall, I would have said, well, you know, it's quite safe. There is one intersection here, be sure and wait for the stoplight because cars tend to go faster. So one out of 10 of the trips are OK, this one could be a little bit of a challenge. Today, what I'm telling you, if you go out for a walk with this virus, we're going to demand that you run across an eight lane freeway with cars going 100 miles an hour. That's what you have to understand, the differences today versus just six to eight

weeks ago, because there's that much virus in our communities. Over half of the cases we're seeing right now have no known exposure, none. Many of them are now occurring inside our homes where we think that because they're our family, we know them, so when someone comes home, you know, we're a little bit short on the quarantine/isolation piece, you know, it's not quite like we thought it would be. And, you know, these 10 days is a long time, 12 days is even worse. And yet those are the cases I'm seeing right now that have resulted in incredible tragedy. It's very important that you feel empowered to protect yourself. You know that you want to be with those you love and you care about or you like to socialize with. Now's the time more than ever, and it will be through the holidays, where you have to think of everyone as potentially infected and capable of infecting you unless they're in your pod and they don't have outside contact. And please don't just think of this as goodwill. Don't think of this as well, I'm sure they wouldn't be out there. I've had far too many families where they thought everybody was podded, but one person really kind of wasn't and they didn't really tell anybody that. But they'd go to a bar or they would see friends and they brought the virus home and then there was a big price to pay. So I think this whole idea of family connection, personal connection, we need this so badly right now. But you got to impress upon everyone in that group of yours that the way to keep ourselves safe is not to be out there having contact with others in a way that would put us at risk. If you're in a car with another individual driving for a very short period of time, that may seem harmless. Maybe that other person though is infected and that wouldn't be harmless. So I just want to come back to this because I know this is a challenge and I've heard this over and over again from people. But you're so hard on us. No, I'm not. I'm giving you the facts about the virus. The virus is what's hard on you and if you put yourself in harm's way. Now, the second piece I just want to add to this, you know, we obviously care about ourselves and we care about our families and we care about our friends. But I can't emphasize enough please also care about the health care workers right now. I've had a bad week. I'm going to tell you right now, I've shed more tears this week than I've probably shed it a long time. I had, unfortunately, more encounters with health care workers who are caring for these patients in the ICUs than I have in a long time. I watched health care workers, who, by their own description, are broken. Today, I did a major national radio talk show, a physician, who I have such respect for, talking about how on Mother's Day what he remembers was holding his iPod so that, in fact, he could project out to a family that was outside the building as their mother died on Mother's Day. Alone. And how he had not forgotten that, nor do you forget any of these. I just

want to come back to that point of health care workers. They are doing everything they can right now to save our lives. Why are we not doing more to help them by not getting infected to begin with? And the next piece of that is, is that we are putting them at jeopardy. We're up to over 1300 health care workers who have died of covid-19 in this country right now. Now, I know that there are a number of them did not acquire this infection as a result of their work, but a lot have. Who are we to put these people in harm's way because of our carelessness? If there was ever a social contract with any individuals in our society, it should be our health care workers. If they're willing to lay their life on the line for us, then we can't just intentionally or even unintentionally but carelessly go out and put ourselves in harm's way. So I'll come back to this a little later in the podcast. I know we have some questions about this issue, but I just want to point out what we're seeing here in the United States is going to persist for weeks and weeks and weeks. I said on Meet the Press three weeks ago, we were entering the darkest weeks of this pandemic and I haven't changed any of my opinion since that time. We will look back one day at one hundred and seven thousand cases in a given day. We will look back on six hundred deaths a day and say, "Boy, I wish we could be back there again". That's what we have to understand is coming. Now, if that scares you, I understand, it scares me, but it doesn't have to scare you out of your wits. We're trying to scare each other into our wits. We're trying to find the way to help us understand this is real. This is serious. But we can do something about it. And the first thing starts with our own love of ourselves, our own selves. Love yourself enough to protect yourself. Love yourself enough to protect the person you sleep with each night or the person whose diapers you change or the person who on that Zoom means everything to you. That's what we need to do right now. And I can't say it in any more stark public health terms. Protect yourself.

Chris Dall: [00:14:24] So, Mike, as you noted, as we sit here recording this episode, we still do not know who has won the presidential election. But one thing we do know, as Stat News pointed out in an article this week, is that more than 67 million Americans voted to re-elect a president who's been fairly hostile to the nation's top scientists and to public health efforts to get the coronavirus under control. That seems to be a problem that transcends whoever is in the Oval Office. What does that say about how Americans view the role of science in their lives?

Michael Osterholm: [00:14:53] This is a challenge. It's a challenge, I think, of public health in a way that at least in my career, we've never experienced before. The fact that polling data of Republican voters surveyed found that 14 percent of them said the coronavirus pandemic had any factor at all in how they voted. That says, wow, you know, I'm not even using that as a statement for or against the president or what he did or didn't do, but how could you not at least factored into how you decide to vote? And I think that and I'm right up front, I'm guilty. Man, you know, you get the Irish Catholic side and me going here and I can lecture up there and lecture and lecture and lecture. And, you know, I think all of us in public health right now have to take a step back and say. How are we listening, what are we hearing, what's the conversation we need to hear? Why are we not connecting with facts? Why is it that somehow gravity as both a a very important part of our world, but also in the sense of seriousness, why are we not understanding what is happening amongst a large segment of our population? And, you know, this is not going to get solved overnight. But at the same time, we have to understand that this should be a Paul Revere moment for us. That we're hearing it. Saying, "you guys, you got to stop lecturing to us, you got to stop telling us what's best for us. You got to stop doing what you believe is what will make my life different". Now, there's a big difference here between telling the truth. And I'm not going to stop telling the truth. But then when we talk about what to do about it, we've got to have a conversation and we're getting farther and farther apart. You know, this isn't about shouting across the table at each other. Hell, we're shouting across the Grand Canyon at each other right now. And you can't learn much, you can't understand much if you can't hear each other. And so my sense is, is that in the upcoming days, we have to better understand what is it that we can do to help bring us as a society together in a way that will at least take on this virus and not take on each other. And I'm not naive. Listen, I've been in this business 45 years. I'm surely not naive if you can see my incoming email. And the letters I get right now, you would know you better not be naive in reading what I get. But at the same time, I'm a problem solver, I want to fix things, I want to make it better. I want to make it a better world for my kids and grandkids. So what are we going to do? You got to start having some humility and understand we're not doing it. We are not doing it. We need a story, we need to be able to tell a story, and we need to let people be able to help fill in the blanks in the story in a way that helps us understand why might up to half the population not take a vaccine that would help all of us if they did and surely help them? How can people when they lose loved ones right now to covid rationalize, well, they didn't die from covid they had pneumonia. And block

out what the implications are and what it means. And so I think the wake up message for us is, is that in many ways the public has given up on science. And I say the public surely not everyone, but that's almost half the population is kind of more or less said in the last week. You know what? We don't believe you. We don't think what you're telling us means anything. We're not in a position at this point to feel like what you're sharing with us will impact our life or make a difference. And so I think that, if I could come away with anything in this pandemic, is that it has opened up for us an opportunity to see who we really are as a society, who we are as scientists, we are as public health professionals and who the public really is. And denying that is not going to be helpful to us in any way, shape or form. And, you know, just get into a war of words, you're an idiot or you're not an idiot or you're dumb or you're not dumb. That's not what we want to do or need to do. And this is going to be hard because you know what? Sometimes what some of these people say to people like myself and others is tough. It's real tough. You know, I can only be told to go to hell in so many ways and not, you know, think there's a new way, and then I find there's a new way. And so what I'm urging us to do is take a step back and we got to start a dialogue. I want to dialogue with these people, not the Kumbaya, but I can understand why we are not succeeding. And we got to work on this pretty fast, because right now what's happening is we are seeing this rocket ship of cases taking off. And if we have any hope of having an impact there, we've got to figure out how do we deal with it. And so, and we'll talk more about that in a minute when we talk about vaccines, this is a huge issue. So I just want to leave it with the fact of saying, I'm going to walk into the fire right now as opposed to walking away from it and I urge my public health colleagues to walk into the fire too. Start a dialogue with the people who you actually have the least interest in being with. Start a dialogue with the people who say the things that make your blood boil. Start a dialogue with the people who, if we can find a place in common, we can make a difference. It's not going to be everybody. God knows it won't be everybody. But what we're doing right now isn't working. And we have to understand that.

Chris Dall: [00:20:59] One issue that was discussed frequently in the run up to the election was whether there would be a surprise covid-19 vaccine announcement, but Election Day has come and gone without such an announcement. And in recent weeks, we've heard from some of the companies with vaccines in large, late stage trials that they don't have data yet on safety and efficacy. Mike, does the public need to reset its expectations about when a covid-19 vaccine might be available?

Michael Osterholm: [00:21:24] Well, I don't know if they need to reset their expectations, if they've been listening to this podcast, you know, I've been saying for some time that I never really believe that the schedule was such that we would have a vaccine with demonstrated safety and effectiveness data well into the end of this year, with availability potentially in the first quarter of next year. And it really, for most of the population, wouldn't be available until the second or third quarter. I think the expectation got set because early on there were government officials and others who said, oh, no, no, no, we'll have it and we'll have it. And there was the expectation we might have it before the election. You heard me say I knew that a vaccine could not be available before the election and actually have demonstrated sufficient effectiveness and safety. I knew that. And so actually, I'm pleased that we're where we're at. I just wish we did have it yesterday because, again, I've got a thousand people that just died today. You know, every day we don't have a vaccine is another day that we're losing loved ones, people who are real people. They're not just numbers, they're our loved ones. And so my expectation hasn't changed. A couple of things have changed. Number one is the fact that I now more than ever believe that the FDA will do a really good job if no one from the political world puts their thumb on the scale. I think that the group at the FDA have said this before, represent the best in regulatory science in the world. They get how to evaluate vaccines, they understand safety, they understand the issues of effectiveness and how to measure it. And so from my perspective, at this point, I am very confident that the FDA will do the right thing. I personally would be very first in line to get a vaccine if, in fact, the FDA approves it. The states that have indicated they want to review the data from the FDA separately, I think was a reaction to what appeared to be a problem with the vaccine potentially being made available before it's time some six to eight weeks ago. I think that's over with. We're well beyond that. I think the leadership of Dr. Steve Hohns, FDA commissioner, has been singularly outstanding. I would be up there in front in line to get the vaccine with one exception. I'm not at the same risk others are. I want them to be able to get it before me. But I don't want anyone to interpret that as I don't believe in the vaccine I don't think it's safe. I'd be there and as soon as my turn comes up, I will be there hours before my turn is there just to be ready. And I will strongly recommend this to my loved ones and to the people I care about. And I just want to make it certain that people understand that when these vaccines come out, I think they'll be ready to go. Now, where I am really concerned, the part of this discussion about where vaccines are at is the attitudes of the public and the fact that we

see such a large percentage of people who believe that the vaccines won't be safe. And I can understand a little bit of that because I think we in public health, and I may have been part of it, gave people a misunderstanding of our concerns early on about an early release of a vaccine. And I had said over and over again, I want to be very careful because I don't want to have to explain to somebody why I don't agree with a vaccine being released in October that the data were not yet in a way that we could adequately evaluate it, but then say three months later, that's a great vaccine. You know, that was a confusion. I think we did so for the public. So we have to do now is really work hard on this. And, you know, I've had an opportunity recently to participate in several exchanges and programs with black indigenous communities and in communities of color on this vaccine issues. And I'm struck by the very high percentage of people who have just total distrust for this vaccine. Yet these are the communities from a risk standpoint, really are at the highest risk right now of becoming infected. And so we have a lot of work to do. And as much as we're focused on science and technology, research and development, business and manufacturing, all important parts of moving these vaccines forward in this almost miraculous speed, we have a lot of work to do right now to convince the public out here that they want these vaccines. As I've said many, many times, a vaccine is nothing. Vaccinations are everything. And so we've got to be able to get that there. And so one of the things we're looking at is how can we help better messages. Again, just as I got done saying a minute ago, we got to listen, this is one of those areas we have to listen. What are we hearing? Don't go in and lecture people about why they need to take the vaccine. Don't go in and tell them, you know, if they don't, this is what will happen to them because they don't believe you. And if they don't believe you, it doesn't matter how righteous you are, it doesn't matter how scientifically correct you are, it's not going to make a difference. So now is the time also for us to do that, to listen, and to understand how can we help people come together and trust this vaccine? What do we do? And, you know, right now, I got to say, if I'm going to be an effective public health person over the course of the next months, my mouth is going to get a lot smaller and my ears are going to get a lot bigger. And then I think we'll all be in a better position to provide honest, truthful information, balls and strikes and information that hopefully can make a big difference in the lives of a number of people.

Chris Dall: [00:27:18] Mike, I want to get to some listener emails we've received about creating coronavirus bubbles or pods, which you discussed in last week's episode in

your list of suggestions to help people get through the next few months. So Chris writes, "You've talked about creating bubbles, which sounds wonderful, but complicated. How, especially with kids in school, does this work? I'm in a bubble with my daughter and her family, but especially with the holidays coming, want to extend that bubble to my son and his family? Everyone is very careful, but the kids are in school. Is testing the answer or is this even possible to do safely?" And then there's Don, who's been given 14 days to work remotely by his employer before he and his family drive to Pennsylvania to spend Thanksgiving with his mother-in-law. Don asks, "Does a five minute indoor restroom break violate the bubble? How about a single overnight in a hotel room? Other than bathroom breaks and a bed overnight, we would be bubbled in our vehicle where we would eat all our meals". So, Mike, this all gets complicated pretty quickly, doesn't it?

Michael Osterholm: [00:28:18] Yeah, it does, and, you know, I think one of the things that we have potentially not been that helpful with is by creating the image of a bubble, we've created almost this image of like a big balloon around you or some plastic covering that separates you from the rest of the world. And that's where bubbling doesn't in of itself adequately describe what we're trying to talk about. Unless you want to be a hermit right now, then you know what? No way, no how can you say with 100 percent certainty, you know, I'm not going to be at risk for exposure. Now, even if you're with your partner and if you never go out, then maybe I would agree with that, but if your partner goes out, as much as you love them, as much as you know, they're wonderful people as much as you trust them, could you be certain they didn't have an encounter somewhere with someone where they just kind of for a moment didn't think about it? And that was the place where they got potentially exposed. And so this is a challenge we have is how do you limit the number of exposures that would potentially put your core group, whatever you want to call it, at risk? First of all, it is virtually today impossible to bubble yourself relative to your family if you have kids in school. I don't know how to do it. As a grandfather with two wonderful adult kids who have between them five grandchildren, I watched them try to do that every day. And they do it as well as anybody, but they can't. So I accept that. And I say, you know, the best they can do is I bubble from them. Other people in their lives bubble from them. And that's as good as we can go. But, you know, if one of the kids comes home infected, that's all it is. I mean, it's going to be that situation. So we have to acknowledge these are going to happen. I think the challenge is, as I pointed out before, kids in grade school seem to have a much lower risk overall of getting infected and transmitting the virus, not

universal. We surely have seen examples of transmission in these settings, but overall, it's much less. It's where you get into junior high and high school, you see the increasing risk tied to social activities, you know, sharing the cars, etc. And of course, we get to college and you all know about that risk. I've had more questions from people about the holidays. My son or daughter wants to come home from college. How do we deal with that? How do we deal with that? And, you know, I don't have any ideal ways to tell you to do that. They need to limit as much as they can the contacts they have on a college campus, which is not easy. It's not easy. Let's acknowledge that. But don't do the kinds of things that really are at risk. Go to parties before you come home, you know, stay limited in with your roommate or where you're at, and distance as much as you can within the everyday routine of what you're doing. You know, don't be careless. Don't sit five people in a small room and play cards. Don't do things like that, OK? Particularly in those ten to twelve days before you come home. When you come home, how are you going to get there? Are going to be on a plane? Are you going to be in a car? Getting to the question from Don, I think cars are actually the best way to go. I feel confident that if you want to take a five minute indoor break with a mask on, get in, get out. From an infectious dose standpoint, I think you're going to be OK. I can't guarantee you, but I think you're going to be OK. I think taking bathroom breaks like that, I think staying at a motel or hotel, you know, limited contact at the desk, you know, don't have contact with anyone else. I don't worry about the room and the hygiene theater that goes with decontaminating everything. You're fine. OK, so I'd feel good about that. But don't go out to eat. Don't go to a restaurant and spend time there, you know, at the restaurant as such. So I think that one of the things we'd have to say, and Chris, I wish I could give you a better answer about bubbling, I don't think you can. But when your son or daughter were to basically come home or be with you, then it's a situation where do you take those kids to see grandpa and grandma? Because you've not been bubbled and you know, you can't protect them. And so one of the issues is, this is where getting with the rest of the family, you create kind of the next level of bubble. I can't stop my own inner core family here from potentially getting infected, but I can sure stop them transmitting to others. The other area of bubbling that I think is really an important concept we need to do is almost, it's like signing a social pact. You know, it's fidelity to the bubble. And that is get four or five people who in this case may not have any other contact. They're not seeing other people. That they are professionals or otherwise individuals that are working from home, they may be living by themselves, find four or five other people who all agree. And they'll guarantee it that they won't go out and get

exposed themselves. Then that group can get together. I hope they have a dinner every week together because they're protecting each other. I'll protect myself. So I protect you. You protect yourself. So you protect me. Get creative, find ways to do that. And I think that's the kind of thing that can be very, very helpful. If you can't bubble in terms of contact, bubble in ways that where you have contact. I hope there are more people who deliver Thanksgiving Day dinners to those who are shut in, those who are bubbled for health reasons and the exchange occurs on the porch. The exchange occurs on the front steps. And very limited contact, but much love shared. Find ways to do that now get creative. There are so many creative people on this podcast I can't tell you. Come up with ways. We'll cover them on this podcast in the future weeks and our new website. We'll cover those. So how can you exchange what I would call relationship love without actually physically being at risk of transmitting the virus? That's how we bubble. Always think about this in terms of numbers, too. I had a minister who wrote me this past week and a wonderfully thoughtful email and basically said, look, I'm at a church here where we don't have hundreds and hundreds. We may have maybe 40 or 50 people come together in a small church. Is that OK? My answer is no. You know, when we can have an outbreak in four or five people in a family and I've had far too many situations where family members have brought home the virus with really tragic outcomes, why would 40 or 50 people in a church be any different? Now, if you explain to me that they were all outside and they were 10 feet or more apart and they didn't get together on the way to and from the cars, then I'd be in a different boat. But it's so easy to slide into this level of comfort saying, well, you know, it's not as big as four hundred and five hundred. So it's 40 and 50. So that must be better, huh? Well, I remind you again, think of the analogy. If you're crossing the street and a semi comes through at 40 miles an hour and hits you, you've got a problem. Your second example, you're crossing the street, a Ford pickup truck comes through at 40 miles an hour. You got a problem. If somebody in a VW bug comes running down the street at 40 miles an hour and hits as your crossing it, you've got a problem. Now tell me those are big differences. OK, but in the end, it was all about was there a likelihood of virus being there? And surely it increases with the number of people involved. But in the end, it's really about just isolation or not. So I'm not really that helpful, I'm sure to many of you. Just think about it and don't give yourself permission to fudge, OK? You can do that on your weight this holiday season and how much you eat. OK, you can fudge on one hundred to three hundred calories a day. Don't worry about it. But don't fudge on this because the consequences are too high. And remember, it's our covid year, we're trying to get to

vaccines. We're trying to get to vaccines. If I can hold out long enough, by God, I can make sure my family is protected and I don't have to think about this like this anymore. You don't want to be the person that was supposed to get their vaccine next Wednesday. Problem was, you died four months before, you know, that's where we don't want to see people go. So I would say, Don, go for your trip. Go for it. Chris, I wish I could be more help. You're exactly right about bubbling the kids, but make sure that they don't take it on to others. And you asked about testing in this. You know, testing can be helpful, but only in a very limited way. One day test is just one day test. If you test me today and I'm negative, oh you're fine. Doesn't mean tomorrow morning I'm not hotter than a pistol. And so that's what you have as a challenge of right now of dealing with this issue. So I look for creative ways. Feel free to be critical. If the message is not helpful to you, please give us your ideas for how to be helpful and we'll pass those along to everyone.

Chris Dall: [00:37:59] And here's another email that we received this week from C.W., who had a question about college football and not about people attending games, but people gathering in their homes to watch games with friends or neighbors and how that might be contributing to the spread of the coronavirus. Now, this is not something we would have data on, Mike, but how much of a role do you think these types of small gatherings are playing in contributing to this nationwide surge we're seeing right now?

Michael Osterholm: [00:38:28] Actually, I think these kinds of gatherings are playing a huge role, if you look at what data we do have from public health departments that are doing follow up, more and more outbreaks are occurring in the home setting with small groups both within family and just family friends. And again, we somehow have this feeling that if we're in a setting with people we know and love in our homes, we're safe. That's just not true. It's all about the chance of that person being infected at that time when they're with you and they won't know. And there isn't a public health person who has been working in this issue that hasn't already suffered the pain of watching families deal with the introduction of the virus unsuspectingly often from a younger member of the family that then has resulted in tragic outcomes. You know, I just can't say it enough times that, you know, this is one of those times where do, you know, some kind of the Zoom related football watching, you know, where you all have the game on and you're all on a screen with, you know, 15 different Zoom people. That's what you got to do. You got to get creative and do it that way. Don't put yourself in harm's way. A couple

hours of enjoyment, it's not worth it. Just please remember, all I'm asking us for here is some time. I don't want this to be like this again. Next year's football season, I hope you just have some rip-roaring parties. I hope your team goes to the Super Bowl or they win the Rose Bowl or whatever. OK, but this year's our covid year. We can sacrifice for this one year to save the lives of the ones we love or to avoid just even severe illness. This is the year that we have to keep coming back to its our covid year.

Chris Dall: [00:40:21] Now, we'd like to honor another person who died from covid-19 with our latest celebration of life. Mike, who we are hearing about today?

Michael Osterholm: [00:40:32] Well, thank you to Ernie and Ann Edwards for submitting this very, very lovely reminder. And I will take it that this is Ann's father, because the note starts out by saying, my dad, Bob Bennett, died at age 86 after falling ill with covid-19. Bob attended Evanston Township High School in Illinois and graduated in 1953. Bob attended one year of college at UC Boulder on a basketball scholarship and then joined the army for two years just as the Korean War ended. He was stationed in Hawaii, where he was a cook and played on the Army basketball team. After serving, he returned to the University of Colorado, Boulder, and graduated in 1959. Even though they lost the game, a highlight from his college days was playing in the Big Eight National Championship game against the Kansas team that included the famous Wilt Chamberlain. Bob began teaching in a small town in Montana in 1959, and he earned a master's of education over four summers. He married his wife Barbara, gained a stepdaughter and had two more children. Bob retired in 2003 after teaching high school math for 44 years, coaching golf for 30 years, coaching girls basketball for 14 years, coaching at all levels of the boys basketball team throughout his 44 years, coaching football for 14 years and coaching the Special Olympics basketball team for four years, which included a trip to the Iowa State National Tournament. He taught and coached three generations in a small town. He was certainly loved by many, many people. Thank you very much, Ernie and Ann for sharing this with us. Your dad sounded like a very, very special man. I appreciate it. And as I think about the life that Bob Bennett lived, it just reminds us that all of these numbers we keep throwing around as epidemiologists, they're all Bob Bennett's. They're people who were loved and have loved. This is a wonderful reminder that covid isn't about numbers. It's about human souls, and so, again, thank you so much for sharing this information.

Chris Dall: [00:42:52] And a reminder to our listeners that if you want to share some thoughts or memories of a friend or a loved one who has died from covid-19, we'd love to have them. And you can email us at osterholmupdate@umn.edu. Mike, your closing thoughts for today?

Michael Osterholm: [00:43:07] Yeah, thank you. I do have a song I'd like to end with today. And it's a song that actually has some special meaning to me, as I'll explain in a minute, but I was trying to find the right place to be. I don't know if it's just me. I don't think it is. But, boy, what an unsettled week. What a tough week. And from a covid standpoint, talking to all these health care workers, the election, just the uncertainty, you know, it's been one of those weeks where I've heard from some of you who wished I weren't doing these. And, you know, I want everyone to know the team at CIDRAP and I are more committed than ever to being here through the duration. We're not going to leave you. In fact, frankly, we probably need you more than you need us. But we still need to have hope for tomorrow. We need to think about that. And I had a very interesting opportunity. Back in 1981, I had led a major study in toxic shock syndrome and tampons, and we had found that in fact the risk of toxic shock syndrome was not associated as such with just one brand of tampons or brand tampons that had been proposed by by the CDC. But in fact it had to do with fluid capacity and the amount of oxygen that came out of a tampon. I know this is a long explanation, but we released this study and it got a lot of play nationally. And here I was in 1981, a twenty eight year old kid, in a sense. I had a beard at that time, but most people couldn't tell. And I got a call after this had been covered on the front page of New York Times to come and be on Good Morning America the next day. I'd never been to New York before in my life. And ironically, it happened to be the fact that David Hartman, who was a co-host at that time, was going to interview me, and that was my mom's favorite actor of all times. So it was a humbling experience because I'm going to go out, fly out from Minneapolis in an afternoon, you know, do Good Morning America the next morning and come home. I remember calling my mother from the airport on a hard line phone, of course, you know, payphone. We didn't have cell phones back then. And I explained to her I was going to be on Good Morning America with David Hartman. And she was so excited, she explained how she was going to go call all of my aunts and uncles and everything. And then she asked me what I was going to talk about and I said Toxic shock syndrome. And I'll never forget this long pause. Here's my Irish Catholic mother from Iowa and I heard her say, "Oh, Jesus, Mary and Joseph, I hope there's a power shortage

tomorrow". She was so embarrassed that her adult son was going to be talking about tampons on TV. And so anyway, to make a long story short. I went. I got there. I got there as Good Morning America the next day. And I had the wonderful opportunity to be a co-guest on that show that day with Aileen Quinn. Aileen was the person who had just been chosen to play Annie in the new movie that was coming out with Carol Burnett. And Aileen Quinn and Carol Burnett were there, and I'm in the green room with them, and it was kind of one of those experiences like, man, is this real or not? You know, I had to pinch myself to know what was really happening here. And I actually struck up a conversation with Aileen, and it was a really memorable thing. She was a very outgoing 10 year old at the time, that classic, you know, look that she had with Annie. And so when the movie came out, I felt like there was this very special connection, even though it really wasn't other than the fact that I had been on Good Morning America with her that day to talk about this. But there was a song that she sang that to this day means everything to me. And it's been a song that I kept close to my heart. Because I have actually sung this to myself, on some of those days when I didn't want to sing at all, and I assume you by now probably know what the song is. Tomorrow. The sun will come out tomorrow, bet your bottom dollar that tomorrow there will be sun. Just thinking about tomorrow clears away the cobwebs and the sorrow till there's none. When I'm stuck in a day that's gray and lonely, I just stick out my chin and grin and say, oh, the sun will come out tomorrow. So you got to hang on till tomorrow. Come what may. Tomorrow. Tomorrow. I love you, tomorrow. You're always a day away. When I'm stuck in a day that's gray and lonely, I just stick out my chin and grin and say, Oh, tomorrow, tomorrow I love you, tomorrow, you're always a day away. Today, I feel like that's how I feel. It's a tough day, but I'm looking forward to tomorrow and we're going to get through this together, our pandemic of kindness. Please keep it going. It's having an impact. I can't tell you how many people we're hearing from about that. Our website about a pandemic of kindness was scheduled to be up this week. Unfortunately, it got delayed a little bit. It'll be up next week. And there I hope you're willing and able to share all the acts of kindness out there that are making a difference in this world during this time. Don't stop. If you want to feel good about yourself and you know that there's a tomorrow, the sun will come out. Help us get there.

Chris Dall: [00:49:00] 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 Oelrich.