

Full transcript

Deborah Roberts

It is a privilege to be here with you today and an honor, and thank you to National Geographic for hosting this urgent conversation. You know, they say knowledge is power, and we're going to begin today with the person most suited to make us knowledgeable about this current COVID-19 crisis. And that is the country's top infectious disease expert, Dr. Anthony Fauci. Now of course, we all know him as a tireless and comforting figure who has guided us through this pandemic, but the truth is he's actually been out on the forefront diagnosing and treating serious immune-related diseases throughout his professional career. He's also been a trusted advisor to six—that's right, six— American presidents. So Dr. Fauci, welcome.

Anthony Fauci

Thank you very much. It's good to be with you.

Deborah Roberts

We'd begun this pandemic with so much fear and now people have taken to greeting each other by first asking about each other's health. So let me ask you, how are you? Are you well?

Anthony Fauci

I am well, thank you, Deborah, but I'm quite exhausted, but I have learned over the last several months that, you know, adrenaline and purpose are pretty good energizers. So I'm actually all in all doing fine. Thank you for asking.

Deborah Roberts

Well, good. We appreciate that because we certainly do need you. Let's start off by talking about where we are in this country. We finally topped, sadly, 5 million infectious cases. We're creeping up now slowly on 200,000 deaths. One estimate said possibly 300,000 by the end of the year. Have we even come close to peaking? And what do you make of where we are versus where you hoped we would be when this whole thing began for us almost six months ago?

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Anthony Fauci

Well, Deborah, we certainly are not where I hoped we would be. We are in the middle of a very serious, historic pandemic. I mean, the numbers speak for themselves. I mean, you have 160,000 deaths and five million infections in this country. Where I hoped we would be, that when we had the peak that went up in which we were hit hard, particularly in the northeastern part of the country, when the New York metropolitan area accounted for almost 50 percent of all the cases, hospitalizations, and deaths. But then what we saw was something that would be inevitable if we didn't do the kinds of things that we've been talking about intensively of late, and that is, we did not have a universal, in the sense of everybody pulling in the same direction, of the kinds of things that can contain and slow down an outbreak, the things that we've spoken about: distancing, masks, avoiding crowds, outdoors better than indoors, washing hands, doing things like closing bars, where appropriate, because that seems to be a hot spot of transmission. So when we went up, instead of coming all the way down to a baseline that

is really workable, in the sense so that, when you try to open the country, which we inevitably have to do, I mean, we can't just be locked down forever because of the deleterious consequences of that. So when we tried to open up, several of the states, and we know right now, we've seen it, southern states, California, Florida, Texas, Arizona, they came back up. So that in our baseline, instead of being way, way down, the way some of the European countries were able to attain with a more uniform effort of keeping everybody on the same plane, we started to have an increase. So we went from a really very high, unacceptable baseline of 20,000 new infections a day to 30, 40, 50, 60, and even 70.

Right now we are turning the corner in that direction. And those states are having now less deaths, less hospitalizations, less cases. But when you look at other parts of the country, this is the thing that's disturbing to me is that we're starting to see the inkling of the upticks in the percent of the tests that are positive, which we know now from sad past experience, that that's a predictor that you're going to have more surges. So unless we all pull together to get that down, and we don't have disparities in some states are doing this, and some states are doing that, we're going to continue to have this up and down. So that's the thing that I'm concerned about because I believe we can, we have it within our power, to be able to get that down. Bottom line is, I'm not pleased with how things are going.

Deborah Roberts

And we do have this patchwork of guidelines around the country. Some states have opened up a little bit, some not as much. Can we even begin to get Americans to get on board if we have essentially regions of the country that are operating in very different ways? How do we actually get a unified response to this if we have states that are acting all very differently?

Anthony Fauci

Well, you know, that is a simple question, Deborah, but the answer is complicated because of the great divergence of opinions throughout the country and the independence, as it were, of the states and local areas of the kinds of decisions that they want to make. I have said over and over again, and that's the reason why I welcome a dialogue with you, Deborah, to get the message across, that there are five or six things that if everyone at a minimum did that, we know from history of other countries, we know from what we've seen in our own country, that if you do that, you can turn around the surges and prevent further surges. And of the things we keep talking about, I mean, it's not that difficult of the universal wearing of masks, the social distancing, the avoiding crowds, favoring things that you do outdoors versus indoors, washing hands, et cetera.

The issue is that because of the divisiveness that we've seen in this country, we have, I think, a maybe understandable because of the differences but unfortunate divergence where people say either, lock down completely, or, let it rip—have crowds go to bars. That shouldn't be that way. There is a golden mean in there based on the guidelines that we carefully put together about how you can open the country safely. Some people think that public health measures are kind of the obstacle to opening up. They're not. They're a gateway and a vehicle to safely opening up, because if you follow the guidelines, the checkpoints, you start off by saying, you've got to get past one checkpoint. If you do well, you carefully move to the other. That's a phase. You go to the next phase, and the next phase. If you do that properly and carefully and prudently, you won't see the surges. But yet understandably, and this is, I guess, the nature of this illness, the nature of this infection, is quite unique. I mean, you mentioned in the introduction that I have been involved in multiple outbreaks, going back four decades from HIV/AIDS to Ebola, to pandemic flu, to Zika, all kinds of different approaches. This is the only one I've seen where the range of impact on people is so extraordinarily varied. You have 40 percent or so of individuals who have no symptoms at all.

So when young people, particularly, because there's no doubt about it that statistically, young people do much, much better from the standpoint of any bad outcome than elderly individuals and those with

underlying conditions. However, we're starting to see more and more that young people, even otherwise well young people, can get into serious trouble and even may have some long-term residual effects. But accepting the data that young people generally do well, there's an understandable, and I guess somewhat innocent determination that if I, as I'm not, but if I were a young person and I got infected, I look around at my friends and say, you know, the overwhelming majority of them do just fine. So what's the difference if I get infected? I'm in a vacuum, I'm not hurting anybody. That's incorrect, because you are inadvertently and innocently propagating an outbreak that is killing some people. So even though you think you're doing fine and you're not deliberately trying to hurt anybody, the fact that you've been careless and not looked at the guidelines, that you don't want to wear a mask, that you want to be in a crowd, you get infected. And what happens is that almost certainly you or your friends and colleagues will infect someone else who will infect someone else. And then someone is going to get seriously ill and maybe die.

That could be someone's mother, their father, an immunodepressed child, any of those individuals who are susceptible. So you've got to appreciate, and, and I know it's tough to get your feel about that, but you've got to appreciate that not only do you have an individual responsibility to yourself, you have a societal responsibility to help us all get this outbreak under control, because when it is under control, then you could start doing, with much less difficulty, the things that you really want to do. We could start to open the economy safely. We could get the jobs back. We can do all those things. But the nature of our country, of people having this independent feeling like, I don't want to do this because someone is telling me to do it, I guess that's understandable. And that independence is part of the core of our country. You know, we like authority, but we don't like authority. That's getting us into trouble. And that's what I think the complexity of all of this is founded in that, that inconsistency of what we're doing.

Deborah Roberts

Someone said the other day, while the coronavirus isn't over, people seem to be over the coronavirus. Let's talk about some of these images that we have seen—pictures of people around the country in large locations, at bars, on beaches without masks—many people seem to just have an aversion to wearing masks, even though you and other experts have said that this is key. I read some statistic that said we could possibly save up to 70,000 lives by wearing masks. How do you get some skeptical people in this country to really understand the importance of wearing masks? And how long do you think we're going to be wearing them for?

Anthony Fauci

Well, you know, I can't predict, Deborah, how long it'll be. I know that right now, if you look at the numbers, they don't lie. You can't run away from the numbers. You can't run away from the numbers of people who've died. The number of people are getting hospitalized; the surges we're seeing, it's going to depend on us. You know, you're asking me a very valid question. How long we're going to have to be doing this depends totally on us. If we keep running away from the reality of the need to do it, it could linger on and linger on. You know, you hear people talk about, well, you'll get herd immunity. So why don't we, let's just get a lot of people infected and then we'll be protected if you do that. That is probably true, but a lot of people are going to die if you do that.

So I think as a society, the ingrained in our human spirit, we don't want to really see that because already more than 160,000 people in this country have died. Do we really want to see a lot more die? I don't think so. I think the other alternative is to contain it to the extent that we can, until we get the interventions, which are on their way, interventions like good treatments, interventions, hopefully, although there's no real guarantee, but hopefully that we will have a vaccine, one or more. Because there are multiple candidates out there, one or more vaccines by the end of this year, the beginning of 2021. So this is going to end. So the idea of, you know, if it's going to go on and on, let's just get it over with. No, we can be part of the solution as opposed to passively saying

just to let it happen. I don't find that to be acceptable. We can do things without necessarily stopping all the things that are important. We can open the economy. We can get jobs back at the same time as still practicing good public health measures.

Deborah Roberts

Let's talk about vaccines. Russia has said this week that it has actually come out with a vaccine— that it's going to start actually inoculating people with this. What do you think about that? Do you think they've actually got this vaccine and how close are we in this country to really having something and how can we begin to dispense?

Anthony Fauci

Well, I mean, having a vaccine, Deborah, and proving that a vaccine is safe and effective are two different things. We have half a dozen or more vaccines. So if we wanted to take the chance of hurting a lot of people or giving them something that doesn't work, we could start doing this, you know, next week if we wanted to, but that's not the way it works. So I hope, but I haven't heard any evidence to make me feel that's the case.

I hope that the Russians have actually definitively proven that the vaccine is safe and effective. I seriously doubt that they've done that, but that's what I think people need to understand when they hear announcements from the Chinese or from the Russians that we have a vaccine, we're giving a vaccine, and people say, why aren't the Americans doing that? Well, because we have a way of doing things in this country that we care about safety, and we care about efficacy.

Deborah Roberts

How do you anticipate this will play out? Once we do get what we think will be a viable vaccine, who will get it, how quickly will it be out there to the public, and will that put an end to what we're dealing with with COVID-19?

Anthony Fauci

Well, it depends on how effective it is. You know, the vaccine statistical framework of it is to try and show that we have at least a 50-percent effective vaccine. I would hope, and it could possibly be as high as 60, 70, 75 percent. That's what I'm hoping for. Vaccines against respiratory diseases like this generally, generally are not going to be as high. I mean, we know that from influenza, as high as what we say with measles, like measles is 97 to 98 percent effective. I would hope that we could get that way. I don't think that's going to be the case. I would gladly accept a 55, 50 percent to 75 percent effective vaccine. That would mean not that you could throw caution to the wind and do nothing else, but get vaccinated. That means the vaccine would be very, very helpful and a very important additional tool, additional to public health measures to get us out of this pandemic and back to a normal existence.

So, as I've said, many times, I'm cautiously optimistic that we will have that. Now, your question about who gets it. Well, you know, we have a standard way that have been done over decades of when you have a scarce intervention, particularly in the first months of distributing a vaccine, as you're gearing up to get more and more doses, ultimately arrangements have been made to have enough vaccine for everybody in this country, but at the beginning, as we start to roll it out, what you do is you have advisory committees. The typical one is the advisory committee on immunization practices, which advises the CDC who traditionally have had the task of making that determination of prioritization. According to recommendations. This time, we're going to add an additional layer of that to complement that.

Now, the NIH and the CDC have got together to commission the National Academy of Medicine to bring together an independent group of ethicists, biologists, vaccinologists, community people to look at the prioritization and to make a prioritization. We don't know what that's going to be, but likely if it follows the path of other prioritizations, it'll be things like having people who are healthcare providers and frontline emergency responders, because they everyday put themselves at risk, as

well as individuals who are more vulnerable to serious consequences, such as the elderly and people with underlying conditions. Those are the kinds of things that generally are prioritized, but we'll leave that ultimate decision to the committee and to the CDC.

Deborah Roberts

I know you're a very busy man, but there are two topics that we need to get to. There are things that are top of mind for people right now. For parents, top of mind right now is their kids going back to school. You have said that you would like to see kids going back to school because they'd benefit having this normal routine, but can we safely send kids back to school right now? Almost a hundred thousand children just in the last few weeks being infected with the coronavirus. We've seen incidents in schools in Georgia and Mississippi, where they've seen an uptick in children who have gone back to school who've now contracted the virus. Can we safely send our kids back to school in person at this moment?

Anthony Fauci

That's a great question, Deborah. And the answer is as, as, as I think you've introduced it correctly, I believe as a default position, we should try as best as we possibly can to get the children back to school for all the reasons that you mentioned—the benefits for the children, the unintended negative consequences, if we don't—but there's a big however there and the however is or the, but is that we make sure that the primary consideration is the safety, the health, and the welfare of the children, as well as their teachers and the secondary effects of people they may come into contact with. What I really mean is that we live in a big country and there are areas and regions of the country, the green zones, as we call them, where the level of infection is low enough, that you really should try very hard to get the children back to school. And there should be no reason not to do that.

There are also areas which we generally refer to as the yellow zone, where there are levels of infection, that to get the children back, you should carefully follow the CDC guidelines. Everyone should be following the CDC guidelines, but looking at things that you can mitigate, the likelihood that they're going to get infected and to know what to do. If in fact you get an infected child, but you can probably get children back to school by doing things like modifying school schedules, maybe some outdoor classes, wearing masks, important, wearing masks. As I said before, and doing things like possibly more physical separation, hybrid schedules, a lot of things.

But finally, importantly, when you have a situation where you're in a red hot zone, where you have a lot of infection going on, I think you've really got to use judgment and carefully consider. Do you really want to put the kids back in school under those circumstances? And I think many parents and teachers are going to vote with their feet on that. So again, big country, it's not going to be unidimensional. It's not going to be one size fits all, but we've gotta be sensitive to the safety and the welfare of the children and the teachers.

Deborah Roberts

We've seen these almost comical images of kids dressed from head to toe in hazmat suits to go back to school. Do they need to be masked when they go back to school wherever they are?

Anthony Fauci

Yeah, I think it depends on, again, the level and the age. I mean, the level of infection. If you're in an area where there is active community transmission, I would recommend strongly that if the children are old enough to be able to keep a mask on that you put a mask on children.

Deborah Roberts

What about voting? So many people are concerned we're in an election year. Some people are going to be heading to the polls in the next few weeks. Can people safely go out and vote in person, given that this year, there is so much concern around the vote?

Anthony Fauci

I think if carefully done, according to the guidelines, there's no reason that I can see why that not be the case. For example, when you look at going to a grocery store now in many regions and counties and cities that are doing it correctly, they have "X"s every six or more feet. And it says, Don't leave this spot until the person in front of you left their spot. And you can do that, if you go and wear a mask, if you observe the physical distancing, and don't have a crowded situation, there's no reason why you shouldn't be able to do that. I mean, obviously if you're a person who is compromised physically or otherwise, you don't want to take the chance. There's the situation of mail-in voting that has been done for years in many places. So there's no reason why we shouldn't be able to vote in person or otherwise.

Deborah Roberts

There was a lot of concern about this fall and this winter, whether we are going to see an uptick again, in the novel coronavirus. Look in your crystal ball. A year from now, where do you think we will be? Will we have this thing under control, or will we still be social distancing and wearing masks?

Anthony Fauci

Well, that's going to depend on two things. That's going to depend on the success of vaccines. And like I said, although I'm cautiously optimistic, I've been doing this long enough to never ever guarantee success when you're dealing with vaccines, but I think we would have a

vaccine. So if you're talking about this time next year, and we have a vaccine, and we get the level of infection so low that we can successfully contain any little blips that occur and prevent those blips from becoming surges, the way we have seen and are seeing in certain states, I think that we could be in a really good place this time next year. But a lot of it is going to be up to us as citizens to uniformly adhere to public health principles at the same time that we're fortunate enough to have good therapies and a vaccine that's effective. If we do, we will be in a good place by this time next year.

Deborah Roberts

Dr. Fauci, your leadership has not come without some stresses and frustrations personally. You have talked about during the AIDS crisis, how you got hate mail. And during this crisis you have had death threats to the point that you've had to hire security. We saw such unity in the very beginning of this pandemic; folks saying that we're all in this together. Now we're seeing a lot of anger. Did you see that coming? And where does that come from?

Anthony Fauci

Yeah, well, I just think it's a reflection of the divisiveness in the country. It has taken on a political tone like nothing I've ever seen. I mean, I've gotten people who were upset that I was putting effort on HIV/AIDS. I mean, a lot of that was people who were homophobic and felt I was diverting resources to people that they didn't think should be part of society. Obviously, ridiculous. But that was never anything that was serious the way it is now, where people get angry enough that they threatened my life and terribly harass my wife and my children with phone calls. And I don't even want to talk about the things that they do, which, you know, led ... I didn't hire security. The federal government is providing it for me.

It seems inconceivable, I mean, if you just think about it, take a deep breath and think about it, that when you're trying to promote public

health principles to save people's lives and keep them healthy, that there's such divisiveness in the country that that's interpreted to be so far from your own way of thinking that you actually want to threaten the person. I mean, I just, it's tough for me to figure that out except to say, Boy, I hope we get past this divisiveness in our country and get more down to, even though people have their different thoughts and different ideologies, that we get it out of the realm of such intense divisiveness that you start doing things like threatening people. That just no way that our society can really function well and go along that way. We've got to get past that.

Deborah Roberts

Well, you have been out there out front. You have been tireless in all of your work. I'm wondering when you look back, if you had it to do over again, would you throw that same pitch at the nationals game?

Anthony Fauci

Well, you know, I got to tell you that the motto of the story is, don't practice so much that you throw your arm out. I should have just got up and just said, OK, I haven't thrown it. I haven't thrown a baseball and somebody has, let me just throw it. It was a little embarrassing, but it was actually kind of funny, Deborah. It was actually kind of fun.

Deborah Roberts

It was fun to see you and my husband put me up to that. I have to tell you. Dr. Fauci, on behalf of myself and National Geographic, we just thank you for all that you have done and continue to do to try to keep our communities safe. And we just wish you the best, and of course, wish us all the best as we try to fight through this novel coronavirus. It was a pleasure to talk with you and a pleasure to have you here today.

Anthony Fauci

Thank you very much, Deborah. I really appreciate you giving me the opportunity to be with you.