Interview with Zev Goldberg

Name: Zev Goldberg
Position: Public Health Intern at the Saving Lives Initiative at the University of Alabama
Organization: the University of Alabama // Partnered with 8 different churches that help give out information. The goal is to promote health in communities of faith in Tuscaloosa, Hale, and Green county

1. When did you apply for the internship? How did you hear about it?
    a. Applied in March 2020 and heard back in late April. By then, it was focused on COVID. Without COVID, it would be lifestyle based. Interested in COVID research already, and wanted to be able to do something. A professor recommended the interview for the position.
2. Are you still working at the internship?
    a. Yes. Will most likely continue to do research until senior year. Junior now
3. Why did the position interest you?
    a. Everything else was canceled because of COVID, so this one was a good bet. Really wanted to be able to help. Most classes had covered to an extent but learned a lot on the job.
4. Are there other students in the same position as you?
    a. Graduate intern, but he is the only undergrad intern
5. When did you start?
    a. Started June 1
6. Do you think you are more conscious of your actions because you work there?
    a. Job made you take it more seriously. Realized why it mattered
7. What is the most surprising thing you have learned?
    a. Shocked at the Alabama Department of Health's lack of competency of collecting simple data. Puts them back and there's not much they can do. CDC sent a data team to help, but for a long time they couldn't publish information on time
8. Do you have access to classified information?
    a. Sometimes he gets information before other people

9. What do you do on a day-to-day basis?
    a. Work on social media, find health resources, plan events with the churches, analyze data so he can explain situations,
    b. @savinglivesphysicallyandspiritually
10. What is herd immunity?
    a. A level of protective immunity within a population that slows the spread of a disease
    b. Enough people who can not get sick so that people won't transmit it as rapidly
    c. Burning down a forest, if there's a bunch of trees already burned it cant spread as quickly
        i. Don't want to reach herd immunity by getting the entire herd sick
    d. So many unknowns with COVID that we don't know the herd immunity (some say 20% and some say 70%)
    e. At 20% the spread of the virus slows a lot
        i. He thinks its closer to 50-70%
11. When do you think COVID will be over?
    a.
12. Will we wear masks forever?
    a. Current guidelines of social distancing and mask-wearing will continue until there is an effective vaccine
    b. Prediction: football fans in games, not social distancing in late 2021 (masks or not unsure)
    c. Widespread vaccine by the middle of 2021
    d. Masks will stick around, but social distancing has a lot of high costs that masks don't
13. How can we stay safe during this time?
    a. Wear a mask. It used to be necessary to completely quarantine, but now that we have the ability to do massive testing

        i. Therapeutics: drugs that lessen the amount of time you have to stay in the hospital and less chance of dying (similar to steroids, kick start a better immune recovery)

14. How is COVID primarily spread?
    a. The consensus is likely that it is airborne especially in places pf low ventilation (droplets face to face)
15. How do you think the government has handled the situation?
    a. Poorly. Also, a hard situation to handle.
16. If it were March 11 and COVID wasn't "real" yet, what would you do differently?
    a. Pushed people harder to wear masks, especially once there were enough for healthcare professionals. Massive surveillance testing of nursing homes (old people and workers)
    b. First 6 weeks, people limited outings
    c. Visited Chicago, noticed people cared more in Chicago. More willing to wear masks and social distance.
17. Why do people get different symptoms?
    a. Not sure why some people have such a bad immune response to it.
        i. Innate and adaptive immunity
        ii. Most viruses have an innate response that try to block the virus and succeed to an extent. With severe COVID cases, there is limited T-cell response and enhanced cytosine response even though it's supposed to stop
    b. Estimated that 50 million Americans have been infected with COVID. Things that aren't very frequent appear a lot. 1% is still 50,000 people so uncommon stuff shows up all the time
    c. Able to replicate in the heart and the brain and something like the flu cant
    d. A lot of people end up with heart inflammation, but its possible that a lot of other infections do too
    e. Novel: a new disease in which there is no built-in immunity within the population
18. Is it true that blood type affects who gets COVID and who doesn't?

    a. Some studies say yes and some say no
19. Can asymptomatic people still spread COVID?
    a. Yes to the best of our understanding
20. Are there truly different strands or does it just affect people differently?
    a. There have been minor mutations but as of right now there are no mutations that cause a difference in the disease course
    b. Mutates much slower than other viruses as of right now
21. If I am asymptomatic and give you COVID, is there a possibility that you will be symptomatic?
    a. Yes, just as high of a chance
22. Now that more information has come out, what types of things are you continuing to research and learn?
    a. Still doing a lot of research on how durable the immune response is
    b. What co-morbidity most impact the course of COVID within each person
        i. Hypertension and diabetes
23. The main thing he would say is we should not have a government response that is based on herd immunity for a number of reasons, but mainly we don't have a good mechanism for protecting vulnerable people. The possibility there are long term effects so not a good idea to risk health for hundreds of millions of individuals for something that may not work
    a. Herd immunity sounds like an easy way out but it will cause death on a scale that we don't even want to consider