TOWARD A HEALTHIER TOMORROW: A CONVERSATION WITH US DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPUTY SECRETARY JIM O'NEILL

Announcer 00:00

Please welcome a conversation with US Department of Health and Human Services, Deputy Secretary Jim O'Neill.

Esther Krofah 01:09

Alright, good afternoon, everyone. Thank you so much for joining us, Jim. We're so happy that you're here. This is your first Future of Health Summit. Let's give him a warm welcome. We're so pleased to have you. It's been a fantastic last two days. Conrad talked about our theme in service a better health that's something that we take to heart. It's important for us as we think about the health of the nation, we think about our example even to the rest of the world. So that is certainly something that's important to you as well. I thought we could actually start by having you describe your role as deputy secretary. I think too often, you have these incredible silent heroes within the United States Department of Health and Human Services (HHS) that are leading day to day, but you may not be visible, and everybody may not see you and what you do every single day. So what does the role of deputy secretary mean?

Jim O'Neill 05:15

Well, Esther, first of all, thank you so much for having me. It's an honor to be here. Secondly, we have 65,000 silent heroes at HHS. I'm Bobby Kennedy's deputy. I help him across policy and operations. I do the best with all of our colleagues to make America healthy again.

Esther Krofah 05:34

Well, part of your focus, obviously, is ensuring that the department is executing the president's vision and Secretary Kennedy's vision of making America healthy again. Part of that vision is shifting our health-care system from one that is focused on sick care to one that is focused on prevention, how does the Make America Healthy Again agenda fit into that?

Jim O'Neill 05:57

Absolutely. So in the past few decades, as we all know, we've seen a big rise in so many chronic diseases and the solution is not just keep building hospitals and hope that things change. The solution is doing better science, leading into better advice and helping people who want to make healthy choices know what those choices are—make sure they have access to good nutrition information, healthy food, exercise, and good advice on how to be healthy and prevent chronic disease in the first place.

Esther Krofah 06:32

Yeah, a big part of what we've been talking about—and it was wonderful to be with you the other evening—is around restoring public trust. We heard that also from Dr. Oz and from Dr. Makary earlier today. How does that fit into this agenda because you're talking about healthy food and diet and nutrition and exercise, and there's so many Americans that really focus on that as a primary way to achieve better health. So how does restoring public trust fit into what you're trying to achieve?

Jim O'Neill 06:41

Great question. So there are a lot of great experts who work in public health around the world, and there's a temptation, if you work in public health, to realize that you know a lot more than most people, and a strong temptation to sort of decide what you think people should be doing and then almost say anything to get them to do that, whether it's true or false, and frankly, we saw a lot of trust in public health destroyed, especially during the pandemic, when advice was not really backed up by data. So the solution—we are working hard to rebuild public trust in public health. The solution starts with radical transparency and treating our fellow citizens like adults, giving them all of the information, maybe adding on advice, but also letting people drill in as much as they want and see what is the safety record? What is the science saying? This or that is good—and then, letting people make their own decisions.

Esther Krofah 08:04

Well as deputy secretary, which is already a very big job, right? You talked about 65,000 workers across HHS, and they're in multiple different geographies, you're also serving as the acting CDC director. So what does that mean? What is the secretary's vision for the CDC?

Jim O'Neill 08:24

So CDC is the beating heart of public health. It plays a critical role in fighting disease, especially infectious disease, really, around the world. CDC scientists are deployed everywhere. In fact, very proud that they've done a great, great job in supporting the health ministry at the Democratic Republic of Congo, in fighting the Ebola outbreak. The minister thanked me significantly for the great work that CDC has done there. They also play an essential role in disease surveillance, and we're going to be bringing on some new tools to improve disease surveillance in the next few months, and we also make sure that they retain their focus. They've had some mission creep in the past few decades due to wanting to fight every disease because they care. And we are now refocusing them on their original 1946 mission of communicable disease.

Esther Krofah 09:25

Yeah. Well, I think everyone here would want to know—and we talked about this as well—that are you concerned at all about the workforce at CDC? Do you feel that it's equipped with the appropriate number to achieve that vision that you have in mind, obviously, as you know, this year, whether through voluntary separation or reduction in force. We have had significant erosion of those who are leaving CDC, but you have this incredible vision for what it ought to achieve. How do you think about the workforce relative to the mission for CDC?

Jim O'Neill 09:58

Well, first of all, speaking across the department—if there's duplication, then we want to combine things and put like with like, and take the people we have and put them to their best use. And secondly, we are always recruiting. We are eager to hire wonderful scientists and data engineers and artificial intelligence (AI) engineers and researchers and drug reviewers across the department, including at CDC, if you are talented, if you care about health or human services, please, please apply. Please come work with us.

Esther Krofah 10:37

Well, in the audience, we have those from academia, we have those from industry, have those from policy and business and finance. I think we've covered a lot of the different sectors in health. How can this audience and those who are leading their organizations help support that vision for you at CDC?

Jim O'Neill 10:53

Well, in addition to working with us, we are constantly looking for new ideas. We think we have some good ideas that we're working on, deploying some good policy ideas, some good operational ideas, but we don't know everything, and I know there's a lot of smart people in this audience, and we'd love to hear from you. You don't have to go through intermediaries, you don't have to go through think tanks—although I love think tanks—but we would love your advice. We'd love your thoughts.

Esther Krofah 11:19

So you're open for business. That's what Dr. Oz said this morning. I think that's the message that you have for us here.

Jim O'Neill 11:30

We are absolutely—I would agree with Mehmet. We are open for business in terms of recruiting, in terms of ideas, in terms of collaboration and cooperation.

Esther Krofah 11:38

One of the big strategies underway at HHS is a big data transformation, the use of AI, the use of technology, breaking down silos across the agency. What is your view and vision for AI across HHS? How does that—does that fit into the CDC mission? Is that just about HHS in your role as deputy secretary?

Jim O'Neill 12:00

Absolutely, so AI is going to play a wonderful and growing role in all aspects of life, definitely including health care. It's already starting to improve the accuracy, and safety, and affordability of going to the doctor, in terms of decision support, in terms of diagnosis, in terms of coordination to care across multiple providers. We really want to support that and make sure that also payers are able to pay for it, that AI is not an out of pocket expense for doctors or something like that, because it is really adding value across the system. And we want to make sure that we don't stifle innovation of AI with too much regulation—that's externally. Also, pharma companies are using AI more and more in terms of drug discovery and drug design, and we support that. And then internally, we are deploying AI. I deployed a large language model to all 60,000 of our employees back in September, thousands of them are using it every week to improve their work—ranging from summarizing papers and all sorts of other ways depending on what their job is. So we're going to continue to increase the use of AI internally as well.

Esther Krofah 13:18

That's excellent. How are you upskilling the workforce to use AI? My 14 year old's still teaching me how to use ChatGPT. So, how are you helping the workforce understand what capabilities, how it helps them in their day-to-day job, how they can test it and validate that those algorithms are being used appropriately? I'm sure that's part of an entire training strategy that you have.

Jim O'Neill 13:41

It is. So that is one of the many reasons we are hiring more AI people. Partly is to figure out better ways to use AI in health care, but it's also to make sure that all of our colleagues know how to use it, know how to use it to enhance the contribution of their work. And also, I'd say AI is getting easier to use. Lots of private companies are doing great work in making interacting with an LLM a little bit more similar to what people are already used to when interacting with our fellow humans.

Esther Krofah 14:13

Do you think there is an appropriate balance between the speed for AI transforming health and managing the appropriate safeguards? You know, if it has to be a proper balance, right? You want an innovation ecosystem, certainly. What's that appropriate balance of regulating AI versus deployment from your perspective?

Jim O'Neill 14:34

So safety is important, but if I had to pick I think faster is better. The faster we have really good AI, the more value we'll get out of it.

Esther Krofah 14:47

So as you think about the next—maybe, you know, three years is too long, next 12 months. What would success look like for you?

Jim O'Neill 14:57

Well, next month we are going to roll out very scientific dietary guidelines for Americans. First time in five years. I think you will see that they're much more grounded in good nutrition science than any of the previous guidelines. And I think that will be very helpful. And then we'll work to help disseminate that information to Americans in all kinds of ways, so that people that want to make healthy choices have an easier time doing that. We are also working to have faster and better drug approvals so there's more

competition and more encouragement of developing new drugs, so that there's more affordable and accurate treatments available to Americans. We really want to make people healthier, but also make health care more accurate and more accessible and more affordable.

Esther Krofah 15:48

Earlier this afternoon, we saw the news of the announcement between the administration and Novo Nordisk and Eli Lilly on the GLP-1s, and we heard from Dr. Oz that we can expect more of these. How do you think about these direct negotiations with companies in helping achieve the agenda that Secretary Kennedy has?

Jim O'Neill 16:13

You know, if you go back 10 years, people wouldn't often think about regulators being involved in prices or government being involved in negotiating prices. But President Trump had this vision that health care is too expensive and that we should do everything we can to make all kinds of health care, drugs, devices, hospitals, affordable for Americans, while continuing, of course, to have many profitable companies building them. And, you know, in the past few months, we've seen the results with company after company coming to the table and saying, yes, there is a way to work with the president and with the department to make sure that drugs are affordable for Americans.

Esther Krofah 17:01

I think Americans are asking—one, we want to make sure that those are sustainable. How voluntary—do you even think about this, I mean, obviously having the ability to negotiate directly is really powerful. You can move very, very quickly. And these are voluntary agreements do you expect them to last? What do you think about them for the long-term?

Jim O'Neill 17:20

I do. I do. I think we've changed the understanding across the industry. I think even companies that we haven't started talking to yet are thinking about ways to put more of their supply chain in America, to think more about competition, to think more about how it's better to make your products affordable for many people, many more people, rather than, you know, trying to charge a shockingly high price and only have a few patients able to afford it.

Esther Krofah 17:53

If I come back a bit to public health and just thinking about our public health infrastructure, one of the things that we've started to observe around the country are either states coming together or regional entities coming together to issue their public health guidance for their jurisdiction. You very much empower local communities to take care of themselves. How do you think about the role of CDC relative to these states that are coming together to say, let's issue guidance that perhaps might be more applicable in their geography?

Jim O'Neill 18:27

So lots of states, lots of governors, have really done a lot in the past year to make America healthy again. We in the Department of Agriculture have cooperated with a lot of states to issue SNAP waivers so that SNAP is paying for healthy food, not for junk food. The taxpayers aren't subsidizing junk food for people. Of course, we're not banning it, and then states are also cooperating with us on sharing datasets so that we can do longitudinal for example, as well as disease surveillance studies over larger areas. You can find even weak signals when you have really large datasets. And states, of course, have a very significant role in a lot of areas of health. It's states that regulate the practice of medicine. It's states that regulate the practice of pharmacy. And we talk to the governors all the time, and are always looking for better ways to work with them.

Esther Krofah 19:26

Yeah. And so when they're coming together and issuing local vaccine recommendations, from your perspective, they should do that because it falls within their authority and they're taking care of their populations? How do you think about regionalized vaccine guidance, for example?

Jim O'Neill 19:42

Yeah, so the biggest role we can play is to make very transparent all the safety and efficacy data we can about vaccines, and we've been doing that. It's been getting some attention, which is great. We're going to continue working on that, continue making more data available, and when we find that a vaccine has not really had the extensive safety studies that people assume, we're going to sponsor those studies and encourage those to happen and, of course, offer advice that we keep updating on which populations have a good risk benefit for each specific vaccine, not lump all them together as though they were all identical. And then, of course, states can listen to our advice, listen to our data, and, you know, also make their own decisions.

Esther Krofah 20:30

Yeah. You've had a number of announcements over the last several months, we saw announcements happening in July with companies. We've had announcements with food companies and taking out different kinds of dyes. Do you have a favorite?

Jim O'Neill 20:45

It's hard to pick a favorite. Every month, there's so many great things that we're doing across the department. CMS is making sure that there's really good incentives going into the health-care system so that people are making good, rational decisions. NIH is launching better and faster research on nutrition, on looking for the causes of chronic disease and the causes of autism. FDA is constantly working to have better, more accurate, faster clinical trials and drug approvals, and also doing amazing work on medical devices and on food, on animal drugs. CDC is getting so much more rapid and more accurate. We are doing great new things with Head Start and with a lot of human services programs as well. It's really hard to pick a favorite.

Esther Krofah 21:39

How are you managing the shutdown? Thank you for being with us in the middle of a shutdown. I'm sure you're eager to get through this time. How is HHS staff and what's morale like during this time?

Jim O'Neill 21:51

Well, a lot of people are furloughed, so that's not something you can have a single response to, right? I think some people are enjoying a little break. Some people are very nervous because no one knows when the government will reopen. In the secretary's office, we're working harder than ever, eager to get the government to reopen so that we can get back to fully functioning.

Esther Krofah 22:16

What keeps you up at night? What are you worried about when you think about America's health?

Jim O'Neill 22:21

Well, it's a different thing every night. Sometimes I worry about a new pandemic. Sometimes I worry that people are struggling to get good information, and they want to make healthy choices, and they don't know where to turn or who to believe. And, it's kind of a tangle every night, but every morning, I wake up and try to improve at least one of those things.

Esther Krofah 22:49

Yeah, during the pandemic at FasterCures, one of the things that we did were track the development of vaccines all over the world. We talked a lot about, how do you identify potential pathogens before they turn into an epidemic or pandemic. So as you think about the role of CDC, how prepared do you think we are for a threat that we may not know could be at our doorstep? Will CDC be equipped to handle that?

Jim O'Neill 23:12

It's getting better every day. I would not say it's time to rest on our laurels. I would not say we're prepared for everything, but we are constantly striving to improve in terms of spotting outbreak sooner, which is partially a role of states, you know. When there's a very—outbreak is often defined as, like, three people who are not related, having the same disease in the same area. States usually jump on that first. At CDC we follow that, we track that, we stay on top of it. We're not allowed to really push our way in until states request our help. But we stay in touch with states so that we're ready. We know what's going on. We continuously offer support in terms of resources, vaccines, treatments, diagnostics, and we, you know, do a similar thing across the world.

Esther Krofah 24:07

Yeah, could we expect—I mean, obviously you said earlier that you're open for business. You want to hire. I was so privileged to give the commencement address to the public health students at GW in 2023. And so as you think about where we are with CDC, should we expect more people coming in than are leaving CDC?

Jim O'Neill 24:32

That'll be a constantly evolving number. We're going to keep improving the organization, keep trying to combine functions and reduce redundancy, while continuing to recruit. We have a lot of vacancies. We really need a lot of talent, and we're constantly hiring.

Esther Krofah 24:45

Yeah. What is your takeaway for those who are listening to this conversation, what would you want them to know, both about the vision that the Secretary has laid out and what you're trying to achieve?

Jim O'Neill 24:58

We're pursuing goals that I think are familiar to people now, but the tools that we're using are not necessarily things anyone's thought of, you know. You brought up the great example of negotiating drug prices directly with companies. That's a pretty new idea that's been very successful thanks to the President's leadership, and there's always going to be new ways of getting of achieving these goals, getting us closer, new ways to do research, new kinds of platforms, new kinds of AI, new molecules, perhaps. So I would just say, please keep thinking fresh, not being bound by the way things have been done in the past?

Esther Krofah 25:40

Well, I know stakeholders are eager to engage with the CDC and with your role overseeing all of HHS. How do they engage? What are the specific ways that they should work with you or work with the department on these big ambitions that you've laid out?

Jim O'Neill 26:00

Well, I would say sending your ideas to the Milken Institute is an excellent way to engage but feel free to reach out directly to whatever part of HHS you think could benefit from an idea or recruit or anything else.

Esther Krofah 26:17

Well, thank you so much for joining us here at the Future of Health Summit. Thank you for your leadership for the country. As I said earlier, your success is the success of the country. So we wish all the best for you, and all of us are eager to see America getting healthy again.

Jim O'Neill 26:35

Esther, it's been such a pleasure always talking to you. Thank you so much for having me.

Disclaimer: This transcript was generated by AI and has been reviewed by individuals for accuracy. However, it may still contain errors or omissions. Please verify any critical information independently.