



Notes on the Pandemic #8

May 19, 2020

Dear DCI Community

The days and weeks of the pandemic have become months and, as you know all too well, some speak in “years” as the timeline before what we might think of as normalcy is restored. A couple of days ago I received a communication from the AAMC (Association of American Medical Colleges) that it was canceling all in-person meetings until June 2021. That is the furthest out I have seen so far, although many of the professional organizations I am connected with have cancelled meetings originally scheduled for this fall.

Decisions and communications about continuing to shelter or reopening are complicated by highly divergent views of where we are headed, as a nation and world. On the one hand, it is interesting to note in the May 12th *New York Times* that there has been some general convergence in the estimates of deaths in the US based on seven models which were more discrepant weeks ago. In prior editions of [Notes on the Pandemic](#) I have commented on the limitations of models that begin with different assumptions and it is of interest that some of the models that had lower projections of mortality (e.g., [the UW IHME model](#)) have now increased its projection of deaths (to 147,040 by August 1st) based on presumed reductions in social distancing whereas the now somewhat infamous Imperial College model that projected among the highest mortality figures has altered its assumptions so that the current projections are more consonant with other estimates. That said, current projections for the number of deaths in the US due to COVID are estimated to reach, on average, at least 120,000. By way of comparison this is at least two to four times higher than the annual deaths associated with Influenza, with two notable exceptions. In 1968 the so called “Hong Kong flu” due to an H₃N₂ strain of Influenza resulted in approximately 100,000 deaths in the US. It should be noted that no social distancing or special precautions were taken with that infection. While the number of deaths due to the H₃N₂ 1968 influenza was high compared to other years, it was paled by comparison to the 1918 “Spanish flu” pandemic that was caused by an H₁N₁ strain of Influenza which resulted in around 675,000 deaths in the US (mostly in younger people compared to the impact on older individuals with COVID). It is of

interest that no special precautions or social distancing was legislated in 1968 and this has led some to argue that the policies in place for COVID are too stringent and even unnecessary. That contention misses the fact that SARS-CoV2 is more infectious than Influenza and had social distancing not been put into place months ago, the mortality would be considerably higher than that now estimated. That said this debate about the pandemic has taken on political overtones that follow red-state vs blue-state perceptions (see [“Fight Over Virus’s Death Toll Opens Grim New Front in Election Battle,”](#) New York Times, 5/09/20).

For example, this debate was featured on May 12th with statements from the White House that the US was now ahead of the rest of the world in containing the pandemic and in testing, which is sadly not true for the nation in the aggregate although certain areas of the US, including the Bay Area, are in better shape than others. Against this backdrop was the public testimony to the US Senate Health, Education, Labor and Pensions Committee by four leaders in the US Department of Health and Human Services, including Dr. Tony Fauci, Director of the National Institute of Allergy and Infectious Diseases; Dr. Robert Redfield, Director of the Centers for Disease Control and Prevention; Admiral Brett Giroir, Assistant Secretary for Health; and Dr. Stephen Hahn, Commissioner of the Food and Drug Administration. I reviewed their written statement “COVID-19: Safely Getting Back to Work and Back to School” which was largely factual, but I think somewhat sanitized and also silent on some of the important gaps that allowed the pandemic to reach the levels that it did in the US.

With the candor and courage that has characterized his prior statements and commentaries, Fauci was clear in warning the Senate that some states were reopening businesses prematurely in manners that were not consistent with the CDC guidelines (see *Note #7*) which would risk additional deaths, particularly in the most vulnerable populations. While attention has focused on higher case fatality rates in older individuals, especially those with comorbidities (in particular hypertension, obesity, diabetes), a report from Monica Hooper et. al on “COVID-19 and Racial/Ethnic Disparities” in the May 12th *JAMA Online* notes that infection rates and mortality rates are higher in African-American/black individuals (73/100,000) compared with Latino individuals (36/100,000) and White individuals (22/100,000). Multiple factors likely contribute to these outcomes including the disproportionate burden of underlying comorbidities

in racial/ethnic populations as well as the fact that racial/ethnic populations are more likely to live in crowded housing and to be employed in jobs that expose them to the public and that are less amenable to social distancing. They are also among the populations who will reenter the workplace early and thus both contribute to and be victims of whatever resurgence may take place.

Fauci and Redfield both commented on the need for more accessible and available testing and contact tracing, which is not at the level needed for safe reopening, despite the understandable eagerness to do so given the ever-expanding economic toll that is being witnessed from the pandemic. As Fauci noted in his testimony, it is not until there is an effective vaccine (or effective treatments) that the current precautions can be truly relaxed. But he cautioned that the road to an effective vaccine is not without complications and even risks and that it will take time, with even conservative estimates being 12-18 months. That there are more than 100 efforts underway to develop a vaccine, many will fail. This contrasts to the proposed “Operation Warp Speed” that promised to deliver a vaccine to 300 million Americans by January 2021. On May 15th, Dr. Mocef Slaoui, formerly head of vaccine at GlaxoSmithKline was placed in charge of this effort. I have worked with Dr. Slaoui on a scientific advisory committee and he is highly credible. He too indicated that the proposition of a vaccine by January was unlikely but still a goal he would work to facilitate. Of course that would be a great outcome.

And there are a couple of promising starts: the NIAID Vaccine Research Center is collaborating with a biotech company, Moderna, that is using a messenger RNA platform that could result in the production of antibodies against the SARS-CoV2 spike protein without actual exposure to a live or attenuated virus. Accordingly, it is notable that on May 12th Moderna received “Fast Track” designation from the FDA for its candidate mRNA-1273 against SARS-CoV2 and announced that if continued safety is found, it can begin phase 3 clinical trials in the summer of 2020 (see *Notes on the Epidemic* for additional background on vaccine development). Clearly this is encouraging. A second vaccine candidate, also previously referenced, is an adenovirus-vector developed by the University of Oxford that is also in early clinical trials. And there are others. This is still just the beginning, but it is encouraging. And there is additional encouraging data including a report by R. Kirkcaldy and colleagues in the May 11th *JAMA*

Online that individuals infected with SARS-CoV2 develop antibodies, including neutralizing antibodies, that could signal protection against reinfection. While these observations are preliminary, they are also notable.

In addition to vaccine developments, the first promising treatment, Remdesvir, was reported last week even though it provides limited benefit for patients with more advanced disease. This too is a just beginning. Remdesivir is currently only available in an intravenous formulation but work is underway to develop delivery systems that would permit easier administration outside of the hospital setting and also earlier in infection (as is done for other viruses like Influenza or herpes zoster (the cause of shingles). As I have previously commented, many laboratories across the world are working on developing new agents to treat COVID and with the current estimate over 300 potential drugs – of which 90 are “repurposed” drugs, so that if they show promise, their time to entry into clinical trials will be shortened.

Vaccine and drug development along with social distancing, testing and contact tracing all speak to the big questions about reopening that now dominate the news and, in many ways, each of our lives. We are all seeking a return to some normalcy while also fearing a surge that results in an increase of cases and mortality. The re-opening will be a work in progress about which the CDC has recently published a number of “[decision trees](#)” to provide guidance regarding everything from [public transit](#), [workplaces](#), [restaurants and bars](#), to [schools](#), [child care](#), and [camps and other youth programs](#). These one-page documents are not as detailed as the report that the CDC prepared but was blocked from releasing, but they do provide some guidance, much of which is based on testing, hygiene, social distancing.

Closer to home, the risks associated with a potential surge in the fall or winter is having a major impact on decision-making for colleges and universities across the US and globally. I detailed some of the important considerations in “[Notes on the Pandemic #7](#).” Among the biggest announcements was on May 12th by Timothy P. White, Chancellor of the California State University system that its 23 campuses that serve 480,000 undergraduates, would not hold in-person classes this fall. In contrast the University of California at San Diego announced that it

would hold classes albeit coupled with testing, contact tracing and social distancing which we have discussed in prior communications.

As of this writing Stanford has not yet announced its policies but the signals are that it will be a hybrid set of policies premised on a lower density of students on campus. As you know, we announced on May 12th, in tandem with [the report on the DCI 2020 class](#), that we are moving the start of their DCI year from fall 2020 quarter to the winter 2021 quarter. We communicated this decision to that class on Thursday, May 6th and reviewed it further in a Zoom-based Town Hall meeting with them on Monday, May 11th. It should be noted that this decision did not come as a surprise to the DCI 2020 Class since we had raised this possibility in prior communications. In fact, for most it came as a relief and many were grateful that we had resolved the uncertainty regarding the fall quarter so that they could plan accordingly. It is important to note that as of May 15th, the entirety of the 2020 class remains committed to enrolling in DCI. It should also be noted that the first four DCI cohorts (2015-2018) followed a calendar year schedule. In 2018 DCI began the transition to an academic year schedule and accomplished this by enrolling two cohorts, a 2018 Calendar Year Cohort and the 2018/2019 Academic Cohort. To accomplish this, we simultaneously ran two separate programmatic cohorts in the fall of 2018, and while this was challenging, it was doable. Our current plan is to begin the switch back to the academic calendar in 2021 and to stay on that schedule for the years ahead. Of course, we hope those will be years that are pandemic free!

Reflecting on the DCI Pillars of Purpose, Community, Wellness During the Pandemic

In the Viewpoint essay I wrote for the February 4, 2020 issue of *JAMA* entitled “[A Prescription for Longevity in the 21st Century. Renewing Purpose, Building and Sustaining Social Engagement, and Embracing a Positive Lifestyle](#)” I stated that “*Having a purpose, seeking social engagement, a fostering wellness through positive lifestyle choices (exercise, nutrition, mindfulness) are important in reducing morbidity and mortality and improving the life journey. These variables are important at all stages of life and particularly for those in midlife and older.*” As you also know, these three variables, which we often refer to as “pillars” have

been foundational to DCI since its inception. As stated on [our homepage](#) “*the Stanford Distinguished Careers Institute (DCI) seeks to improve the life journey of accomplished individuals in midlife by helping them renew their purpose, build a new community and recalibrate wellness – physically, emotionally and spiritually. DCI also seeks to foster intergenerational engagement in an academic setting to help create a new paradigm for the university of the future.*” Having thought about this formula for many years, I have also been reflecting on how the current coronavirus pandemic impacts the ability to sustain each of these independent but likely co-variate factors. I would imagine that every member of our DCI Community has pondered this same question.

Sustaining a Positive Lifestyle

For me, sustaining a positive lifestyle has been the easiest to achieve during the pandemic, although it too can be challenging. We have defined the components of a positive lifestyle including physical, emotional and spiritual wellbeing. Of these the physical part is the easiest to sustain since none of us are traveling, and thus we have the opportunity to sustain a more regular exercise routine. We each have our own preferred form of exercise and for me that has been running outdoors – something I have relished doing for over four decades. I wasn’t able to exercise regularly earlier in life due to chronic asthma but that improved with endurance running. As I have mentioned in other communications, for many years I have combined long distance running with listening to books, which has been my major source of “reading for pleasure.” That has largely been history and great fiction, along with a dose of biography, philosophy and theology. It has also been a little easier to sleep beyond the 4-5 hours I usually allotted, even though I have known for decades that was insufficient. I have used the pandemic to improve on sleep but recognize that sleep disturbance has been a challenge for many during the pandemic. Nutrition has also more challenging, especially early on due to unavailability of fresh fruits and vegetables and the need for near total reliance on online shopping which has a number of limitations – including delivery schedules, selections, etc. In a related way, consequences of worry and isolation make the battle against a too heavy reliance on “comfort foods” an occasional challenge.

While I hope sustaining your physical health has been more easily achievable, sustaining emotional wellbeing is a concern when we are separated from family, friends and loved ones or are worried about whether we will acquire COVID or lose financial security. Depending on where you are on the lifecycle and how you have prepared your portfolio, the extraordinary events that have unfolded in just two months heightens all of our fears in so many different dimensions. And while it is appropriate to give some license to fears and concerns, one gains perspective by remembering that nearly all of us reading these [Notes](#) is so much better off than the more than 30 million Americans who have lost their jobs and for some future hopes and purpose. While I think it is best to sustain one's emotional health with positive psychology, it is also appropriate to be grateful for what has not been lost.

Spiritual health is more personal and expressed in many different ways but for those who relished community services – at church, mosque, synagogue or other place of worship, the shared gatherings have evaporated and are unlikely to return for many months and beyond or until a vaccine or effective treatment makes congregational gatherings safe once again. Thankfully most religious organizations are providing Zoom or virtual services. I have also felt it comforting to read before bedtime one or more sections from the *Pirkei Avot* which is also referred to as “The Chapters of the Fathers” or the “Ethics of the Fathers.” This volume is a “Social Justice Commentary” and I have found the annotated edition by Rabbi Dr. Shmuly Yanklowitz, RJP/CCAR Press, 2018, to be particularly helpful. In this volume the commentary to each Mishnah is insightful and some are more relevant to our current circumstances. One of the more famous chapters is 1:14 *“He used to say: If I am not for myself, who will be for me? And if I am for myself, what am I/ and if not now, when?”* There are many others that are meaningful to me but one I like is chapter 3:19 *“Everything is foreseen, yet the freedom of choice is given. The world is judged with goodness, and everything depends on the majority of one's actions.”* Of course I know that many words and writings have different meanings to individuals and communities, and I share these simply to provide my own personal connection to our DCI Community. I am happy to learn from you as well.

Sustaining or Renewing Purpose

More challenging can be sustaining and renewing purpose during times like now. Unprecedented times like these compel us to reflect on the true and relative relevance of what we were doing pre-COVID and how that has been altered during the pandemic and what that tells us about our futures. The wide horizons of how we thought of ourselves pre-COVID can seem and feel more constrained. Add to this the ways that the pandemic unleashing changes our workplaces, professions, and communities - in some cases quite disruptively. I am particularly mindful of how healthcare and education will be changed because of the pandemic. While some will bemoan the loss of what was, the prospect of re-imagining a better future is more exciting and important, even if challenging and scary. The scope of what we do in the interim might benefit from reconsidering the tenets of “Designing Your Life,” reflecting on our memoirs or new writing activities, or finding ways to serve our family and community. I note that Stanford’s BeWell program has helpful website - [BeWell Engagement Toolkit](#).

In the July 2019, Arthur Brooks, who was getting ready to step down as president of the American Enterprise Institute, wrote an essay in the July 2019 issue of *The Atlantic* entitled [“Your Professional Decline is Coming \(Much\) Sooner Than You Think.”](#) Likely many of you read it last year when it was first published. If not, I would recommend reading it now. While the title sounds grim, the message was more positive and is consonant with a number of the goals of DCI. One of Brooks’ messages that resonated to me is also one of how of my own early life experiences ultimately led to establishing DCI. One of these occurred during my early clinical training in Boston when I observed a number of highly accomplished academic medical researchers and physicians who were unable or unwilling to transition from their positions later in life resulted and that ultimately led to forced or unwelcomed displacements. Watching that happen to individuals who had made major contributions to science and medicine left an indelible mark on me and made it clear to me that that one needs to anticipate the point of transition before it becomes imposed. That led me to begin an alternative career path in my late 20’s that I posited I would embrace at the right time later in my primary career path. Indeed, that plan included switching gears entirely into new uncharted waters. To that regard, I envisioned that the way to overcome being “pushed out” was to have a plan to start anew – to renew purpose. For me that meant going back to school to pursue studies in a new discipline, history.

Thus the seeds for DCI were sown before I really knew the direction of my primary career. Interestingly, my personal plan is aligned to the first of four “commitments” that Arthur Brooks defined in his essay – namely “Jump” – which means “*walking away perhaps I am completely ready – but on my own terms.*” In many ways the creation of DCI became my way to Jump from my prior life in medicine and science. And I hope that DCI has permitted or facilitated a Jump opportunity for each member of our community. Of course, during the current pandemic, we have all been challenged to Jump again – and again!

The second commitment offered by Brooks is “Serve” which also resonates with DCI and our Community. One of the most consistent stated goals of individuals interested in DCI is a desire to “give back” to others in meaningful ways that impact their community and society. This is also consonant the concept of generativity as described by Erickson and of “purpose beyond the self” as described by Professor Bill Damon. This was reaffirmed in a recent study by Ann Colby that was reported in the Pathways to Encore Purpose Project and which showed that 31% of individuals older than 50 had an interest in “*improving the lives of others, making the world better, teaching, building community, or pursuing spiritual goals.*” As I also noted in the *JAMA* essay, having a purpose in life, and especially one “beyond the self” – one that is dedicated to “Serve” as Arthur Brooks has offered, is not only important in its own right but is also associated with health benefits, including a decrease in all-cause mortality.

The third condition that Brooks delineates is “Worship” which he speaks to quite directly in his personal dedication to his own faith, Roman Catholicism. In DCI we have included spirituality within the Wellness pillar (that also includes physical and emotional wellbeing) but Brooks is more specific and states “*if we can detach ourselves from worldly attachments and redirect efforts toward the enrichment and teaching of others, work itself can become a transcendent pursuit.*” I must confess that when DCI was being conceived and developed, I would not have included “Worship” as a component of the program beyond the noted inclusion of spirituality. And even that is highly personal. As it turns out, over the past decade I have migrated to worship in looser ways that have still been surprising to me, but which reinforces the importance of transcendent values however we chose to frame them – or if we even wish to do so.

Building and Sustaining Community

The fourth and final commitment for Brooks is “Connect” which is closely aligned with one of the three pillars of DCI and which, for many, may be the most important. Beginning with the 2015 Inaugural DCI Class, developing and fostering a new community has been one of the most valued aspects and assets of the DCI experience. It has been remarkable and wonderful from the outset to witness how individuals whose lives would not have intersected, have become so deeply connected. And, of course, that is why the pandemic that has required social distancing has heightened our awareness of social connectedness. In [the JAMA Viewpoint](#) I noted that “*The Kaiser Family Foundation in conjunction with the Economist reported in 2018 that one-fifth of adults in the United States and United Kingdom reported that they feel lonely and lack meaningful connections with others. These findings are supported by the 2019 University of Michigan Poll on Healthy Aging that surveyed 2000 individuals aged 50 through 80 years, which found that one-third of them indicated a lack of companionship.*” These observations antedate the isolation that has impacted all sectors of society during the pandemic and give evidence to the reactions and feelings we have, across the age span, about the importance of personal and not just virtual connectedness. While technology, including resources like Zoom, Facetime, Hangout and others provide some support, most would acknowledge that they deeply miss personal connection to family, friends, community. Over the course of the pandemic we have used Town Hall meetings – and communications like [Notes on the Pandemic](#) – to help sustain the DCI Community. But they are imperfect solutions. As noted in a book review by Terry Eagleton in *The Guardian*, it is also important to differentiate between solitude and loneliness as reviewed in two recent books: David Vincent’s *The History of Solitude* and Fay Bound Alberti’s *A Biography of Loneliness*. Solitude is something we may choose while loneliness, which can manifest in many different ways, is not desired and, as noted, can be associated with deleterious effects on health and longevity. As I have noted “*Improving engagement can be achieved through friendships, family and social networks as well as through faith-based or community-focused social and volunteer groups.*” This is closely aligned with the mission of DCI and also related to our broader mission of fostering a transformation in higher education that provides opportunities to re-engage with colleges and universities across one’s lifespan and also to promote and facilitate intergenerational engagement.

To that regard it of interest that Arthur Brooks has now been commissioned to write a new column in *The Atlantic* entitled “How to Build a Life.” The first of these was published on April 9th and discussed “[The Three Equations for a Happy Life, Even During a Pandemic.](#)” The details are interesting and here are the equations:

1. *Subjective Well-Being = Genes + Circumstances + Habits*
2. *Habits = Faith + Family + Friends + Work*
3. *Satisfaction = What You Have ÷ What You Want*

These are different ways of expressing what is covered through “Designing Your Life” or Memoir Writing or Life Transformations Reflections and so many other features of the DCI experience underscore that now, in midst of this pandemic, we continue to reflect on how to renew our **Purpose** in new and different ways, create additional vehicles to promote **Community** and overcome social isolation, and improving our **Wellness**, physically, emotionally and spiritually. That is what defines DCI.