

### Authentic and understandable: How Dr. Vin Gupta became the voice of the COVID-19 pandemic

He sits in his home office wearing his white doctor's coat. He's preparing for an interview on the news, one of over 500 he's done in the last year. Now, he feels comfortable in front of the camera.

Dr. Vin Gupta wears the coat with purpose — it's a symbol of his credibility. A symbol of years of school and experience that led him to being one of the key voices informing the public about the COVID-19 pandemic.

In his profession, the white coat represents a tradition. But his path to a prominent voice was anything but.

“I felt comfortable being in this sort of exposed environment because I felt like I was speaking to topics that I was an expert in,” Gupta said. “I'm a lung doc who's worked in emergency pandemic preparedness and come from a military background and a policy background. I felt ready and primed for the moment.”

But Gupta's intention was never to become one of the faces of the pandemic. If that was his goal, Gupta said he would have never left Boston for Seattle in 2018.

In October 2020, Gupta told the Seattle Times he felt an obligation to use his expertise to help the general public.

Gupta, 37, graduated with a bachelor's degree from Princeton University, a master's in international relations from the University of Cambridge and a master's in public administration from Harvard University. He earned his M.D. from Columbia University's College of Physicians & Surgeons and had a fellowship in pulmonary and critical care from Brigham & Women's Hospital in Boston through Harvard.

Gupta is also a Major in the United States Air Force Reserve Medical Corps, where he serves as a deployable critical care aerospace physician.

“What I think makes Vin so unique is that he has that 30,000-foot view — actually kind of literally with his military background,” said Dr. Peter Hotez, Dean for the National School of Tropical Medicine at Baylor College of Medicine. “He has such a diverse background in policy and critical care that he can speak confidently and in detail about so many different areas, and he's very good at putting the whole picture together.”

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Dr. Gupta isn't one to accept the status quo. He carries himself with an edge, proud that the path he took to become one of the nation's leading critical care pulmonologists and an affiliate assistant professor at the University of Washington's Institute for Health Metrics and Evaluation is very different from the typical path out of medical school.

Gupta's unconventional background has served him well in his roles throughout the pandemic.

“I'm primarily a clinician but I've gotten to know different industries, different sectors, the lens of public health over the last 15 years just coming up through the ranks,” Gupta said. “It's given me cross-disciplinary training and it's allowed me, especially in my public-facing roles for NBC and other news outlets, to be able to speak with some degree of depth and nuance on issues that matter to all of us.”

As a part of his Air Force background, Gupta was a part of an interagency program called the Africa Peacekeeping Rapid Response Partnership, which helped allied militaries bolster their pandemic

preparedness and help train their medical staff in emergency response regarding epidemics and pandemics.

From 2015-18, Gupta worked with a team analyzing the Ebola epidemic response and pandemic preparedness in 50 countries. The goal of the study was to try and create a standardized metric to look at how prepared countries were to respond to different health threats — including nuclear, bio-warfare, zoonotic diseases and others.

As the COVID-19 pandemic began and media outlets needed informed medical experts, Gupta was an obvious choice with such a breadth of knowledge and wide-ranging background.

“I leveraged that background in cross-disciplinary training,” Gupta said. “It all came together in a way that I could never have expected or planned on.”

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While engaging with the public, Dr. Gupta said he focuses on two things: being authentic and being understandable.

Gupta said throughout the pandemic, a breakdown of communication has been a critical failure while trying to inform the public.

Doctors often get caught up in using jargon and speaking in complicated terms because it’s rewarded within the medical field as proof of one’s expertise. But during the pandemic, that type of language has proven to be a barrier between medical experts and the public.

“You don’t get taught how to operate in the public domain, how to speak in the public domain or communicate in medical school,” Gupta said. “You’re assumed to have a good patient or bedside manner, but you’re not taught how to speak to the masses or how to communicate to the masses at scale in an effective way.”

To combat this phenomenon, Gupta said he tries to imagine he’s talking one-on-one with a patient, trying to explain complex situations in simple language.

“This is a very common issue we do talk about in healthcare,” said Dr. Andrew Bindman, chief medical officer at Kaiser Permanente. “To be effective getting people active and engaged does require using simple language that relates to their everyday lives.”

Despite doing all he can to connect with people and inform the public to the best of his ability, Gupta still worries about how effective he is.

He worries that by being authentic and talking about his beliefs regarding the pandemic, he may accidentally come off as partisan, something he actively tries to avoid.

“Maybe I didn’t change minds, maybe I did. Who knows?” Dr. Gupta said. “I may not have changed minds initially but if the goal here is to just get people to pay attention, to ask probing questions, to seek more information, then I think that’s a win.”