

Brave New World: How COVID-19 Will Reshape the Globe

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00:00: Well thank you so much, Nick. It really, it's been wonderful to see Aspen pivot to digital, and for all of us, it gives us something to do in these otherwise confined times. So we thank you for giving us a robust and intellectually stimulating last few days, even if we don't get to see each other in person. I wanna thank David and Laurie as well for participating in this. And I have to tell you that we already had a very robust pre-conversation in which Laurie very, I think, aptly pointed out that conceiving of this session, even as of what's going to happen after COVID-19 might be our first fallacy of thinking. And that the brave new world aspect of this plague as President Trump might call it, and does call it, is that we might be living with this particular coronavirus for many years to come.

01:00: And so, I've already benefited from her wisdom on this subject, and I hope you all will as well today. I should note, you already know the drill in terms of asking questions. But you need to raise your hands and we will get to them before this session ends. Dave, I'm gonna give you the starting positions since Nick says you have pride of authorship in framing this conversation for us today. And you also have, I think, a very important piece in The Times today, which attempts to answer in a very clear and dispassionate way, "How Did America Get It So Wrong?" So why don't you start us out with a few basic metrics that shaped the conversation for what might come afterwards.

01:48: Absolutely, and it's a pleasure to be here with Laurie and with you, Susan, thank you for those kind words, and Nick as well. I have to say I have a small sense of déjà vu, which is, I've been to Aspen every summer for the last 12, I think, and the very first thing I did was speak to this group during the financial crisis in 2009, which really started my relationship with the institute. And so on the one hand, it's a déjà vu being back with you all talking about a crisis. On the other hand, instead of looking out at Aspen trees, I'm stuck in the basement of a house on the Outer Banks of North Carolina. So I miss being out in Colorado with you all. But I'm happy to start with the kind of where we are now, and I think the most important thing, and I'm sure everyone here realizes it, so I'll touch on it only briefly is, it is not inevitable to be in the kind of situation that the United States is right now. With schools evidently unable to open, with a sports league sort of a mess. My kids turned on South Korean baseball the other day, and my daughter said to me, "Dad, there are fans there."

02:48: And there are fans in South Korea, and there are schools in other countries that have opened. And for all of the uncertainty about this virus, there's a lot we know. We know that it spreads most easily indoors. We know that it's spreads with close contact. We know that masks and social distancing and ventilation all make a really big difference. And if you look at every other rich country in the world, Canada, our neighbor, Australia, which has a lot of similarities with the United States, much of Europe. Many of these places had some very bad death numbers, particularly in Europe. But essentially every place except the United States now has this under control. And so it really is possible to live with COVID, not in anything that looks like normal, it's a deadly pandemic. But also not with the dysfunction that we have in the United States. And so, I think the big question for where we are right now is at what point does the United States start to have a response that looks like that, with every other high-income nation in the world, all of which

at this point had been more successful than the United States.

03:50: So Laurie, let me ask you, I take David's point, but I wonder if we're all making it an even bigger set of assumptions that there is sort of a formula that's tried and true that will work to get us out of the place where we're in. Is there a sort of moment when we're going to be over coronavirus and talking about what comes next? Are we overly optimistic actually, right now when it comes to the prospects for a vaccine or a treatment that will make it a manageable aspect of life as opposed to the predominant aspect of life?

04:29: Yeah, let me first make a tiny correction. Nick referred to me as being at the Council on Foreign Relations and lest CFR get very angry, I left the council three years ago. To answer your question, look I said back in January that we were looking at best case scenario, 36 months with this virus in this acute phase of combat, if you will, between our species and it. And I think we've now blown most of the opportunities for that 36 month window, I think it's going to be much worse. The real question now is whether there's any hope of eradication or whether all we're looking at is wealthy country seeking strategies to eliminate viral threat within their borders, even at the expense of the poor world and middle income planet. And with policies that seek to take control of vaccine, take control of medicines and implement different strategies that seem appropriate to the wealthy world. This virus is of course in the same family with the common cold, and every one of you has had common colds over and over again, throughout your life. The immunity is not durable, it doesn't result in something that renders you permanently immune to the next common cold. It comes around over and over again.

06:00: And while this coronavirus might be exceptional, although so far the data points differently. It's more likely than anything else that we will see a fairly short duration of immune response, whether you're recovering from the disease itself or you receive whatever turns out to be our most prominent safe vaccine. And so, if we go the vaccine route, we're gonna be going multiple booster routes, and the current crop of lead contenders as listed this morning in the discussion with the World Health Organization, are all vaccines that require refrigeration. In some cases, the front-runner Moderna vaccine that the United States is pushing requires dry ice temperature, so it's more than just refrigeration. This almost completely negates global use. There's just no way countries that lack steady electricity, particularly in rural areas, can possibly manage a cold chain that has to be maintained at the level of dry ice.

07:12: And I fear that we're heading down a path, unless we can get a new kind of leadership both out of the United States and China, that will be very nationalistic in response, that will covet essential drugs, covet essential vaccines. And not engage at a level that could result in eradication of the virus, which would mean to go to a smallpox eradication scale campaign involving every country on the planet, millions of mobilized vaccinators, doses brought down to affordable price or subsidized, such that they can be used in the poorest countries on Earth and people reached regardless of their geography at the top of the Himalayas and in the most remote parts of the Pacific Ocean.

08:05: So, Laurie, just to be clear, when you're talking about 36 months, what does that entail for you? Until life returns to something resembling normal, or until there's a realistic vaccine that's widely distributed? What do you mean by that time frame?

08:25: Well, first of all, I don't think we ever go back to 2019, so I don't think that life goes back to a reset. And it's October 2019, and we're all going to the movies again and all the operas are open and all the museums and life is right back to normal and everybody's back to the office. Just surveys of Fortune 500 CEOs show they have no intention of returning to 2019. They're taking advantage of this moment to streamline the whole nature of their industries and their companies. They're never going to re-hire the same scale of personnel, and frankly, they're saving a lot of overhead by shifting the cost for individuals to the employee. So I'm paying my overhead, I'm paying my electricity for my office, I handle the insurance of my workspace, and I'm not going to a physical office that my employer has to subsidize. Wow, this is cheap labor if there ever was. And the companies have all seen this, they're seeing that they can handle having employees come in only for essential meetings, and the rest of the time it's going to be Zoom away, baby.

09:37: And I think as you go down the list of every single aspect of life, you can see that the transformation is going to be very real, that museums will just not be the same again, schools will not be the same again. There's going to be a new normal, a new reset. Now, the question is, that 36-month window, what am I talking about? That is me talking about whether or not we're still in the open combat stage with the virus. Larry Summers today referred to it as an endless whack-a-mole, and I like that. It's a good way of thinking about it. Are we going to be seeing surge, resurge, surge, resurge? Today, Belgium and France are both facing huge resurgence issues. Japan is in an endless whack-a-mole against cluster after cluster after cluster, and these are all supposed success stories. I think we've seen government after government try to cut a deal with the virus. Can we maintain our economy and keep the cash flowing, if I agree virus to do this to you or do that to you? And then we'll all hang from the cliff waiting for the vaccine. And one government after another is finding out that strategy A didn't work, maybe strategy B didn't work, and now they're down to strategy C or D. The bottom line is, you can't have strategic thinking, as all these national security folks on this summit know, you don't have strategic thinking if you don't start with, what's your strategic goal? We need a strategic goal.

11:25: So Laurie, I didn't think it was possible for me to be more despondent about the current situation, but perhaps you've already contributed to making it that way. [chuckle] David, two quick questions. Number one, broadly speaking, do you agree with Laurie's assessment about the time horizon. And then two, can you start to, given this sort of situation she's sketched for us, can you start to offer some bullet point thoughts, that we definitely will not hold you to, as to the political and economic knock-on effects of that becoming for the foreseeable future our new normal?

12:05: Laurie, you know much more about the science here than I do. I think there are a range of estimates, and no one knows. I think if you listen to Tony Fauci, clearly he's on a range that is... He's at a point that is significantly less than 36 months, and so I think there are a range of estimates. I think 36 months could end up being right, and for all I know, Dr. Fauci could end up being right and it could be less than that, when he says that he thinks that we'll have some sort of significant vaccine that will make a real difference by early 2021.

12:35: So I think for those things, I'll take a pass and say, "I'm just sort of trying to sort through the different estimate that people are making." I think in terms of the knock-on effects, I think it is important, and Nick, walked through a little bit of this at the beginning, which is if you sort of think

about the history of major crises, I think it's fair to have three broad categories of major crises that then have led to profound societal change. Sometimes they overlap. And so the three are: Wars, depressions, and basically pandemics. And I didn't understand, if you had asked me this question six or nine months ago, I didn't understand actually just quite how often pandemics are one of these things that reshape society. I think we all know about wars and depressions. I would add the Civil War to that mix. I think it's really important to remember that even as Abraham Lincoln and the United States Congress were fighting the Civil War, they were also passing bills to build the transcontinental railroad, and they were passing the Moral Act in order to found land grab colonies in this country.

13:41: And so there is really a proud history of... I've seen it alternately accredited to Larry Summers and to Rahm Emanuel of, "Never Let A Crises Go To Waste", in which this country and other countries, Canes did this a lot in England, look at a crisis and say, "We not only have to put out this fire, but we have to use it to make the next fire less likely." And so nothing is inevitable here. I saw someone I admire, Fermin Lopez of Vox, speculate on Twitter today, "Maybe we'll get a vaccine much quicker than we think, and Donald Trump will win re-election." But at this point, it looks like the most likely scenario is that Joe Biden will win election. He may or may not be taking office with a Democratic majority. I am less optimistic than Joe Biden is about bipartisan compromise. I assume there is a good chance the Democrats will get rid of the filibuster, if Republicans won't compromise. And at this point, I think we should assume Republicans won't compromise of the Democratic President.

14:39: And then I think we're looking at a situation which Democrats may, if they retake the Senate and the White House, have an opportunity to pass a set of legislation, progressive legislation, as Nick said, be it on the climate; be it on trying to address inequality; potentially on education and I include pre-K in that, that really could look like the sort of waves of progressive legislation that we had in the 1930s, that we had in the 1860s, that we had to some extent in the 1960s. And then essentially try to address some of the crises; the slow-boiling crises that our society is grappling with. Inequality did not cause the coronavirus, but it is making its impact so much worse. When you look at how much worse our healthcare system is functioning in many ways than other countries. When you look at Taiwan, with their electronic medical records that helped them go out and squash the virus quickly. There really are ways in which we would be fairing much better as a country in this crisis, if we had a better, stronger way to protect people. And so, I think it is reasonable to think that this crisis could lead to an outcome like that.

15:51: Now, David, I'm amazed and I compliment you for your ability to retain your sense of optimism in the midst of this. So that's one scenario, and It's obviously a hazardous business to be in the business of predictions. I am out of the political prediction business ever since 2016, which I gave a speech very confidently in agreement, there was no possible way that Donald Trump could be the Republican nominee, never mind the President of the United States. So I'm not in that business anymore. Laurie, David has offered a sort of progressive capital P version of the political after-effects of this, and the idea that the United States would look at its bad performance and essentially feel compelled to reform and to do better next time. What are some of the political knock-on affects you see? Are there less positive scenarios?

16:51: Well, first of all, let me be clear about the difference between what Tony Fauci's forecasting

and my forecast as David said, "Is it 12 months; is it 36?", what-have-you, I think one of the most important messages that Dr. Tedros was trying to put out this morning, from WHO, and that I consistently harp on, is that this virus doesn't go away unless it goes away in the world. So, sure, we might have a vaccine that gets announced as having excellent phase-three trial results by December, and might actually be able to start rolling it out in some commercial sense in the first quarter of 2021, but that will only be for Americans and will see the virus returning constantly. So all we will have done is shift the stage of the battle, but if it doesn't provide life-long immunity and none of these companies seem optimistic about that, then it's not gonna be like rolling out the measles vaccine. It's going to be more like rolling out the flu vaccine, which as you all know, you have to take again every single year. So that's first clarification.

18:07: I think there's a bunch of things that are going to happen as we go further into this epidemic. I've been in 30 epidemics, minimum that I can count off the top of my head in my career, and I've been a student of pandemic history to some degree. And of course, I've read the great William McNeill breakthrough book of the 1980s, "Plagues and Peoples", and Jerod Diamond's work. And what we see is that every major pandemic has permanently altered societies; permanently altered the nature of the culture; relative balance of power between such institutions as the dominant religion; the dominant entrepreneurial class or equivalent, there of; military, and so on. And it's really striking that the 14th century plague, which obliterated 80% of the population of Florence, and of Tuscany, and took tolls across all of Europe that averaged out around 30% death tolls.

19:25: For centuries, it was never called the plague. It was referred to by the historians of the 15th, 16th, 17th, 18th centuries as the great mortality, a mysterious event. Somehow all of a sudden there were missing humans. And yet what it fundamentally did was undermine the power of the Roman Catholic Church, undermine the power and control of its minions spread out all across Europe because the Church couldn't... God couldn't stop it, the Church couldn't make it go away. And when the Pope, to maintain power, installed priests who basically bought their priesthoods in order to make a fortune off indulgence payments, it created a sense of the corruption of the Church, which ultimately led to Martin Luther and the Reformation. And it also fundamentally changed the relationship between feudal lords and the feudal class, in the sense that there was suddenly such a labor shortage that there were inadequate serfs, slaves, whatever you wanna call them, to harvest crops, to make elegant tapestries, to clean the castle, etcetera, and suddenly you had to pay people. There was the ability to bargain and negotiate. The great artisan guilds all grew out of the plague and became sources of real power and wealth that shifted from just the feudal aristocracy.

20:55: And as you go through epidemic after epidemic, let's get more recent in our time frame and talk about HIV/AIDS. It's striking to me, and it never ceases to anger me, that when people talk about great plagues, they just refer to the 14th century and 1918, and act as if HIV never happened, or in fact is continuing to happen. But well before COVID came along, we were already in a pandemic, and it was a pandemic of HIV/AIDS that has claimed, sickened more than 75 million people and killed more than 35, 40 million people. And we have another 35, 40 million people being kept alive today because they're receiving treatment drugs largely through our PEPFAR program and the global fund to subsidize them, keeping them alive. I see a scenario where we could actually end up with COVID with some mixture of periodic vaccination with boosters and medication that results in something that's a sort of pseudo-PEPFAR, another scale of a huge shift of wealth and technology from north to south, from wealthy world to poorer world, to keep a huge

percentage of the population of the planet alive. And it becomes yet another giant layer of bureaucracy on the global health infrastructure, and just like HIV/AIDS, is eventually put out of the minds of the collective wealthy world, because, well, we got that under control, even though, as is now happening in South Africa, people with HIV/AIDS are not able to get their HIV medication as South Africa's being overwhelmed by COVID.

22:49: So David, your piece today suggested, and I think looked at one of the fallacies of thinking, Laurie has suggested another, which is perhaps that we're not thinking in big enough terms about how disruptive this can be. But certainly in the United States, one of the problems that evolved early on was a failure of thinking, right? It was a juxtaposition between the economy and dealing with the virus as if those things were in opposition to each other. And you highlight that as one of the key reasons that the US has had such a troubled response in many states. Economically, where do you see us at now? Has that been definitively debunked? And are we thinking big enough about the potential disruptions that could result? Laurie has suggested some of the political or global public health changes that could be actually much bigger than we've envisioned. What about in terms of the global economy and the economy of wealthy nations like the United States?

24:00: "Debunking" is a great word, Susan, and the problem with debunking is something can be thoroughly debunked, but if people don't see that it is, to some extent... Right? If there is a debunking that people don't see, it's like the tree that falls in the forest. And so I think clearly the notion that there's this great tension between public health and the economy has been debunked, right? And we see that in a few different ways. We see it because economic activity started to take a sharp downturn before states announced stay-at-home orders. So it wasn't people waiting at home, what is my governor gonna tell me to do? It was people saying, wait a second, I don't wanna get sick. I don't wanna die, I'm not going to the mall. Some number of people, and you really saw that that really came down. And so then, but, these stay-at-home orders still affect people. And so you had in many states this notion that, wait a second, enough already. We've paid too much attention to the virus, it's time to worry about the economy. The only way to bring the economy back, Austan Goolsbee calls this the first rule of virus economics, is to beat the virus, right? So if we wanna help the economy, we've got to get the virus under control the way other countries have.

25:10: One of the things that's really interesting about the resurgences in other countries right now, which is, they are worrisome. You look at Australia, Laurie, you mentioned Japan, they really are worrisome, because they can feed on each other and then become something big, but so far, if you put the situation in the US on a graph with say the resurgence in Japan, you can barely see the Japanese resurgence, because it just pales compared to the US. So what happens, Susan, you're asking, longer term or medium term with the economy? I think that in the medium term, we're gonna have a lot of hardship. We're gonna have a lot of people out of work, we're gonna have a lot of hits to income, and we are gonna really need to think about ways to address that. I was pretty negative about a major part of the first stimulus bill, which is this idea of sending checks to everyone under, I think it was \$75,000.

25:58: I don't think that makes a lot of sense. I think people who didn't lose their job if anything had a reduction in their expenses, and so they really didn't need the money, and you see this in the data, they saved the money. I think the right thing is some sort of targeted solution, you can do it through our unemployment insurance benefits. I would argue that the thing that's worked better around the

world is essentially subsidizing companies to keep people employed, so you keep that worker-employer relationship. We still need to get control of the virus, but once we do that, we're gonna be dealing with a whole lot of economic trauma in terms of lost income and lost jobs and people really having their lives disrupted.

26:37: What does it mean, though. When Laurie suggested that there's no going back to the day before, in many ways similar to the political fact that we're really not gonna be going back to November 3rd, 2016, no matter what Joe Biden campaigns on. Economically, that must be true as well, that there are going to be structural shifts that are profound as a result of this. I'm curious what you both think about that.

27:05: It is, but I don't think we yet know what that's going to look like. So I don't doubt, and in the piece Nick kindly mentioned, I predicted as much. I don't doubt there'll be a real rise in the number of people working at home, or the number of people working at home one or two or three days a week. There are some real advantages, actually, to working at home one or two or three days a week. If your kid has a doctor's appointment, it's sometimes easier to work at home than not. But I think we really don't know. If we get a vaccine, whether it's one or two or three years, I think there's probably a lot of stuff that will go back to looking largely as it did before the virus. And then there's a whole bunch of stuff that probably won't. But human beings are social creatures, we thrive on interaction, and so I assume that most forms of human interaction will either return or will return in a slightly altered form. And while the changes will be profound and I apologize for ducking the exact prediction of what they'll be, I think there will be more that doesn't change than does change.

28:16: So, Laurie, I wanna get your answer on the economic question. I just wanna remind the audience, as soon as we do that, we are gonna go to questions. What you do is you raise the hand in that function that's located in the center of your media control bar and then I'll try to call on you before our time is up. But Laurie, if you just quickly have a response on the economic disruption piece?

28:41: Well, again, I'm looking at it from the 50 thousand foot level, and if you look at the IMF details regarding their projected negative 8.5% GDP for the United States, negative 4.8 GDP for the world for this year, if you look at the Euro bank projections for the European region, Asia Development Bank projections for that region, they're all really grim. Everybody's going into negative GDP territory. And so this going to result in different economies taking different drastic measures to offset. In some cases, they'll have a central bank function like our Fed, pouring tons of money in to try and juice the economy up and up the amount of liquidity flowing around. But in some cases that won't be possible, they won't have that kind of resource, they'll be digging into debt on a scale they can't handle. And then I think you're gonna be looking at more and more austerity program responses, and that's going to tighten already gasping economies, already gasping populations.

29:58: Look today at what we're seeing in Lebanon. That's a country where the hospitals were starting to fill with COVID again. They'd had a first surge back in March and now they were having a resurgence, and all of a sudden this fertilizer that had been sitting in the harbor for six or seven years explodes. And you can't even imagine how a place as fragile as Lebanon can find the resilience to come through these two parallel struggles at once plus this massive Syrian refugee population. You

can start going through the list in your mind of governments, countries, and then here inside the United States, of cities and counties that were already facing problems A, B, C. Then COVID came in, and one more problem. NOAA just put out their forecast for this summer's hurricane season. They're calling it an historic season coming, with 22 hurricanes and tropical storms due to slam the United States between now and October. I hope they're dead wrong.

31:09: They're saying that at least nine of them will reach major hurricane status. Now, you're talking about the very same states, we heard from their mayors this morning or this afternoon, the very same states that are really struggling with COVID. How will Florida deal with a Cat Two, a Cat Three hurricane? So I think when we try to forecast economic good, bad, ill, terrific, we have to remember it's not just COVID, and each fragility makes the whole system less capable of tolerating the next assault and the next and the next.

31:52: So we are rapidly running out of time. We have two listeners with their hands raised, so I'm gonna go ahead and I'm gonna give questions to them, and then we'll see how far we do and whether we can get a next round. So our first two questioners are Michael Bociurkiw and Vegan Joti. So if you wanna go ahead and ask questions, that would be great.

32:20: Hello, can you hear me?

32:21: Yes, thank you.

32:22: Okay. Well, thank you for taking my question. I'm Michael Bociurkiw, and I'm a contributor on CNN opinion. I also post a podcast, and I've been writing about and commentating about COVID for quite some time. My question is the following, to both panelists, if they can. A lot of the world's strongmen, whether it's Putin in Russia, or Orbán in Hungary, or others, Xi Jinping in China, have been using COVID-19 to level the playing field, and by that I mean postponing elections, jailing opponents, harassing journalists, and my big worry and I think the big worry of others is that these harsh measures will stay in place for quite some time if not permanently, and I'm wondering how they feel about that. Is that something that keeps them awake at night while they survey the global landscape? Thank you.

33:21: Thanks, Michael. And then our next question is from Vegan Joti.

[pause]

33:38: Okay, I'm not sure that one's showing up.

33:40: Can you hear me?

33:40: Oh, yes, thank you, thank you.

33:43: Thank you so much for taking my call, and Dr. Laurie, thanks for your leadership. And since you have studied several pandemics like Ebola and HIV, let me ask you about the connection of pandemics with animal slaughter. Since several of them, HIV, Ebola, MERS, SARS, BSE came

from animal slaughter. Should we close down these live animal slaughter markets which are still operating in US, China and the world? Or shut down these concentrated animal feeding operations which are brewing the next pandemic, the H7N9 avian flu and the swine flu, G4 EA H1N1. And besides, as you know, that going plant-based dramatically improves the health, it has an enormous impact on climate change, social justice, and is kind to the animals. Thank you.

34:25: Okay. Laurie, do you wanna go first with that one, and then we'll go to David?

34:31: Okay. Well, obviously, having spent a lot of time in wildlife markets and animal markets all over the world, I have a real problem with how they operate, and we definitely have evidence of jumping from species that are brought into animal markets, both between species in the markets and then from them to human beings. I was in the Guangzhou market that spawned the SARS epidemic of 2003, and I was in there before authorities took measures to shut it down and limit the spread. And I was astounded by the way the animals were stacked one species literally cage atop another atop another, so that bodily fluids going down and infecting the next layer and the next layer and the next. And people wandering around barefoot and... Well, it was no surprise to me that a situation like that spawned the outbreak. And there was a whole effort by HIV researchers back 20 years ago to go through wildlife markets in search of evidence of primates that carried an ancestor virus to the human HIV virus, and indeed they found ancestor viruses in West African wildlife, chimpanzees and gorillas in particular.

35:58: So we definitely risk a great deal with these wild and live animal markets. The live animal market problem is quite substantial because offsetting it means getting people accustomed to refrigeration, to buying animal parts as we do in supermarkets, packaged chicken thighs instead of a whole live chicken. And it's a cultural issue, it's an economic issue, and in the end it's a climate change issue if you increase refrigeration that substantially, particularly across Asia. And just real quickly on the dictator issue, I think it's very clear that COVID is tracking as a particularly difficult problem in countries that have autocracies. And that where there's a lack of trust between the general population and its rulers, it is harder to implement strategies that require compliance from the population over a long period of time, and especially if those strategies are considered highly inconvenient. Is it inconvenient to wear a mask, is it inconvenient to school your children at home, is it inconvenient to not go shopping? And I think very clearly, the example that rises immediately in my mind is Duterte in the Philippines, where he clearly has already used the COVID crisis to further restrict the activities of journalists, and the Committee to Protect Journalists has reported a large increase in attacks and imprisonment of reporters in the usual suspect countries, under the guise of violating COVID restrictions or leaking inappropriate COVID information.

38:00: Thank you, Laurie. That's an excellent point. David, do you wanna pick up on that in this question of what a dictator or someone else might make of the opportunity presented by the Coronavirus?

38:11: Yeah, and I think it's an important point, because, I mentioned before that wars and depression and pandemics have this history of changing society. Those are all bad things, war, pandemic, depression. There's nothing inevitable about them producing a political response that makes people's lives better, right?

38:29: The event itself makes people's lives worse and then creates essentially the kind of chaos that can lead to political change. The political change can make people's lives much worse. And to use just a small example here, it's not on the same scale as restricting people's rights or jailing dissidents, but I think that there is good reason to expect that absent government intervention, this will lead to a further concentration in many industries, in which big companies will do better relative to small companies. It's easier for them to move online. And so you could very easily imagine how this pandemic left to its own devices, leads to more concentration, more economic inequality, more hard times for regions that aren't home to very large companies. So the question is, what is our societal and our political response? It is possible to have a response that lifts most people's living standards, that increases people's democratic rights. It is also possible to have a response that leaves people much worse off. And it's why I think that the post... Or Laurie, I'll take your point, not post, but the mid and then the post COVID era will be something of a historical turning point. We don't know which way.

39:49: So we have one more question, I think we have time for, Steven Keenan, if you can keep it crisp, we'll try to get one more question and answer in, thank you.

[pause]

40:06: Can you hear me now?

40:09: We can.

40:10: Yes, thank you.

40:11: Thank you very much for a very informative discussion on, and I'll make it very crisp. We're talking a lot about vaccine. I don't hear much talk about this being a great opportunity to lower our obesity issues that we have as a nation and really focus on our personal immunity, boosting up our immunity and also our community immunity. And thank you, once again, for a fantastic Aspen Security Forum.

40:45: I'll take that. Thanks for raising that, Steven, because one of the things I have been pushing, to the degree I have any power to push anything, is that we really should be linking testing to hypertension assessment, blood sugar assessment. We know the two biggest risk factors for ending up in acute care, ICU, and ultimately, death, are comorbidities with COVID infection, in particular, hypertension and diabetes. Hypertension, that's the easiest intervention there is. It costs practically nothing, just the human that puts the cuff on. And we should have a situation where we're taking opportunity of the fact that the very people who are at highest risk turn out to also be African-American, Latino, indigenous peoples in the United States, where there are high rates of totally untreated hypertension in their communities already. High rates of untreated or under-treated or inappropriately treated diabetes.

41:56: If we could couple at first front step of testing, have it a threefold test, yes, you're getting a COVID test, but you're also getting a quick work-up for hypertension and a quick blood glucose test. These could be instantly revealed and we could end up intervening in a way that, not only deals

with COVID, but deals with two other great health crises, cardiovascular disease and diabetes. And raises the level of trust in underserved communities, a feeling that, "This is more than I'm just getting the occasional COVID test. I'm actually getting life-saving intervention around my history of blood sugar problems, of hypertension and so on."

42:45: So, Laurie, that was such a proactive and specific suggestion. David, I'm gonna give you the last word here, as you were reporting this terrific article today, did you hear anything specific or constructive from all those experts that you think we're not doing or that surprised you that we might take a look at?

43:03: So I think this is arguably for earlier in a pandemic than we are right now, but I wanna answer your question, literally, something that surprised me. I think historically, epidemiologists and other experts have not thought of travel restrictions as a particularly effective way to deal with pandemics. And I think if we're being honest, travel restrictions make a lot of liberals uncomfortable, and I include both the kind of left-wing liberal notion of the United States in that group, as well as the more European notion of liberal, people who believe in open markets. We wanna believe we're in a world where you can travel around, and immigration, harsh immigration restrictions, make many people uncomfortable. They often smack of xenophobia. I think in the case of... One of the things I was really struck by is, if you look around the world, if you look at Asia, if you look at South Korea, and Hong Kong and Taiwan, if you look at Australia and New Zealand.

43:58: You saw countries, some run by conservatives, Australia, some run by by liberals, New Zealand, in which well-thought-out rigorous travel restrictions really did seem to make a substantial difference. They were not sufficient to control the virus. They are temporary, but they can slow its spread in a way that really can save people's lives. And so Jared Baeten, who's the Vice Dean of the Public Health School at the University of Washington, said to me, "Restricting travel has been so successful in some places in holding down the disease, I think we as epidemiologists in the future are gonna have to look at whether we should be recommending that more than we have." And that to me was the most surprising part of the reporting that I did for that piece that just went on The Times website today.

44:47: Well, it's a very provocative note to end on, I'm sure.

44:50: Can I just have one sentence? After 9/11 when all airports across America were shut down, the flu season was delayed by two weeks.

45:02: We're gonna have to leave it there. You guys can keep arguing it over offline, I think. I see our wonderful empresario and host, Nick Burns, ready to introduce the next session. I wanna really thank, Laurie and David, 'cause I feel like you have cut through so much of the noise. And as profoundly depressing as it is, I'm also really grateful to both of you for helping us to navigate this incredible period of time. And thank you, of course, to all the listeners as well for your smart questions and for paying attention.

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