



Podcast Transcript

**Pandemic:
Preparing for a New Normal (2022 Update)**
Featuring Anthony Iton, MD, JD, MPH

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**.

This time on **Code WACK!** It's been two years since the novel coronavirus hit U.S. shores and incredibly, the world is now facing a 5th surge of cases. The deadly Delta variant is giving way to the Omicron variant and scientists are struggling to keep up with the science and the quickly evolving data. Here in America, more than 820,000 people have died of COVID-19 and tragically, the number of cases and deaths continue to grow.

In April of 2020, we interviewed Dr. Tony Iton of the California Endowment about our new normal. While we now have COVID vaccines that offer significant protection, his early observations about what we can expect going forward are as striking and as pertinent as ever. Just as important are his concerns about the often harmful economic incentives of our corporate healthcare system and their impact on our ability to prepare for future pandemics. We're revisiting that discussion in honor of our 102nd episode

and in light of this ongoing pandemic that's hitting our most vulnerable the hardest. Thank you for listening.

*We have **Dr. Tony Iton** again with us. He's the senior vice president for Healthy Communities at the California Endowment, a statewide health foundation and he previously served for seven years as director of Alameda County's Public Health Department.*

*Welcome to **Code WACK!**, Dr. Iton.*

Iton: Thank you.

Q: What can you tell us about these kinds of viruses and what can we expect going forward?

Iton: We know that for a variety of reasons, including climate change, we're going to be facing epidemics and possibly pandemics of zoonotic infections that generally are viruses that live in a reservoir, typically a wild animal reservoir and so because we're cutting down forests and bringing wild animals into markets and just encroaching upon wild spaces, human beings are coming much more into contact with these reservoirs of wild viruses and those viruses are making the leap into humans and when they do, they're now in a space where there's no immunity and so they can move very quickly and that's what happened with SARS and MERS and now COVID 19.

Climate change is forcing a lot of those kind of interactions both from people consuming wood and deforesting wild environments as well as temperature change, which is driving wild animals in search of food or in search of water into closer contact with human beings and of course you have vectors like mosquitoes and rodents and the like which can also facilitate the transmission of these viruses from animals to humans.

Q: So as climate change progresses, we'll likely see an increase in threats to our health. How should we respond? What health policies and practices should we consider?

Iton: Well, we have to essentially build up our defenses which is our public health system. The failures that we had in this outbreak in testing supplies was not the first time we've seen that. We saw these very same failures in 2009. They didn't have the same consequences but the delays in CDC and the federal government authorizing tests and facilitating testing standards to get to public health labs and the private labs happened exactly the same way in 2009. It's like deja vu.

H1N1 ended up a good deal less destructive than coronavirus...So we need to fortify our public health defense structures and you know make sure that we have adequate both public health personnel as well as the laboratory capacity and the kinds of immediate response mechanisms that allow for information, surveillance information to come from a place like China or Africa or South America or even in the United States to quickly rise up and be flagged centrally so that we can trigger the kinds of public health defense responses that are necessary.

Q: Regarding surveillance and tracking, could having Medicare for All help?

Iton: If it's designed right. We'd have to design our system to be tightly wedded to a good public health system, particularly for purposes of surveillance and for purposes of doing disease control, responsive practices like vaccination and if there are therapeutics that need to be created to treat people quickly in the event of an emergency, we can design our system to be much more effectively guided by public health goals as opposed to just treatment goals.

Q: Thank you. Are there other ways that Medicare for All - as opposed to our current system - could help Americans respond to public health crises like this one?

Iton: This is the big question. What are the incentives in our healthcare system today and disproportionately even for the not-for-profit ones but disproportionately those incentives are an economic bottom line. For the not-for-profit ones, it's basically survival in a competitive market. For the for-profit one, it's shareholder value. If that's the goal of your system, your system is not going to want to make the kinds of investments in redundant capacity that's necessary for something like a pandemic. It's not going to want to make the kind of investments that are necessary for public health surveillance.

All of that is essentially eating away at its bottom line so those aren't the things that these systems are going to try to optimize. If you take the profit motive out as does Medicare for All out of the healthcare insurance industry and to some extent out of the providers' hands -- you still have private providers participating in the single-payer system -- but for the most part if you can construct incentives to try to improve health as opposed to try to maximize profits then yes, you know, Medicare for All can actually serve to better prepare us in the event of a pandemic because folks will be thinking, 'we need to have some extra capacity for ventilators or the ability to move some of our beds into ICU beds in the event of a pandemic because our goal now is to improve health, not just to profit.'

Thank you so much, Dr. Iton!

***Do you have a personal story you'd like to share about our 'wack' healthcare system?
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