

[MUSIC]

CÉLINE GOUNDER '97: I think this is a moment in which physicians and public health experts are really having a huge impact on the conversation. And I think that's great. I think we have a responsibility to be involved in those debates.

MARGARET KOVAL *83: Hello, and welcome to "We Roar." As coronavirus continues to challenge our lives and our livelihoods, we're asking Princetonians everywhere to share how they're working through the pandemic, how they're seeking solutions with imperfect information, and how they're learning on the fly. This time, we hear from an attending physician at New York's Bellevue Hospital. She has a specialty in infectious disease and a second career as a medical journalist.

CÉLINE GOUNDER '97: I'm Dr. Céline Gounder. I was Class of 1997 at Princeton. I am the host and producer of the podcasts "Epidemic" and "American Diagnosis," and I am a CNN medical analyst.

I think the COVID pandemic really lays bare how even people like me, who have studied these epidemics and pandemics, have experienced them on the frontlines, how even we can be taken off guard, and how quickly the situation can evolve, and how quickly you have to adapt to that. Many of us were hoping this was going to be like SARS, so largely contained in the regions where the virus emerged. But I know by January, I had realized this was going to be a much bigger deal, because by January, I was on the wards at Bellevue teaching my medical students and residents about the virus, telling them about the latest science, and saying to them, you gotta get yourselves ready and learn about this, because we're going to see this in the U.S. before too long.

There was sort of a little bit of rolling the eyes, and kind of like, oh, this is esoteric stuff that's not really relevant to us. We should be talking about the regular heart attacks and pneumonia kind of stuff. And I can say in February, I was concerned that people just weren't taking it seriously. It was sort of this, oh, it's over there in that part of the world. It's not going to happen here. It was this denial mentality.

And I think there is something to be said for having lived through some of these things before, traveling to West Africa to work on Ebola, traveling to South Africa and other parts of sub-Saharan Africa to work on tuberculosis and HIV. I've experienced these things in other countries, in other settings. And I think that there's also a certain pattern recognition that you start to develop.

And I think part of that pattern recognition is with respect to the diseases and the science, but part of the pattern recognition is also with respect to human behavior and politics and seeing some of those exact same things play out, for example, during the Ebola epidemic, and how there was sort of a parallel epidemic of conspiracy theories and rumors and false information in West Africa. And we're seeing the exact — we still are — seeing the exact same thing here.

At the time, we had this attitude of, oh, those are primitive, superstitious people. It's not

that they were primitive, superstitious people. It's that they're human. And that's sort of how human psychology is. That's how we respond in situations. We're afraid. We're stressed. You're having to weigh different competing priorities. There's a lack of information, and so rumors sort of sprout up where there's a lack of information or lack of transparency.

I think very often in these situations, it's a question of political will. By that, I mean, do you start with the science? Do you start with a scientific approach? Do you start by asking questions, testing hypotheses, evaluating them, and figuring out what works and moving from there, or do you start with, this is what I want, and I'm going to rationalize what I want? And I think unfortunately, the latter is what you've been seeing.

And I think that pattern is not unique to us. It's something you see happen over and over again over time and in different places. And so that, so yeah, that's really frustrating to see that happen. I think this is a moment in which doctors and public health practitioners and others, scientists, really should be involved in these public debates. I think we have a responsibility to be involved in those debates.

And I think what's unfortunate is we wasted a lot of time debating whether this was real, whether this was a problem that needed to be addressed in a significant way. This, again, harkens back to Ebola. The discussion there was, is Ebola a hoax, or is it real? And we had the exact same conversation here about COVID.

[MUSIC]

Well, I worked in a number of different media. When you go on television, you get maybe three to five minutes. You answer questions with an anchor. And you have less influence over what the content is. You have to start at a fairly basic level in answering a question. And so it's really very much bullet points.

And so part of what I like about podcasting, it allows you to get to know somebody. There's a lot of emotion and sort of worldview, in a sense, that gets communicated through someone's voice and how they speak. And then also with podcasting, because traditionally, that's been something people have listened to on their commute to and from work, that gives you, in general, a bit longer of a period of time to tell a story. You have more space. Because the average commute is somewhere around 20, 30 minutes. So in 20 or 30 minutes, you actually have a good amount of time to get into a more nuanced, detailed story.

And so I think, for example, there's been a lot in the news about antibodies and antibody testing, but there's also been a lot in the news about vaccines that are in development. And so trying to sort of communicate, how does the immune system work, and are antibodies the end-all-be-all, and why might some vaccines work better than others depending on the kind of virus — that gets to be pretty complicated to explain something like that in three minutes on television. But to do that in a podcast, you can get into that science so that people understand the bigger picture, and they have a better understanding of some of these news headlines.

Had we really been prepared back in January, we would have been looking for cases arriving here. We didn't do that. Once there was so much community transmission in many parts of the country, we had put ourselves in a position where we really had no choice but to implement shelter-in-place and lockdown kinds of measures. The problem is that during that lockdown period, we didn't do what we needed to do to scale up testing. We didn't hire the contact tracers. We didn't develop the data management tools and systems.

And so yes, I think we're all anxious for life to go back to normal, for the economy to reboot, but we had a lot of work to do in the interim. And we didn't do it in many parts of the country. And I think that's really unfortunate. If you go back and you look at the data from the Spanish flu, there's some really interesting comparisons of different cities and their approaches. And the cities that waited too long to implement their lockdowns, that lifted too quickly, are the cities that then would have an even bigger second wave than their first wave.

And I'm really hoping that's not going to happen with coronavirus. It is, after all, a different virus. But that is very concerning. And I am still very worried that we haven't done the work that we need to do to control the virus with the exception of using these very blunt tools like lockdowns.

[MUSIC]

I think the question is, how do you convince people that preparing for a biological, medical, public health threat is just as important as preparing for a military or terrorist threat. And I think all of these are national security threats. I think big picture, they're low probability, but high threat, and do require us to invest and prepare because of the potential catastrophic nature of those threats even if, year to year, they're low probability. And I think, unfortunately, we're very short-term in our thinking about public investment and public policy of all kinds, not just this kind.

I'm just hopeful that maybe as we live through this, that the importance of that kind of preparedness is recognized, and that we do start to reinvest in public health systems and into preparedness of all kinds.

[MUSIC]

SPEAKER: This podcast is a production of the Princeton University Office of Communications. The opinions expressed herein represent the views of the individuals involved, not those of the University. Princeton podcasts are available on major distribution channels, including Spotify and the Apple and Google Podcast apps. If you have suggestions for future episodes or topics, please send them to podcasts@princeton.edu.

[MUSIC]