



## WiseLife™ Speaker Series Featuring Jan Malcolm

Managing Public Health in Times of Crisis

August 5, 2020

Becky Krieger:

Hello, Jan. Hello, Ross. Welcome, and thank you everybody, for joining our third remote WiseLife Speaker Series. My name is Becky Krieger, and I am Managing Director at Accredited Investors Wealth Management, joined by our CEO, Ross Levin. And together, we are thrilled to bring you the Minnesota Department of Health Commissioner, Jan Malcolm. Jan, we are so happy we were able to secure you as a speaker and we were able to do that through a special friend of the firm. We have a wonderful client who shall remain nameless that we are greatly appreciative of for making this connection, so thank you. And we know how busy you are at this time, so thanks for joining us.

Becky Krieger:

We scheduled this session months ago as the Minnesota economy was just reopening, and at that point in time, topics included COVID binge eating, toilet paper supply, e-learning with our children, and how long our hair will get. Quickly that conversation evolved into things that you're dealing with today Jan- wearing masks, what will the future of our Fall school year look like, public gatherings, potentially a possible vaccination. So, we are very excited to hear these latest updates from you. Conversations in our firm have evolved pretty dramatically too, as our staff has been working remotely since March 17<sup>th</sup>. I just want to show you quick, a few familiar faces because as we seamlessly transitioned into this work environment, we didn't know how long that would be. And the future of coming back together and what that may look like, is really unknown. So, I just want to share a photo of a few colleagues that recently came together for a morning coffee session in a social way that was physically distanced, as we are committed to serving you and finding fun ways to do it along in the way.

Becky Krieger:

Also, we would like you to save the date for our next WiseLife coming up, October 7th, featuring Bill Doherty. He is a professor, family therapist, author and co-founder of Braver Angels. And I'm sure none of us are experiencing difficulty in having conversations with those that we don't agree with. But regardless, we're going to spend that evening talking about respectful disagreement and how to bridge the divide. So save the date for that. So with that, a little bit of housekeeping today, our session will be kicked off. Ross is going to have Jan take us through her typical day and have some questions that he'll be asking her along the way, and we should wrap up right around 7:00 PM tonight. So with that, introducing you to two you



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probably know a lot about, starting with our firm's CEO, Ross Levin. Ross and his co-founder Wil Heupel founded this firm together in 1987, creating a best place to work for 50 employees coming together to serve over 500 families under our care.

Becky Krieger:

Ross is a regular columnist for the Minneapolis Star Tribune and Financial Advisor magazine, as well as a highly sought after speaker. Ross loves all aspects of the University of Minnesota, it's research, it's sports, it's campus, and recently served as the chair of the University of Minnesota foundation. And he's also an ambassador for the certified Financial Planner Board of Standards in Washington, DC. We are very happy to introduce Commissioner Jan Malcolm, graduate of Minnetonka High School. Serving as Commissioner is not new to Jan, after working for HMOs before being tapped by Governor Ventura to lead his Health Department in 1999. Later on, Jan led the Courage Center and until former Governor Mark Dayton called her back in leading the health department in 2018.

Becky Krieger:

And because you didn't have enough yet, you committed to serving with Governor Tim Walz's administration when he took over in 2019. One year later, coronavirus arrives. As I'm sure all of you know, on a daily basis, Malcolm speaks directly after Governor Walz, and is tasked with giving the situation update, relaying numbers of positive COVID-19 cases, and confirmed deaths in Minnesota. So with that, let's hear from tonight's expert and join me in welcoming Ross Levin and Jan Malcolm.

Ross Levin:

Hi, thanks Becky. Commissioner Malcolm, we're really happy to have you here. Thank you so much. I want to say that this is like interviewing Kirk Cousins. Not after the game, but in the second quarter of the game, right in the middle of it. And so, I appreciate you taking the time to do this. This is really amazing and I appreciate the service that you're giving. I can't believe you chose to do a second term. From 9/11 to this, you've managed two unbelievable situations. And so, I'm not going to question your judgment, but wow. You're a fantastic public servant.

Jan Malcolm:

[Laughter] You may.

Ross Levin:



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The mission that you have is to protect, and maintain, and improve the health of all Minnesotans. And to that end, you're making decisions that have to be more good than bad because we don't have right or wrong in this environment. It's impossible to know what the right thing to do is, or the wrong thing to do is, and you are in an impossible situation. And I'd love for you to start just talking riff on your own if you would, for a little bit about, what your life is like, what you're looking at, what your meetings look like. And after you talk for a little while, then I'll start to ask you some questions.

Jan Malcolm:

Well, thanks Ross. Thank you for framing it that way. I appreciate the acknowledgement that all of us are living in shades of gray, and there are no easy answers I can sure tell you. I think every decision has lots of countervailing forces, big consequences for whatever decision you make. Whether you're making decisions that are really trying to protect public health and limit the risk of the spread of the disease, and the consequences of that. On the one hand those are critical goals, but the tools that we have to manage this virus at this stage of the game are pretty blunt instruments- keeping people apart from each other and restricting movement, restricting commerce, things that come with a great cost, certainly economically, but also to the quality of our lives.

Jan Malcolm:

So, none of these decisions really are straight forward, as you said. And none are truly easy. There's a downside to pretty much everything. To be a little personal, you mentioned way back when Governor Ventura had me serving as health Commissioner, I was much younger then. As I said to many friends at the time, I had worked in health policy for a long time. I'm interested in expanding coverage for people, insurance coverage, access to healthcare. How do we improve the quality of care? How do we make care more affordable? That's the stuff I knew something about, so I said to many friends, "If I had any idea what the true scope of the state health department was, or the job in law of the state health Commissioner, I never would have dared, take that job."

Jan Malcolm:

But I'm so glad I did. I didn't know. Because I never would have wanted to miss this opportunity. And I fell in love with the field of public health, with the public health system in Minnesota, all the ways in which it can improve people's lives. I got bit by the bug so deeply that when Governor Dayton asked me almost 20 years later to come back, I didn't think very long about it. I said, "Yes." And really my intent at that time was just to help finish out the Dayton administration. We were working on some pretty particular issues around elder care



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and modernizing our regulatory system for system living and cleaning up some operational problems at the health department.

Jan Malcolm:

And then, when Governor Walz asked me to stay on, because I had only been there a year, and much of what we were doing was in the pretty early days, I thought, well, it would be a good thing to help get these reforms a little further down the line. So, my intention was sure, I'll stay in it for a transition, get things a little more solidified. And once again, if I had any idea that COVID was coming, I might've encouraged the Governor to cast a wider net. So, this is not something I on purpose signed up for, in terms of managing a global pandemic in Minnesota. But I'm blessed to lead a really, really excellent public health agency with some of the finest epidemiologists, literally in the country. I hear that regularly from CDC. So, I think we have a great team and strong partnerships with the local public health agencies all around the state at the county and city level.

Jan Malcolm:

So, there are a lot of us, I mean, I get to be the spokesperson, but I'm certainly not the sole actor by any means. My job is to get these experts the resources that they need, and the policy support they need, and try to advocate for what the science is telling them the policies ought to be for the Governor and legislators to consider, and so I'm the go between in that way. And so, yeah. It's intense that we haven't really had a break since February. It's a pretty unsustainable pace for my team and me. So, we're trying to figure that out. We're telling the people of Minnesota, we're going to have to learn to live with COVID because it's going to be with us for a while.

Jan Malcolm:

So, we're starting to look at each other and say, "That applies to us too. We have to learn how to do this and manage this in a more sustainable way." Because we been running pretty flat out. I'm happy to give a briefing on the situation, maybe some of your questions will go there, but you asked about the day. Depending on how many things you're trying to cram in, the official start of the day, we have a briefing call with the Governor, to give him the latest update, the trends. There are a number of work groups that he has set up to manage not only the public health part of the response, but what do we know about particularly vulnerable populations? What do we know about the economy? What do we know about... A big part of our goals has been to build up surge capacity in the health care system and build a state supply of critical equipment and personal protective equipment supplies and so forth.

Jan Malcolm:



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He gets briefings on a whole bunch of work streams that he's set up each morning. We start there and we're off to the races on one thing or another. It's unfortunately true, that there are very, very few issues in the week that are not related to COVID. I have a lot of sadness and frustration about that, because there's so many other important health issues that I think we're not paying enough attention to right now, while COVID has taken all of our energy as a State. There certainly are many, many other things. Like, the health challenges that COVID is actually exacerbating, that we also need to find ways of dealing with. But pretty much it's all COVID all the time, and just endless meetings, and lots of vetting of potential policy actions.

Jan Malcolm:

The Governor is really very data driven. The mask mandate was a good example. He thought about whether or not to do a statewide mandate for quite a while. And he kept asking questions about, "Well, how do we know that the mandate itself is going to actually increase compliance? Because the real goal is people doing this and people needing to buy into it. And what can you tell me about the impact of a mandate on compliance." And researching what other States were learning and so forth. So, there's just a lot of analysis and vetting with different stakeholders that goes into any of these decisions. And sadly, the days often don't end until, sometimes, 10:00 o'clock at night. Part of the problem is the Governor's staff are mostly young people. So, they think nothing of these long hours.

[Laughter]

Ross Levin:

You're right.

Jan Malcolm:

It's getting a little weary.

Ross Levin:

Right. I'm just curious, because you do talk about the science of this and one of the things about science is that, we're always learning new things. I think what a lot of people forget is that, we really had zero experience with this particular virus. There's been strains that have been similar, but we've never had this particular thing. And if you think about it, my understanding is, there's only seven types of viruses that affect people. And so, we have a really small sample size in general from the big terms, and we have virtually no experience with COVID-19. So, what I'm curious about is what you know differently than you knew three months ago and what we still need to learn in order to move forward in your mind?



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Jan Malcolm:

Yeah. No, you're so right Ross. And it is remarkable when you think about the fact that this virus just emerged or was identified really in January. And it was six months ago, just about a week ago, that the virus was gene sequenced for the first time. And in that six-month period of time, the tests have been developed and new treatments are being researched and several vaccines are remarkably far along in development (half way), just given the speed of this.

Jan Malcolm:

And it's really pretty wonderful to see the degree of scientific collaboration, certainly in the United States, but across the world. I mean, everybody's really pooling their data and their theories in ways that are really gratifying to see. So, the pace of knowledge development has been great, but we definitely have learned. The virus will keep you humble. We keep learning new things and folks may be aware there's still a pretty active debate right now about the degree to which this virus can be spread just through the air, airborne transmission.

Jan Malcolm:

It was thought, and is still thought to be primarily a respiratory route of transmission, that the virus is mostly spread by droplets that come from coughing and exhalations, but the degree to which the particles are smaller, and literally airborne and can travel further distances and stay in the air for a longer period of time, changes everything about the route of transmission and the risk of transmission between people. That's still actively being debated- how big a risk is airborne transmission?

Jan Malcolm:

And as that data becomes clear, what does that mean for recommendations around, maybe six feet of social distance isn't enough? Maybe we need to be even more protective. One of the big things that we learned along the way was the fact that people even without symptoms can spread the virus. We didn't think that was much of a factor at all, for the first several months. We were very focused on only testing people who had symptoms, or only really urging precaution for people after they developed symptoms, thinking that it was only symptomatic people who posed a risk to transmitting to other people. And as the data became more and more clear, that a significant percentage of the transmission was happening from asymptomatic people.

Jan Malcolm:

That too changed everything about the recommendations of who should be tested, how important it was to be quarantined, how far back you had to go in investigating a case to see



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who else might've been exposed or where the exposure might've come from. So, just a whole bunch of things continue to evolve. On the good news front, another thing that's really changing is treatment protocols. Because it is a novel virus, there's no natural immunity to it, there are no antivirals that are tailored for this particular virus, but they're in development. And this experimental drug Remdesivir has shown to have some beneficial effects on shortening recovery times in the intensive care unit, steroid treatment, dexamethasone is showing positive effects, and that's a widely available inexpensive drug helping to improve survival rates.

Jan Malcolm:

And physicians are learning more and more about how to approach treatment, how to see what kind of oxygen therapy to start earlier in the course of a treatment to help keep people out of the ICU. So, people may have noticed, I hope you have, that the mortality rates have been coming down. The percentage of cases that result in death have come down pretty dramatically. That's due to the fact that now it's younger people and not just very elderly people who are getting severe cases of the disease for one thing, but it's also the treatment approaches have gotten better. So, there is some good news, yeah. Along with all this humbling learning that we're still doing.

Ross Levin:

The mortality rate has come down, but we've also discovered that there may be secondary and tertiary effects.

Jan Malcolm:

Absolutely. And that's really important that even here too it's another, just really becoming more clear that even folks who've come through the virus, and even those who maybe didn't have a terribly severe course of the illness, months later are developing other after-effects that can be significant. And we don't know yet, how long lasting those might be. So, yeah. Many physicians and researchers have described it as a particularly tricky virus or a nasty virus, because it does keep doing unexpected things and showing unexpected effects.

Ross Levin:

I'm curious when we talk about the data, because some of the things people were saying originally that, when the summer comes the virus will go away. And what we're learning, maybe in the southern states is that, what actually happens is, when summer comes, people go inside and it's that airborne transmission that is such a big concern. And so, obviously in Minnesota, we're worried about going inside in November and December. Can you talk a little bit about



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some of those things and how we weigh, what we think we know versus what we absolutely know, in that particular area?

Jan Malcolm:

Yeah. Well, there was hope that, as with influenza, perhaps the coronavirus would be a little more affected by temperature and humidity changes that just make influenza less easily spread. Now it turns out, not so much with coronavirus, that it doesn't seem that temperature and humidity is having a big effect. Sunlight however, is thought to be something that makes the outdoor environment more protective, that it's the air circulation and sunlight, and just the fact that it's easier to stay apart in the great outdoors. But ventilation is huge and turns out, at least according to a fair amount of data, that sunlight is a protective factor or the virus doesn't like the sun. So...

Ross Levin:

That doesn't mean you're going to Sturgis.

Jan Malcolm:

No. Oh my goodness. Sturgis – it's like a stake through the heart of every public health person.

Ross Levin:

Yeah. I mean, it's interesting because again some of these decisions are out of your control and we live in this adaptive system. And so, when one person decides something that obviously affects other people and that your playbook has to change based on some of those things. I'm curious also, can you talk a little bit about testing because everyone talks about testing, but where we are at, and I just read recently that there's some rapid tests that are now coming out that are going to be inexpensive. And one of the issues that we have with testing, is sometimes it takes four or five days to get your results back. Can you talk a little bit about that and what the arc is for that?

Jan Malcolm:

Yes. Well, that has been a really vexing problem and a big frustration. I think for everyone, this is the testing system nationwide has just been so slow to develop, and it has been fraught with so many problems along the way with the global supply chain. It was tough at the beginning and now with the resurgence of cases globally, and the growth rates in the US and a few other countries, the supply chain issues are re-emerging. So, we were feeling good that we had really increased our capacity and the state supply chain seemed to be stabilizing for a period of time.



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And now, there are some issues reemerging. Here in Minnesota, and we definitely started off not having nearly enough testing capacity to meet the needs.

Jan Malcolm:

And partly it was what we didn't know, as we started to talk about already, the role of asymptomatic transmission. But it was also because testing supplies were so limited that our criteria for who should be tested, who needed to be tested were really quite restrictive. And I think we lost some opportunity back then to cast the net more widely, find more of the virus that was present and try to contain it more aggressively. So, I think we lost some time due to lack of robust enough national testing strategy, for sure. We've worked hard to build up the capacity in Minnesota, we do have now pretty good capacity presuming that the supplies flow. We've the health systems and Mayo and the university all of them together, adding more laboratory equipment, they've built up more capacity to do more testing, but the supply chain issues are still the limiting factor.

Jan Malcolm:

But we've also tried to diversify the types of tests. They run on different platforms, use different chemicals, so that's a good thing. To diversify. So that, if one part of the supply chain gets restricted, we can shift over to other capacities. And some of the rapid tests, the point of care tests that are being developed now, and potentially even home-based tests would be wonderful. I mean, as they come online and as they get validated. There is always a bit of a concern, I mean, there's a lot of this stuff's happening very quickly.

Jan Malcolm:

It's still important that it be fully vetted by the FDA, there's a lot of tests on the market that haven't been FDA approved. So, it's really, really important. They vary widely in terms of their accuracy, their sensitivity and their specificity. So, it's important for folks to check out the reliability of ... Some of the tests you see, around the internet or whatever, check them out with your provider before relying on something you can get in the mail.

Ross Levin:

Yeah. How about any headway on contact tracing? Anything going on in there?

Jan Malcolm:

Yes. That's another thing that we've really been building up. We've added literally hundreds of more staff at the state health department. We're working with students at the university, working with local public health, hiring people. We've actually mentioned, this has taken over



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the life of the health department, about 600 people from other jobs in the health department have been redeployed and trained to do contact tracing and taken off of their other work. Just to help build up this capacity to keep pace with the growth and testing and the growth in cases that we're seeing.

Jan Malcolm:

So, we have managed to keep up with it, but we need to get some of those folks back to their other jobs, which are important. So, we continue to look to hire and work with a larger workforce that can be brought on for this purpose. Which is a little bit tricky, to be honest, because it's a temporary need. So, we need to literally hire hundreds of people or what we expect will be an impermanent surge in that function.

Ross Levin:

Yeah. One of the things that I think people when they see the Governor and they see you talk on a regular basis, they might think you're a policy wonk and they don't understand that you actually ran Courage Kenny. So, you know what it's like for people to deal with the emotional side of healthcare. Courage Kenny is dealing with a lot of people who have had physical issues and they have to both mentally and physically get better. So I'm just curious, I'm going to go into the school and COVID, and then I also want to talk about your concerns around the mental impact of what's happening this with people.

Ross Levin:

There was an interesting article in the New York Times today, I don't know if you got to see it there. One of the opinion writers wrote basically that, everyone has depression right now and that we're all dealing with the challenge of this kind of thing. So, I'm just curious about how you weigh those thoughts into these really important decisions that you're making.

Jan Malcolm:

Yeah. That is so true. The mental health implications, truly for all of us, I think this has been disruptive beyond what we could have imagined. I think every part of our lives pretty much has been affected. I'm really concerned about that with kids. And certainly, the complexity around the decisions that local school districts have to make with, I hope a lot of guidance, and support from us at the state level, about what learning model to use for the school year. Just the value to kids of being in school from a developmental standpoint, a mental health standpoint, a learning standpoint, data is really clear that the in-person learning experiences is so very valuable, but that has to be balanced against the safety of where we are in the



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pandemic and what is safe not only for students, but for staff as well. But those mental health concerns are huge.

Jan Malcolm:

And again, just back to that earlier point about some of the things we need to do to try to control the virus are so very costly in terms of job losses and all the stresses that, that puts on. So, it's not just worry about the pandemic, it's the consequences of the pandemic on people's livelihoods. The loss of businesses that people have built up over years and generations. I mean, it's heartbreaking, what's happening. Not only on the health front but on the livelihood front as well. And people aren't getting access to the same level of services that they've had before. They've not been able to-

Ross Levin:

That's not true of our clients, Jan...

Jan Malcolm:

[Laughter] I'm glad to hear that. I was thinking about, people we know who are not going in to get healthcare, not getting their regular routine care, maybe not seeing the same mental health supports that they have in the past. Yeah, I think it's such a wonderful, important point. The mental health implications of this are well beyond just the immediate impacts of the risk of the virus itself.

Ross Levin:

Right. Well, and it's going to be interesting because that's obviously going to be the PTSD. If this is a war, that's going to be the PTSD for the next decades, and we're going to be dealing with that. I'm curious, when we go back to schools, there's some interesting stuff that's happened with other schools and other parts of the world that have opened. I'm not sure if you're familiar with the Israeli school that opened and had a serial spreader. Any thoughts about that? If you're familiar with it, you could describe it for people and then talk about the repercussions of it.

Jan Malcolm:

Yeah, all I know about the Israeli study is just pretty much what you just said. And the fact that, just on the strength of that really one significant event that Israeli government decided to dial back on the school approach in general. It does remain the case that our cases in Minnesota, quite a low percentages has been among young kids and a very, very low percentage of the transmission is traceable back to young kids. But we're just learning, there was a study out of





South Korea just probably two weeks ago. That really shed light on the fact that, well, it's true that kids in general are not efficient transmitters of the virus. That's really much more true for kids under 10, than for kids between 15 and 19, who look a lot more like adults when it comes to their ability to transmit the virus.

Jan Malcolm:

So that's part of what led us to develop some different stratifications of recommendations for protecting the ability for in-person learning for younger learners, for two reasons, well, because it's a less risky population, but also because of just the huge developmental impact of in-person learning for those younger ages. And that we would have a higher index of caution for wanting to make sure that the disease spread was really well under control for secondary schools, just because they could be more susceptible to illness, but also a larger source of spread.

Ross Levin:

And so, the theory is that the younger children are not spreaders either?

Jan Malcolm:

Correct, the data seems to be holding up pretty well that – not to say never, right?

Ross Levin:

Right. Yeah.

Jan Malcolm:

But that the great majority of transmission is actually happening among the adults and among the older kids, not the younger ones.

Ross Levin:

Okay. That's interesting. I bet you, 30 of my colleagues have kids that they've had to homeschool since March, while they and their partner are trying to work. It's been really a challenge for them. So, I know that a lot of them were waiting to hear what was going to happen with the schools. And I think the approach that you took was really an interesting approach. Like you said, it's a data driven approach, but you're leaving it up to each district. Can you talk a little bit about that?

Jan Malcolm:



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Yeah. And I mean, we thought that was appropriate because of the circumstances in the districts are different, in terms of the disease prevalence in their local communities, but also, their ability to put in place really strong mitigation practices, the age of their physical plant, the quality of their ventilation systems, their ability to spread out. Some districts have been really creative and are using more than their school building.

Jan Malcolm:

They're using other vacant properties to move classrooms into. So, the ability to really adapt to the circumstances varies a lot from district to district as does the prevalence of the disease. But what we didn't want to do is, a fair number of States have said, "This is a local decision. Good luck." We wanted to give a framework and some guidance to say, "From our perspective, based on the data and what we know about risk levels and transmissions, this is what we would recommend you think about to start with." But as a starting point, and then let's talk about what more specifically we know, because some of our counties are huge population wise and geographically.

Jan Malcolm:

So, the county level data is just a starting place for the conversation. And more localized data is really more what the schools need to make individual decisions. Really, it's intended to be a localized approach, but a heavily consultative one. That's how we know people were just hoping for an answer and what they got was a process. And some guidance on hopefully, what's the right answer for your local community. And everybody would love it if it was simpler.

Ross Levin:

Right. Well, and what's interesting about these times is that we have to, adjust to uncertainty, all of us, irrespective of what we want. Because there just as nothing right now that we can grab onto. And so, we see it with clients sometimes in these periods of high uncertainty and high anxiety, they're trying to figure out what they can control. And sometimes, that can lead to decisions that probably you don't want to be making just to do something. But what your approach is, I think you're giving good information and like you said, you're data-driven. And again, Governor Walz was a teacher and a coach, he understands what this is like, as hard as it is. What do you think about the teachers themselves? I don't want to get dramatic, but are the teachers the frontline workers, kind of like what the healthcare providers had been in some ways once we open schools?

Jan Malcolm:



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Well, yeah. I mean, I think that's a critical consideration. Again, it goes to the ability to really have the best practices from a mitigation standpoint in place and for teachers to make the right decision for them. I mean, part of the Governor's executive order is that, parents that aren't comfortable sending their kids back, even if school is open, have to be given a distance learning option and teachers need to be given a way to not work in-person if they are in a higher risk category or have considerations that will make it too risky for them to be in the classroom. So, there's an attempt to say, we need to really take those very individual considerations into place and not force people into circumstances that don't make sense for them.

Jan Malcolm:

But certainly the hope is that, by again, being really aware of what are the specifics of disease spread in the community and what's driving the numbers that are there. How safe we think the school environment is, relatively speaking. And we just always have to be completely honest with everyone. There's no such thing as no risk, it's a matter of, what is manageable risk? What is acceptable risk given the tradeoffs that we know are there. The benefits of in-person learning versus the acknowledged risks. But for sure, I mean, teachers need to be very much considered with respect to whether the mitigation approaches are robust and whether the teachers can get access to testing when they need it, for example, and again, have that option to contribute, to learning in the distance learning modes if being in the classroom isn't a good option for them.

Ross Levin:

What do you think about the high school leagues decision about sports and around that? How do you feel about that? The contact around those things?

Jan Malcolm:

Well, no. Okay. Here's true confession. I've been so up to my eyeballs that I don't even know what they decided. You tell me – what did the high school league decide?

Ross Levin:

They delayed football until the Spring. They're going ahead with cross-country and soccer in the Fall. I mean, delaying football in the Spring means that if they play again next Fall, that's a very short recovery for those athletes. So it's a...

Jan Malcolm:



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Well, yes. It goes to show you I don't have time to keep up with the news very well during my days. Well, I'm sure that was a tough decision. I think it's great that they delayed it and not just said, "We're not going to do it at all." I hope to high heaven that we're in good shape next Spring. And I think it was certainly that, that was consistent with some of the national guidance and some of what we had said in a couple months ago about higher contact, higher risk sports, and lower risk sports, and maybe making different decisions based on just that fact situation. So, it sounds very thoughtful. I'm sure it wasn't easy though.

Ross Levin:

Oh, no. I mean, none of these decisions have been easy. Let me ask you on, this is a little bit of an odd question, but one of the things we noticed, especially in our environment here, women in the workforce, a lot of times they bear a disproportionate burden at home while they're working, especially if both partners are working. They have responsibility to family, sometimes they're taking care of their older parents. And now they're dealing with all this COVID stuff. I'm just curious from your perspective, I'm starting to read a lot about that. What do you think the impact of all of this is on women and their careers and what might change? Are we going to take back steps from that standpoint? I'm just curious about your feelings around that?

Jan Malcolm:

Well, that's another really good question. I think there's been so much that's been disrupted and hopefully, it might be interesting to know how the sharing of parenting has changed or not changed if both parents are in the household and able to divvy up differently. It'd be interesting to see some data or sociology on that, whether that's changed or not. But yeah, I do think that some of the stressors around, talking about elderly parents and so forth, that's been an extra added thing, just the higher risk that the parents are at, and the cautions around, less interaction with them. And particularly those that are in a longterm care facility, just been some really difficult separations and people not being able to be as involved in each other's lives as we count on and as we need. So, I think it's another dimension of the psychological pressure that you've mentioned earlier.

Jan Malcolm:

This is even the issue about, as you were saying, kids at home, while you're trying to work, monitor their schoolwork, it's a really big challenge. And my hat is off to everybody who's trying to juggle all that. I'm way past the point of little kids.

Ross Levin:



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Right. Actually, one of the things that you worked really hard on before the COVID thing happened, was a lot of the long-term care. Issues that the State in particular was dealing with. And now that's really up in the air. Can you talk a little bit about that? Because, I mean, those facilities are essentially incubators for the virus.

Jan Malcolm:

Yeah. Why they have had a lot of challenges. But I'm actually really proud of the progress we've made. The healthcare providers have made, the facilities we've made. And we at the state health department and our partners at human services and local public health, there's just been a ton of effort put into better supporting the long-term care facilities to get better at infection control and getting more testing into those facilities, getting more personal protective equipment in there for the workers.

Jan Malcolm:

Teaching best practices on how to manage cases of COVID when they do occur, because they're likely to occur in settings like that, as you said. We actually had a team from the Centers for Disease Control and Prevention come in, kind of a special team, looking at long-term care. They were here in late April and they came back in early June and they were quite impressed by the improvements that they saw. And certainly, there were some hard won lessons, with a lot of difficult circumstances and a lot of it heartbreaking. Again, separations of families and vulnerable people exposed to high risk situations that weren't really set up well to control it in the beginning, but we certainly wouldn't ever want to say, we're declaring victory. Because every day there's work to do and challenges to overcome in long-term care settings. Just by very virtue of the type of environment it is and the population and the staffing challenges that long predated COVID, all of those things. But we're in way better shape than we were. In terms of the rates, the numbers of facilities that are managing cases, the numbers of cases and the outcomes. We've seen some really big improvements there, but it is still very much an epicenter of need for real strong vigilance.

Ross Levin:

Yeah. But those outcomes really, I mean, they were really laboratories around shutdowns, right? I mean, that is what needed to happen in order to arrest all of those cases and it talks about how effective those shutdowns could really be if people can take the pain that's involved.

Jan Malcolm:



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Yeah. I mean, since we're on that topic, and one of the things that we're seeing more recently, and it's just again, part of the message that we're trying to communicate broadly is, for all the personal decisions that we each make, know about the level of risk that we're taking, and we might feel like, "Let's go to Sturgis," to your earlier point, but we need to think not only about our own comfort level with those decisions, but also, what roles we play in our lives, our professional lives. I mean, we've seen some of the cases in long-term care, going back up again, and it's coming from workers in long-term care who are going out to some of these more social settings.

Jan Malcolm:

And we've got a lot of community spread now. So, more of the cases are getting, we don't know where the people got exposed, because they've been out and about, and they've been in multiple settings where they could have been exposed and bringing that in, whether that's into the school or into the launch and care setting or the hospital or the workplace, we just all have to be mindful. As I think you said Ross, that our individual choices are affecting more than just ourselves.

Ross Levin:

Commissioner Malcolm, I'm curious, it appears that Biden is not going to go to the Democratic convention. And now Trump is looking at doing a Republican convention, at least from the White House's role. What do they know that we don't know? Those are not minor decisions, those are major.

Jan Malcolm:

Yeah. Well, I think they're being mindful of the message that is sent and the fact that large gatherings are not a good idea right now. And that if you can do it another way, that's a good thing. That I think it's a good thing. That they didn't just say come hell or high water we're doing this convention. I know everybody wants to be past this, but we're clearly as a nation not passed this.

Ross Levin:

No. And it's interesting. I mean, I'm not pessimistic or optimistic about it, but this is going to take a really long time. If you could talk a little bit about, people are optimistic about a vaccine, but we talk about if you could, how that even plays out. So, if a vaccine existed, how that would be distributed and what that would even look like before we opened things up.

Jan Malcolm:



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Right. No, as I mentioned, it is truly impressive how quickly science is evolving and how much progress appears to be being made on some good vaccine candidates. But the testing process really can't be rushed. I mean, the testing not only the efficacy, but the safety of the vaccine really. You need large scale trials to learn those things. So I think, if there is some vaccine available by early next year, it's not going to be in large quantities. So, there'll be a lot of decisions to be made around how you prioritize who gets the vaccine. There are a couple of federal processes that make recommendations about that. The National Academy of Sciences will be doing a process on that.

Jan Malcolm:

There's a group that advises the CDC on immunization practices, here in Minnesota, we have a science advisory team and actually a COVID ethics consortium that's been thinking about and advising us on scarce resource allocation. They've actually been doing this work for 20 years. But adapting it to the specifics of COVID. And we've got really a very good vaccine distribution system in Minnesota. We are thought to be one of the better States at being able to get vaccine out to the population. We want more people to get vaccinated for the flu this year, than typically do. Because we only had about a 50% vaccination rate for flu, especially because the symptoms of COVID and flu are so similar and overlapping, the more people that are immunized against the flu, the better we'll be able to distinguish COVID from flu. So that we're really going to be pushing influenza vaccinations as well as being ready to distribute the COVID vaccinations when those come online.

Ross Levin:

It seems even when you're describing that though, I mean, even optimistically, if we did have a vaccine, you're describing it's into early next year. So, I mean, this something that... And I think it's very important for all of us that we need to somehow accept where we're at and not keep hoping that everything's going to be fine in a month or two months.

Jan Malcolm:

Right.

Ross Levin:

It's much easier to deal with things I think if we accept that.

Jan Malcolm:

I think that's right. And I think that's the challenge of trying to find ways that we can manage the risk and mitigate the risk. You can't drive it to zero, and that won't be the zero even after



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we have a vaccine and good treatments, just like flu. There's a major health risk every year. I mean, COVID's probably going to be like that going forward. It'll be one of the things that are out there that are a risk that we need to protect ourselves from. And it turns out you know what? That these practices of keeping a little social distance and paying close attention to hygiene and covering your cough and your sneeze and washing your hands a lot, mom was right.

Jan Malcolm:

Those things actually work. And staying home when you're sick. I mean, that's another part of our culture that I think employers have been really great for the most part. At saying, we really have to revisit our sick leave policies and the like, to make sure that people aren't coming to work sick.

Ross Levin:

Yeah. Well, I think it's accelerated, even our company it's accelerated people's ability to work remotely. I mean, that's going to change forever. There's going to...

Jan Malcolm:

Exactly. That's right.

Ross Levin:

That's not something that we're going to go back to.

Jan Malcolm:

That's right. So, we are adapting and developing new ways of doing things and finding something that's sustainable. I think that the Governor has been eager to open up opportunities for commerce and for interactions but trying to not overshoot. Trying to calibrate the degree of interaction with how safe it is. So, finding that sweet spot continues to be our challenge.

Ross Levin:

Yeah. Well, I just want to say, I'm so appreciative of what you are doing and what you've done and how hard it is. Before we turn it over to Becky, I would just love you to say what makes you hopeful right now?

Jan Malcolm:



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Well, I do think this has been a... Who could have imagined, the extent to which everything in our lives could have been forced to be rethought. One of the things that makes me hopeful is that, just what's happened to the environment with the slow-down in activity. You know what I mean? Things we could never have done to ourselves voluntarily, right? Just slowing down this much, not to say we can or should stay slowed down permanently to this degree, but being able to see cause and effect of some of our policies and some of our choices. And I think it sounds corny, but many people have said, "Getting to spend this much time with my family, my kids, having to spend time at my home, I've reconnected with some of what I don't usually get to do." People have said, "I've always said, I wish I had more time to do X, well now I've had a lot of time to do X."

Ross Levin:

Yeah. Exactly.

Jan Malcolm:

Maybe it's just helping us stay connected to what's really most important and maybe be a little less busy at the tail end of this.

Ross Levin:

I think that's really an important thing to leave us with. And again, I appreciate all that you are doing and all that you have done in a very, very difficult situation. Thank you so much for your time tonight. It's been great for me and I'm sure everyone watching.

Jan Malcolm:

Well, it's really a pleasure to talk to you, Ross. You asked some really good questions.

Ross Levin:

Well, thanks Commissioner. Becky.

Becky Krieger:

Well, and with that, we'll stay on time because there's probably some staffers that have you scheduled till 10:00 PM tonight. So you're off on your way to do something else, but again, thank you so much, Jan, thank you for being such a great role model. Thank you for steering our community during this pandemic and keeping us safe and healthy. We can't tell you how much we appreciate you, especially during this time. And thank you Ross for moderating. It was a really, really great discussion. So with that, we're closing out our program. Just a reminder, upcoming Wiselife, October 7th, once again, Bill Doherty who will be talking about



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respectful disagreement, how to bridge the divide. So stay tuned for more details. Have a great evening, and stay safe.