THOUGHTS FROM THE DIVIDE

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Thank you Richard. You can tell we are old and good friends. You are very nice to me. Others here who know me might question from this who I REALLY am. All of you remember George Burns. After Gracie died and George was in his nineties on occasion he would visit nursing homes to cheer up the residents. One day he approached a little woman in a wheel chair and attempted to strike up a conversation. Having no success, he said “Do you know who I am?” She replied “No sir, I don’t, but if you go down the hall there to the nursing station they can tell you.”

I remember so well the pleasure when I realized in 1972 that I would join that august body, the CONFERENCE of State and Territorial Epidemiologists, not to mention the pride later at becoming president-elect. I never became CSTE President, and don't know whether to laugh or cry when I think of how many CSTE and ASTHO presidents-elect reach the penultimate position, only to step aside before the big year.

It is a great pleasure to have been with you for the last couple of days, especially to step to this podium following such admirable people as Jeff Koplan and Peggy Hamburg. But more so, it is a pleasure and honor to remember Jonathan Mann. Jonathan was my neighbor state epidemiologist to the south: competent, articulate, a true star in communications. The press and the TV stations loved him. Rumor had it that the New Mexico state health officer was not always enchanted with playing second fiddle.

I did NOT know Jonathan during those days of remarkable leadership when he was building the Global Program on AIDS, though I was well aware of the unremarkable leadership in the Director General's office. More than one competent WHO leader was driven to distraction and even mutiny by that situation. Later Jon did call me—by then I was in Philadelphia—about the new school of public health at what was then the Allegheny Health Sciences University, or something like that. It doesn't really matter what it was called, because the institution was soon bankrupt. The school of public health has in fact survived as the MCP-Hahnemann School of Public Health, (just down the street from where I live), where to this day Jonathan's leadership is revered. Having been promised much, Jonathan did come to Philadelphia, but when the promises evaporated he read the tea leaves and, it is said, traveled with Mary Lou a day early to talk about a new position. It was a compound tragedy. We miss them both. I add my thanks to the Hoffman Family Foundation for their endowment of this moment to remember.

I have in mind tonight some personal thoughts. Chapter one is a reflection mostly about yesterday as state epidemiologist in Colorado. Chapter two is about today and tomorrow, from the perspective of the very rewarding position I inexplicably now occupy. I am taking a risk of being too biographical, even egocentric, but I hope tastefully so. I WILL try not to speak too long so I don't have happen an incident that befell another speaker. The speaker was going on and on and on. A fellow in the audience got up from his seat and started toward the exit. The speaker said "Where are you going? I'm not finished." The fellow said, "I'm going to get a haircut." The speaker said "Why didn't you get a haircut before you came in?" The fellow said, "I didn't NEED a haircut when I came in."

I still have a sense of wonder about being state epidemiologist in Colorado. I repeatedly asked myself the question of many who love what they do: "Am I really being paid for this?" Leading the list of satisfactions were my colleagues—my reign of Richards who were my colleague as our Colorado EIS officers or in the case of Richard Hoffman, successor to me as state epidemiologist: Richard Wright, Richard Hopkins and Richard Hoffman. How lucky I was. In truth, they carried me. I was the politician, the desk guy; they were the real epidemiologists. Richard Hopkins and Richard Hoffman who are here today: this is an unexpected chance to say thank you.

Despite the many, many rewards of being state epidemiologist and later the state health officer, today I see more clearly the opportunities I missed to leverage the full power--the leadership potential—inherent in the positions. By power I don't mean statutory and regulatory powers. Jon Mann knew what I mean. He understood the leadership power in the position he held--to affirm, to nourish and to create for others a new sense of the possible. His understanding of the power of his position--especially in rallying groups external to the WHO--contributed to his success in creating and leading the GPA. It may also have contributed to his departure from WHO. More on that later.

In retrospect I regret how little I understood how ready were people who shared common purpose, outside and inside our department, to be rallied, convened and affirmed. I underestimated their ability, when included and enabled, to augment my limited ability to create change when I tried to act alone. Too often I failed to forge alliances when a little compromise would have gone a long way. I simply did not take the time to meet, to talk, to educate, to cajole, to reason and come to know people and groups hungry to share common purpose.

John Gardner, once Secretary of DHEW, the predecessor to DHHS, and then founder and first President of Common Cause among many other accomplishments counted 9 tasks of leadership. I have retrospectively given myself a grade on each. As I mention each one, think about your own opportunities:

--envisioning goals
--affirming values
--motivating
--managing
--achieving a workable level of unity
--explaining
--serving as a symbol
--representing the group externally
--renewing

My rather generous grades are 2 A-s, 1 B+, 3 Bs, 1 B-, 2 Cs, for an average of straight B. I could have done better, but only if I had better understood the leadership potential of the position.

It makes me think of the fellow who said to his mother one morning, “I don’t want to go to school today.” She responded, “Give me 2 reasons why not.” He said, “One, the students don’t like me, and two, the teachers don’t like me. Give me 2 reasons, Mom, why I SHOULD go to school.” His mother said, “One, you are 42 years old, and two, you’re the principal.”

John Gardner summed up the tasks of leadership in one transcendent task: the NOURISHMENT OF CONVICTIONS. (Quote)"The leader makes people believe they are important; that they are or can be winners. People yearn to think that what they are doing is something useful, something important. The leader knows how to NOURISH CONVICTIONS....that what (the potential followers) are all about really does matter and really CAN make a difference."

But let’s think a bit more about this in particular context of where you and I work. One of the joys of work in public health is the commitment and dedication, and often passion of our public health coworkers. Staff of the Governor’s office would say to me: “The people in your department are different.” What they sensed and referred to is the conviction, the commitment, the passion that are often, though not always, attributes of the public health worker. We public health people are often missionaries; we BELIEVE. But we, like all sincere and true believers, have a problem. We live in a world of disappointment, disappointment that others don’t believe as strongly as we do. Picture Charlie Brown leaving the pitcher’s mound, having lost still another baseball game: “How can we lose when we’re so sincere?” Perhaps our task in public health leadership is a different one from the transportation department or the revenue department. Perhaps our role as leaders in public health is often as much SUSTAINING conviction in a world of repeated disappointment as it is growing conviction.

Let's take our convictions one step further. De Toqueville said of Americans: "These Americans yearn for leadership, but they also want to be left alone and free." This observation, early in the 19th century, is relevant today. In truth, I kept a sign on my desk: "Are we a bunch of do-gooders righteously meddling in peoples' affairs?" We who are leaders in public health and believers in what we do are generally well aware of the impact of our daily work on the community in which we live. We are inevitably "meddlers" but we MUST be cognizant that righteousness may unproductively accompany conviction. Who in this room has never asked, even a little bit righteously: "How can that legislator be so misguided, so captured by special interests: about fluoridation, about motorcycle helmets, about teen access to tobacco, about hepatitis B vaccine requirement in middle school" You can add the issues for which you have convictions.

The man we honor tonight was a man who nourished the convictions of people and organizations outside of the WHO. It is said that he was resented by the Director General. They did not enjoy each other's company. Driven by his convictions, Jon did battle with Nakajima. A friend of mine who was close to that battlefield describes it as an attempted palace coup. All Nakajima had to do was make a strategic phone call to Jon's higher ups back in the US, and Jon was soon on a plane west to Harvard, with a one-way ticket.

What is the moral here? If NOURISHMENT of convictions is a centerpiece of leadership, and I believe it is, sometimes in public health it also means SUSTAINING conviction in face of repeated disappointments and MANAGING the potential excesses of conviction.

My guess is that each of you thinks a lot about leadership, the power of your position, and your own talents and skills to leverage that power. Keep it up. Don't underestimate the opportunity your position offers.

(CHAPTER 2)

Those are some thoughts mostly from yesterday. My second chapter is a bit more complicated. For the last eight years since I joined the "Evil Empire" I have been deeply involved with the "immunization enterprise"—and that includes you. What do I mean by the "immunization enterprise?" I mean all of that array of skills and talents that result in the elimination of vaccine-preventable disease. I mean the public sector, for example you in local, state and Federal government service; I mean the private sector, for example the health care practitioners of the private sector, and my colleagues in the vaccine companies; and I mean non-profit advocacy groups, for wonderful example the Immunization Action Coalition.

I want to discuss four perspectives from where I now sit which, woven together, frame a challenge for all of us in public, and private, and non-profit health:

1) First, evident to all of us in the "immunization enterprise" are the successes of the last decade. They have been remarkable. They aren't yet what they can be—measles as well as polio, and chicken pox for that matter are eradicable--but we can be proud of the accomplishments.

2) The participants in the "enterprise" are highly interdependent: public, private and non-profit (the advocacy groups are crucial to our cause).

3) The "enterprise" is fragile. There are divisions among the participants, especially on how vaccines as a social good should be priced and distributed. Unfortunately the divide is too often *ad hominem,* complicating the fragility.

4) In the present era of emotional attack by persons opposed to immunization—those we call the "anti-vaccine movement"--the fragile "enterprise" is in danger of splintering.

I will weave those four together, beginning with our common paradox. It is a paradox that our future success is threatened by our present success. Today the number of reports of adverse events following immunization—causal or not—exceeds the number of disease reports. The vast majority of the reported associations are not causal. But, in fact, vaccines are not perfect and probably never will be, though they are they are as safe or safer than any other intervention in all of health care, certainly so in a balance with the societal and personal benefit gained.

Immunization seems increasingly irrelevant to parents who have never experienced the the prevented illnesses. Immunization is a ripe explanation for tragedies for which science has not yet unearthed convincing cause, the most salient example being autism. The paradox—more reported AEs than diseases becomes fodder for aggrieved parents who seek explanations; for producers of TV documentaries; for purveyors of misleading and even scurrilous web sites; for an evangelistic UK general surgeon (Mr. Wakefield); and for more than one—blank—congressman (you supply the adjective).

I used the phrase “Evil Empire” mostly facetiously, but I have a purpose. “Evil Empire” conjures an image. You remember that President Reagan used the phrase and therewith enhanced an image among Americans of the Soviet Union. Some people suggest the image helped hasten the fall of the wall and the end of the Soviet Union. Personally I think that’s nonsense. Nevertheless Reagan’s “Evil Empire” image did contain some truth, but it miss-characterized the whole truth. I believe it widened the divide of misunderstanding and mutual disrespect between two nations.

Such is the divide of disdain and mutual miss-characterization that too often exists between SOME in the private sector and SOME in the public sector. The mutual miss-characterizations go something like this (perhaps a bit overstated): from the private side, about public sector employees: indecisive, reactive, slow, politically influenced, non-strategic. From the public about the private: profit-driven, greedy, little understanding and less compassion about the needs of the less fortunate.

From where I stand, with a foot on both sides of the divide, I see that the miss-characterizations and the divide :

a) are mostly wrong;
b) are hurtful to the goal of disease elimination; and
c) are being leveraged by people such as the aforementioned politicians;

All to the detriment of effective collaboration and the immunization of children.

Incidentally, President Reagan was quite a phrase-maker, but sometimes his tray table was not fully upright and locked. You remember the time Reagan said that trees cause more pollution than do automobiles. The day after that curious statement Reagan was at Claremont College (I think it was there) to give a speech. Graduate students had hung a sign on a big fir tree outside of the auditorium. The sign read: ”Cut me down before I kill again.”

I want to offer some perspectives from astride the divide. First, having nothing to do specifically with being at Merck, is the joy of being involved with this immunization “enterprise”. Immunization is probably unmatched in societal consensus, even today with the doubts expressed in anti-vaccine circles. Can

you name many other efforts that we undertake as a society about which there is a consensus comparable to childhood immunization? Furthermore, think of an enterprise in which the results have been so remarkable, at home and globally. You know the stories, and even the names: Ali Mauw Maalin, the young man from Somalia who was the last naturally transmitted case of smallpox on Earth, October 1977; Luis Fermin Tennorio, the boy in Peru who was the last case of polio due to wild virus in the Western Hemisphere, 1991. You know the measles case count here in the US: in three full years—1998-2000—there were 281 cases of measles—probably all connected to imported virus. *Haemophilus influenza* B: the pediatric resident on emergency room duty today may never see a case. Hepatitis A: last year the lowest case count ever in the U.S. Of particular interest to us is Maricopa County (Phoenix) Arizona, where our donation of Vaqta® helped them get underway with their day care immunization requirement. The hepatitis A incidence last year was one-tenth of their historic average.

Especially fascinating, because I didn't expect it, is what is happening with chicken pox. Where 2 year old vaccination rates have reached 60% or so, as in the CDC's three surveillance sites, there is evidence of herd immunity, with markedly reduced disease incidence in ALL age groups, NOT just those receiving Varivax®. This creates a challenging scenario, of course: being created is a cohort of children who not yet subject to school attendance requirements and for other reasons have not been immunized are now growing older without either chicken pox illness or vaccination. We do need to think hard about the consequences of this changing epidemiology of chicken pox. It is very gratifying to see herd immunity in action as chicken pox decreases among these children.

In sum, about the immunization enterprise, we are doing fine, as in this story: A farmer had been involved in an auto accident. He was in court, being drilled by the attorney for the other side. The attorney asked him: After the crash, when the state trooper spoke with you, did you say "I feel fine"? The farmer replied. "Yes I did say that." "Well," the attorney said, "then how can you sue for damages?" "Look" the farmer said, "I'm driving down the road in my pickup truck with my cow in the back. Your client came across the center strip, hit me broadside and both my cow and I went flying into the ditch, hurt real bad. The state trooper arrived at the scene, looked at my cow and said "This cow is in terrible shape." He took out his revolver and shot my cow right between the eyes. He then came over to me and said, "How do you feel sir?" I said, I feel fine."

It is tremendously rewarding to be deeply involved with a wonderful mission and enterprise, and one that has done just fine.

Now to the divide, the miss-characterizations. I am gratified by what I see in the Merck Vaccine Division (MVD). Since the mid-1990s MVD has become more and more involved with the public sector as an important customer and partner. As my colleagues have increasingly interacted with you and your immunization

colleagues, it has been music to hear them say, often with unconcealed surprise, "My goodness, those people are amazing. They have to put up with so much, but they are so committed, and so appreciative when we can help them out." Familiarity has bred great respect. There is rarely heard a disparaging word at MVD about the immunization public sector.

What about your picture of us in the "Evil Empire." I'll describe Merck so while you might have your salt shakers in hand, I want to comment on quality and ethic. I have found the most remarkable excellence in science. Merck—largely a result of the genius of Maurice Hilleman from the late 50's through the 80s—discovered and/or developed many of the vaccines that today make your lives as state epidemiologists different from my life as a state epidemiologist in the 70s. One story about Maurice Hilleman: Through the CDC Foundation we have endowed a lecture at the annual National Immunization Conference named after Maurice's daughter, Jeryl Lynn. (Jeryl as you probably was the source of the mumps virus that is in the mumps vaccine today.) The first Jeryl Lynn Hilleman award recipient and lecturer was our universally admired friend Bill Foege. Bill paid a tribute to Maurice Hilleman that takes my breath away every time I think about it: Bill said: "This man's footprint is on the genome of half of the people on this globe."

(Here the the vaccines, in a plexiglass block. Bill Clinton, on the last day of the millennium (depending on how much of a purist you are), December 31, 1999, at the White House, placed this into a time capsule as the representation of health accomplishments of the 20th Century. Maurice was present at the ceremony.

In parallel with excellence in laboratory science is excellence in epidemiology. There are superb epidemiological skills in virtually every area of the company: Outcomes Research and Management; Worldwide Safety; clinical research; regulatory affairs, and yes, pure Epidemiology, under Harry Guess whom some of you know. It was only this year with the 50th anniversary celebrations of the EIS that I realized we have nine EIS alumni at Merck, eight of whom are involved directly or tangentially with vaccines and immunization. Some of you will know some of them: Steve Teutsch, Walter Straus, Penny Adcock Heaton, Karen Kaplan, Stan Music, Bob Sharrar, Al Saah and Susan Manoff.

Without question the single most gratifying element of this experience in the private sector is that I find myself in as ethical environment as I have ever known. In no other place have I heard so often the question, "What is the right thing to do." I wish I could elaborate on all the evidence for this. On Monday I interviewed a promising candidate, from academia, for a vaccine regulatory position. I asked what had been her impressions from the several other "Merckees" with whom she had interviewed. She said there had been one constant: every person had noted, with pride, the Merck ethic. Believe me, I could go on. I think of my colleague Bob Sharrar, EIS alum and city

epidemiologist for 17 years in Philadelphia. Bob says that Merck has a higher ethic than anywhere he has ever been. Stan Music says the same thing.

So, I find myself in a very satisfying place of scientific excellence and high ethic, not really a place that deserves being thought of as an "Evil Empire."

It would be foolish to deny that there are, in fact, widely divergent views of the roles of the private and public sectors which tend to drive the sectors apart, , especially in health care. A mutual friend of Richard Hoffman's and mine in Denver once said: "There should be no profit in health care." Hmmm... There are indeed significant philosophical differences about how we organize and pay for health care in the U.S. But I don't want to let that cat out of the bag tonight. My message is a simpler one: whatever differences we have in ideas or philosophy it is paramount, especially in the face of accusations from the anti-vaccine movement, that we not belittle motives, that we respect integrity, and that we treasure the common mission we share.

Speaking of cats. Beulah and Maude were two spinsters living together, with Maude's female cat. Both had a morbid fear of males, and both avoided males almost at all costs. Maude would not even let her cat out of the house for fear that she would meet a male of the species. Inexplicably, at the supermarket one day Maude met a man. One thing led t'nother and they were married and off on a honeymoon. Before Maude left, Beulah insisted that she send a postcard. Well, the postcard arrived. It said, "Dear Beulah, Let the cat out."

So, in the 90s the "enterprise" has done well, with much good collaboration. But recent events are ominous. Scientists from the vaccine companies have, until recently, been members of working subcommittees of the ACIP. No longer. An example: last week I learned of an ACIP working group on rotavirus vaccine for later this month. I wrote John Modlin, the ACIP Chairman (and successor to Jeff Davis) that one or more of our scientists would like to sit in. The reason is that Merck has a major rotavirus vaccine program. We are just launching a very large clinical trial with statistical power to rule out intusseception as a complication. John was constrained to remind me, much against his own instincts of how things should work, that industry scientists can no longer be members of such working groups.

No longer can Bruce Gellin's National Network for Immunization Information, or Neal Halsey's Center for Vaccine Safety at Hopkins, or Paul Offit's Vaccine Education Center at CHOP accept grant support—carefully and genuinely unrestricted--from us. This is a necessary response--to a wrong environment. Institute of Medicine committees on vaccine safety until recently could include pre-eminent vaccinologists who may have collaborated with vaccine company scientists or served as members of CDC or FDA advisory committees. Not on the current IOM Vaccine Safety Committee. This is a necessary response--to a

wrong environment. To a meeting on M-M-R® and autism, the CDC would invite the highly credible epidemiologist of the vaccine company most involved in the issue (Bob Sharrar from Merck), but no longer. This is a necessary response—to a wrong environment.

What has happened? Why has the public sector become fearful of collaboration? Certainly not because of any change in the integrity of those on the private side or the public health practitioners.

What indeed has happened? Organizations with seductive names like "National Vaccine Information Center" publish disingenuous materials and web sites, and a congressman sensationalizes alleged vaccine/disease associations, while subpoenaing travel and meeting files of CDC staff and even IOM committee members. Good science has momentarily lost the primary voice. The private/ public chasm is widened.

In the end, good science will come. Whether hepatitis and multiple sclerosis, or measles and inflammatory bowel disease, or M-M-R® and autism, or early immunizations and diabetes, good science will come, and is coming. But mark my words, in the absence of a frightening return of epidemic disease—another 1989-91 measles epidemic—and as long as the immunization enterprise can hold on and successfully immunize our children, we will continue to be challenged by the paradox—more reported Aes than than reported disease. For those of us who are partners in this fragile enterprise, it is imperative that we respect our intellectual and philosophical differences, but also respect our partners' motivations, ethics and integrity. Above all, it is imperative that we treasure our common mission to eliminate the childhood vaccine preventable diseases.

I have talked too long. I'm thankful there are no barbershops open at this hour. Best wishes to all of you in your leadership, and thank you for the honor of being with you and joining you in remembering Jonathan Mann.