

Justin Bullock:

Welcome back to another episode of Bush School Uncorked. We're doing our Close Quarantine Zoom live series, still. It was Greg and I are hanging out last week, but this week we have David Bradford joining us. David, thanks for being here buddy.

David Bradford:

Absolutely. Happy to be here. Thanks for asking me.

Justin Bullock:

And we're even expanding outside the walls of Texas A&M and including our UGA colleague. So, go dogs.

David Bradford:

Yes.

Justin Bullock:

I can even say that as an Aggie because I have three degrees from there. So I feel like I have earned the ability to say go dogs, even being a current Aggie.

David Bradford:

And we rarely play each other in major sports. So, it's okay.

Justin Bullock:

Makes it easier. The day in which we do I have to hide in my house. Okay. I brought David on I asked David to be a part of this conversation this evening because I wanted to spend some time exploring what's going on from a health economist standpoint and looking at the healthcare system. Also, some of my own background is in unemployment insurance and there been some things going on related to the stimulus package, the Cares Act and some attempts by the States and by the federal government to provide a safety net and a stimulus through unemployment insurance. I want to talk a little bit about that today as well.

Justin Bullock:

And we're going to continue doing these for the foreseeable future at this time at 6:00 PM central 7:00 PM Eastern. And giving me the opportunity to ask the guests and the host any questions that you would like. Last time, Greg and I took questions the whole time, which was great, but I think what we're going to do this time is carve out maybe 20 or 30 minutes for David and I to talk a little bit about what our understanding is kind of the current major pressing concerns. Both of them, the healthcare industry and with the economy and particularly a focus on unemployment insurance and loss of jobs.

Justin Bullock:

And then we'll open it up about 30 minutes in to take any questions. But as you have questions throughout between now and then go ahead and put them in the chat box. Faith will get them teed up for us and once our 25- 30 minute introduction comes down to a close, we'll start taking those questions. The only thing I'll say before I jump back to David is please keep your mic muted and your

camera's turned off. Anybody kind of breaking those rules will be removed from the Zoom meeting. Just keep your cameras off your mics muted and send us any questions you have in the chat box. If you are here to be disruptive, we're just remove you and cut that part from the recording.

Justin Bullock:

Okay. We're excited you took time out on a Tuesday night to join us to talk about some of the public policy issues related to COVID-19. David, again, thanks for being here. I wanted to, as I said, have you on to get a health economist lens to compliment some of the public health experts and give some general updates. So as promised, I'm not going to throw a specific question at you, but maybe just from your field and your expertise, what do you see as some of the major challenges and what the general audience should be concerned about as we move forward with the pandemic response from the healthcare perspective?

David Bradford:

Sure. I appreciate the chance to talk to your students and, and your constituents and the viewers of your show. One of the difficulties with having faculty talk to one another is that we could drone on for hours and hours if we're not careful. So I'll try my best not to do that. I highlight a couple of things or a few things at least that people should keep in the backs of their minds as they're thinking about how to understand the crisis that we're facing right now, why it seems so severe. And how they might think about taking action to sort of help the situation.

David Bradford:

When this novel coronavirus first surfaced in China, there was a lot of debate, I think, at least in the popular media and in sort of the political world about what our response should be. It was argued that this is a disease that maybe is worse than the flu, but not a lot worse than the flu. And we have people who sadly die from the flu with some regularity in the United States every year. And how was this going to be different? Now we've all, of course, seen in retrospect that it has been quite different.

David Bradford:

And I think that one of the reasons that it has been illustrates the point of what we need to think about as we move forward. Which is one of the reasons that this crisis has developed the way that it did is because this particular novel coronavirus is extremely, it transmits more quickly than the flu does. And it also seems to, to quickly for some people get into their lungs and get low into the lungs and cause pneumonia, which then requires hospitalization, often will require ICU or more intensive hospitalization with breathing assistance with ventilators and things of that sort.

David Bradford:

And that's where we get to the real crux of the problem that we face. And perhaps economists such as myself, may be able to provide as we move forward, some help. And that is that whether or not we have a 6/10 or 8/10 of a percent mortality rate from this disease or 8% or 9% mortality rate, that difference is largely driven by whether or not the infrastructure of the primarily acute hospital infrastructure is adequate to the task at hand. In the United States, we've got about 740,000 hospitable beds available. Actually, 740,000 hospital beds which are staffed.

David Bradford:

But on any given point in time, about 65% of those beds are actually occupied. And it sort of, if we were to roll back the clock six months only about 35% of the hospital beds that we have in United States would be free at any one point in time. We have about 160,000 ventilators available at any given point in time in the United States. And so the difficulty with this particular crisis is it's spreading so rapidly, people are progressing so quickly towards needing assistance that our ability to treat the people who need it is outstripped sometimes by factors of two or three.

Justin Bullock:

What I'm maybe hearing you saying is we only have so much either stockpiled or so much capacity when you're talking about infrastructure, number of beds, number of ventilators. And if part of the problem with this particular coronavirus is how quickly it spreads so that even if the mortality rate might, with access to good quality, modern healthcare might be 1% or less. If people don't have access to those healthcare supplies and healthcare, that that number could be much larger. And so part of the concern is slowing down the spread because the spread has been so fast and we don't want to overwhelm the infrastructure or the capacity to provide healthcare that we have in the US.

David Bradford:

That's exactly right. I mean people I think, believe or imagine that we've got an unlimited access to resources. That's just not true. As I said there was about a 160,000 ventilators in the United States prior to this crisis. And prior to this crisis we had about 13,000 in strategic reserves. Now 13,000 in strategic reserves in most circumstances is a nice cushion. But we were facing a situation where we thought we might need 80,000 additional ventilators.

David Bradford:

And I should say also as far as infrastructure goes, that is really the key. Do you [inaudible 00:08:35] demand far outstrip your capacity to provide services? Italy has had a situation where the need for care far outstripped their ability to provide it. But Italy started at a base with more hospital beds and more ventilators per capita than the United States has. Germany has had an experience so far where they've been able to maintain their system without having it be stressed too terribly. They started out at about the same rate as Italy as far as per capita resources available to them. What's the difference?

David Bradford:

The difference is how quickly the virus spread in the two locales. Italy went first. Unfortunately for them, it's spread quickly before I think the public health officials in that country were able to get people to pay strict attention. As a consequence, by the time they started implementing really serious social distancing and stay at home orders and they've got much more extreme orders than we have in United States, it was already out of control for them and their system was overwhelmed.

David Bradford:

Germany had the example of Italy to see and Germany responded by very aggressive testing, very aggressive contact tracing where they could isolate the people who came into contact with somebody with this novel coronavirus and therefore take the sparks if we're landing. Sparks landed all over Italy and spread, sparks landed all over the United States and spread. What Germany was able to do is to actually identify people who were exposed and isolate them and the sparks didn't spread as quickly.

David Bradford:

Ultimately, it may well be that we have the midline forecasts are 40% of the world population and pretty much across the board will be exposed to and will develop this disease to one degree or another. But it makes a huge difference as to whether or not that spread over 18 months before a vaccine comes online or if it's compressed in the first two or three months. Italy, sadly had it in the first two or three months. Germany looks like they're all on track at this point to spread it out over a much longer timeframe.

David Bradford:

The United States has been somewhat closer to the Italian experience, but I will say that we've got better data now and in fact, one of the primary epidemiological models that have been forecasting the the expected caseload and and death trends is the IHME model from the University of Washington. Now that we've got a number of countries that have gotten to the peak and have gotten past it and we're able to model the impact of these stay at home restrictions we put in place. And we're looking at what the United States is doing, at least what many the majority of States are doing. They're able now actually just today to revise the model estimates down substantially.

David Bradford:

Where last week the estimates were between a 100,000 and 200,000 deaths, the United States over the next five to six weeks, they're now estimating that we're on track for substantially less something in the neighborhood of 50,000 to 130,000 deaths. And we might see in some areas peaks. We expect peak in New York to be next week, but we might see sort of some nationwide median peaks within the next three or four weeks, which is a much shorter time than we thought.

David Bradford:

Crucial though for those trajectories to be realized is that people maintain this extreme social distance that we're trying to practice right now, that we stay at home, that we don't try to jumpstart the economy too quickly. We don't do things like, I don't know, have primary elections in the peak of the growth of our in person voting for primary elections and the peak of the growth of the virus. So, if we continue on doing what we're doing, one of the widely used models now is looking more optimistic and I think there's great news for everybody.

Justin Bullock:

It sounds like the basic takeaway is, one, when you respond. So, responding earlier and by responding we're talking about things like social distancing and isolating and testing as kind of the set of things in general that we've been talking about. And that if you don't do those things, you don't have the adequate testing, and if you don't practice the social distancing stuff, the longer you kind of wait to do that, the more likely you're going to have more deaths.

Justin Bullock:

And that the reason we've seen the drop from the models that the White House has been pointing to where they've dropped by 50,000 is in direct kind of response to the fact that people are social distancing and that people are isolating and if they are staying home. And those downward revisions could easily go back up if we don't kind of keep isolated and keep practicing social distancing for the foreseeable future. And that model is how long does that particular model suggest that we need to be kind of doing the complete social distancing to achieve those better numbers.

David Bradford:

Probably through the end of May. And I will say, what we've done right now is we have done two of the three or four things we need to do to really put this crisis into a manageable level to buy our pharmaceutical companies and our university research labs, the time to develop and test and roll out a new vaccine. That's going to be 15 to 18 months away. Nothing we can do about that, right?

David Bradford:

So in order to slow us down to the pace that we can manage and give everybody the best chance of survival and a good chance of survival if they contracted the disease, even if it progresses badly for them, is again, keep our demand below the requirements for our health infrastructure. We've done social distancing, we've done isolation, self isolation in most cases. Not every state, every state needs to do that. It will go everywhere, any state that doesn't do that, will have a New York experience, right?

David Bradford:

But then we need to do testing. Very, very important that we do testing of individuals who have the disease and then contact tracing of the people that they come into contact with so that they can be isolated through the 14 day incubation period for the virus. And if we can do that, we can keep control of the reemergence of the virus twin. We do finally sort of open the tap carefully.

David Bradford:

The fourth thing that we need to do is of course do another form of testing, which is a test people for the antibodies to the disease. We don't know yet whether or not having disease and having antibodies in your blood will convey immunity. But my understanding from my clinical colleagues is that there's no reason to believe that wouldn't be the case. It's just the case in nearly every other virus that we know. That's why we get vaccines for viruses because you can get a vaccine and have lifetime immunity or near lifetime immunity for smallpox and things of that sort.

David Bradford:

Unless this is an extremely weird virus and there's no evidence that it is, people who have the antibodies will be immune, which means they can't catch it. And most importantly, they can't pass the disease on to anybody else. If we can identify those people, those people are good to go back out into the economy and have a particular role to play taking care of others and sort of going through the next phase of this really unprecedented experiment we're running right now, which is to turn an economy off and hope that when you press the start button, a month later [crosstalk 00:16:28] it kicks back up. We don't know. We haven't tried this before.

Justin Bullock:

I want to get to talking about putting a pause on the economy. But one of the things that before we do that, to put that in context, my understanding of what epidemiologists and public health experts are saying and my understanding of what you've just described is that social distancing and isolating cut the cases down so that we can stay under capacity. But some real percentage of the population over until we can get a vaccine or until such a large percentage of people will have it, that's who's going to get it, the virus will stay around. It'll continue to infect people as we kind of loosen up some of the social distance stuff.

Justin Bullock:

We may be seeing some in Japan and some in China, there's a chance that it starts to come back. So we're gonna be playing this kind of game until there's a vaccine that we want to lessen some social distancing, try to figure out who has the antibodies ease back into some being more in public spaces. But that is until we have a vaccine and until we can clearly identify who has it and who doesn't, and who has antibodies, that's always going to carry the list of significant growth again, until we have a vaccine. Is that kind of your understanding?

David Bradford:

That's exactly right. What we really want to try to avoid is sort of a boom and bust cycle, both from a public health and an economic standpoint. We're going to go through two solid months of essentially turning the economy off or at least turning 60 to 70% of the economy off. We don't want to have to do that every other month, right? Or every two months. We don't want to go back in 1st of June and say, "Great things are wonderful." And then August 1st or September 1st say, "Oh, sorry, it's now back to where we are today." So now another two months of lockdown that would be very, very disruptive for the economy.

David Bradford:

So we need to find these mechanisms like contact tracing and intensive testing where everybody really gets tested. We don't just say people are tested, but everybody really gets tested. Those need to be in place so that we can know people who are infected and are at risk to others and themselves at risk so that we can control them. This is something you and I were talking about before we sort of opened up the opened up the show here is that a lot of government services are going to be under stress. And particularly universities where you and I work are going to have to face some significant difficulties as the tax revenues dry up as tuition revenues become more problematic.

David Bradford:

But also this could impact other revenue sources. It's not yet I think, clear that the football season is going to be able to be maintained. So Texas A&M where you are gets 95 to \$100 million a year of revenue just to the university from football. 20 or \$30 million of that goes into the university's general fund. That's a lot of money to have to replace and the local economy is going to be impacted. And these are the kind of spill over things that we really have to try to pay attention to as we move forward and think about restarting the economy in ways, that doesn't mean that 94,000 people in Athens or 105,000 people or something crazy like that. And college station don't catch a COVID-19 some Saturday.

Justin Bullock:

Yeah. It's hard to kind of imagine when we might be able to put 100,000 people where 90 something thousand like in Athens in a crowd for a football game. And when that might be a reasonable thing to do. And that's going to have these kind of, to your point, continued impacts on the economy. Like we've already seen play out, for example in the retail industry and in the service industry, these were industries that as we kind of stopped the economy felt the immediate impact. But now other industries are also going to start seeing the impact of this. And just one of the things we mentioned last time, I believe it was that the previous week there had been 3.3 million initial unemployment insurance claims, last time we had chatted-

David Bradford:

Which was an order of magnitude bigger than the previous record.

Justin Bullock:

Yeah. Which was set in the early 80s, which was like, I think 700 and something thousand, maybe a little lower. And then the following week we just doubled it. It was around 6.6 million. And the numbers will come out this Thursday for the previous week, but there's no kind of indication that those numbers will stop or that they'll slow down. It's not clear that they'll continue to exponentially grow. But some of the stuff that I've been reading suggested we're already between 10 and 15% unemployment and that this was just from the first initial of people losing their jobs. But then another piece of this is going to also be new hiring's going to dry up. Which helps also drive keeping unemployment down.

Justin Bullock:

And so to your point, stopping and starting to economy is going to be a bit of a tough game that we don't really want to play. And this just caused a lot of people to question like what should be the actual response? Is that actually the best thing to do to keep everything shut down so that people can the people can stay in, even though that requires shutting down the economy. And this point that you pictured is the reason why. We don't want to overwhelm the hospital capacity. So hopefully part of this is building up hospital capacity as which there seems to be some movement towards increasing testing, for example turning to the private sector to build more ventilators to make more hospital beds so that we don't get to that jumping over capacity point.

David Bradford:

Yeah. But a couple of things to say about that. One, you're exactly right. Second, these things all have to happen. We have to build more ventilators. We have to have more hospital capacity, but these things can't happen overnight. We simply cannot build and deliver reliable and safe ventilators in a matter of a few days. We hear a lot about, "Oh, the United States in war world war II was pumping out a battle battleship a week." And that's true, but it took us two years to ramp up the economy to be able to do that kind of thing. We certainly can do it, but it's going to take time. And so we've got to buy time.

David Bradford:

This is part of what we're about. What we need to make sure people understand is that what we're doing now is not to solve the problem. What we're doing now is trying to buy time in order to allow our systems to ramp up so that we can solve the problem. The problem won't get solved until there's a vaccine in 16 months. We've got to buy ourselves time. And we got to do that by making sure that people can buy food, with unemployment insurance. Another thing that we need to think about is that we have to be careful that people don't lose their homes.

David Bradford:

A week ago, April 1st hit, the rent checks were due. Actually, it turns out just coincidentally, one of my frequent coauthors who is also my daughter, Ashley Bradford and I had a paper that was just published about three weeks ago in Health Services Research that looked at the impact of evictions on opioid mortality. What we find is that when evictions go up, there's really substantial increases in death of despair. We actually looked at opioid mortality, benzodiazepine and alcohol poisonings. These go up substantially when there's evictions.

David Bradford:

We haven't looked at foreclosures. And so there's a whole host of housing crises that we have to make sure that we avoid when people aren't able to pay the rent. Now that the news media has talked about how, "Oh, the federal government has stepped in and said no evictions and no foreclosures." But what the federal government did was stepped in and said which is good, that there's no evictions in HUD run public housing and there's no foreclosures of Fannie Mae and Freddie Mac backed mortgages.

David Bradford:

But there's only a small fraction of people in this country who are at risk of eviction, who are living in HUD provided public housing. A substantial fraction, but nonetheless a small minority of mortgages that are backed by the federal government. So a lot of people are still at risk for losing their house, for example. All of these things have to be managed in a way that, I'm sorry to say, is going to require spending many trillions of dollars. Not just the two that we've spent so far.

Justin Bullock:

Yeah. I think that's probably right. And the federal government's essentially going to have to be supporting workers at a very large dollar amount while things are shut down and the Cares Act is taking some steps in that direction. To your point, a couple of trillion dollars, it's expanded unemployment insurance, deferred some student loans made some interest free loans available to employers. So there are some kind of initial steps in that direction to kind of stabilize the piece of it. But to your point and to a lot of people's concern is that's really expensive and it's going to be really expensive for as long as we have to do it [crosstalk 00:26:33].

David Bradford:

It's expensive compared to what? That statement always has to be compared to some alternative. It is expensive compared to a world where we've done that have the SARS-COV-2 or whatever it's called. But it's not so expensive compared to the world where we just let it run rampant and people have to go back into the economy to be able to eat. And as a consequence, we get 80% of the population with this disease in five months. That's really expensive. I mean we don't like the idea that we're spending maybe \$4 trillion to combat this in the immediate term, but if we don't, we're going to spend, I promise you, 100% guarantee we're going to spend multiples of that Picking up the pieces from what happens afterwards.

Justin Bullock:

Well, faith, I think you managed to clear out some of the Zoom bombing, well done. First time you've had to remove some folks. But we're experimenting with this live, so thanks for doing that. But I also saw some questions pop up and we're at the 30 minute Mark. So what do you got?

Faith:

So one of the questions is in regards to the elderly. And it is, do the presenters have any predictions for what will happen after this initial period for programs like Medicare and social security?

David Bradford:

Yeah. The question was, after we've sort of gotten over this acute phase of the virus and managing the economy, what happens to Medicare and social security? I don't think that there need be any particular impact on Medicare and social security, as long as we keep things in perspective. \$4 trillion is

undoubtedly a lot of money, right? But then the US economy puts off about what, \$20 trillion or so in any given year. And so we can absorb this kind of a spend without much trouble. One good thing is that we're taking on this obligation in our sovereign currency, the dollar. Which means that if we miss our monetary policy a little bit and there's a bit of inflation, we'll actually pay back less.

David Bradford:

And so countries that are issued debt in their sovereign currency. So like the US we issue debt in dollars, unlike say, Italy, that has to issue debt in euros that they don't control. Countries like us, we need to be concerned about the debt and we need to have it in reserve. That is, we need to draw it down in good times so that we can build it up in bad times. But I don't think economists today believe that is quite the crisis that it's often made out to be. And certainly this is not a time to ask ourselves, "Should we spend \$1 trillion?" The answer is yes. We'll be better off by doing it.

David Bradford:

And at the end of the day, what that means is that if we can keep the economies solid, then the payroll taxes that support Medicare and that support social security, those are not actually, Medicare is not an insurance program. 75% of the money comes from payroll taxes, not by premiums that people pay. Social security is not an insurance program. You don't get the money out that you put in, you put in money to pay for people who are retired when you're working and people who are working put in money to pay for you when you're retired. And so as long as we can keep the economy at a reasonable level, those payroll taxes will be adequate to the task.

Justin Bullock:

That's good. I think it is going to ask some general health care insurance questions that have been something we've been wrestling with the political debate for some time now, which is, is it good that general health care is covered by an employer? That to get Medicare kind of as a public option, you have to be in your mid 60s? Does that make as much sense? Does that fit in with a pandemic when some people may be losing their jobs? What should the additional pieces be guaranteed for some type of health care for them? So I do think it might ask new questions about the importance or the way in which health insurance is provided as well as direct payments.

Justin Bullock:

So we're going to see you kind of you as part of the unemployment insurance expansion of the Cares Act, the US Federal Government is giving \$600 a week to people that the unemployment insurance claims granted on top of what the States would give otherwise. And States have different minimums and maximums based on the state formula. And so we're already kind of [inaudible 00:31:36] an experiment of expanding the generosity of unemployment insurance because we don't think that there's what we would call a moral hazard problem if people can't find work but they need to be stabilized. Usually, we give them a little bit less than what they made before or sometimes a lot less as an incentive to look for work. And the federal government has already kind of giving the larger direct payments because that side of the theory in this case isn't really applicable.

David Bradford:

Yeah. I think it's going to be really interesting to see what we learn about people's, the incentives or disincentives from these sorts of payments for people's incentive to go back to work. I predict you're going to see people rushing back to work as quickly as they possibly can. On the health insurance front,

actually this is one area where I feel some degree of expertise. I do want to say that that I suspect what will happen is that this does stimulate discussion. That we are going to get policymakers and people in the political process having conversations about about how we structure healthcare.

David Bradford:

However, I would also like to point out that I don't actually think that this pandemic shows us anything about the efficiency of the financing system that we have. Absent maybe we need a more robust sort of catastrophic event pool to draw on when these things happen. But if you look at us with a very market oriented system, you look at great Britain with an extremely centralized national health service where the government actually employs most providers and directly provides most, though not all, but most healthcare, to Italy, which is kind of a combination of us where there's a good robust private sector but a robust public sector.

David Bradford:

And those different financing systems hasn't made a difference in terms of whether this crisis hit hard. The issue is that the system was overwhelmed, not that payment was somehow at risk. I actually don't think that we're learning an awful lot that will inform Medicare for all versus enhanced ACA with the public option versus business as usual under the ACA with maybe strengthening subsidies for private insurance. Those are live options. There's pros and cons of all of them. I think those are healthy debates that we need to have for sure because they're different from one another and we should, as a society have the version we collectively think is best. But I don't think we're learning an awful lot about that question right now.

Justin Bullock:

That's a good point. Faith?

Faith:

Alright. So this one is going directly to Dr. Bradford. What do you think of governor Newsom's plan to build a consortium of States to buy PPE in bulk? And do you think that this is a smart response?

David Bradford:

In the face of the federal government's failing to do it? Yes, it's a smart response. I will say this is one of the areas where I think the fact that the current administration, being mostly populated by newcomers to government and to some degree amateurs at government is coming to bear. We've heard the president say several times, the federal government is not a shipping clerk. He says that in some degree, he has a stylistic approach that does that. But he's not saying it in isolation. It's not like this is just his idea and he's just throwing it out there. He does that for a lot of things. I suspect mostly he's doing it when you think it's not that important.

David Bradford:

He's probably making a point that they actually have discussed and believe that the federal government is a shipping clerk. But, indeed, that's exactly what the federal government is in times like this. It should be the whole point of a strategic reserve is so that it's distributed to actual people. Jared Kushner's claims that, "Oh, the federal reserve is for the Federal Government." Well, I don't actually don't know

what that even means. Is it only for the 100,000 or so for 200,000 or so people that work for the federal government? That doesn't make any sense.

David Bradford:

Of course strategic reserves are for the people of the United States. And so in the face of the current administration choosing not to exercise that role, which is to use its ability to coerce manufacturers in extreme circumstances, but at least uses the ability to negotiate aggressively with prices and to buy in bulk and then distribute using non-market mechanisms based strictly on epidemiological studies and need, the federal government should be doing that, the federal government isn't doing that.

David Bradford:

And so the question is, does every state do it? In which case, you guys in Texas might be okay with it. You've got a lot of money. You'll win, New York will win, California will win, Florida win, everybody else will lose. All right? Mississippi does not want to compete with Texas for incubators. There's not frankly equitable to Mississippi who is not going to have the ability to price like you guys can. I think let's avoid some of them, let's coordinate, let's have bulk purchases and let's allocate on an as needed basis.

David Bradford:

In the face of the federal government failing to do its job, that's an inappropriate policy response. Ideally, of course that wouldn't be required. The government would use its strategic reserve as it was intended to do. But in the absence of that, I mean one strength of a federal system is that if the national government doesn't step up, state governments are free mostly to innovate and to the extent that they're not free. I mean to the extent that Newsome in California leads a coalition of States to do something that technically is not, Federal Court might say, "No, you can't do that."

David Bradford:

The federal court's going to say that months from now after a long legal process and the States will simply ignore them. I think what Donald Trump doesn't realize is that what he's doing right now is really jeopardizing his own authority, which is once States decide, particularly California, decide that it just doesn't make sense to follow what the federal government says, they can do their own thing. And really there's not anything that the federal government can do about it. Donald Trump will not send the army into California to force it to hand over the ventilators that had bought in the collective action.

David Bradford:

I think he's playing a dangerous game there. And the strength of our system is probably more in jeopardy, not because of violence or conflict, but just finally some powerful States saying, "I'm going to do what I think is right," and ignoring the federal government when it says to do something differently. And once a state does that, the cat's out of the bag and it's not clear how you put it back. Because then California just does what it wants and who's going to stop it? You guys in Texas aren't gonna stop them?

Justin Bullock:

Nope.

David Bradford:

I promise you the Georgians aren't going to stop them.

Justin Bullock:

Texans are just as likely to secede on their own.

David Bradford:

[crosstalk 00:39:08] But secession is not what's going to happen. We tried that exercise, it didn't work. You're not going to see things fall apart like that. You're going to see things fall apart by California ignoring a court order because it's just a stupid order and they're not going to do it. At that point, I don't know what to do. You can't make California do what they don't want to do ultimately.

Justin Bullock:

Yeah. It seems like one of the roles that the federal government should be in a national crisis is to coordinate a national response. And you would hope to actually, we were just talking about this in my decision making class that given the global pandemic, there would have also been some type of global response. But historically, particularly after world war II, that has been what the US did. We kind of led the global response, help pull actors together, help coordinate imperfectly and still with some issues, but we kind of were taking the lead on getting actors together.

Justin Bullock:

Not only is the current administration not kind of coordinating and providing a plan for the States, they've been kind of trumpeting the America first to go at it alone, we're going to do this ourselves kind of approach and disengaging from those international opportunities to help coordinate a global response where even... We were talking about differences between rich States and poor States. If the US could have helped navigate its own response better than those resources would have been available more sooner to help share or to coordinate with countries who were even poorer than Mississippi.

David Bradford:

Yeah. It actually sort of mystifies me as to why the administration is taking this stand, honestly. Because I, one, 100% understand the president's position to say, "I'm not going to tell people in Wyoming that they have to stay at home. The governor of Wyoming has to do that." And you know what, in my opinion, Donald Trump is exactly right on that point. The president can recommend, he can amplify the voice of the CDC and the NIH but that is actually incredibly hard to do for the federal government to enforce, stay at home policies in Wyoming. That's hard.

David Bradford:

But you know what's not hard? Buying a bunch of masks and distribute them. So I'm really actually kind of surprised that they haven't jumped on the low hanging fruit, which is actually to be the shipping clerk because they could do that effectively and it would look good. It would be a big value added for the response. It would be a public service and it's something they can do in the face of a lot of things. It would be much harder to do. It's a mystery. I think it's because you have people who simply don't have experience in government. And if they did, they would know, "Yeah. I actually can deliver 100 million masks, let me do that because that's what I can do. I actually can't tell people in Cheyenne, don't come out of your house." So, yeah.

Justin Bullock:

Yeah. This has been a kind of a theme as part of the series thinking about US response, which is if there were more qualified experts with lots of experience in these positions and they had also the president's ear that those might be-

David Bradford:

[crosstalk 00:42:27] decisions, yeah.

Justin Bullock:

Yeah, exactly. And this is kind of pointing out too. It turns out from the political angle that the president's response then has impacts both at the state level for how Democrats and Republican leadership responds. And it kind of set the tone in Georgia and in Texas as two early places that the States did not want to take significant action and were sort of just [inaudible 00:42:56], kind of abdicating some type of responsibility to take a stand on this down to localities. Which doesn't seem particularly effective either.

David Bradford:

I agree. I mean it may be that both Texas and Georgia get lucky. I think some indications we will get lucky. We've gotten lucky at the expense of the people in New York and New Jersey and Louisiana. But we may get lucky in that things got so bad so quickly because those are places where in New York it's a hub of international travel and it was going to land there first. And of course New Jersey is a consequence. Louisiana sadly went forward with Mardi Gras. Those places showed even our respective governors who were largely intransigent that they needed to move. And so we might get lucky.

David Bradford:

But luck and hope are not strategies. And so we should need to... Again, right now, all of this is about getting through this next month and then buying time so that we can be smarter in October. Because October, November we're going to wrestle with this again and if we're smart we'll be okay. And if we just close her eyes and say, "Well, let's just do what we did before, we're going to be right back here again."

Justin Bullock:

Yeah. Faith, do we have any other questions waiting in the queue there?

Faith:

No sir, we do not.

Justin Bullock:

Alright. Well David, is there anything we haven't touched on that you think would be useful for listeners? I think we've kind of hit at some of the important pieces of the mitigation and that sticking kind of these models, these improvements in these models in the terms of predictions of deaths are a direct consequence of isolating and social distance. And they kind of hinge at least over the next kind of six weeks of us continuing to implement those. And you see out in the social media world and out in the general news that people are really having a hard time continuing to stick with this and it's having all these other consequences too. Things like domestic violence, things like violence towards children.

Justin Bullock:

So these are some real serious costs that I think are going to play out as a consequence. I just wonder about the political willpower to stick with these. I mean, in just three weeks in the political willpower seems to be waning in some places already to do it for another six weeks after we have some evidence of flatten the curve. It seems like that's just going to be really hard to sustain politically. You know what some of the worse cases are if we're not able to maintain the social distancing and governors kind of relax too soon and people are saying, "Hey, look, was overblown the whole time because look, not as many people died as everyone was saying." What are some of the worst case scenarios if we're not able to politically stick with this, and economically, this isolation approach?

David Bradford:

Well, the worst case scenario would be that people just think, "Well, this was no big deal." They go out when the too early, they ignore subsequent calls to re-isolate and we're back on the no mitigation track that we were on in February and early March. If we stayed on that track much longer than we did, we reacted, we had good public health leaders who were persuasive that people listened to. And so we reacted. If people decided, "Well, they over blew it, which they didn't. And so we're gonna ignore them," then we'll be on a no mitigation track and we'll be back towards a situation where we lose a million people. And the economy tanks anyway, right? We lose a million people, I promise you, the economy tanks.

David Bradford:

What I hope happens is that people... I have confidence honestly that this will be the case. Particularly if our leaders can just find the courage to be honest, if they'll just be honest with people, people will by and large do the right thing. I have great faith that these are the kinds of times with honest, open leadership that people respond. They step up and say, "Okay, this is going to be painful. But everybody's sacrificing." If we think that everybody's sacrificing and that it's the good reason to do so, the vast, vast majority of people will do the right thing.

David Bradford:

Then we get through this acute phase and then of course what we need to do is convince our leaders that once we're through May and we start going back out, we absolutely must have the political will to take care of all the damage that we're causing right now and it's real damage. You're exactly right to say, look, people losing their jobs is a serious, serious problem. We cannot make light of that. We cannot say, "Oh well, too bad you have to stay at home anyway." That callous attitude will get nobody anywhere. We have to take care of these people.

David Bradford:

But we then have to have testing, we have to have contact tracing, we have to have antibody evaluation of essentially every person in this country repeatedly. Now for that we have to have political will and yes, this is the message that I want to make sure that in the last couple minutes I have that I leave with your listeners. Which is, you need to put pressure on your elected representatives to make sure that they understand the absolutely essential requirement that we have testing of every person in this country that we have contact tracing of every live case of COVID-19, that we have anti-body evaluations of the people who are going to have resistance to this. And that everybody gets tested repeatedly until we have a vaccine in place.

David Bradford:

How do they do that? You call your representatives, you call your Senator, you call your state representatives. You don't get on the phone and try to have a long conversation with their staff, you don't sit there and like I'm doing right now, rattle on and on about some particular statistics. Have in your head a 15 to 20 second thing that you want your representatives to support. You say what your name is, you say what your zip code is, you say, "I'm a constituent," and you say, "I want Senator X, representative Y to support this." And then say, "Thank you."

David Bradford:

Be polite, get off the phone. It's not the staffer's fault that you agree or disagree with their boss. There's no reason to be nasty about anything. There's no reason to be long winded about it. You need to get on, get off. But I promise you those call sheets that those staffers share with the elected representatives every day make a huge difference. Have very focused messages about maintaining testing so that we actually can have the economy functioning. I think that's the most important thing that your listeners can themselves do with every one of their elected representatives. And every few, don't do it every day please, every few weeks, make the call again.

Justin Bullock:

Yeah. I hope that's something we're able to execute on, I do. Primaries will be kind of winding down, election season will be winding even more up and it does seem like a kind of a natural cycle of quality of dialogue that the ability to share rational, quality information as an election gets closer, I do have a lot of concerns about.

David Bradford:

[crosstalk 00:50:59] again, just quick. You don't have to call, if you're calling your federal representative, you don't have to call the Washington office. The call sheets get transmitted whether they go to the DC office or they go to the local. Every representative [inaudible 00:51:13] to a many local offices. Call them, give them 15 seconds of what you want them to do, tell them your name and zip code that you're a constituent. I promise you that matters.

Justin Bullock:

Great. Well, I think we'll cap it there. I think we're at the hour mark or just shy of the hour mark. This went really well. David, I really appreciate you taking the time. You do a nice job explaining kind of what's going on, explaining the concerns with maxing out capacity. Also, the importance of kind of continuing the isolation and continuing the social distancing, building up testing so that we can know you can go back out and testing for antibodies, testing for whether people have the virus, so that we can get back to some sense of normalcy and buy time to get a vaccine. Which will be the real big thing that will help kind of nip this in the bud as we said in Georgia growing up and give us a chance to returning back to football games in the reasonable time period.

David Bradford:

And that's important. So yes, I agree. Let's get on that. Let's keep moving forward, optimistically but determined to make sure that our leaders listen to the voice of science in this case.

Justin Bullock:

This transcript was exported on Apr 09, 2020 - view latest version [here](#).

Alright, thanks David. It's been a pleasure having you. Thanks to the audience for the questions and hanging out with us and listening to what we had to say tonight. This will be published on the Bush School Uncorked podcast. You can find that on SoundCloud, you can find that on iTunes, on Spotify, on the Bush School website and this episode you can find on our YouTube channel. You want to be able to take a look at you and I, David, as we just talked to you rather than audio. And the good news is-

David Bradford:

You didn't tell me that.

Justin Bullock:

Yeah, I didn't warn you. And my appearance probably didn't suggest such. But they'll be on YouTube as well. And thanks for your time and stay safe out there and listen to the experts. Take care and we hope to see you at the next recording a week from now.

David Bradford:

Thanks.

Justin Bullock:

Thanks everyone.