

Covid State of Play: Authoritarian Politics & COVID-19

October 6, 2020

Well, some of what we begin with is throat clearing anyways, so I will get us started. Hi, everybody. I'm Jonathan Zittrain, I teach law and computer science. And with my intrepid co-host, Dr. Margaret Bourdeaux, we have been convening on Zoom irregularly and fitfully since April or so to take stock of what's going on with the global coronavirus pandemic-- how we might assess it. How we might improve our lot collectively within it. And whether there are aspects to it that despite of course, massive public interest in it and corresponding coverage of it we might uncover so that we might think a little bit more deeply and fulsomely about what's going on. And to that end, we're really pleased to have two guests with us today who have been thinking on the big picture.

One of whom will have to leave actually halfway through our broadcast. And the first, I actually just introduce them right now as a matter of fact. The first is Jennifer Prah Ruger, a professor of health equity, economics, and policy at the University of Pennsylvania who studies the relationship between political structure and global health outcomes and inequalities. And also, Professor Rivka Weinberg, professor of philosophy at Scripps College, specializing in prokaryotic ethics, bioethics, ethical questions surrounding birth, death, and perhaps many things in between.

So again, thank you both for joining us today. And before we throw it to you I should throw it to Margaret. And also, alert our watchers that the chat room is not enabled, but the Q&A function is. So we'll keep an eye on that. And if you happen to be watching this not through Zoom webinars, but on our corresponding YouTube, and I think we also-- maybe it's just YouTube. If you're on Facebook Live, I don't know what you're doing here. But if you're also watching there, feel free to tweet @BKCHARVARD, Berkman Klein Center Harvard, with any questions you might have while we go.

Before we jump in, Margaret, maybe I should just tee up for you the question I ask every time, which is where do we stand since we last gathered? What's the slope of the curve of this thing? And if you have one word to open to describe how you're feeling about things what would that word be?

[LAUGHS] Not the one word, Jonathan, I already told you and warned you that I feel like whenever we start with these things I'm overly gloomy. I feel a little bit at sea, you know, when talking about it. I actually I'm going to do something I almost never do just throw it back to you. And actually, our [AUDIO OUT] because I actually am very curious to know what word you would use. Where do you perceive us to be with respect to this epidemic? I just want to say the word that you would choose with respect to the epidemic as it-- just as a matter of disease control.

What would be the word that you would describe? How much control do we have over the epidemic? And I'll say why I'm doing this in a second, this painful exercise. But I'm curious to know what your impression is.

Well, I'll buy Jennifer and Rivka a moments of extra time to think about it. And offer my own word, which I think is going to be, lulled. L-U-L-L-E-D. That if this were any form of narrative, by now we would have been on to the next act and there would have been narrative progress. And enough with all these precautions, things feel more normal just because they narratively should. Well, of course, the virus doesn't particularly follow that convention. And that lulls us perhaps into a sense of complacency that goes very much to the apex of the American political system in thinking about how to handle this. And something that requires sustained attention and resources and even medium and long term planning. Even to this day, maybe, still is not yet getting it. So that's my word is, lulled.

OK. I didn't mean to put our guests on the spot. I guess, I can also just stop there and return to you guys later for your word. But the reason that I wanted to do that was because I think that that is true. That a lot of people feel everything is abnormal, but it's been so abnormal for so long. And the viral rates are-- they feel like that they should be lower. When in fact in two thirds of the country, the number of cases is increasing.

In Massachusetts, the number of cases is increasing. We just had our highest day of new cases since March this past week. So I would say in general in terms of this epidemic trend, in terms of new cases, the word I would use is, accommodated. To summarize kind of where we are, we are not in a good place. We still are having about 700 to 1,000 deaths a day in this country.

We still have a very weak public health response. Really, we haven't distributed our public health goods in a way that reflects any form of equity or of justice. And we are still asking people to take on enormous risks. And kids are out of school. The economic damage is still ongoing. So I think it's again, I hate the word because I'm always so bleak here at the beginning.

But the thing that I think is charged on to the front page and to the top of everyone's mind here is again, the National leadership of this epidemic response, or the lack thereof. And not even just the lack thereof, but really the act of undermining of efforts to contain the epidemic. And the issue that I really want to wrestle with all of you today about is the issue that we've sort of been trying to keep in our peripheral vision, I feel, as a public health community.

And that issue is the malignant nature of the federal leadership. It's not just ignoring the crisis or even denying the crisis. It's undermining efforts to contain it. And undermining the institutions and the trust in the institutions of our public institutions that would give us the tools that we need to contain it. And so this is a very vexing political moment. It's certainly not something that I learned about how to handle in medical school.

It's really not something that took center stage when I was a student of public health. But it was something that took center stage when I worked in different countries around the world experiencing health crises or conflict. And where you had to contend and think very carefully about how to contend with political leadership as you were trying to implement a public health program. And so I thought it would be really helpful, frankly, to me to talk with our two guests today about this issue. How should our public health leaders take into account and cope with or address the political leadership of the country?

And I think both of our guests have thoughts about this coming from different traditions and different frameworks. But the first person I wanted to turn to is Professor Ruger, who-- have we done introductions properly? [LAUGHS] OK. So Dr. Ruger is a professor of health equity at University of Pennsylvania. And has written a series of articles that I have found very profound about the relationship between political configurations, political contexts and responses to health, either emergencies or health issues.

And I find some of the features of these things that she has described and some of the dynamics that she's described in, particularly in authoritarian countries, to be familiar all of a sudden. And keeping me up at night as I wonder if those are truly the dynamics that are playing out in this country with respect to handling COVID. So Professor Ruger, I'll just turn it over to you to say, maybe you can describe a little bit about what you've seen and studying the responses to health crises in authoritarian countries and governments.

Well, thank you, Margaret, and Jonathan, and Rivka and all the participants. This is a terrific venue. I think it's a wonderful focus that you all are bringing to the conversation. I want to focus on four characteristics that we've been looking at in the health equity and Policy Lab as we look at the difference in responses to this pandemic around the world, and of course the epidemic in the United States. And of course, as you are saying, Margaret, our work, we do couch in a justice framework. And so we're interested in these characteristics of number one, governing for the common good. What does that look like when countries, nations, are focused on the good for everyone? That's the first thing.

The second thing is a sense of shared responsibility. And one that's been particularly focused on scientifically grounded systems. So we have a shared sense of responsibility for a scientifically grounded approach.

The third is rational and compassionate and transparent communication. And that's the really the interaction between government and the leadership. Whether it be international, national or within a country. And the people who are in the process of trying to help combat the epidemic and pandemic themselves.

And the fourth is ethical leadership and trust. And this is sort of a set of characteristics that we're looking at in terms of trying to understand what separates more effective responses from those that are less effective. And what are the measures of that? Number of cases, but particularly death rates and mortality rates. And also, whether or not the vulnerable groups or certain groups of the population are protected in ways that we would expect under a system of justice and effectuating justice and health.

And do you find yourself revisiting anything from the paper, which for all of the factors you just enumerated explains by having a more responsive Democratic-- I know it's a loaded word, but Democratic regime is likely to lead to better outcomes. Is there anything counterintuitive about the pandemic of 2020 when we see regimes that are anything but Democratic able to quite promptly tell people, all right, you all are quarantining here. We don't care what you think. You better have a green card on your phone that lets you into the store and if you can't show it you're not coming.

I mean, the sorts of things that only an authoritarian regime can do. How does that complicate, if at all, your four factors about long term sustainable public health?

Yeah. No, that's a great question. I would like to differentiate between using authority and authoritarianism. And I think it gets to your question. Because for sure countries are using, and national governments are using their powers of authority. And some would argue restricting people's liberties in ways that in this country and some other places people would find extremely uncomfortable and problematic, and in violation of these liberties.

However, there are countries that are using these authoritarian or authority like standards that have worked with their populations to, let's see-- convince, I don't think is the right word-- to educate, to understand collaboratively. That it's in everyone's interest to for example, in technology have an app or some sort of a digitized, or some sort of an electronic way of tracking this virus. Who has it? Who doesn't have it? And restricting access to certain areas of our spaces accordingly, in order to save lives. In order to save people from illness and sickness. And so the question is, how did governments do that? And are they doing it effectively? And we are seeing that that's happening pretty effectively in many countries. I mean, you look at South Korea, and Taiwan, and even countries like, even European countries. Even Asian countries, like New Zealand I'm thinking of. There is a great degree of restriction and the use of authority.

Quarantines is another way that we use our authority. But in those cases the secret sauce is that there is a understanding on the part of the population that these are necessary efforts. There is also a recognition that they may be temporary. So they may not last forever. That this is something that we might move on from after this epidemic in a country and pandemic, globally subsides. And so there is a temporal aspect to it also. And I think that that's also critical as to this particular disease.

Yeah. And you know what? You've described as the positive attributes of a country that in a governance structure that can cope with the health crisis. I think your negative examples are also very instructive to me. In laying out some of the case studies of China and their experience with SARS-1, their experience with HIV, and their experience even with the famine. And looking at really what kind of went wrong and those in that political context. I wonder if you could just say a couple words about what didn't-- what were the features of the authoritarian culture in government that prevented them from being able to address those health crises.

Yeah. Thanks, Margaret, for asking that question. I'm really glad you did. Because I think one thing we want-- look, we're still gathering more information about the origins of this virus, and where it came from and all these things. But current state of knowledge is that it came from China. And within that authoritarian regime there were efforts made that were less transparent and forthcoming than they might otherwise have been. Both in understanding what we all know from global preparedness that one of the major sources of new viruses is going to be the transfer from the animal to the human population.

And so this is something that is not new. We know this. We understand this. We have many, many reports in the global health governance system. And so recognizing and employing that to one's own advantage, but also to the global community's advantage as something that is a critical

part of an open and transparent dialogue that looks for solutions and does not try to cover up or explain or otherwise, fail to address the heart of a problem. That's number one.

Number two is the slowness in the response. And this is why we're having-- so we have now a global geopolitical problem. This sort of tension between the US and China. The backdrop to the WHO and what it did and didn't do in the entire UN system and all these things. But essentially, we are talking about whether or not information is shared independently. And as you know, in one of my other articles I've argued for a much more independent international organization. I believe we should have a global Health Organization that is global in the sense for all people as opposed to international for nations interests to be advanced.

And so this is another area where whether you want to call it authoritarian or not, a characteristic of not sharing information. And information not being transparent and independently verifiable is highly problematic. And this is what the openness and the transparency, the impartiality and the independence, gets us. And that's what we want because ultimately, these are scientific problem. I believe these are scientific issues and they're issues of justice.

Fantastic. Yeah. You know, one of the surprising things that you wrote that struck me so relevant in this current moment was when you were writing about the famine in China and the Great Leap Forward, that one of the lack of transparency was really sort of an internal issue where the government kind of fooled itself. Because folks at the local level government officials were scared to pass on information to the higher-ups, at higher political levels, about how badly they were doing at the local level. And so they were projecting up these numbers that had enough food and they had enough-- they were producing enough.

And so the higher-ups then said, OK well, we don't need to import anything. And we need to export more. So the famine was ongoing and they were shipping food out and not taking food in. And it was a sort of internal problem of transparency, which I think was really interesting to me because as I think about what's happening now, I think some of those the reluctance to give bad news to higher-ups is really a dynamic that we're seeing here. And I can point to a couple of examples. Some of the CDC leadership when early on when they came out and said, hey, this is going to be bad. Being really punished and called out by leadership. You, know don't say that. That's unfair.

Most of the lack of testing that we are experiencing still is really, you can draw a line between it and the fears of leadership and the president in particular of not wanting more testing and continually saying, don't allow for more testing. And a question whether they really leaned on the FDA to not approve new methods of testing in a timely way. And I think that that's the thing that starts to really check some boxes between what you describe happening in of course, you focused on China just as it happens with SARS-1 and the famine in terms of case studies of what happens with the health crisis, humanitarian crisis in an authoritarian setting.

But many of those features of response are eerily familiar all of a sudden. So you know, not passing information to higher-ups in the government. Not giving the public the information that the public needs for two reasons to both take on and start behaving in a way to protect their own selves, wearing a mask, et cetera. But also, the information that they need in order to sort of send

a demand signal from the field saying, hey, we're struggling over here, we need more resources, without really understanding where things are spreading. How severe it is. How worried they should be. It's very hard to send that demand signal. And I'm seeing that.

I think we are also seeing that the science, as you're saying, to be able to understand and make policy and formulate a collective response that is compassionate. That is just. We're seeing very specific things play out where that is being undermined. I was counting up in preparation for this, three episodes, where the FDA issued an emergency use authorization for medications that had very scant evidence behind them in terms of efficacy. And did so at the request and under the pressure of the White House administration.

So I think this starts to add up to a picture. A very, very alarming picture quite frankly, of one where we are-- I don't when you call administration a totalitarian state. I don't know when thresholds are reached, but we do see these behaviors playing out. I just wonder, is that what you're seeing, Professor Ruger? And then, I'll turn to you, Professor Weinberg.

Yeah. Thank you, Margaret. And as you know, I have to go to another panel in a few minutes, so I will chime in here and thank you again for including me in this conversation. I think it's highly problematic that we are coupling science and politics in the response to this epidemic in this country and frankly, globally, internationally, the pandemic in the way that has been done. And it's problematic because it's a scientific problem that requires a scientific solution. And that social scientific, it's basic science. And we really need to try to understand how to prevent and control and treat the transmission of this disease. That's what it's about.

And we do need reliable and valid information to do that. And scientific entities need the space to do that. That is what they are authorized to do. That is what they are expected to do. And they are separate for a reason. And so the politicization is highly problematic. And it frankly, is hindering the response to the pandemic in the epidemic. And in countries where you see a scientifically grounded approach with honest and true information to the best of their knowledge at the time. And by the way, using prior information from other experiences.

I don't believe you had to have dealt with MERS or SARS to have been effective. The US was ranked very highly in our global health security. Initiative ranking whether their capabilities were in place for the US to have been responded effectively to this. And it hasn't been an optimal response. And you're hitting on one of the reasons why. We need to make sure that the scientists can do their job and that we're basing our decisions on science.

So thank you so much for joining us. I know have to hop off, but to sort of turn to you, Rivka. So I think we all in general agreement that some very alarming things are happening here with respect to are not only-- like I said, it's not just a passive issue where a government is not taking it seriously and ignoring it. It's the act of undermining. And the act of undermining our collective ability to respond. And in doing so in such a way where the result is death and disproportionate death for traditionally, marginalized communities in this country.

So I guess, I read your op-ed back in January about mass atrocity prevention and what our general posture as a community and country should be with respect to moral crimes and the mass

atrocious. I don't know whether you can chime in and just tell me does this reach the level of that kind of event?

Well, not yet. There's a lot of problems coming from the administration mostly about denying the fact. Science does not dictate anything. It just tells us the facts. It tells us what's happening. It doesn't tell us what to do about it. And we have not really discussed it and framed it. So one side is screaming, we have to open up. Where on the other side it's like, science, science, science. That's not really a conversation. That's not really the topic. Science just tells you the fact. What should we do about these facts?

We should be discussing what our approach to risk is? What is the best way to go forward, which would actually bring more people on board. Because as it is, each side feels like the other side is ignoring them. So the Democrats are saying, you're ignoring all the people who died. And the Republicans are saying, you're ignoring all the people who are out of school, who are out of work. And so the facts have not been addressed. The way I would like to see this addressed is, how should we manage this risk? I don't see that. So the easiest thing to do would be to have a national policy of masks. That would be nice. We don't have that.

So what we have, to me, is like we have the worst of all the worlds. We have an economy that-- I mean, kids that are out of school for a very long time. That is a very high cost that we're not really discussing that much. People are out of work. People are dying. We don't have a public health system. That's another problem. So when we talk about public health we don't have a system. Not everyone has health care. Not everyone even has access to running water. Not everyone has a mask.

So when I see the approach, it's extremely chaotic. Extremely. But the approach I would like to see, what I think makes the most sense in terms of what should we do about these facts is, how should we approach this risk? What should we do to contain it? What should we do to mitigate it? That's the way I think it should be approached because that takes into account all the moving parts. Science doesn't tell you anything about what to do. It tells you what the facts are. Then you have to decide what to do.

As you say that might not be totally within science's purview because there's values and valued judgements to make in balance. But of course, even there, there might be a rigorous and transparent way to do that sort of thing. If you were within the US federal government right now, possibly as a public health official, and wanting to broach those topics and looking for the traditional connections between the technocratic layer and the political layer precisely to meet those questions of, what's your risk tolerance? What's our strategy here? And if you credit Margaret's account that it's been some combination of either you send that question up the poll and nothing comes back.

Or what does come back is an inconsistent, non rigorous, possibly even outright politicized in the sense of values that have stated openly would not be values most people would subscribe to for handling this, dot dot, dot. What should you do? I mean, you've written about complicity in its many forms. And if you thought it was wrong, how do you, in the public health context, balance

between you resign and leave your post to whoever doesn't have your standards to take on the work. Or you end up complicit with what's happening. I'm curious how you think about that.

I think that you don't lie. One of the things what makes it a little bit easier is that people who work for the CDC are not directly fired by the president and work for the president. And the same goes for the NIH, so there's some independence. And I think that people should first of all, always tell the truth. And so if the administration says you have to change the guidelines, you should say, these are the guidelines that the administration dictated. There's a lot of problems, but it's not so moral quandary-ish to me, because it's not like if you leave your post, somebody worse is going to take over.

First of all, that doesn't mean you shouldn't leave your post. I'm going to come back to that in a moment. But here, there are people who probably will not be fired. And they should explicitly tell the truth. Always tell the truth. Always say, what the risks are. The malaria drugs are not proven. Now, they're proven not to work. Always just, you know, the vaccine is this-- it's probably a year away. Things like that. Always say the actual truth. And if you get fired, you get fired.

There is a famous example. Bernard Williams writes about this. Where he talks about, should you do something wrong to prevent somebody else from doing something worse? He gives this hypothetical case of a chemist in England during World War II, any war will do. And he says, this person doesn't believe in chemical warfare. And they're out of work, and they need a job. Should they take the job doing research for chemical warfare and just not do their best? So they'll slow it down a little. I mean, they have to do the job otherwise or they're fired. But if they don't do it, somebody else will be enthusiastic and really do a great job.

I don't think they should do it. I don't think you should do the bad thing so that somebody else doesn't do the worst thing. That involves predicting the future that you don't know. It allows somebody else to make you do a bad thing. And it's just in general, I think the wrong approach. I think the right approach, doing the right thing is to do the right thing. Not to do the wrong thing because somebody else might do the worst thing. And I think it's the same case here.

You work for the CDC, even if you work in the administration, you do the right thing. You don't do the wrong thing so that somebody else doesn't do a worse thing. And so you don't tell a half lie so that somebody else doesn't tell a whole lie. So what I see one of the problems that has happened in the United States-- I mean, like I say, the biggest problem is that the president would like to pretend this is a PR problem. Doesn't seem to care much about the reality of how people suffer because of it. So that's the biggest problem.

But then we also have lying throughout that has had a lot of bad effects for-- I mean, for the most part, the CDC I think has told the truth. Fauci has told the truth. But in the beginning when they said something like, don't buy a mask because it's not going to help you. Obviously, that was a lie. If it's not going to help you, why is it going to help a doctor? Of course, that wasn't true. That was a big mistake. Because then when they came back around and said, hey, everybody wear a mask. People were like, well, in the beginning you said not to wear a mask.

And your hypothesis there is not that the science was uncertain and then it's settled. It was that they felt that if they told people masks worked there'd be a masks shortage for the people who need it the most, so they told a fib in order not to have a run on masks? Is that [INAUDIBLE]--

I just said that.

--a lie rather than just a mistake [INAUDIBLE]?

Yes. And Fauci admitted as much actually. He said, we didn't want a run on masks. The science wasn't unclear. If it was unclear, why would the doctors be wearing masks? [LAUGHS] Of course they were protective. How protective they were was not known. That was an example, I think, of a lie. It's not a fib. It's flat out false intended to deceive. So it was a lie told for a good purpose. That is a bad idea.

I thought that was a fib. [LAUGHS] Well, I guess maybe it's the scale of the lie that makes it a fib.

It's an intentionally false thing done to deceive people. Even for a good reason. That is not the way to be moral. And it usually doesn't work out. Look how it backfired here. But that's, from what I see about, let's say, Fauci or the NEH, most of the time they've been pretty honest. That was a mistake in the beginning. But it has backfired quite spectacularly now in terms of how many people don't want to wear a mask. If everybody wore a mask, so many more activities could be allowed.

Well, I've got to ask you, in the spirit of Bernard Williams, there's been some intimation that the information flow to the president has been modulated in order to produce certain decisions or results for quote, the greater good. How would you relate that to the chemical warfare making facility? Is that something that, you owe the truth to the public. Do you owe the truth to the principle if you think that the principle will do something bad with it?

That's much more complicated because part of the truth is this social contract and the trust. You trust the person to do something good with the truth. Truth is important for trust. When you have somebody who has the wrong intentions in the presidency, which is what I think we have. I think the president does not care that much about most people. And so the contract is broken. And I don't know that he's owed the truth. So then you have more of a pragmatic question of, is it better to lie to the president? I don't know that that's true either. I don't think that--

But, gosh, I mean, it really does implicate everything you were saying before because it's having to predict the future and all the contingencies, and what's the greater good, and all of that while basically making yourself the deep state.

No, I think that the difference here is, is the lie wrong in the first place? When somebody is untruthful all the time then your bond, your obligation of truth to them is weakened, morally. Because they're sort of out of the contract, and they're not doing what they're supposed to do.

And you shouldn't inform them that they're out of the contract, because if you do, then obviously, [INAUDIBLE].

I don't think lying to the president is a good idea, either.

[LAUGHS] Right.

I don't think so. I don't think it's going to help anything. I think everybody should flat out tell the truth. I think Deborah Brooks standing nearby complicity not saying anything is a mistake. And if she would get fired, she should get fired. I think she's doing the wrong thing. So to go back to your original question, whether you can lie to a lawyer is more morally complicated than-- or whether you can lie to a murderer is more morally complicated than whether you should [INAUDIBLE] lie. You shouldn't lie. But in this case, it is not more complicated because I don't think lying to Trump is the good idea either. Lying to the president is also not a good idea.

It's very rarely a good idea, even practically to lie and morally almost never. So I think we're in a very problematic public health situation and political situation, but I think some of the moral problems are not that hard to solve. Should you lie? No. [LAUGHS]

As supposed to [INAUDIBLE].

Well, I was just going to say-- well, I don't know. This is a little risk on my part I guess, but what you're saying in some ways really chimes with some other research that I've been trying to now frantically look up about the personality disorders actually, and treatment of personality disorders. And there's been a very robust conversation I think many of us have heard about amongst the psychiatric community. The folks that do work with people, with personality disorders and violence. People who have very violent behavior have been like, oh, this is a very dangerous situation. We think the president has a personality disorder.

And folks coming back, oh, you shouldn't diagnose the president. That's not your place. Think about the ramifications of that, which I have a lot of time for as well. But one of the things that was interesting in the research around therapy for personality disorders, especially, a narcissistic and violent personality disorder is-- and it's also the rule of thumb you learn on your first day on the psychiatric wards and medical school. Never play to somebody's delusion. If somebody has a delusional disorder, which is different than a personality disorder. But in both cases, don't play into the delusion.

Don't pretend that you are say, OK, this person has a delusion. The CIA is after them. Don't do something like say, oh, I'm part of the CIA and we're not after you. Something kind of crazy. Don't do that because it really will reinforce the delusion. And in the case of personality disorders, the technique is really called, limit setting. Where you essentially fence them off. Anytime they say a lie or something that's a half truth or imply something, you immediately step forward to say, no, that's untrue. And just very much fencing them in as a therapeutic measure. And so it's interesting that you say that because it came to mind when I was watching some of these press conferences as Trump is getting off the helicopter taking off his mask and going into the White House, exposing people to millions of viral particles, potentially.

That for me, those are the cases and those are the moments that I think public health people and leaders need to train on. How to intervene in that moment. How to intervene when you're standing behind the president and they're saying something untruthful and very harmful. And I think that's a very tough kind of thing to figure out, to play out. I don't know. Anyway, so in chimes with what you're saying, never lie. [LAUGHS]

I think it's morally difficult. I think it can be personally difficult. It can be personally difficult because it takes some kind of courage. It doesn't take the highest degree of courage. Nobody's going to kill you. You're not going to be tortured. We're not in that kind of a regime. So it just takes a certain kind of personal courage to tell the truth. But it is not morally complicated.

But I'm still following Margaret's, don't feed the delusion. If you have a boss who seems to only care for example, about the red states. With pointing out that a particular strategy that happens to be good for everybody, pointing out, oh, this is really good for the red states. This going to help you with your whatever it is. That isn't really in-- if you're the advisor you might not think that's a noble motive. Is it OK to play to that?

Yes, because that's true. And there's nothing wrong with saying that. There's nothing wrong with acknowledging that. But I also think that there is more than one level of problems here because we have a problem at the federal level and that is the biggest problem. Where we don't have a mask mandate. We have no policy, which is complete chaos and has let the pandemic get to this point where there's a lot of wishful thinking. But we also don't have state policies that are going to engender cooperation amongst the population. Because when you tell people like we told them in the beginning, stay home and flatten the curve. So people did that. And they still couldn't go back to work.

Don't overwhelm the hospitals, so we didn't. And they still can't go back to school. I live in California where they're talking now still opening bars where you can't wear a mask, where people are drunk, which is the best way to spread the disease before they're talking about opening the schools for children. You can't get people to cooperate when your policies don't make sense. That's why they're not cooperating.

Absolutely. And there's multiple layers of which Jonathan has suffered through my ranting about in this very forum [LAUGHS] from lack of a national strategy to malignant leadership to a very poorly functioning public health system, very poorly funded. To really, I agree, that the loss of a plot, if you will, over what is our goal in terms of this point in the epidemic. Flatten the curve actually worked because people had a very clear goal. They could see that curve over the weeks flattened.

And I think that there is a controversy in the public health community. What is the goal that we should strive for now? Should it be elimination? And people say, no, that's too aggressive, and the knock-on consequences are hard. So I think that the issue around what you ask people. But one thing I would push back on a little bit is around this issue of cooperation. Because the truth is, the American public has cooperated dramatically.

I think the last count was 75% of the public wears a mask. It's actually been shocking to me that how much folks have dug in and really taken on following the advice as they understand it. There is a tremendous amount of churn and things in the headlines, et cetera. Even things like contact tracing and not calling people back from contact. That's just not what we're seeing in Massachusetts. I mean, we see people pick up the phone for contact tracers by and large, overwhelmingly so. So I think that we do have a lot of public trust.

And I think that's a good thing. I think that the question I would wrestle with here is this issue around, how do we deal with-- given that we have all of these other problems-- what are the techniques that we can use right now to bring people together around a common set of goals and a common set of facts? And I'm not sure how to orchestrate that.

I think you could if there was a little-- I don't see clarity. I see that the National Strategy is certainly-- sorry, I don't know how to get this to stop. The National Strategy is not a strategy, and it's full of mistruths, and is awful and has created a lot of problems. But this state strategies are also problematic. Again, what is the goal? When you told people to flatten the curve people agreed with it, participated, and succeeded. And they got no reward for it. There was nothing. Yes, the hospitals were not overwhelmed.

[INAUDIBLE]. [LAUGHS]

That is a reward. That is a reward. But everyday life has been crushed. And so what I see is, I want to hear more about risk. I want people to talk more about what are we doing for young people? We've asked so much of them. College is a wreck. Internships are gone. Jobs are gone. Their student loans are still there. Young kids, their lives are being-- their whole development is being warped. And we keep saying to them, do this for your grandmother. That's not how people work. What are we giving back to them? Where's the social contract? Where's the GI Bill for all the young people who are supposed to hide now when their risk is very low?

Yeah. Well, I definitely think that the not reopening schools is a enormous, enormous, enormous issue as I am sitting here with my four kids banging at the door. I would say that the way I would characterize the problem is we have lost our ability to prioritize as a community. And there's not really that sense of conversation, or really, what are our priorities based on shared values. And that's the conversation that I wish I was being led. I think it could be led at the state level, potentially. I don't know that it is.

But I think it's also because the state is just-- states are struggling with trying to negotiate and contend with the National leadership and whether the National resources are going to be available to them. So we come to testing issues, for example. We would probably re-prioritize who should be tested and who should have access to testing. The state doesn't want to get involved in that necessarily because they're not sure the testing resources are going to be there for them to actually act on the priorities that people make, is my sense.

I don't know. I blame the states a little more than you do. Of course, nationals I blame-- blame everybody. The National Strategy doesn't exist and is contrary to fact and is malevolent, actually. Doesn't care about people. But the states haven't done what you said. They haven't said, this is

what we value. Here is how we're going to aim at what we value. Here's how we're going to prioritize what we value. Here's how we're going to manage this risk. There's been no coherent strategies. It's better to have one at the federal level, but it doesn't excuse that there isn't one at the state level either.

So with the particular example in mind just from recent headlines around the apparent White House rejection of the FDA's guidelines for vaccine approval, the story goes with the hope of being able to announce approval of one prior to the election to effect the incumbent's electoral fortunes. I'm wondering how your template of ideally we'd have self-interest all around so produces a mutuality in a pandemic, but speak to self-interest. Would it be incumbent say, on a pharmaceutical company in a fit of public spiritedness not to put up a vaccine for distribution and possibly massive windfall profits to themselves and their shareholders? Or is it like, hey, it's the government's job to set the rules of the game. And if the ultimate rules are, submit your vaccine and we'll stamp it, yes, Pfizer is kind of obligated to, or at least allowed to pursue that.

No, they're not because the moral rules are always the rules. So those are the rules of the game. Morality is the rule of the game. So morality sets the rules. Can you release a vaccine that is not to the American Standard just because you have a incompetent and uncaring president that lets you? Of course you can't. What do you mean, the rules of the game? The rules of the game are the moral rules. Those are the rules.

So like again, what we have here is not-- we have a lot of problems here about people not complying with morality. And also people being massively incompetent and impractical at all levels. But I don't find this still moral dilemma-ish. It's not like, oh, what should we do? Should we lie? No, you shouldn't. Should you release a vaccine when it's not ready? Of course not. Just because somebody lets you? When is that an excuse?

But I mean, it's kind of along the lines of, I paid exactly to the penny the tax I owed and no more even though in a just world I would be paying more taxes, kind of thing. Now, maybe this has--

[INTERPOSING VOICES]

I don't agree with that analogy because paying your taxes, your moral obligation, is to pay what you owe. Releasing the vaccine. Your moral obligation is to only release it when it has met the standards it's supposed to meet. So it hasn't met the standards.

Do the standards exist independent of what the government sets as the standards.

The standard, yes. The standard is the moral standard. And certainly not a standard that was altered for reasons that have nothing to do with for why the standards are what they are. Tax isn't much different because taxes are much more a political agreement. So you can agree to one thing you agree to something else. A standard of safety for a vaccine is not supposed to be a political agreement.

And at that point then, it's not a self-interest story. It really is a story of being regarding of others and the community at possibly at some sacrifice or foregone opportunity for oneself.

Yeah. The same way you're not supposed to steal from people or sell them things that don't work. And so let's say the government says, today, you can do price gouging, or today, you can sell poison. It's still wrong to do that because the game or the moral rules. The government doesn't set moral rules. They only set political rules. That's different.

Do you have any time for or patients with the head of the FDA doing-- because I can kind of imagine the conversation in his head. This is Secretary Hahn, who's like, OK, the government says that Trump says, hey, we think plasma this thing of convalescent plasma is going to be really good for people. And there is like a glimmer of evidence that maybe could be useful. It's been useful in other things. It's really not unusual to try. [LAUGHS]

And he ends up authorizing a use of issuing a EUA, Emergency Use Authorization, for convalescent plasma. Has a big press conference with Trump saying, this is awesome. We are making huge strides. Posts the evidence that he used to approve that, which was a subgroup of a subgroup of a subgroup analysis.

Definitely we tee in terms of what we would usually use as evidence for issuing EUA and puts it on the website, that analysis, and says-- under the heading I wrote it down-- "Another achievement in administration's fight against pandemic," on the FDA website.

[INTERPOSING VOICES]

OK. Well, OK, with convalescent plasma it did turn out that the effect wasn't very big. And we're still kind of studying it maybe, maybe. There's other things like, remdesivir does look like it has a place. No later, they also did the same kind of thing. How much of that is kind of going along to get along? How much of that is--

I think if I have said anything, it's that, don't go along to get along.

[LAUGHTER]

Don't do it. Never do it. Never do a slightly bad thing because you think it's going to lead to a greater good. There's two ways. Well, there's a few ways, but there's more than two ways. But one of the two central moral theories or sort of principle based or outcomes based. I go for principle based because you never know what the outcome is. And when you let the ends justify the means you do a lot of terrible things and you don't know what the ends are. So I say, you go for the means. That's sort of the conscient approach, the principle-based approach. You do the right thing and what happens, happens because it's always what happens, happens. So at least you'll know. I did the right thing.

I call them the Jim Comey approach.

I don't agree that it was Jim Connery's approach.

I think what Jim Comey had [INAUDIBLE] because he did not-- there were rules in place that are not just the rules of the game, but there were morally true as well. Not to effect an election,

which he did. I think he was self aggrandizing. He fooled himself and he presented it as, I'm doing the right thing. But I don't think that was accurate in his case. But if it was then he would not have been doing the wrong thing, but I don't think that's true.

There will be cases where things look terrible no matter what you do. Or you do something and it leads to a terrible result and that's really unfortunate. But in these kinds of cases, I really think-- and I think for the most part, the medical community has done a pretty good job of pushing back against the lies. Or the leaks you get out of the CDC-- who's leaking that stuff? Or the leaks you get out of the NIH about, this is against the rules, and this bypassed this process. Somebody, doing the right moral thing, is leaking that to the press. It would be even more right if they put their name in front of it in their face too.

We have maybe a minute left. Anything we've missed that you'd want to bring to the table on this range of topics?

I don't think we've missed anything. I would go back to the beginning where you asked if there's one word that I feel about the pandemic in the United States. I'm going to say two, which is, over it. People feel over it. I live in a neighborhood where there's a lot of very right wing people and are very left wing people. And I see a lot of agreement of like, exhaustion. We keep doing what we're supposed to do and nothing's getting better. The kids are home. They're socially isolated. They're suffering a lot. I have kids too. And I really see it's really terrible.

There's nothing you can do, as a parent, to really mitigate the effects of not being around other children which is in normal human development. And we don't see the vaccine. We don't see things getting back to normal. People are unemployed. And we don't see reason policies. They keep talking about restaurants and bars, which should be the last thing on the list instead of schools, which should be the first thing on the list. And I think people are exhausted because we have been ineffective. Our policies have been ineffective.

Well, it calls to mind something, I think it was Julia Ioffe tweeted the other day, an old Russian kind of proverb that says, what feels like things are really bad, but in fact they're average because this year is better than last year. And next year-- sorry, this year is worse than last year, and next year will be worse than this year, so we're really in the middle.

Yes. Or as my father liked to say, you ask a guy with his head in the freezer and his feet in the fire, how are you? He says, on average, I'm doing OK.

[LAUGHTER]

It could be a lot worse. It could be a lot better. And it could be a lot better starting tomorrow. None of these policies are set in stone. They could all be-- we could get better at this every day. But I don't see that happening.

You're right.

And [INAUDIBLE] toward the president-- I don't see it happening at the state level, either. I don't see it happening at any level of government.

Yeah. No, I think we're going to file an agreement there. But I do want to note. I always start on a note of pessimism, but I try to end on a note of optimism usually after I get the expression from Jay-Z, and I'm going to do that again. Which is that, yes, you're right, that actually public health works. OK? If we do the three things and we do them well. The contact tracing the mask wearing, and the environmental modification and ventilation, and air purification, we actually can control this and we can get kids back in school and these things are possible. And so I think part of the [INAUDIBLE] frustration is that we're just not getting on it. We're not doing the work, but it needs to get done.

I don't think that that's the whole thing though. I think part of the frustration is when we make progress we don't open up the things that are most consistent with our shared values.

Yes, I agree with you. I absolutely agree with you. And I think that it's like been pushing a huge boulder up an enormous mountain and you strain and strain and strain and you don't seem to get anywhere. And I think that's a huge problem. But I do think, though, that is also is a situation by choice and I do think that things will change. For the worse or for the better, we'll see. I'm optimistic. It will be for the better.

Well, especially against, I guess, it's hard not to just call it the sophistry of-- there were some folks on television saying that the fact that the president caught it shows you that none of these measures works, so we might as well just.

It shows you the opposite. He asked for--

Exactly. But you point out that--

[INAUDIBLE] gives you the opposite. The public reaction has been overwhelmingly-- you asked for it.

So there is a path forward. There is a way to get it right. Maybe we'll be in the Churchillian zone of we'll follow that path after we try all the others. And we'll keep cycling through. But thank you so much for joining us and for your clarity and determination. And all of your work that's gone into trying to keep people focused on their ethical valence and their responsibilities. And the courage maybe that's called for tough moments to be true to it, so thank you.

Thank you very much. I really appreciate that you having me here. And I think these kinds of events are really-- and discussions are really important. And it would be really good if more people would talk about the problem in this way.

Well, on that optimistic spirit and hopeful spirit, thank you again. Thank you all for tuning in. And we will catch you in a future session. Check in on how things are going. And over to you, Margaret, for any final benediction.

Well, I think the path it may be hard, but it is clear. So let's get on it.

[LAUGHS] All right. And this wraps yet another "COVID State of Play." We'll catch you again in a matter of a few weeks where, as Margaret put it so artfully, like the end of a Newsweek article, the future is uncertain, but one thing is clear. If things don't get better, they could certainly get a lot worse. Until then.

Thank you.