

[MUSIC PLAYING]

**CATHY WURZER:** Three years ago this weekend, Governor Tim Walz called for Minnesotans to shelter in place because of the COVID-19 pandemic. Here was Governor Walz back in March of 2020.

**TIM WALZ:** We're going to limit movement outside the homes beyond essential needs, effective Friday, March 27th at 11:59 PM to Friday April 10th. And I want to go on, we're going to continue with the closure of bars and restaurants and other public accommodations that was from the earlier executive order that will extend to May 1st at 5:00 PM. And we're authorizing the commissioner of Education to implement our distant learning plan that is ready to start on Monday the 30th, continue that until May 4th.

**CATHY WURZER:** It was complicated and confusing. The plan was to flatten the curve, meaning decrease the number of people who were infected all at once so hospitals and ICUs were not totally overwhelmed.

Well, today, three years later, there have been more than 1.7 million documented cases of COVID in Minnesota. As of today, almost 15,000 Minnesotans have died of COVID complications. In the country, the virus has claimed more than one million people.

Dr. Michael Osterholm has tracked the spread of COVID since its very earliest days. He's the director of the University of Minnesota's Center for Infectious Disease Research and Policy. He's with us to talk about lessons learned from the past three years and look ahead. Welcome back.

**MICHAEL OSTERHOLM:** Thank you very much. Good to be with you.

**CATHY WURZER:** It's ironic that you and I are going to talk about the fast spread of COVID and how it's upended so many lives over the past three years. And I understand after all this time, you're now infected. How are you feeling?

**MICHAEL OSTERHOLM:** Well, I have felt better. Let me put it that way. I did, in fact, get infected likely on March 10th in a situation that may have been nothing more than 30 seconds in an elevator where I did not have an N95 on, which just points out how infectious this virus is. I know other individuals with similar experiences.

So I'm happy to report, though, that I had my Paxlovid. I may be experiencing a bit of a rebound infection right now where I thought I was getting better. But today-- yesterday and today has been a little bit tougher.

But I'm happy to report that having had five doses of vaccine and Paxlovid, it has kept me, as someone who is at high risk by my nature of my age, out of the hospital and not being seriously ill, which is great news.

**CATHY WURZER:** That is good news. But it's got to be confounding, as an epidemiologist, to try to figure out how you-- after being so incredibly careful, how you became infected.

**MICHAEL OSTERHOLM:** Well, you know, Cathy, this is probably not a time for humor. Clearly, when you reflect on the last three years, there's nothing funny about what happened with this pandemic. But I do have to admit that I have been involved, as you know, with many very complicated and sometimes almost unsolvable outbreak investigations. But we solved them.

And here I am, I can't even solve my own case of how I got infected. I feel like I need to turn my epidemiology card in to somebody to say, I failed. But it is, I think, pointing out also that I was not out there in a reckless way. I was not out there in a way that would have exposed me to this virus, except for potentially the very, very limited exposure like in an elevator. And I think it just points out how infectious this virus is today.

The good news is that for those who are getting infected, the likelihood of having serious illness, being hospitalized, and dying is greatly reduced, if you've been vaccinated, particularly with the booster dose and you actually take Paxlovid, which I've done. So I mean, that's the message I still want to get out there. Remember, we're still seeing 280 to 300 deaths a day in this country. That rivals the leading cause of cancer deaths in this country. So it's still with us and we can't ignore that.

**CATHY** So are these deaths, do you think, the new normal? And what does that mean?

**WURZER:**

**MICHAEL** Well, I hope they're not the new normal. And I say that because we do know that if you look at the people who  
**OSTERHOLM:** are dying today, they're largely older. They often are not vaccinated with the most recent bivalent dose, and they often have not had access to Paxlovid, the drug.

We could do so much more just by helping people understand why it's important to still get this dose of vaccine, particularly if you're over the age of 50. Right now, 97% of all the cases in the country are occurring-- the cases of die are occurring in people over age 50.

And so I think we just need to keep hitting that message home, please get those doses of vaccine. If you do become ill please, get Paxlovid as early as possible. This is not a drug you take when you get seriously ill. This is a drug you take early into your illness so that you never get seriously ill.

**CATHY** So much has happened over the past three years obviously. And of course, this pandemic has been fiercely  
**WURZER:** politicized. Right now, there's a discussion surrounding the origin of the virus, whether it was a lab leak or whether it spilled over from animals to people. And I'm wondering, is it important to understand the origins of the virus and why?

**MICHAEL** Well, I am sure that this may be interpreted by some as not being concerned about where it came from. I'm very  
**OSTERHOLM:** concerned about that. But it doesn't matter. And what I mean by that is we're never going to absolutely know. I can say with real certainty, even with new emerging information, there will always be a question in the minds of many, was infected a spillover from a wild animal population to humans or did it leak from the laboratory?

And the reason I say that it doesn't matter-- it does matter. We don't want these to happen. But we have to be prepared in the future for a spillover or from a lab leak. Just look what's happened in Africa in the last week-and-a-half. We've seen multiple spillovers of another virus called Marburg virus from animals to humans, that is now a virus like Ebola that is a serious challenge. Fortunately, it's not spread by the respiratory route, but by blood contact and body fluid contact.

And so we have to do a better job of taking care of these laboratories to make sure that these viruses don't get out if they're being used in the laboratory for work. And we just have to be prepared for the fact that more and more of these spillover from animals are going to occur.

If we get so distracted trying to come up with exactly the answer of what happened, which I don't believe we'll ever do, we're going to miss the opportunity to focus on both of these, very, very, very important reasons why this virus could infect humans or any other future virus. That's, I think, what we have to focus on.

**CATHY WURZER:** And of course, you've said so many times in the past that there is another pandemic on the horizon. We just don't know the where and the when. And as you know, this virus has been lethal in the United States, killing Americans at far higher rates than folks in other wealthy nations. What does that say about the health of this country? Do we need to look at the underlying poor health of Americans in order to deal with the next pandemic?

**MICHAEL OSTERHOLM:** Well, I think we have to look at several things. First of all, is just scientific communication and what does the public understand about what we're saying? And we've already touched on the fact that this has become a very politicized issue.

And there's nothing that is more painful for me than watching friends and colleagues who just refuse to get vaccinated, who have gone on and died from COVID. I've had that happen. When, in fact, they could have surely still gotten infected, but not gone on to developed serious illness. So I think we have to understand that. Where did we in public health-- where did the messaging get so messed up that people have politicized this so much? I think that's one lesson.

The second lesson is the fact that we still-- if you look at our health care system today, our health care systems are hanging on by a thread. In most communities in this country, we are almost at 100% occupancy now, now. And should we see another pandemic, it will more than ever take us over the edge.

We have to address the challenges with health care. We have to realize that getting prepared for the next one means actually stockpiling vaccines and the kinds of things like N95 respirators. Well, we now have an administration that's tried to make that happen, but Congress has turned it down flat, turned it down. If we had a pandemic emerge tomorrow, we would be in worse shape for that pandemic response than we were in 2019-'20.

**CATHY WURZER:** But to my point-- my question about the health of so many Americans. As you know, I mean, COVID has worse outcomes for folks with underlying conditions, heart disease, diabetes, those sorts of maladies. Need we look at how we are living in this country when it comes to our health?

**MICHAEL OSTERHOLM:** I think that is a very important point, and I don't want to minimize it. One of the challenges we have so many of these health conditions also are tied to our age. Remember, in 1900, average life expectancy in this country was 48 years. Today life expectancy is 76 years. For every three days we've lived in the last century and 20-some years, we've gained a day of life expectancy.

So now, we're seeing a whole new set of diseases that are occurring that are in partly tied to just the aging population. Other ones such as obesity, chemical abuse are not tied to age, which we surely have to address. So yes, you're right. We do have to address these.

But one of the benefits of having reduced all these infectious disease deaths in children at a young age because of vaccines, safe water, safe milk supplies, and so forth, we now have the benefit of growing older as a world population. And with that will come these additional new health conditions that are really a disease of aging. But when you have a pandemic, those are still the ones that then put you at highest risk for having a serious outcome with that new virus.

**CATHY** I see. So before you go, and I know you've thought about this an awful lot. When you look at the past three years, what's the biggest takeaway for you as an epidemiologist?

**MICHAEL** I think it's two sides of the same coin. One side is very painful. As an epidemiologist, I'm all about numbers. I'm  
**OSTERHOLM:** all about trying to understand cause and effect. But I must never forget that every one of these is somebody's mother or father or somebody's grandpa or grandma, somebody's son or daughter, somebody's aunt or uncle, somebody's colleague who have died. Those are not numbers. Those are real.

On the flip side of that, I have seen the most remarkable outpouring of support, friendship reaching across what has in the past been neighborhoods that were miles apart when they really were next door. And now, they actually are neighbors in a way that we hadn't seen before. So I think the pandemic, as much as it surely has torn us apart politically, it has also created a whole new definition for friends, for colleagues, for people who care. And I think that that is a message we cannot lose, just what we've learned in that regard.

**CATHY** Nice message to end this conversation on. I hope you feel better. Thank you so much.  
**WURZER:**

**MICHAEL** Thank you.  
**OSTERHOLM:**

**CATHY** I've been talking to infectious disease expert Dr. Michael Osterholm from the University of Minnesota.  
**WURZER:**