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LEADERSHIP & BUSINESS PODCAST

EPISODE 150: RAJIV KOHLI – LIGHT AT THE END OF THE COVID TUNNEL

Ken White

From William & Mary in Williamsburg, Virginia, this is Leadership & Business, the podcast that brings you the latest and best thinking from today's business leaders from across the world. We share the strategies, tactics, and information that can make you a more effective leader, communicator, and professional. I'm your host, Ken White. Thanks for listening. Well, after a year of social distancing, virtual meetings, and homeschooling, people are ready to shed their masks and get back to life as we knew it before we were introduced to COVID-19. As the weather improves and we see family, friends, and colleagues receiving vaccinations, people are finally seeing light at the end of the tunnel. As we record this episode of the podcast, the CDC reports 11 percent of American adults have received both coronavirus vaccine doses, and two million doses a day are being administered. Rajiv Kohli is the John and Dalton Professor of Business at William & Mary. He's a leading scholar in health information technology and a health care expert. For over 15 years, he's worked and consulted with several top health care organizations. Kohli says we're getting there faster than many experts originally predicted. And as events continue to move in a positive direction, there are many things to think about before COVID-19 is in our rearview mirror. Here's our conversation with Dr. Rajiv Kohli.

Ken White

Rajiv, it's great to see you. Thanks for sharing your time and expertise with us today on the podcast.

Rajiv Kohli

Thank you, Ken. It's a pleasure to be here.

Ken White

So you know, everywhere I seem to go, almost everyone I seem to talk with has the same sort of question on their mind. And that is, when do you think life will get back to quote-unquote normal? What do you think? Where where are we heading at this point?

Rajiv Kohli

Yeah, so that's a tricky question because normal means different things to different people. So I think we will go through stages of normality or normalcy. We think that a July 4th around that time frame, we'll begin to step outside. If we are fully vaccinated, we can hang out with our family members. And CDC has just issued some guidelines on that, that you can go mingle with people in small groups if you are fully vaccinated without risk of infecting others. And then I think come Thanksgiving, things will start to crawl to normal, and there will be a test period between Thanksgiving and Christmas where we will see how we fared after Thanksgiving, how things went, did the spread increase, and then that will determine that Christmas and New Year's. So to answer your question, barring any unforeseen circumstances, I think we might have a normal as close to normal Christmas as we can expect. Some of that is also dependent on how the virus mutates and also dependent on how we behave as individuals.

Ken White

Oh, and that's a big piece of it, isn't it? We're already seeing people who have been vaccinated who may not want to wear masks or people whose families have been vaccinated and don't want to wear masks. So, so much of this is behavior of human beings, isn't it?

Rajiv Kohli

It is. And it's very understandable that there is some fatigue setting in where we are tired, and we don't know what to do. And, you know, we've spent a good part of this year, almost a year now spent indoors. And so it's natural for us, for us to feel that way. That we don't want to wear masks. But I think we are in the homestretch. It's not surprising that if you look at some other context, a lot of the traffic accidents, more than 50 percent of the traffic accidents happen within five miles of a person's home, and they usually hit parked cars. And the reason is that we get complacent because we are almost there. But what I would say to anybody listening is this is not the time for us to be complacent. We are almost there. We stuck it out for a year. Let's wait another few months and will be home.

Ken White

But we really crave contact with one another, don't we, at this point.

Rajiv Kohli

We do, and that's part of why we are so frustrated with wearing masks and social distancing. We do crave human contact and seeing our loved ones as I know they feel the same about meeting us. So that's why it's very important for us to exercise restraint at this time. And just to wait a little longer. I like the phrase that was being used around last Christmas when they said, let's be restrained this Christmas so we can have the next

Christmas and the following one. So, yes, it is very frustrating for people who been so patient for so long.

Ken White

But as you mentioned, maybe Christmas might be a good target. Would that mean at that time we would still wear masks? Like when would the mask possibly disappear?

Rajiv Kohli

Yeah, so that also is somewhat unclear at this time and dependent on where we are going, how many people are we mingling with, and who are we mingling with. So I would say if you are meeting people who are at higher risk, either because of age or other underlying conditions, we may still want to wear masks. The other aspect of wearing masks, Ken, is that it is also a signaling mechanism where even when you are vaccinated, you may still want to wear a mask because by wearing a mask, you're saying this is what is acceptable behavior, this is what the norm is. And that I am looking out for you because you don't know who will in your surroundings is not vaccinated. So even though we may be vaccinated, we still want to wear masks because we are telling others that this is the norm that we are following right now.

Ken White

Yeah, I think we've grown a little bit over this past year, right? We are looking at others a little more, maybe than we did Pre-COVID as a society.

Rajiv Kohli

Yes, we are. And, you know, when we talk about herd immunity, for example, that is all dependent on how others are taking care of themselves and, in doing so, how they are keeping you safe. So in that regard, we are our brother's keeper. We are our sister's keepers,

Ken White

Yeah.

Rajiv Kohli

because what we do matters to not just us but to others around us.

Ken White

We're starting to see some stories in the media about people traveling already. It's spring break time. Although most colleges and universities did away with their spring break and took the days and made them nonsecutive on nonconsecutive days off. But still, we're hearing reports about students heading south to Florida and folks who've been vaccinated

traveling. What's the travel situation right now? What would you advise people to do if they want to travel at this point?

Rajiv Kohli

So let me first address the spring break issue. And I've seen those pictures on T.V., people having a good time on beaches and so on. I worry about the young people because while they are less susceptible, they also think they're invincible. So while they may not see the same impact of COVID if they were to get infected as others would. They could be carriers, unwitting carriers, and bring them home. And if they're traveling from different parts of the country, they might bring it back to their communities, and we might see another spread. So in terms of travel, that is also this question about whether I should travel by air or by road. The air travel itself, the flying portion of the travel itself, is not that risky. In fact, it's relatively safe. It's what people do and where they mingle and who they come in contact with after the travel after they take their flight, and then they take the flight back. That is causing some concern. So the travel part is not that big a problem right now. So I would say that if you're traveling by road and you are going to a place where you are going to be by yourself with your family, perhaps on the beach and you rent a house, it's fairly safe. It's fairly safe. In fact, we did see during last fall, or even last summer, increased traffic going to beach areas where people were renting homes and not necessarily hotels. So to answer your question, travel right now within certain boundaries and constraints is relatively safe, or we can make it safe. It's just that when we travel, what we do post-travel is, is what causes some people concern.

Ken White

So three vaccines out there now. Are they different? Are they similar? Is there one that seems to be the favorite? What's up with all three? How do you approach those?

Rajiv Kohli

Yeah, so I'm also hearing about the effectiveness of different vaccines as far as the vaccines are concerned. They all do the job. They all do the job. And there are differences in the efficacy rates, but they are not really comparable because the trials were done at different times. And these numbers, this is 90 percent effective, and that is seventy-two percent effective. They all come from the trials. And again, remember, there were trials, which means they were controlled population experiments done at different times. So the Johnson & Johnson one, which is supposedly less efficacious than the other two, was done later, which means it was exposed to more variance. And so to the people listening, I would say take the first vaccine you can get because it will all make you safe and others around you safe. So I wouldn't worry about which one is more effective, which one is in numbers. It's almost like if you have a headache, and I give you a medication that's seventy-five percent effective versus sixty-nine percent effective. We don't know how it's going to act on our bodies. So just take it.

Ken White

We'll continue our discussion with Professor Rajiv Kohli of William & Mary in just a minute. Our podcast is brought to you by the William & Mary School of Business. The Post-COVID world will require new skills and new approaches, and those skills and approaches are taught in the William & Mary MBA program. We offer four different MBA formats, including the full-time, the part-time, the online, and the executive, all taught by our top-ranked MBA faculty. The William & Mary MBA will prepare you to succeed and lead in our new world. Check out the MBA programs at William & Mary. Now back to our conversation with Professor Rajiv Kohli.

Ken White

How does the vaccine work? What is it actually doing to us?

Rajiv Kohli

So I guess without getting into the science of it, what the vaccine does, it learns from or the development of vaccine learns from how the virus is made up, what is the structure of the virus. And it passes on the harmless part of that instruction of how the virus behaves into the vaccine to the human body so that the human body sees how the virus behaves. And in doing so, it starts to develop these protections, self-protection, which is our immune system, so that when it actually sees the real virus, it knows what to do. So there are differences in the viruses or the vaccine that we have. One is a messenger RNA-based, and the other is a slightly different approach. That only means that how we deliver that vaccine into the human body, one has the instructions, only the other has the actual messenger automated. So that gets a little scientific. But the bottom line is it's preparing our bodies before it actually sees the virus as to what the virus looks like so that the body can prepare itself and the immune system is built up strong enough that when the actual virus hits, it knows how to neutralize it.

Ken White

That's pretty amazing when you really step back and think about it. It's amazing, isn't it? And it was developed in a relatively short period of time.

Rajiv Kohli

Very short period, and so the mRNA approach is not new. It has been used for Ebola. It has been used for other viruses. So that technique has been around for about twenty-five, thirty years now. So it's not new. What is new is how we use that for dealing with the coronavirus, whereas the previous vaccines were generally taking the weaker version of the virus itself and injecting into the body. We are not doing that. So, in fact, that makes it much safer because, with the old approach of putting in a weak virus, there was actually

some small probability that people will get sick because it's actual virus, even though it's weak. But in this case, we're not putting any virus in. We are just simply putting the code. Think of this as a computer program that tells the body that this is what the virus looks like. So if you see this, how are you going to attack it? And the body says, okay, I'll build these antibodies, and I will attack it, and those t-cells float around your blood. And if you do get exposed to the virus, it knows what to do, and it kills it before it comes in.

Ken White

But yet some people are saying they didn't feel well for a few hours or maybe a day when they received their second shot. But how is that happening?

Rajiv Kohli

Oh, actually, if they don't feel well, that's a good news because that means the vaccine is working. So the temperature that we see oftentimes as a side effect, people get fever and so on, is actually body's way of learning how to deal with that virus, because it is a new thing that it's seen. So while building immunity, what the body is doing is getting used to that. But it's in a controlled environment. So that temperature usually lasts for twenty-four or 36 hours, usually after the second shot. After the first shot, you might get some muscle ache, or you might feel a little bit feverish, although we haven't heard many people get high temperatures. So that's just the body's way of getting used to this new intruder if you will. But in a controlled environment.

Ken White

It's been interesting to watch various countries, the rest of the world, and how they're dealing with it and fighting back. For instance, earlier a few days ago, the prime minister of New Zealand made the announcement that she was choosing one particular vaccine, the Pfizer vaccine. Why would they do that versus what we're doing in the U.S. with multiple vaccines?

Rajiv Kohli

So my research indicates that there is no real reason why they chose Pfizer over others. And it's not to indicate that they think that's safer than the others. New Zealand operates on a national health system, which is very different from the U.S., where it's mostly private. So when New Zealand decides to adopt a drug or a vaccine, in this case, it usually makes a deal with a company on a national basis. So the contract for the whole nation. That way, they can get a good deal, they can get a good price because they get better-negotiating power, and it's standardized. Everybody gets the same. New Zealand is a small country of four million people who need vaccination, the population maybe a little higher. So they really need about eight million shots, two for each. And it's not a large number that they want to divide up among multiple providers, which is what U.S. did, also U.S. was trying to

kind of balance the risk, if you will, that if one company cannot make it fast enough, we have another one that's making. New Zealand has small numbers, relatively speaking.

Ken White

You and I are surrounded by college students, undergraduate, and graduate students, and one of the things they ask me almost daily is when can we travel abroad? They want to study abroad. And we've been doing that, of course, in a virtual arena. But they'd love to travel. When do you think the world will return to that day when we can visit one another across borders?

Rajiv Kohli

Ken that also is a very complex question because a lot of that depends on other countries and their readiness to receive us when we go over there and their own policies about how they will reopen their countries. I suspect that we'll see Europe and European countries be more open and willing to admit U.S. students, travelers, whereas countries in Asia that are slower to immunize their population, either because of resources or because of large populations like China and India, that will take some time. They will be a little bit later. So a lot depends on how much they are ready and also what happens between now and say end of this year. How the virus itself mutates and how effective are the vaccines against those, and how we are living our lives and trying to prevent the spread. So if you become lax and it spreads more, and there are there's more community spread, it'll slow the whole process down, and it will slow down the reopening, whether it's within the U.S. or outside the U.S.

Ken White

We certainly don't want that—fear of missing out. I talk to people who haven't had their vaccine yet, but it seems like everyone in my family has had it. You know, some people say, what do you say to those who are waiting? They're just not going to get the vaccine for a little while. What kind of advice do you have for them to feel better?

Rajiv Kohli

Well, the advice is that keep doing what you were doing until now. I go back to my earlier comment about we are in the homestretch. I know it's frustrating. I know you're looking at other people and saying so-and-so got an email to go get their first shot. How come I have not, or when will I get it? Just patience. So there's nothing different you have to do if you if you've done well this last year. Keep doing what you were doing. You know how to keep yourself safe and others safe. The vaccine rollout is actually moving faster than we had anticipated. And we are hearing now doctors' offices calling their patients and saying we can schedule a vaccine for you, which means that there is ample supply. So I know President Biden announced that there will be enough vaccines at the end of May. Now, that doesn't mean that everybody will have shots in their arm by the end of May. But the

way things are going, we might see soon after May, everybody actually vaccinated, which is what gives me somewhat encouragement that July 4th may be the first time we'll hang out in and out outdoors with our friends and have a barbecue. We might still practice safe distancing and mask-wearing if we are too close or if we are with people outside our family group or bubble. So this thing is moving quite quickly and rapidly, and I'm encouraged by the speed at which we are moving along and giving vaccines to people.

Ken White

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