

INTERVIEW WITH

DR. NICOLE LURIE

H1N1 ORAL HISTORY PROJECT

Interviewed By Sheena Morrison

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Interview with Dr. Nicole Lurie
Interviewed at....
Washington D.C., U.S.A.
Interviewed on October 23, 2009
H1N1 Oral History Project
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Dr. Nicole Lurie: NL
Sheena Morrison: SM

SM: Alright. Today is October 23rd, and I am interviewing
Dr. Nicole Lurie in her office.

NL: So, actually, one of the things that I'm starting to
think about is whether you ought to be interviewing people
about what's happening currently, and then as you have more
time and time picks up, starting to interview them about
what's happened over the past few weeks to months, because
there is so much happening that I'm just really worried
that you're missing.

SM: Okay. Well, I can do that. I can start off asking
about, what are you doing right now?

NL: What's going on, yeah. What we're dealing with right
now. So I'm wondering if that might be a good thing to do?

So, we're dealing with a couple of things right now. Obviously, we're dealing with this whole aftermath of the projections for the amount of available vaccine being a lot less than we anticipated and having to explain that to the public; trying to explain it in a way that maintains the proprietary nature of our relationships with these companies. The states are really upset because they've had to cancel vaccination programs, and everybody's really stressed. You know, CDC is having to explain this, and they're really worried that their reputation is getting tarnished by this and feel like they're under the gun. BARDA has to deliver this news. They feel like they're under the gun with all this bad news. Everybody wants to shoot Robin as the messenger here. It's just very uncomfortable.

And I will say, since we last talked, I mean, people are tired. They're under a lot of stress. And a number of people have had pretty significant inappropriate meltdowns for grownups [both laugh], is I guess what I would tell you. So, we've been sort of dealing a lot, both to try to work with the companies to be sure there's no stone unturned in terms of the manufacturing stuff and the

estimates (that reminds me that I have to send some talking points to the Secretary to call a CEO), and leave no stone unturned there. And work to help manage the expectations of the public.

There's been a fair amount of tension with the states. And the White House is also very concerned that somehow, government is not going to appear competent. They've been really pushing on states to say where these vaccines distribution sites are gonna be, and to get everything else on a big national website the states don't have time or energy for. Plus, they don't know when they're getting vaccine. They don't know where the clinics are gonna be. So, you've got governors getting calls from the White House, state health departments caught off guard. You've got all kinds of wacky stuff going on, and everybody's nerves are just really frayed, I think it's fair to say.

SM: Well, the last time that I was here, when our meeting was put back--

NL: That was because somebody who shouldn't have done it, had a really, really, major, inappropriate meltdown.

SM: Okay.

NL: And, I think it was immediately after the meltdown happened. I've subsequently said, as a mom, there are all kinds of times when I would be playing with my kids, and suddenly they would meltdown for no reason, and a couple of hours later, I would realize it was because they were tired or hungry. I think with the people who melted down last week, and there were several of them in pretty prominent positions, it's fair to say they were all tired and hungry, just like my kids. And I think one of the really challenging things as a leader is to just try to stay calm. And, fortunately, by the time the second person melted down, I was primed from the first one, because at the first one, I was just really taken aback, and it was extremely personal, and there was no good reason for it. All I could say was, "I really understand that you're upset, and I think we need to stay calm and work through this together." To the second person I said, "You know, the public's really looking to you as a leader, and if you're gonna be a leader the most important things that you can do are the following. And if you want to vent with me, give me thirty seconds notice, and just tell me that you just need to vent, and I'm happy to listen." But, you know, we saw each

other yesterday, and we were sort of joking about it, so he's better. In medicine, there used to be this saying, "The first thing you do when you go to a code is take your own pulse?" I think there's just a bunch of that that needs to go on.

SM: Okay.

NL: It's been pretty tense. And at the same time, we've got all these wacky things, like *60 minutes* wanting to follow us around. They were here this morning filming. They were gonna go to a manufacturing facility. Now, as you heard in the meeting, the manufacturing facility doesn't want to let them in. But they were saying, "So, what's your life like?" And Stacy and Michael are here, like, bursting. [Both laugh.] Jesse's on the other phone, he says, "Well, you know, you don't want footage of us lying in bed with our laptops emailing the same people." [Both laugh.] So it was pretty funny.

SM: Well, the last time that we talked, you told me that there were two issues that you had to contend with almost at every phase. I think that, even now, it may be relevant. The first was groupthink, which you went into detail--

NL: Yes, very much, yeah.

SM: And then the second was the multiple layers of government involvement that involved the National Security Staff in the White House--

NL: On the one hand, and states and locals on the other. Yeah, absolutely. And that's relevant for all of these.

And then the other layer we've got, which is fascinating, is this whole international dimension. I assume you've heard some of that from Mary. We haven't talked that much about it, and Bruce will be a great person to talk to, as well as Robin. So, we have our commitment to WHO that we still have to meet. And thank God they're not ready to get vaccine yet, because we have to take 10% off our limited supply right now. So that part's really hard. And then we've had this long list of countries that are all developed countries that have access to vaccine approach us for access to unadjuvanted vaccine, because they're all getting cold feet about using adjuvanted vaccine in children and pregnant women. And some have put a lot of diplomatic pressure on.

SM: Okay.

Well, as an example of perhaps the different levels of involvement, yesterday in the meeting, I don't know if you called in, but Laura was talking about preparing for a meeting with OMB, and how everyone was really struggling with how to best present it. Her comment was that we have to establish a better way to deal with them. For example, their request for models, and justification of everything to the nth degree, can sometimes be a hindrance--

NL: Well it is, and it's a hindrance when they decide, "Oh, people aren't so sick, why do we need to buy more antivirals?" Well, they're not the clinicians or the public health experts. It's when they start really deciding that they're gonna second guess the science, and it's very uncomfortable.

SM: Okay.

NL: And I understand that they need to be stewards of society's resources here, and I get that part. But it's kind of, it's a level of, I don't even wanna call it micro-

management, it's something else. I understand why it's there. And some of the stuff they do is constructive, but sometimes they just get way out there, and you just gotta sort of reel 'em back.

SM: Your comment was that sometimes it just creates endless loops of work and demand.

NL: It does. It does.

SM: Can you give me an example?

NL: Endless loops of work and demand? There's ten examples everyday.

SM: [Laugh.]

NL: I mean, even that I have to take the time to call the CEO of a vaccine manufacturer because somebody wants to take a film crew there so they could help us talk about safety. Now that's a good thing. Here's a good example, sort of. DHS did a bunch of, well, it's not a good example of layers of scrutiny. A good example is all of the stuff with all of the different layers of government. The White

House and National Security staff, HHS, everybody, calling the states from different levels asking them to get information about where they're going to do these vaccination clinics. The states are furious, they're really upset. I get calls and emails from state health officers, from the head of the associations. You have to go calm everybody down. You've got to go loop back. You have to talk about, what's CDC doing, who's talking to who? And it's crazy. You just spend half the time in this sort of people management stuff. And I understand that's what happens with complex layers of government. Actually, one of the most important things to do is to manage and preserve these relationships so that you can get to the end point. But there's a lot of stuff that's not as necessary in this.

SM: And one of the more pressing things (and we talked about this last week) for you was, and I'll quote, "Fixing this goddamned distribution system." Can you tell me, is that something that you are, is there--

NL: There's progress. There's progress in that. Now, once states order vaccine, it can most of the time be shipped overnight, instead of taking a long time to get there. At the front end, you just heard, there's 21 million doses

ready to go, and only 16 of them, million, are allocated. And there's another 6 or 8 million that the manufacturer's can't deliver, because the loading docks are only open 5 days a week. Now that's absurd! [Laugh] Right? So, actually I have a call with Tom this afternoon to say, "We are now at the point where we have enough vaccine that we can come in everyday. If we could speed this up, if we could have shipments accepted more than five days a week and get all the stuff loaded."

SM: Well, I did get an opportunity to read some of your, the Rand documents--

NL: You got those things, good.

SM: Yeah. One of the recommendations was that we begin to invest more in producing vaccine in the United States.

NL: Well, that's a huge issue. But that's not the issue that we're dealing with here.

One of the other recommendations in one of those documents is that we spend more time doing research on operations and logistics so we have these systems fixed. And you saw--you

got the document--that it was the stuff about, "What are the systems that we use for seasonal flu that we're gonna count on?" This is how I was able to walk into this kind of knowing where my targets were. Clearly, this was one of them, right?

SM: Yes, absolutely. And as I was reading it, I understood a lot of the direction in the meetings, particularly around what the states need, when it will get to them, how they are informed, guidance. So, would you say that at this point the relationship between CDC and the states is more in line with?

NL: No, it's sort of a love-hate relationship. And I think that many of the folks at CDC are very upset and angry with me, because they feel like I'm calling into question a lot of the things that they do, and they feel that that's not respectful. And yet, there's a huge amount of data that I've collected over the last few years to suggest to me that the systems that we thought we were gonna use just don't work very well. And that's been very uncomfortable to have to confront in a real life situation. Tom Frieden, to his credit, has really stepped up a lot on the surveillance front, because, no, the stuff we have isn't in real time.

SM: Did everyone have access to the recommendations that--

NL: That were made--

SM: That were suggested in 2000 and--

NL: Sure, sure.

SM: 5?

NL: 5, 6, 7? I mean in 2005, we began as a country seriously investing in U.S. manufacturing from that very first report, which didn't really recognize that we lived in a world. That was the most amazing thing to me about the 2005 plan. It's like, hello? But, starting then, we ramped up the global surveillance. We started investing very seriously in building U.S. manufacturing capacity. So these new lines at Sanofi, this new facility that Novartis is opening next month, all of that kind of stuff is really because of that investment. And, in fact, we see Thailand and Brazil manufacturing vaccine, and willing to donate to WHO. And we helped them build those facilities. And that's really cool. That's very, very gratifying.

By the same token our surveillance systems are still untimely. Our vaccine safety system still wasn't, when we started this, robust enough, in my mind, to be able to take vaccine safety signals. And we've really worked a whole lot on that in the last couple of months, and I'm feeling really good about where we are. This distribution thing is just driving me crazy. And then, there's the "how do we communicate with the public" part about all this that's really hard.

SM: Yes, especially right now when people are still suspicious about the safety.

NL: And for me, an incredibly sore point with me is this whole racial/ethnic disparities piece of this. We know that in every flu season African-Americans and Hispanics get vaccinated less, and they die more from seasonal flu. So this is a disaster waiting to happen. And we know that's gonna happen. We already know from Medicare data only, there's big disparities about who's getting hospitalized. We really should--do we really even know how to--reach communities with a message? I think we know how to get to thought leaders and all these things, but I'm not sure yet

that we're going to do as an effective job as we need to, helping people make a choice to get vaccinated. And that's just bugging the hell out of me.

SM: Well, how would you, in an ideal situation, want to approach that?

NL: Well, in an ideal situation, we would have a lot more research on different kinds of populations and communities, and what messages resonate, and what their thoughts and beliefs are. You've heard me tell that story about the lady with the will of God. We would know how to deal with that in the ideal world. So, we started out talking about risk groups. We've got asthmatics and diabetics and blah, blah, blah. So, in my mind, that's one cut on it.

On another is the whole cultural panoply of different kinds of people we have here, and how we reach them all. That's like a cross cut. So, we started actually doing a lot of outreach to different kinds of communities. And no, you can't deal with every radio show in the country, but really trying to work much more to get thought leaders and opinion leaders from different communities in the media, on air doing messaging. Right now, we can't do the messaging about

"get vaccinated" until there's vaccine that's pretty readily available. But we're sort of moving there.

SM: Okay. The last time we spoke also, you mentioned the issue of Mexico's need for vaccine, [period? Indistinct].

NL: That's one of those many countries that's lined up--

SM: Has progressed?

NL: Has it progressed? It's been really interesting. It has progressed. I believe that the Mexican Ambassador was called. The manufacturing companies called. I had to call the manufacturer back earlier this week and say, "You know, I understand the predicament that you're in, but you know what? The communication's gonna be handled government to government. It's not gonna be handled by my telling you that you can use vaccine." And the guy just really blew off. He said, "But do you understand that our CEO of our whole national, our whole global company is coming to Mexico next week, and he's meeting with the Mexican President, and what is he gonna say?!" That's not my problem. But the answer is, "I understand that that's really an uncomfortable situation, and we're gonna handle

this on a government to government basis." And so the President made a decision. The Ambassador was called. The Secretary's calling the Health Minister today to convey that, right now, we're in a shortage situation. But we're not in a position where we want to tell them, "No." We're in a position that, "We're gonna look at our supply week by week, and as soon as we think we have enough to share, we'll see if there is something that we can do."

SM: Okay.

NL: But it's been really interesting.

SM: Okay. How much time have I got?

NL: I have no idea. Its 3:00. I have to call somebody before I leave at 3:15. Do you have something else, another question off the top of your head that you wanna do?

SM: Um-

NL: Quickly?

SM: No, I don't have any quick questions.

NL: Okay. Alright. Are there any things about the background of all of this that as you move to interview Bruce and Robin and those guys that might be confusing?

END OF INTERVIEW

Broad Themes

- Vaccine projections - shortfall
 - States' vaccine programs - cancellation of
- ASPR staff meltdowns
- Vaccine manufacturing
 - Public expectation
 - States and White House tension, re: distribution sites
- *60 Minutes* feature
- WHO - commitments to
- Western countries - requests for unadjuvanted vaccine
- OMB
 - Relationship with
 - Requests for information

- States
 - White House, HHS, National Security Staff calls to re: distribution clinics
- Distribution system - Fixing of
 - RAND documents recommendations
 - Research on operations and logistics
 - Use of seasonal flue systems
 - Surveillance systems
 - Vaccine safety
 - U.S. manufacturing capacity
 - New lines at Sanofi
 - Novartis facility in North Carolina
 - CDC/States - relationship between
- Racial/ethnic disparities
 - Research on appropriate messaging
 - Thoughts and beliefs of different communities
 - Community outreach
 - Messaging - on air, thought leaders
- Mexico's request for vaccine
 - Government to Government communication