Episode 3 - Public Health in the Era of Pandemic

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**SPEAKERS**

Meredith Benjamin, Nicholas Lampietti, Erich Giebelhaus

**Meredith Benjamin** 00:10

From the Center for Careers, Life and Service at Grinnell College, you're listening to Going Forth. I'm Meredith Benjamin,

**Nicholas Lampietti** 00:16

and I'm Nicholas Lampietti. And today, Meredith is going to teach me about public health.

**Meredith Benjamin** 00:21

Well, I'm not going to, but I'll tell you who will: Erich Giebelhaus class of 1992. Eric works for the New York City Department of Health, where he spent nearly two decades responding to public health emergencies.

**Nicholas Lampietti** 00:34

Yikes. That sounds intense, but also really cool!

**Meredith Benjamin** 00:38

And given we're coming up on two years since the beginning of the pandemic here in the United States, it seemed fitting to sit down with Eric and chat about the ever important world of public health.

**Nicholas Lampietti** 00:48

Coming up, Meredith and Eric discuss health policy, pandemic planning, and Eric's experiences in Grinnell and beyond. Stay with us.

**Meredith Benjamin** 01:01

Hi, Eric, welcome.

**Erich Giebelhaus** 01:03

Thank you. It's great to be here.

**Meredith Benjamin** 01:05

It's nice to talk to you. Can you start by telling us what is your current job?

**Erich Giebelhaus** 01:11

I work for the New York City Department of Health within the Office of Emergency Preparedness and Response. I've been working in that field for 18 years.

**Meredith Benjamin** 01:20

So your department specifically focuses on hazards planning and emergency preparedness. Can you give us some examples of what hazards your department prepares for and kind of what your role would be in the event of that emergency.

**Erich Giebelhaus** 01:34

My department prepares for many types of incidents that could occur in New York City and across the New York City region. The types of hazards can be natural hazards like coastal storms, or floods, or heat. Emerging infectious diseases like COVID-19 or Ebola Virus. Also environmental hazards, bioterrorism. And then in general surge events that could occur within the healthcare system. If the healthcare system is prepared for emergencies, they are in a position to treat patients in a short amount of time and ideally manage mass casualty incident, which is obviously has happened across the country, it's happened here in New York City, and it's something that every jurisdiction is certainly thinking about.

**Meredith Benjamin** 02:13

Yeah, I mean, you really are living it every day, especially in New York. And so can you tell me a little bit more about how COVID-19 has changed the industry of public health in the last several years.

**Erich Giebelhaus** 02:25

We have certainly always talked about planning for an event like this. I've been part of pandemic planning processes for at least 10 years, but we've had to implement a lot of things that we've talked about doing. But we've never had to do before, like setting up a mass vaccination campaign, a large testing campaign. We've had to work with state partners in a way that we've never had to actually work with state partners, because the state in many cases, in New York, they have the regulatory authority to adjust how healthcare is being delivered. We set up the first alternate care site for COVID-19 in the country at a convention center in Manhattan, that really was a model for how other alternate care sites around the country were built. In some ways, that's a success, but it also presented a lot of problems and a lot of new issues that we didn't know how to deal with and we had to develop on the fly. Plans are not necessarily blueprints for how to do something, but it's more about building functions that you know, you're going to have to do or that you think you're going to have to do as an agency and you make the best of what you've got. And you try to maximize the impact that your resources will have. And also doing your best to incorporate the needs of the community with community input.

**Meredith Benjamin** 03:38

A huge issue throughout the pandemic has been a real backlash to public health. You know, it's been a very politicized thing. I'm wondering how public health as an industry has tried to grapple with that and to approach that and balance the pretty forceful opposition sometimes.

**Erich Giebelhaus** 03:56

Yes, those are difficult issues, and they're systemic issues. Some of the mistrust within the broader community can grow over time, especially if you don't understand the situation on the ground or in particular communities. The health department here in New York City and across the country, too, are certainly in a position to develop programs aware of issues and inequities and to try to address them head on when possible, and if not account for them so that we are tailoring our responses to help quantify the needs. And there's not a one size fits all approach to managing any sort of emergency issue across all of the communities in New York City. New York City is a very diverse place. There are 175 languages spoken by students in New York City public schools. We have a large population, 9 million people. 12 million people during business hours. And across the New York City region, over 20 million people whose lives are impacted by some of the decisions and messaging that we do develop. At the same time, each one of the people who were living in particular communities heard those same messages differently based on all kinds of factors that impact how people take in information and people's level of trust. You can't think of all New Yorkers as being exactly the same. So a lot of the work that we augment during an emergency is listening to how our messages are being heard, incorporating survey data into what we are doing, and feedback, and also working very closely at the community level with health care providers, and healthcare organizations, and community based organizations. And so therefore, some of the emergency planning that we do is definitely tied to improving access to our day-to-day programs as well. Sometimes that can be big institutional agreements and agency level agreements. And other times it can be working very closely with trusted leaders that are really allies in this. We're going to have to continue to assess what is reaching people and how it's reaching them and trying to bridge the gap between people's understanding of what we could do for them and what we actually can do, hopefully building trust that can lead to long term better health outcomes.

**Meredith Benjamin** 06:13

Would the response have looked very different had this pandemic been a different disease? Or are the protocols there to ensure that you don't need to do as much improvising?

**Erich Giebelhaus** 06:27

Specific diseases might require a very specific kind of response, or a very specific type of data analysis to mitigate whatever's happening. But in many cases, what we plan for, we try to build the functions that we know really serve as all hazards responses. Infectious diseases can be respiratory, they can be droplet, or they can be a mix or unknown. In other kinds of diseases that we have had to respond to certainly Ebola and Zika, that were more unknown, even West Nile virus. In each one of those responses, we had to understand what the appropriate messaging was, and what level of protection would be important. A lot of the conversations now about mask use, or surgical masks versus KN95s or cloth masks, for instance. That guidance has been changing because more science is available to help explain how this disease is transmitted and ,what. how can people best protect themselves. I've heard a lot of criticism of public health messaging over the last couple of years and I think that certainly certain aspects of the messaging could have been improved. But, it was changing because of the fact that the science was changing. But I would say that each disease has its own trajectory in terms of the amount of knowledge that's known about it upfront. It's an ongoing assessment of risk. And then it's an ongoing assessment of how to not just prepare people, but also how to message people in real time what the best course of action is.

**Meredith Benjamin** 07:59

That's fascinating. So I guess zooming out or zooming backwards, maybe, what are the major areas of concern within public health? What would a really different path than yours look like in public health?

**Erich Giebelhaus** 08:16

In our agency, which, is, has about 6000 people working for it, they organize work under divisions. My area of emergency preparedness and response is one of those 13 divisions. But a lot of the main program areas include disease control, environmental health, epidemiology, family and child health, health equity, and community wellness, and external affairs. If you think about chronic care and trying to manage long term outcomes, you're really also trying to think about the health care delivery and how healthcare is actually delivered and how people access health care. So there are lots of different parts of public health that I can't speak to directly. But after working at the health department for over 18 years, I can say that there are many different avenues to pursue within public health. And even at a smaller health department across the country. A lot of these functions are at least represented. And there are federal programs that directly fund particular public health interventions. We want to focus on health equity, we want to make sure that our programs are being represented well by individuals in communities so that we have champions within the community that are helping to ensure again, that we are building programs that make sense and building programs that will have an impact and they're trusted agents within the community. There's a huge data arm of the health department. We as an agency are always gathering data on health outcomes, how health systems are reporting data, how people are accessing health care. We have information coming in from pharmacies that helps us identify when cold and flu season has begun. We can see when there is an uptick in the purchase of cold and flu medicine, which is an important pre-indicator to start thinking about seasonal influenza. That's one very specific example. But there are others within our syndromic surveillance system. Data helps our agency justify the expenditure of funds, it also helps to justify expansion of certain programs. Ideally, we're gathering targeted information at the community level. And we're doing that in a way that is also addressing some of the very systemic problems related to, you know, how specific demographic groups are hearing our messages, or if our messages are effective, and that kind of thing.

**Meredith Benjamin** 10:42

Huh, makes me wish I joined the Big Data Club at my high school that I always kind of made fun of.

**Erich Giebelhaus** 10:48

Data people rule the world!

**Meredith Benjamin** 10:51

So, kind of in the vein of things I should have taken more seriously in high school. If someone is looking to go into public health, what are the things that they need? What skills and interests or degrees, what should somebody aspiring to go into your industry be focusing on?

**Erich Giebelhaus** 11:11

I do think that a master's in public health is very helpful. It helps you speak the language of public health. And that doesn't just refer to government public health, I think that also would help to get you gathering data, analyzing data, implementing a program, evaluating a program, and then reconfiguring your program to adjust for observations that you've made. Problems in public health are specific enough so that a master's degree in public health is very helpful. But honestly, I work with people with a number of different degrees and a number of different backgrounds. And I'm only speaking to a small slice of a very large public health pie. There are certainly aspects of public health that go into communities more directly. And for those types of jobs, backgrounds in social work or behavioral health are really helpful. And they also give you a sense of program design that a master's in public health also can do. I also think that if you're thinking about larger policy issues, a degree in public administration or public policy, like I have, is very helpful. And I also think that a law degree in some cases can be very helpful as well, because it's really about analyzing, summarizing, and persuasively arguing points. Project based work means that it's not always the first answer that ends up being the final answer, there is definitely a consensus driven approach. And a lot of issues don't lend themselves to bottom line decision making, you have to continue to analyze and think critically and write well, communicate effectively. And those are skills that you can build over time and in a work environment. But I do think that certain degree programs help to get to that point, and would help anyone at least be able to speak that kind of language or think about issues in that way.

**Meredith Benjamin** 13:05

You mentioned that you have a degree in public administration or public policy. And I'm hoping you can just tell us a little bit about what your path looked like I guess both, at Grinnell and how Grinnell kind of prepared you maybe or didn't. And then you know what your story looked like after? Did you expect to wind up where you are? And you know if so, what drew you to it? And if not, how did you find yourself where you are now?

**Erich Giebelhaus** 13:32

I loved my time at Grinnell! I was influenced a lot by the people around me at Grinnell, they just, they were able to bring out different aspects of issues in conversation in class that brought a diversity of viewpoints. I was immersed, like every Grinnellian is within a relatively small environment. I felt that I got a lot out of my time at Grinnell. And I know that I didn't even take advantage of every opportunity that I had. I think what I liked about Grinnell and what I think was important about my experience was the value of liberal arts and being able to think about different kinds of topics that weren't so specialized. I had two majors, that did certainly take up a number of my classes that I took. History and German were my two majors, but I took classes in Eastern religions, psychology, a number of other topics that really were not in those areas at all. And I got a lot out of it. I enjoyed learning about different subjects that I really wouldn't have been able to do in some other programs in other schools. I think, if you're specialized very early, you can be well trained for certain types of jobs. But I did find for me, the liberal arts experience was really terrific and enabled me to think a little bit broader. It's not just about Grinnell, either. I mean, I think part of a good course of study is to get out of Grinnell, frankly, as well. And I know that a lot of people do spend semesters off campus. And I did too. I spent a semester in Germany, I wanted to travel, I wanted to have fun, I wanted to see something else. And I think that that combined with the liberal arts was really important for me. But you'll note that none of that has anything to do with public health. I was thinking about a couple of different tracks, but I didn't really know what I wanted to do. And I decided to take a few years off from considering going to school because I wanted to have a little more information about myself, frankly. I got my degree, my Master's Degree in Public Policy from the University of Minnesota, the Humphrey Institute for Public Affairs, but I didn't get to that point, immediately, I was thinking about international programs, international affairs, and I kind of pursued both of those tracks, simultaneously, I did work, I was able to find an internship and I spent a year working over in Germany. And it wasn't an area that I thought that I would necessarily pursue directly. But it gave me a chance to live and work in a foreign country, it gave me a chance to speak another language. And it helped me grow in a different way. That was aided by my decision to study abroad while I was at Grinnell, but I didn't know upfront that that's exactly what I wanted to do. I just tried to keep myself open and keep myself flexible, and make it so that I was in a position to do what came to me. Certainly I had a lot of things that didn't work out, you know, if this sounds like it all worked out perfectly, most definitely not. I had different types of jobs that, you know, that gave me good work experience and gave me opportunities to learn about different sectors. So I think each work experience that you get can teach you something and is valuable, because it helps to point you in a direction of things that you might not want to do. I was motivated by the September 11, 2001 attacks on the World Trade Center. I knew that this field was growing, and I was able to get a job in emergency preparedness and response. And I've stayed here, there's something to be said for that longevity. And there's also something to be said for being able to continue to learn and continue to keep your eyes open and flexible. A lot of people in public health once they're in public health, they stay in public health. But I will say that public health isn't just confined to government. There's really important work happening in the health care delivery system, in hospitals, and academic institutions. The findings at an academic level will translate into programs at the health system level that will have impact in great ways on specific populations.

**Meredith Benjamin** 17:29

And so here you are, you know, and as you mentioned, you've been doing this a very long time. You know, I'm curious, what is your favorite thing about your job? What do you find rewarding about what you do?

**Erich Giebelhaus** 17:42

I have really enjoyed the people that I work with. The people who tend to choose Public Health and the people who choose to do emergency management are really terrific people. Some of the emergencies that I've responded to have been very stressful. What's kept me here and what's kept me doing this work is really the human element - knowing that we're working together with a common mission to try to improve people's lives It's difficult sometimes to see the impact that you're making at the individual level. If that's important to you, then working in a smaller jurisdiction would allow you to do something like thatl. In the field of public health in general, it's difficult to measure progress toward long term goals, it takes time, it's not immediate, it can be frustrating. If you want to see immediate results, public health is not always the place to go because you're not going to see those immediate results all the time. You might see them sometimes, but you won't see them all the time. And so some of the greatest satisfaction that I get thinking about 18 years of doing this work is that we have come a long way we are in a better position as a city, as a region, and as a country, frankly. So that's, that's also satisfying. I take pride in what our agency does and how we do it. And like to think that we could be a model for others to learn from. Of course, what ends up happening is that you learn most from your mistakes. you learn most from what didn't go well. So you're not always tooting your own horn, you're actually exposing vulnerabilities or you're discussing things that didn't go well, but that does help other people. And it helps the people working on it within your own organization do better as well. So there's a there's an ongoing review of what we do and how we do it.

**Meredith Benjamin** 19:31

That's wonderful! I mean, I find it inspiring and uplifting to hear somebody talk about how they take pride in what they do. And after all this time, it's still something satisfying that gives me hope for my future and the future of young Grinnellians. So what would you say to somebody who is interested in pursuing public health but hesitant to do so just based on the tumultuous last several years that we've all collectively experienced and the strain that that's put on the health care system. And I guess would you still advise interested students to go into public health?

**Erich Giebelhaus** 20:07

I think that public health will go through a number of challenges and is going through a number of challenges now related to COVID-19 and managing this response. There will be a lot of programs that will need to be evaluated to see if we are indeed serving the needs of people in the way that we think that we are. I think that the linkages between health disparities and delivering health care equitably, and minimizing the barriers to individuals receiving quality health care have only become more apparent. But, I think that there are tools available and there are efforts underway to innovate in linking these three functions. And I think that it's going to guide expenditures at the federal level and state level and local level on how we can design our programs, better to meet community needs. That's not just a buzzword or a buzz phrase. I think it's really important. And it's essential. And I think that it's also getting back to some of the basics of public health because our programs are designed to be tailored to specific populations. And by shining light on inequities that we've seen in vaccination rates in the way people have responded to mask mandates or lack of mask mandates. Public health is going to survive these challenges. And public health is essentially going to be in a position to define what needs to happen next.

**Meredith Benjamin** 21:45

As we wrap up, I'm wondering if you just have any parting wisdom or advice? You know, what would you say to a current Grinnellian?

**Erich Giebelhaus** 21:55

I would say that every Grinnellian should try to experience new subjects, new activities, and new opportunities that extend outside of your comfort zone or even your primary interests. You just never know what experience is going to impact you. If you are curious, and you think broadly, you'll be in a better position to take on some of those experiences. Learning how to talk to people, and how to listen to people is something that is certainly not unique to Grinnell or even to the liberal arts experience. But the types of late night conversations that you have, and the reasons for having them, impact your views. And if you're listening, and you're actively listening, you realize just how smart and insightful other people can be. And you can always learn something new. Coursework is only one part of you know, the Grinnell experience. It's an important one, obviously, but it's not the only one. It's really a great opportunity and in some ways, I'd say a unique opportunity in your life to have this environment that is just among really engaged, insightful, intelligent people who are going to test you and push your knowledge and really push you to justify why you think something is true. It's a very unique atmosphere and a really unique environment and I just, I think back so fondly on that time, but I think that people should take advantage of that environment as much as they can to learn as much as they can. And finally, I think that if people push themselves to get practical experience, it helps to shape you as you move into your next steps and you have to take on that responsibility. It's not going to just be handed to you. You have to do it yourself. And you have to think about it in an active way. But still having fun, mind you, you know, your time is supposed to be fun, you should be enjoying what you're doing. But when you don't enjoy it, then you learn from that, you learn what didn't make sense to you.

**Meredith Benjamin** 23:55

Cheers to that! Well, Eric, thank you so much. This has been so wonderful. And I really appreciate this time. And so we really, this has just been fabulous. Thank you so much!

**Erich Giebelhaus** 24:07

You're so welcome. It's been a pleasure. Thank you so much for the opportunity!

**Meredith Benjamin** 24:13

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