Transcript — Spotlight: Taison Bell

I'm Taison Bell. I'm an assistant professor here at the University of Virginia, department of pulmonary and critical care and infectious disease. And for the last two years, until very recently, I was also the director of the medical ICU where we were taking care of covid patients.

Q: What has changed over the past year of the pandemic?

I think the main difference is the public's attitude toward covid has changed over the course of the past year. There is just a lot more top-down urgency. There were, of course, people who were downplaying it from the beginning, but they were more or less a minority or a marginalized sort of part of the discourse. And now I think the people who really want to move on and kind of say “this is over,” I think that contingency has grown. And that's made it much more frustrating for people that continue to be high-risk, even those who may have been vaccinated and boosted. We're still admitting people who have had organ transplants or stem cell transplants who are doing all that they can, but they're still getting sick. And a lot of that is being driven by infections that are now not seen as a big of a problem as it was before. And I think contributing to that is sometimes government officials giving that same sort of message, too, like we are past the worst of this, which … that may be true, but it's discounting people that are still remaining high-risk. And, of course, we still have 20 million kids who haven't had a chance to be vaccinated. And my daughter's one of those — very frustrating for parents at this point, too, because there's a sense that everyone else has moved on and you still have the same sorts of struggles that you had a year ago. So I would say that's the main difference. Of course, we also have more therapeutics as well, so we have better treatment options for people, especially when it comes to trying to prevent people from getting sick and going to the hospital. So the landscape has improved in that regard, but the frustration still continues.

Q: How does health equity fit into the conversation?

Getting equitable health care, especially into communities that have low resources, that continues to be a problem, as it was before the pandemic and will likely continue afterward. One thing that has been a concerning vein of the equity conversation has been the backlash to it. I think the example of the “test-to-treat” protocols, when there was a lot of talk about trying to prioritize areas that were harder hit by covid, there was some backlash to groups saying, “You're prioritizing Black and brown people over white folks.” And that's a fundamental misunderstanding of targeting the problem areas in the first place. So it's more of planning to proactively target what you're seeing and try to prevent a bad outcome in a high-risk group, rather than trying to prioritize one racial group over another. And I think when it gets boiled down into this sort of Black-and-white dichotomy, I think it suffers because it's hard to get the true message out that this is us correcting something that has already happened. It's not us trying to proactively give preference to one group over another, and communities that are under-resourced or under-resourced for a reason. Less doctors per capita. Less hospitals per capita. Less resources per capita. Less pharmacies. And so you really have to plan strategically

how you're going to respond to crises when they emerge. And one of those ways is by trying to prioritize getting resources into these communities.

Q: What about masking for those who are high-risk?

And when you walk into a space where it's very uncommon to see people wearing masks now, that does represent a risk. And I think one of the messages, that if you're high-risk, you can just upgrade your mask — it's a little shortsighted because it doesn't take into account how specialized the mask can be. For health care workers, when we're wearing an N95, we actually have to go get it certified, which means we have to do a 20-minute-or-so test where we're bending up and down and they're spraying like a noxious spray in our faces to make sure that we don't actually inhale it and the mask fits properly. The regular public can't do something like that. And so you're putting faith in a mask that hasn't been necessarily properly fitted and may not be the best fit, which means that it's not as effective as the number on the mask would indicate. So I think there's still group-level work that we should do to keep the virus circulation under control. It's just not — we're just not holding that view as much. And I think that's disappointing.