Q&A with Dr. Ashish K. Jha, New Dean of the Brown School of Public Health

MARY KORR
RIMJ MANAGING EDITOR

Today, September 1, **ASHISH K. JHA, MD, MPH,** assumes the leadership of the Brown University School of Public Health as Dean. He most recently served as Director of the Harvard Global Health Institute, K.T. Li Professor of Global Health at the Harvard T.H. Chan School of Public Health, and is a Professor of Medicine at Harvard Medical School and a practicing internist at the V.A. Boston Healthcare System.

Dr. Jha will be the third person to hold this position, selected after a national search. He succeeds Bess H. Marcus, PhD, who announced in December 2019 she would be stepping down from the position to resume fulltime research and teaching.

The School opened in 2013 under the leadership of Terrie "Fox" Wetle, PhD. It was accredited in 2016 during her tenure, and now has approximately 250 faculty members and 400 undergraduate and graduate students and more than a dozen research centers.

In an effort to introduce Dr. Jha to RIMJ readers, the editors and several physicians compiled the following questions for his response on a host of issues – from his early influences, to public health during the pandemic, and last but not least, given the theme of this issue is sports medicine – a question about the New England Patriots!

RIMJ: You came to this country as a child, born in India and immigrating with your family to Canada and then the US. The immigrant experience is formative and often a powerful one. Can you describe its impact on your own life and your career in medicine and public health?

DR. JHA: My immigrant experience shaped my path toward a career in medicine and public health deeply. Growing up, I was often excluded from opportunities, treated as an outsider. So over time, as I have come into more leadership positions, I have made creating an inclusive environment a central part of my mission. I believe that, as the old saying goes, talent is evenly distributed but opportunity is not. It is critical for leaders to create opportunities for those who do not readily have them.

RIMJ: You are assuming the leadership at the Brown School of Public Health during a pandemic. What are your top priorities as you begin your new position in a time of crisis, when you have to address current conditions yet keep an eye to the future?

DR. JHA: There has never been a more difficult set of challenges facing public health – but also, a greater set of opportunities. We often say in public health that you never notice our successes. You never notice when the air is clear, when the water isn't contaminated, when a disease outbreak isn't happening. But this moment, when our nation's long-standing under-investment in public health has laid bare the importance of public health, it has, for me, raised several key priorities for Brown SPH.

First, we must create a deep and concerted effort to prevent and more effectively respond to pandemics. I do believe that this will be an important area of work.

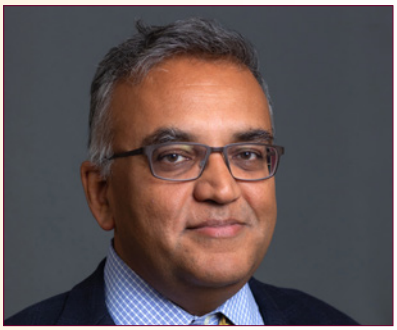

PHOTO COURTESY OF HARVARD GLOBAL HEALTH INSTITUTE

Brief Bio: Ashish K. Jha, MD, MPH

EDUCATION/TRAINING

MPH, Harvard School of Public Health, 2004

MD, Harvard Medical School, 1997

AB, Economics, Columbia College, 1992

Fellow, Internal Medicine, Brigham & Women's Hospital, Harvard Medical School, 2002–2004

Chief Resident, University of California, San Francisco, 2000–2001

Resident, University of California, San Francisco, 1997–2000

LEADERSHIP

Member, Institute of Medicine (IOM) at the National Academies of Sciences, Engineering, and Medicine, 2013

Special assistant to the Secretary, Department of Veterans Affairs, 2009– 2013

RESEARCH AREAS

Improving the quality of health care systems with a specialized focus on how national policies impact care, population health.

Co-chaired an international commission on the global response to the 2014 Ebola outbreak in West Africa, and examining/developing strategies to strengthen pandemic preparedness and response.

Written extensively on the roles of international agencies such as the WHO and how they can be made more effective in ID outbreaks, such as Ebola, Zika and now SARS-CoV-2.

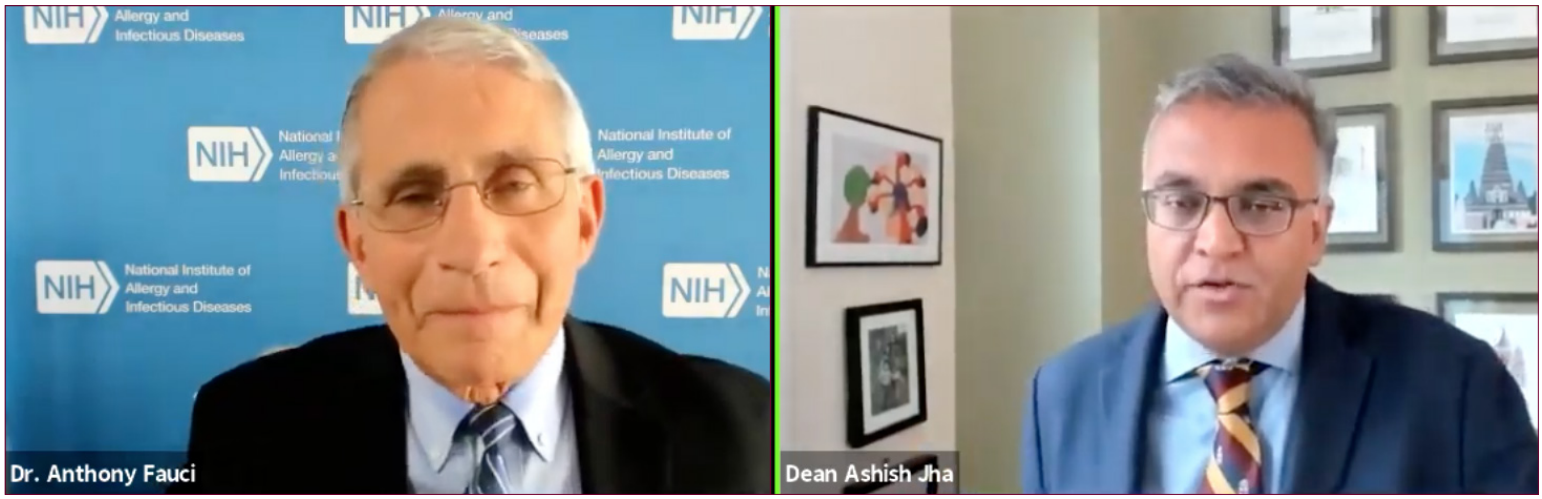

PHOTO: RIMJ

In a virtual forum hosted by the Brown University School of Public Health on Aug. 7th, **Dr. Anthony Fauci**, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, joined **Dr. Ashish K. Jha** to address the challenges public health leaders face in addressing the pandemic. Several thousand joined the session and Q&A which followed. It can be viewed here: https://www.brown.edu/news/2020-08-07/fauci-sph

Second, climate change, which is accelerating disease outbreaks, is going to have a profound impact on the health of the world, including right here in Rhode Island. I believe Brown is uniquely poised to lead that effort.

Third, it is clear to me that the health care systems of Rhode Island are undergoing profound changes. In that light, this is a unique opportunity to make Rhode Island a model for how tying together clinical, public health, and other forms of data can profoundly improve the health of the people of this state. And Brown University is the natural partner for that. So, I see a big push towards data science at the university with a key role for the public health school.

Finally, I think it is critical that we as a school directly address the systemic racism that plagues our nation. There are many facets of that work but creating a greater level of diversity and ensuring a more inclusive environment are critical to that. More on that to come.

RIMJ: Given the recent *Nature Medicine* articles suggesting the resolution of neutralizing antibodies within the early convalescent phase, do you think COVID-19 will remain an epidemic/pandemic for the foreseeable future (3–5 years)?

[Long, Q., Tang, X., Shi, Q et al. Clinical and immunological assessment of asymptomatic SARS-CoV-2 infections. *Nat Med* (2020). https://doi.org/10.1038/s41591-020-0965-6]

DR. JHA: While this is an important study, I don't think that it tells us that immunity will wane quickly. All of the evidence so far suggests that there is also an important cellular immune response to SARS-CoV-2 and in many diseases, antibody levels can wane but rise up again when confronted with the pathogen.

We are 7 months into this outbreak and have not seen many convincing cases of re-infections. I remain hopeful that immunity will last long enough that a vaccine can be a feasible approach to raising population immunity and bringing the outbreak under control, ideally sometime in 2021.

RIMJ: How much time do you think will be required to assure a fair modicum of safety for a COVID-19 vaccine and what sort of risks can be "reasonably" accepted with each shortening of a testing period during the clinical trials and what sort of risks can be "reasonably inferred," if any, to a vaccine, from the characteristics of the virus or the vaccine?

DR. JHA: The most optimistic estimates are that it will take 12 more months to develop a vaccine. Obviously, speed is important here, but safety is just as important. As we enter phase 3 trials, I will be paying close attention to things like antibody-mediated disease enhancement and other effects. I suspect we will have reasonably good safety data within about 6 months. Obviously, it will not be long-term data – for that, we will have to wait years, but given that the disease is killing so many Americans and people around the world, my hope is that by the end of 2020, we will have the kind of data we need to feel comfortable getting vaccinated.

RIMJ: If/when a vaccine or vaccines are available for large-scale public uses, what are likely to be major barriers to uptake? Do you think there will be those who refuse to be vaccinated? (E.g., science deniers, mistrust of government, conspiracy theories, vaccine unsafe/rushed/won't work?)

DR. JHA: Anti-vaccine sentiment will definitely be a barrier to uptake. Some of the polls have shown about 20–25% of Americans would not want to get a SARS-CoV-2 vaccine so that will be a barrier. Public health officials will have to think about effective messaging around the vaccine, including being transparent

and open with people about what the vaccine data does and does not show. Equitable distribution, both domestically and globally, will also be an important issue to confront. We have to do some advance planning – and organizations like the WHO and others are working hard to ensure that the vaccine is able to get out to much of the world, and not just to those who are wealthy in wealthy nations.

RIMJ: Why do you think a percentage of Americans are unwilling to accept scientific principles and observations and is this different than in other countries?
DR. JHA: There are science skeptics in other nations too – but the sheer amount of misinformation, spread through Facebook and other social media channels, is profound and deeply disturbing here. Also, in many other nations, that misinformation is largely ignored by political leaders, whereas, in the US, many political leaders use and amplify that misinformation.

RIMJ: For many physicians the pandemic has provided an opportunity to speak about public health, but there are growing concerns that people are "over" the pandemic. There has also been a backlash against public health officials advocating for safety measures such as wearing masks, social distancing, and phased-in re-openings. How can we continue to hold interest in public health issues and remain part of the public conversation about health and policy?
DR. JHA: I appreciate "quarantine fatigue" – and it's true that there are considerable economic and mental health effects of the public health measures we have taken. I do believe that at this point, we don't need total lockdowns and instead, need nuanced approaches, acknowledging side effects.

I think physicians as public health advocates are uniquely situated to deliver this information. We deal with uncertainty and trade-offs all day in clinics and wards. But uncertainty does not paralyze us – we know that as clinicians, we still have to act.

The patient is the population struck by and susceptible to COVID-19. We need to communicate openly and honestly about what we know, what we don't know, and how to get through the next year in a way that maximizes health while preserving livelihoods.

RIMJ: What would you like to see change in medicine to improve inclusiveness in light of the recent national conversation surrounding dismantling racism and what do you see as the biggest opportunity as we reimagine medicine after the pandemic? (E.g., focus on mental health, housing for homeless individuals, more efficient and widespread public health screening, telehealth, overcoming structural inequities in the healthcare system that disproportionately affects marginalized and minority communities, as data has shown in the current COVID-19 crisis.)
DR. JHA: There are so many opportunities here. The recent national conversation around racial justice, combined with the pandemic, has left the door wide open for critical and necessary reforms. We need more medical and public health professionals from underrepresented groups – we need to make changes to the pre-health pipeline to bring in underrepresented minorities, and we need to build an environment in academic medicine that makes people feel included in a way that creates belonging.

There are many strategies. Training is one important one, but it is not enough. We need greater diversity in our leadership, and we need to speak openly about policies that directly harm our patients. These are natural roles for physicians – as advocates for their patients – and I believe we can and should engage in those discussions.

RIMJ: What do you feel will be the most reasonable approach toward mitigating viral transmission while providing a proper education at the university and K–12 level? Remote learning was useful, but not deemed to be adequate in the long term by most educators.
DR. JHA: I'm a big believer in getting schools open. It's good for kids; it's good for parents. But we have to be smart about it. First, we need to ensure that we open up schools only when community transmission is low enough to warrant it. Second, we need to make important changes to the spaces where people will be – classrooms, hallways, etc., focusing on better ventilation and so forth. Finally, we need to ensure we have some sort of a surveillance strategy, ideally, with testing. If we base our decision on data and science, I believe in many parts of the country, we can get schools open safely for much of the academic year ahead.

RIMJ: And finally, how do you think the Patriots will do without Tom Brady?
DR. JHA: This is a provocative and upsetting question. To lose the greatest quarterback is painful – to have him gone in the middle of the pandemic is awful. Now we get to figure out what the magic formula was – was it Belichick, Brady, or the combination? Sadly, I suspect it was the combination and we will be in the wilderness hunting for the next Lombardi trophy for some years to come. ❖