

Kris Ehresmann, RN, MPH,
and Ruth Lynfield, MD

IN THE public health hot seat



*Ruth Lynfield,
MD*



*Kris Ehresmann,
RN, MPH*

Since the start of the COVID-19 pandemic, Kris Ehresmann, RN, MPH and Ruth Lynfield, MD, have become two of the most prominent faces of public health in Minnesota. Both are veteran public health leaders in the Minnesota Department of Health (MDH). Lynfield, a pediatric infectious disease physician, serves as state epidemiologist and medical director, while Ehresmann, is director of the Infectious Disease Epidemiology, Prevention, and Control Division.

During the nearly two-year crisis—and counting—Ehresmann and Lynfield have played central roles at countless news conferences and public forums about the state's pandemic response. They are called on regularly to dispense information about COVID, transmission, infection prevention, masking, vaccines, variants, and more to health care audiences and the public. In an interview with Minnesota Medicine this fall, they discussed being thrust in the spotlight, restoring public trust, lessons learned from the pandemic and how it might end.

In looking at the state's pandemic response, what strategies have been most effective?

EHRESMANN: Our work on case investigation and contact tracing, looking for outbreaks and the whole genome sequencing done by our public health laboratory, the data that we've been able to collect, share, and use for decision-making—in those areas we have been successful. The vaccination roll-out and the work that has been done to make sure that vaccines are widely available has been amazing. What has been a challenge has been that the landscape has really changed over the last year. We're in a very different place with the public. The public view of the pandemic, the politicization of the pandemic, those things have made what we need to do really difficult.

LYNFIELD: In terms of success, we have been working for many years with partners in the clinical community and the local public health community. Those relationships and partnerships have been so important over the course of the pandemic. Working with MMA, MHA and the infectious disease and other clinicians and infection preventionists—it's been critical to have those partnerships and those with local public health, especially when we have a brand-new disease with a lot of unknowns and recommendations that are evolving. It has been so important to work together and be able to refine our guidance, refine our approaches and be in very close touch with those who are on the ground.

When have those partnerships been especially important?

LYNFIELD: When the pandemic first started and there were outbreaks in long-term care, we had to have a good understanding of what was happening there, their access to PPE and their understanding of infection prevention. It's one thing to put out guidance but it's another to understand where people are at, and what tools they have. So, we did work really closely with partners in long-term care to learn what was happening. We got a better

understanding of transmission occurring when people were pre-symptomatic and how quickly it can spread in that setting. We got a better understanding of the need to help people with PPE and donning and doffing and getting access to appropriate PPE. We also had an understanding of the trauma that people working in long-term care were experiencing, and that the residents and their families were experiencing. When Kris was talking about the politicization of the response, that's why it's so hard because we really do need the whole community to work together and to be going forward in the same direction.

How do you overcome this politicization?

EHRESMANN: It is difficult. Ruth and I are career scientists with MDH and are dedicated to working for the public's health. It has been agonizing to watch how politics have played into the public health response with this pandemic, and the vitriol that has emerged. Neither of us is in a politically appointed position. We have tried to emphasize that, and we've tried to lead with the data and the science.

LYNFIELD: MDH is all about partnerships, partnering with people in the community to get the messages out and have staff ensure that they are connecting with trusted leaders in the community to be sure they understand the information. We really try to get out there in the community. Kris does multiple media calls and makes herself totally available to explain things and to be sure that the information and recommendations can get out there and be understood. But it is very hard. As Kris was articulating, we are in a polarized environment, people are traumatized, they are tired and there are many people who have been impacted by this in so many ways. I think we have lost some of the cohesiveness of our communities and we still have a lot to do to get people back together.

How has this pandemic been different from other disease outbreaks?

EHRESMANN: In a meeting last week, Mike Osterholm was asked about the Mankato meningitis outbreak [in 1995] and what we can learn from that experience that we could translate to the current day. He said "absolutely nothing." The world is so different, and there is a lack of community cohesiveness and support for the pandemic response. Then, there was unity and the community came together.

One of the things we've been asked about is COVID-19 disease in schools and the lack of implementation of public health guidance by districts. MDH has the isolation and quarantine statute that can be used to enforce certain public health guidelines, but we have never used it in my 32 years with the agency. We never had to. In the past, if we had a measles outbreak in a school, or tuberculosis, we worked with the school. We would say, "This is the public health guidance. This is what needs to happen." We worked with the schools on what should be done, and they would follow our guidance. Now, not only are they not following guidance, many are actively not cooperating. The schools are the most vigorous embodiment of what's happened with COVID. Never have we had so much public pushback or outcry for things we've had to do. To be fair, we never shut down the state quite like happened in this situation. In the past, there was never that level of anger or animosity on the part of the public like we've seen now.

Have there been other differences during COVID?

LYNFIELD: What also has been different is the impact of social media. People are not necessarily turning to us or to the CDC or traditional places for public health information, and that has been a challenge. Also, there have been reports in the media on the toll the pandemic has taken on healthcare workers and on public health workers. There was a survey published in July for the MMWR [*Morbidity and Mortality Report* issued by the CDC] on public health workers at the state

and local level in the United States. There were approximately 26,000 people who responded and they had very high rates of post-traumatic stress disorder as well as depression and anxiety. This response has been different. We get angry messages left on our voicemail and angry emails. There have been news reports about public health leaders who have had people protesting outside their house or who are pushing them to resign. This extent of this rage has been unheard of for public health workers during our careers. The person who goes into public health typically wants to be off the radar and is just trying to make a difference in improving the health of people and communities, so the public anger has been quite traumatic for many people.

EHRESMANN: When you think about what the pandemic has represented in terms of workload and decision-making and all that goes into responding to the pandemic itself, that's overwhelming and exhausting. And then you add to that people questioning you, saying that you're "evil" for doing the best you can in your job. That is difficult. You do the right thing to the best of your ability, and you're vilified by the public. That is what leads to what Ruth is saying about depression and PTSD. It's been a really, really tough year.

What has that been like for you personally?

EHRESMANN: I can say that it's been a very interesting experience. On the one hand, I've gotten just hideous hate mail from people that I don't even know. It's awful. On the other hand, I've gotten kind thank-you notes from people that I don't know, which has been so wonderfully encouraging! I can understand sometimes when people who don't know me—I'm just a face on a screen, a bureaucrat—decide they don't like what I have to say and don't trust me. But the hardest for me has been when people close to me don't believe in COVID or don't want to get vaccinated. They know my integrity, but they don't trust me.

What has kept you going during this time?

EHRESMANN: Not to be Pollyanna, but there have been some really good things that have come out of the pandemic. Both Ruth and I would say that when we look at the team and the amazing work they have done and how they just keep coming back, despite how hard it is, that's quite inspirational. When everything started and we needed more and more staff, we brought in staff from across the agency. It has really been a blessing to get to know these people who joined the team—they been phenomenal. Those things are really heartening and really positive.

LYNFIELD: If you just look at the amount of science and knowledge that has been gained over the last 18-plus months—it has been amazing. It hasn't even been two years since the virus was identified and we have safe and effective vaccines. We have learned a lot about treatment of these patients. We have learned a lot about prevention. A lot of people globally have come together and worked on this. And, we are so inspired by the dedication of colleagues across the department and the dedication of our partners.

How do you get respite from the stress?

EHRESMANN: I will say my family, husband and dog have all been really significant supports. It is hard to get respite because COVID never lets up. We only stopped doing daily reports in mid-July, and every day is a long, long day. Weekends are better now, but the demands have not necessarily slowed down. And I moved in the middle of this. We sold a house, built one—things we had committed to before the pandemic. I wouldn't have committed to that had I known what was coming.

LYNFIELD: My family and co-workers. We really hold each other up. Particularly as the pandemic kept going, we found it was so important for people's morale and their ability to keep working if they

could have a little bit of protected time off. That has become very important, and we encourage people to take time off here and there to be able to recharge. I find it's very therapeutic to go out in nature, take a walk, get a little perspective. I've got a wonderful family that has been enormously supportive—and we got a puppy last year. He is a great distraction!

What are some lessons you have learned from this pandemic that might apply to future public health crises?

LYNFIELD: As a general approach, to understand that it could go on for a long time. Learning to pace yourself and your colleagues and to be patient. And to communicate better in the beginning, that we're not going to know everything about how things are going to unfold, and that we are going to learn more along the way about how to respond. I wish we had communicated more of that to the public. I think that public health in general had some credibility hits when we did learn more things and adjusted how we approached things and adjusted recommendations. And really, a very critical awareness is the awareness of partnerships. I keep bringing that up but in such a massive response, you really need to engage your partners and work together.

EHRESMANN: In the past, many of the diseases and outbreaks we have dealt with have been diseases that we have known about for decades or centuries. [Communicating] the idea that science evolves and that we're going to continue to learn new things is an important way to frame up a situation like we are in. This isn't measles and we have hundreds of years of experience with it—and can speak with conviction on what to expect. We are continuing to learn about COVID-19. I think we took public trust for granted because we had always had it. But in the absence of public trust, public health can't be effective. You can't do public health without the public. I think that's been one of the biggest challenges of the response.

What can public health experts do to restore that trust, especially when others are spreading misinformation?

LYNFIELD: It's a lesson that we need to think hard about. We have to come up with effective strategies. A lot of it is listening to people and understanding where they are coming from, and just being able to address their concerns and their questions. What is hard is reaching people. You don't always have access or the same access as other messengers that are trying to reach people. I'm optimistic. I'm sure there are some strategies evolving and I know people are researching ways to combat misinformation

What will be key to ending the pandemic?

EHRESMANN: We don't have a magic number for herd immunity by any stretch, but we know that we have to get our vaccination rates way up to end the pandemic. We have a long way to go. Mandates may help. I saw something the other day that people protest mandates and threaten quitting, but fewer people actually take that action. There are some people that it doesn't matter what you do, they won't get vaccinated. And we have to accept that. We also need continued, layered mitigation on top of that foundation of vaccination to keep the virus under control.

What will the state of our health/public health look like in the aftermath of COVID?

LYNFIELD: This outbreak has certainly shined a very bright light on health disparities. Everyone knew that there were disparities, but we have a lot more work to do when we see how this virus has impacted people so differently. It's very important that we really understand the factors that are involved in disparities and what we can do to move the needle on that. There have been a lot of mental issues that have arisen because of the pandemic and the impact it has had on people. We're only getting a sense of long COVID and what is involved in that and the effect it has had on previously healthy young, vigorous people. And,

unfortunately, we have put a lot of things on hold while our attention is on responding to COVID. All of us had full-time jobs before, and there are a lot of public health issues we're going to have to return to. And there are some very challenging issues, we have not been able to fully address. One heartbreaking example out of many is congenital syphilis. We should not be having congenital syphilis in 2021 in the United States.

EHRESMANN: It is hard because we have a lot of other public health work, we haven't been able to do. We have dozens of grants, special projects and—we don't call it research—we call it public health practice. All that has been on hold. For instance, we have a team working on the HIV outbreak, but that can't be number one because COVID is number one. We're going into flu season now, foodborne outbreaks are at pre-COVID levels and antibiotic stewardship and antibiotic resistance remain important issues. Among our "normal" infectious disease work there is so much to do.

Any final thoughts you would want to share with physicians reading this?

LYNFIELD: I really want to thank physicians for their partnership as we've been talking about. We've needed everyone. And physicians have been working so hard. They have been out on the frontlines, and they have been taking care of these very sick patients. Their work is so appreciated and they have been putting in really long hours. It is really hard, and I know that healthcare workers have been stressed and traumatized by this pandemic too. But we are going to get out of this. We are in much better shape today in terms of having tools in our toolbox to control this virus than we ever have been. It is just going to take a little time. **MM**

Kris Ehresmann, RN, MPH, and Ruth Lynfield, MD, were interviewed by Suzy Frisch, a Twin Cities freelance writer.

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