

# Positive Lessons Learned : Deborah Birx



Comprehensive partnership with private sector to accelerate testing, PPE, Treatments, Vaccines



Rapid development of tests, therapeutics and first gen vaccines and Monoclonal Ab, and therapeutics



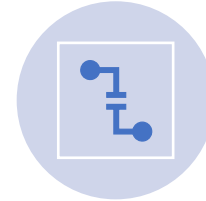
Development of comprehensive data streams to drive equity across the country



Long term funding of the NIH and research on protein stabilization and antigen – antibody interactions



Emergency Use Authorization process at FDA



Operation Warp Speed – new approach to public-private partnership



Telehealth



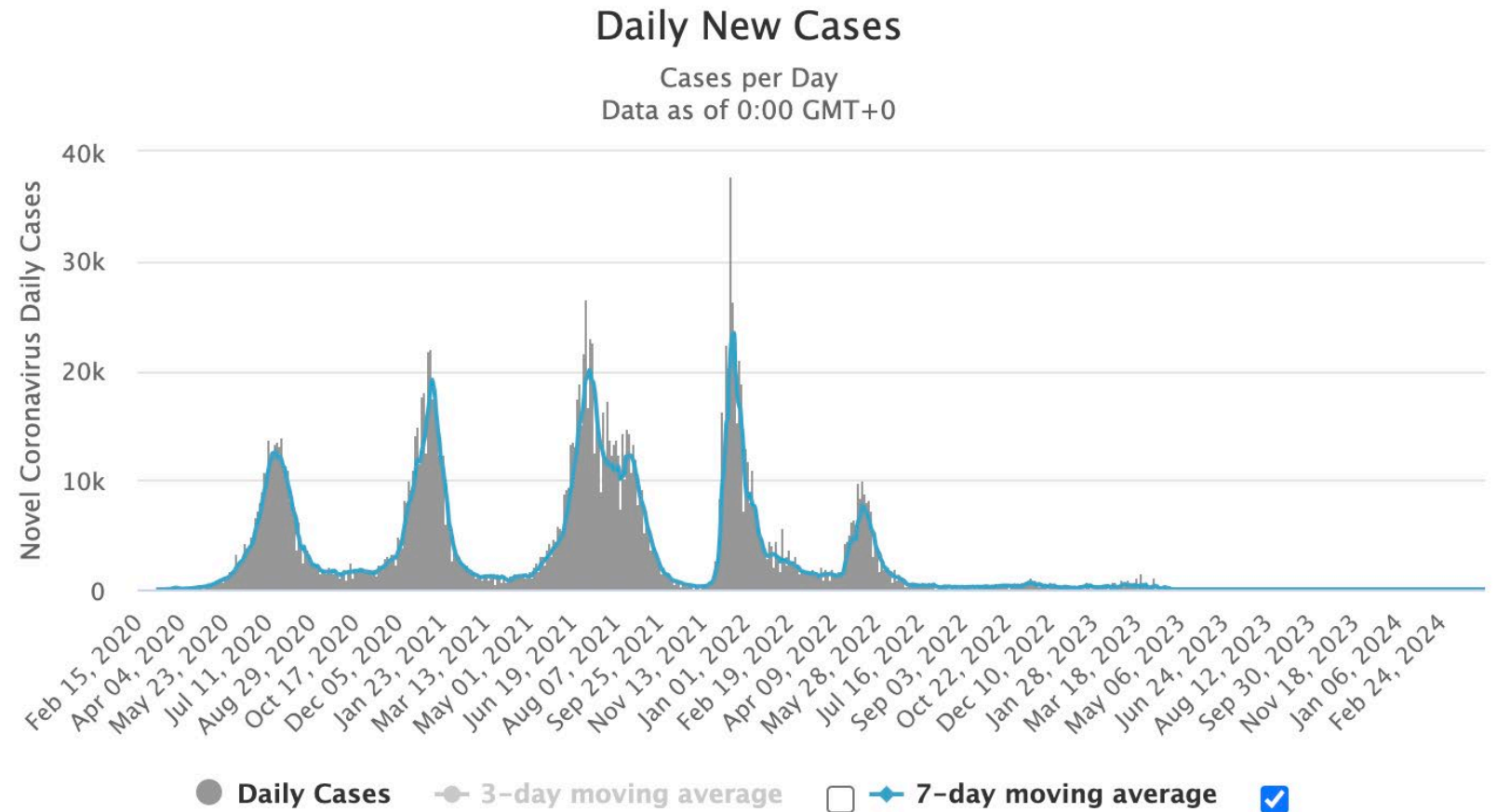
Domestic production of N95 – model for reshoring

# What went wrong : and still not corrected

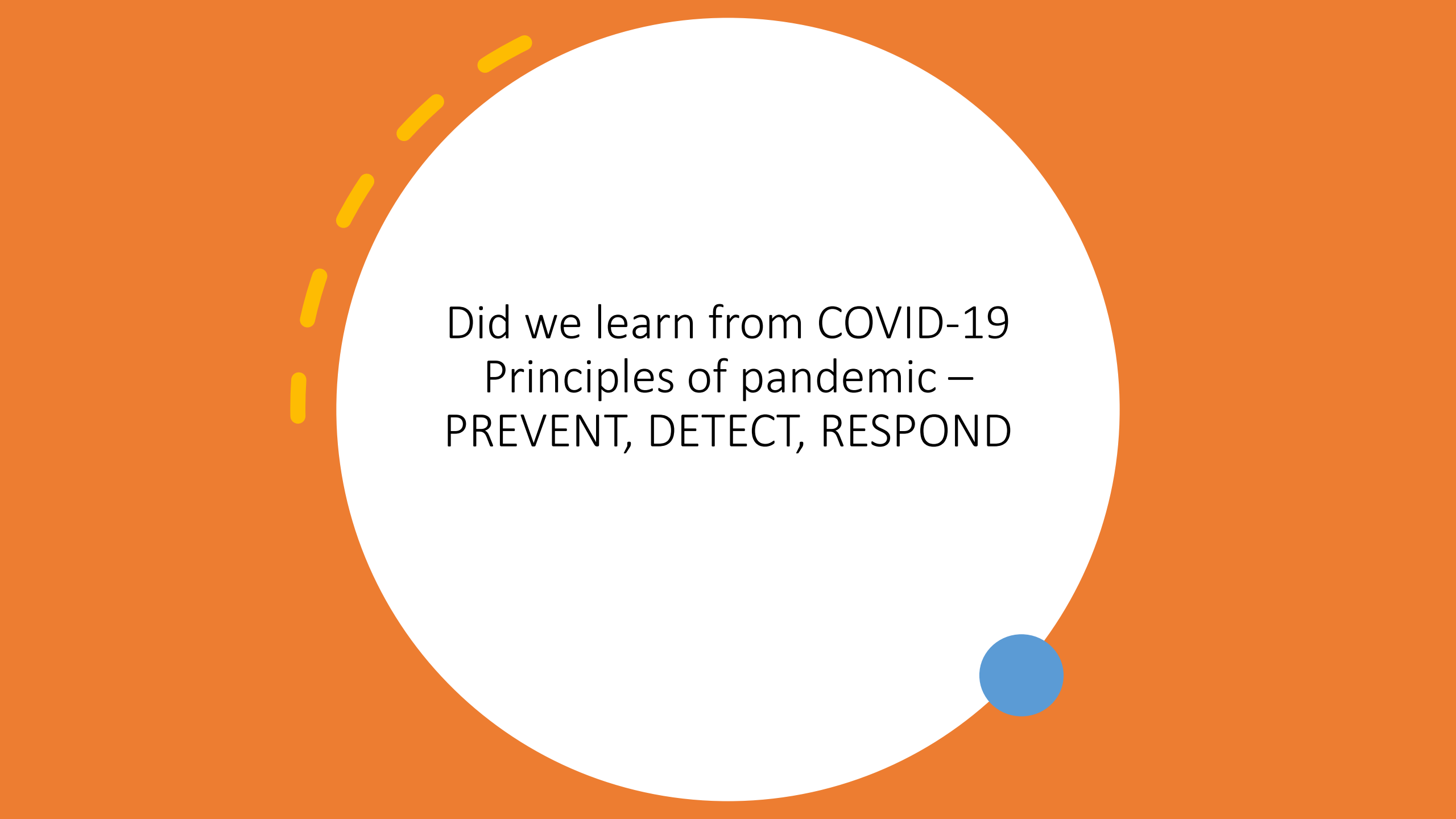
- **DETECT FAILED : Pandemic surveillance based on symptoms not definitive laboratory diagnosis**
- **Lack of behavioral research into the structural drivers of vaccine hesitancy among adult Americans :years of tracking poor FLU uptake**
- **Poor communication of the evidence base to support guidance**
- **Lack of consistent communication on the state of the pandemic**
- **Lack of on the ground community engagement and listening**
- **Poor communication about COVID vaccines specific effectiveness – studied to prevent severe disease not infection**
- **Lack of a rural health care systems**
- **Lack of culturally appropriate support to Tribal Nations**
- **Persistent magical thinking rather than data driven decision making**
- **Slogans do not make a program we are still not using**

Transparency  
matters : real  
community  
engagement  
matters  
It's harder to  
do better than  
nature

## Daily New Cases in South Africa



It was clear in Dec-Jan 2020-2021 that natural infection does not achieve herd immunity and protection from reinfections



Did we learn from COVID-19  
Principles of pandemic –  
PREVENT, DETECT, RESPOND

# PREVENT

- We are not definitively diagnosing respiratory disease especially in light of WHO defining of airborne respiratory disease
  - We are assuming people have “flu, rsv and COVID etc
  - We are in the 21<sup>st</sup> century and have the ability to provide at cheap rapid quality testing – you have to have a good baseline of diseases to “see” a new virus
  - To prevent you need to “see” both symptomatic and asymptomatic infections?
- Did we establish clear data exchange transparency with like minded countries to share information in real time – that informal system in COVID saved thousands of lives – NO
- Did we maintain data streams and dashboards for the public

# DETECT

Did we learn to prevent you need to “see” both symptomatic and asymptomatic infections?



We are repeating all the mistakes of COVID with H5N1



We are only looking for symptomatic disease but viruses are spread also from those without symptoms both animals and humans

We have the capacity today to swab every cow weekly with pooled PCR

We have the capacity today to swab every dairy worker with pooled PCR

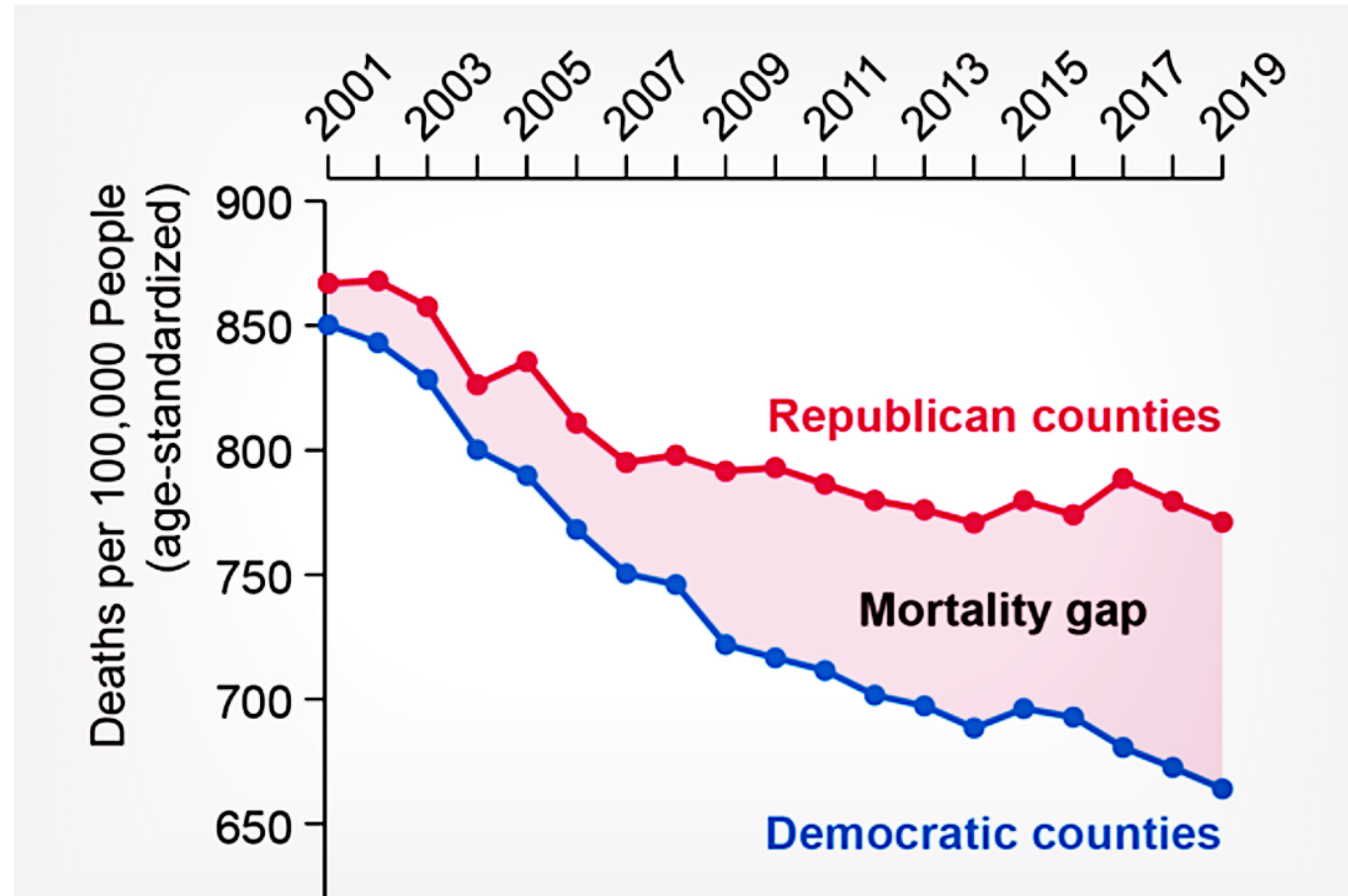
# RESPOND

Clear vulnerabilities in essential medicines – have we made onshoring a priority?

Have we invested in communities to ensure mitigation, vaccine and treatment update?

Are we addressing the clear inequities in healthcare

We have been tracking 20% greater mortality in rural counties without response

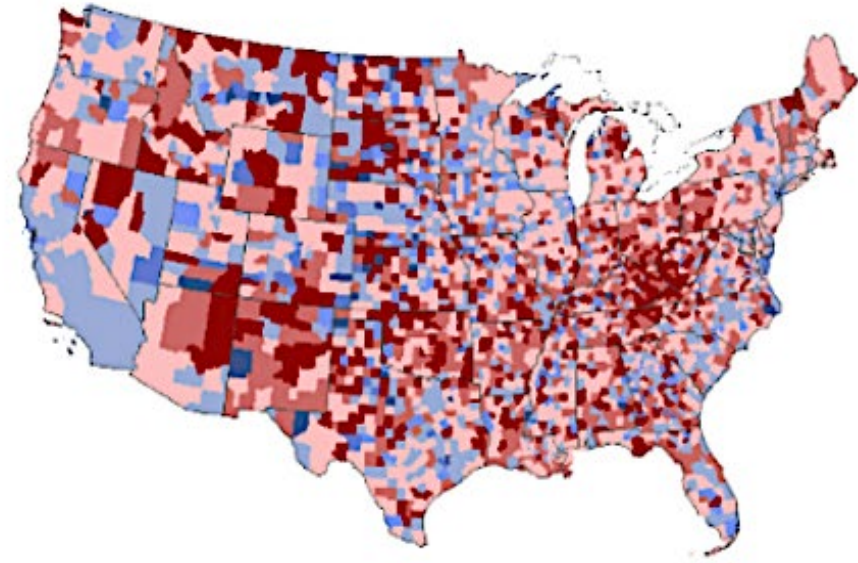
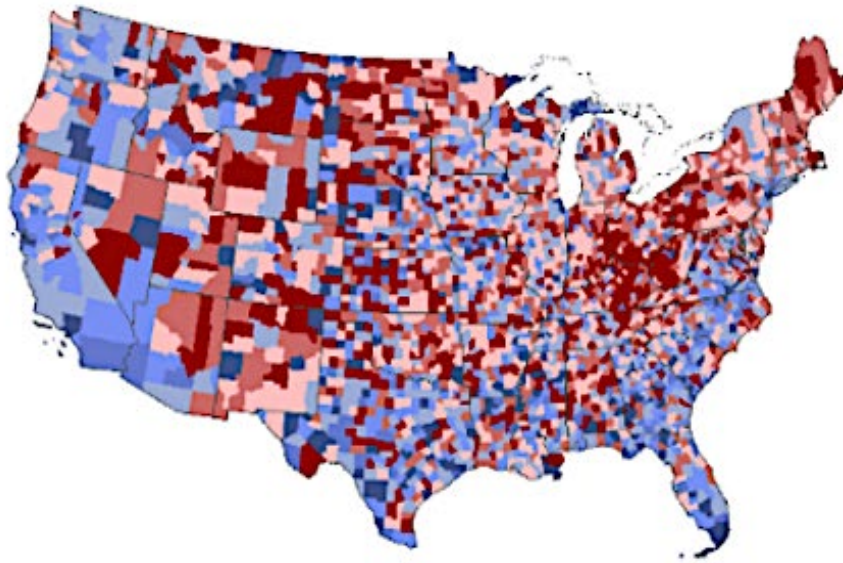




Higher death rates even among 25-44 yo adults  
impacting the post productive year

Males

Females



**Absolute Change in Mortality Rate (ages 25-44) 1990-92 to 2015-17**

Deaths per 100,000 Population



- Noncore
- - Micropolitan
- ... Small metropolitan
- . Medium metropolitan
- . - Large fringe metropolitan
- . . Large central metropolitan

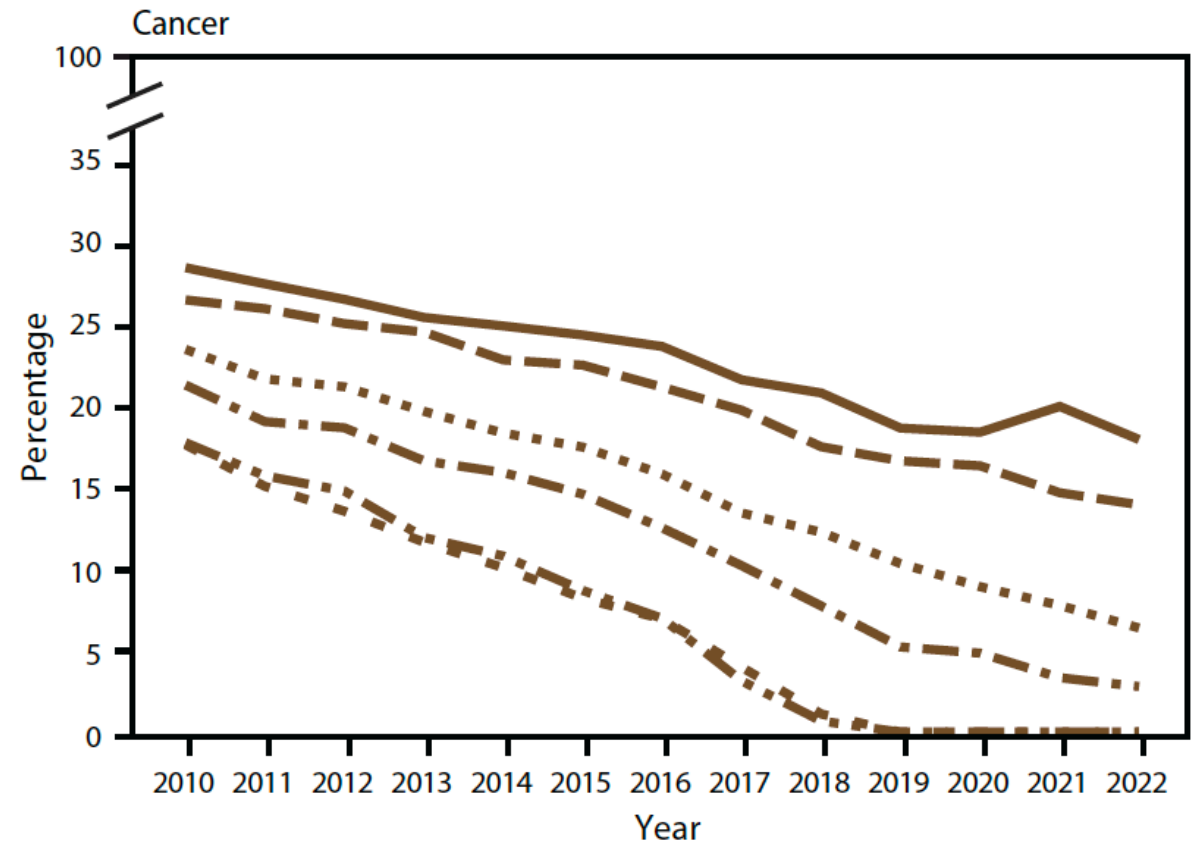


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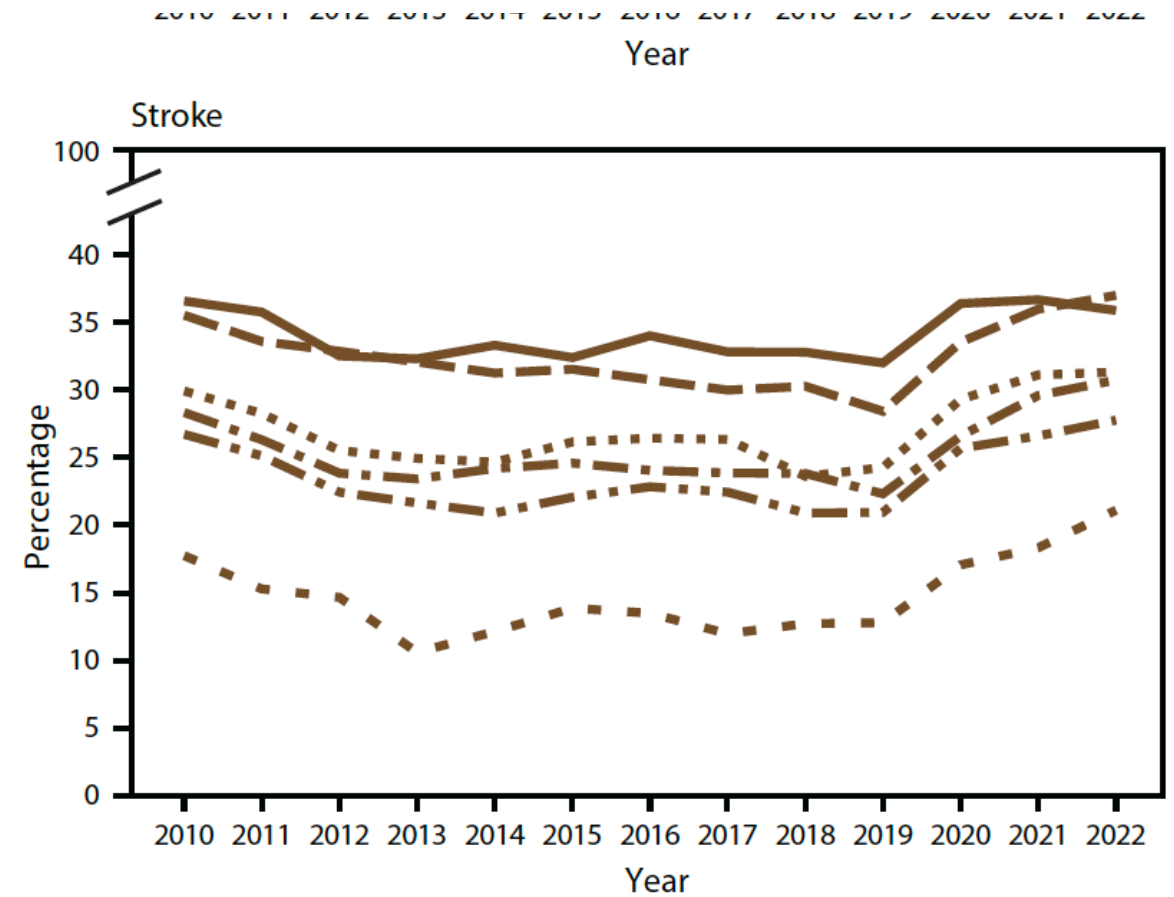
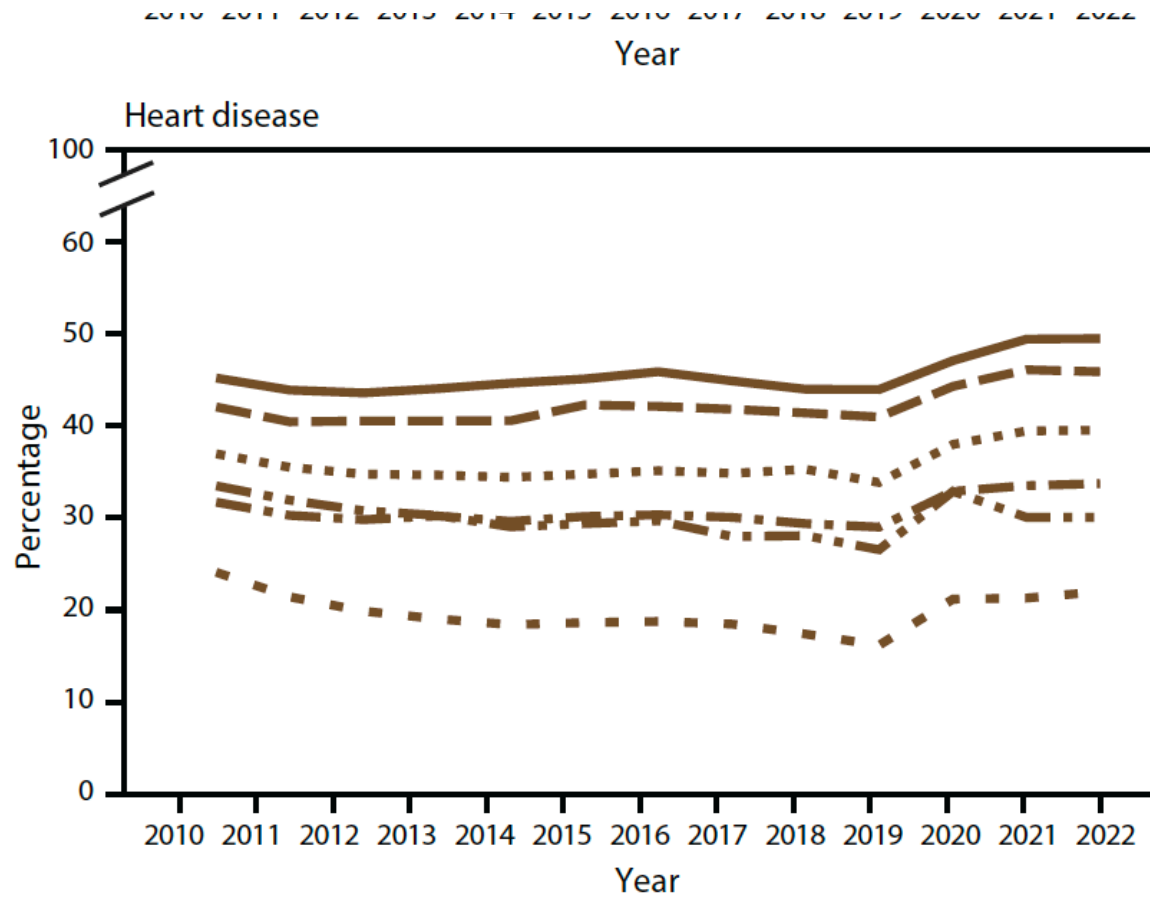
Morbidity and Mortality Weekly Report

May 2, 2024

## Preventable Premature Deaths from the Five Leading Causes of Death in Nonmetropolitan and Metropolitan Counties, United States, 2010–2022

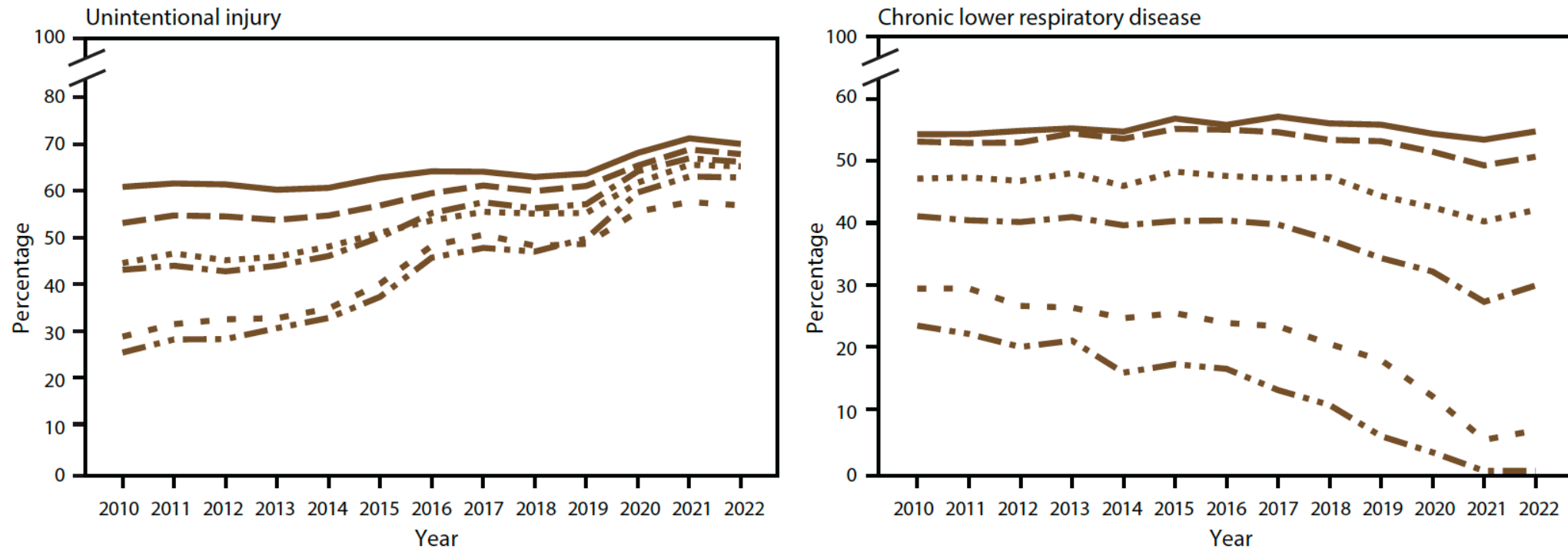


# Premature deaths from heart disease and stroke are 20%-25% higher in rural areas without improvement



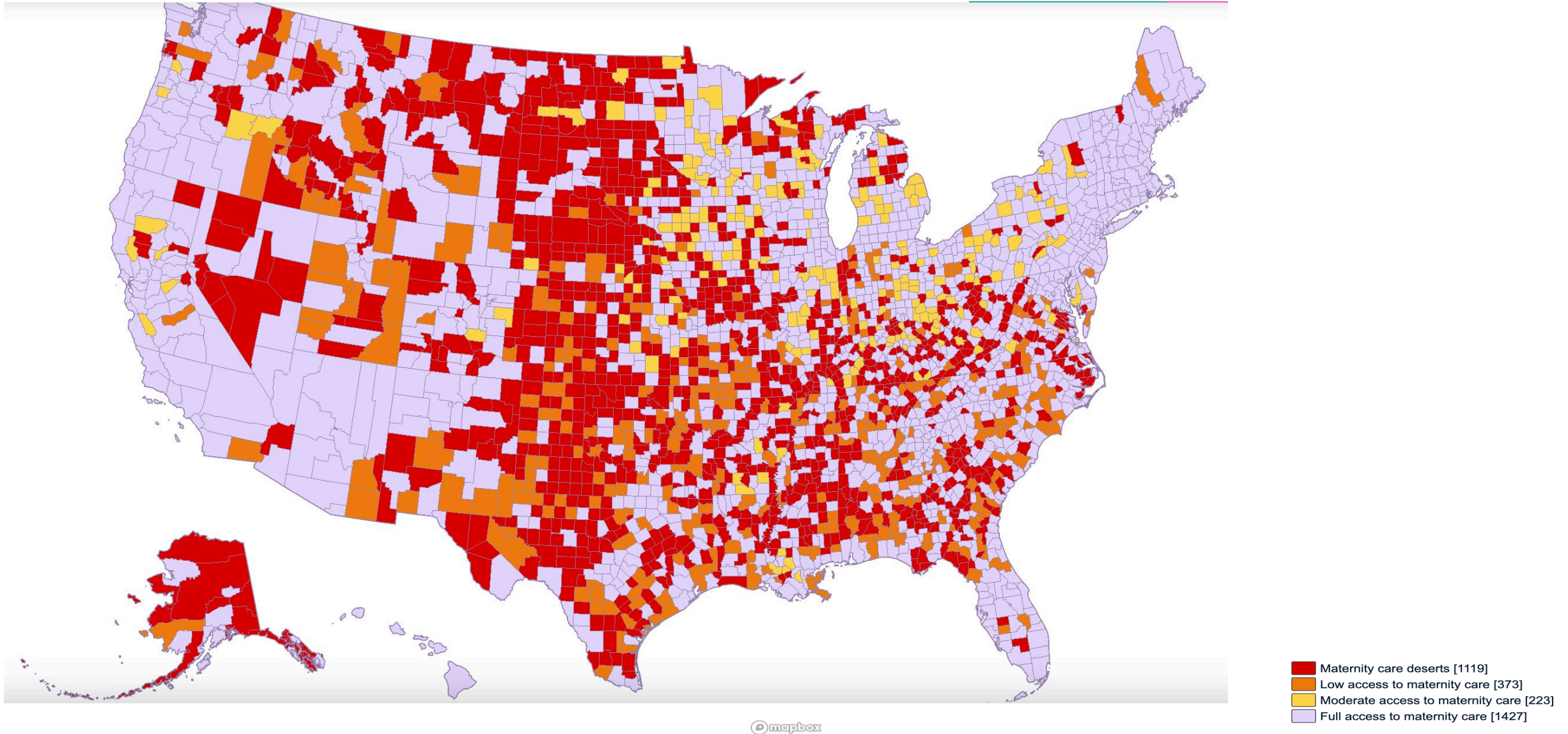
# Premature deaths from chronic respiratory disease are 40% higher in rural areas without improvement

FIGURE 2. Percentages of preventable premature deaths\* among persons aged <80 years from the five leading causes of death by rural-urban county classification and year — National Vital Statistics System, United States, 2010–2022†





# Maternal care deserts are primary care deserts



**Maternity Care Deserts, 2020**

Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2021



# Tribal Nations

You come to us worried about  
the impact of COVID but we  
have been dying of disease of  
despair for decades and NO  
ONE has done anything :

4 years later nothing has  
changed : you build trust by  
responding

It's not *see something say  
something* but *see something  
do something*