

Justin Bullock:

Welcome back to another episode of Bush School Uncorked. I am your cohost, Justin Bullock. I'm here as always with my cohost Greg, Gregory Gause. How are you, Greg?

Greg Gause:

I'm good, Justin. I think we have to tell the listeners, though, that we are not in our normal circumstances of Downtown Uncorked in Historic Downtown Bryan. We are practicing social distancing and are all Zooming in from various isolated spots.

Justin Bullock:

Yeah. You will notice there are no clanking of glasses. I might try to clank some around me just for some effects around here. There'll be no kind of fun background noise, but we're pushing through. And Greg's right. Instead of being at Downtown Uncorked in Historic Downtown Bryan, we are all joining via Zoom today. And we do have a guest with us, Professor Andrew Natsios who is in your department, Greg, so does that mean you get to play boss tonight? Is that how this works?

Greg Gause:

As we know, in the academic world, I'm nobody's boss. And I'm certainly not Andrew Natsios's boss.

Justin Bullock:

Andrew, welcome. Thank you for being with us this evening.

Andrew Natsios:

I'm happy to do it.

Justin Bullock:

So there's a lot going on. Everything all the time, everywhere is coronavirus, COVID-19. Last time Greg and I chatted with you in our most recent Hot Takes was about a week ago from this recording date and we were starting to encourage you to do social distancing and take care and stay home when you can. And unfortunately, the exponential growth of the spread of COVID-19 is continuing in the U.S. This is, I'm sure as you're listening to this, still dominating the news cycle. And we're lucky to have Andrew Natsios with us who has lots of expertise. I was actually just reading your op-ed that went out today, Andrew. So maybe we can delve into that. But I think it would be helpful for the audience... they know Greg and I. But maybe just give us a few moments about you, who you are and kind of how you define your career and where you are now.

Andrew Natsios:

Well, I have a somewhat eclectic career. I have three careers, one in state government. I was in the state legislature in Massachusetts House of Representatives for 12 years I was Secretary of Administration Finance which is basically the Chief Operating Officer of the state and then I ran the Big Dig, a large construction project that had some massive cost overrun so I had to lead the Administration of Finance to take over that project, which I did for a year, clean up what was [crosstalk 00:02:48].

Greg Gause:

That was in Boston.

Andrew Natsios:

That was in Boston.

Greg Gause:

Our viewers. Our viewers, I mean our listeners might not know the Big Dig as well as Andrew and I do.

Andrew Natsios:

Right. So the second career was in international development, part of which was my work running the emergency response functions of the United States Agency for International Development in disasters. It used to be just natural disasters like earthquakes and floods and storms but it, during the Bush 41 administration, the world began to destabilize after the collapse of the Soviet Union and we had civil wars and famines which we're still having now on a large scale. And so I did international development work but I also became very much involved in emergency response to crises, which is actually the skills that I learned there are very useful in dealing right now with, or trying to analyze what's going on with the coronavirus.

Justin Bullock:

Yeah, definitely.

Andrew Natsios:

And then the third career has been in the academic world. I was at Georgetown University in Washington for six and a half years and I've been here I think seven years or this is the eighth year I think.

Justin Bullock:

Well, it's been at least six years because Greg and I have been here six years and you were here before us.

Andrew Natsios:

I came in 2012, so this will be the ending, this summer will be the end of the eighth year.

Justin Bullock:

That's right. Well, I'm glad that you are taking the time with us. I know things are a bit hectic right now, but I very much appreciate, Greg and I very much appreciate, as do the listeners, you taking your time to spend with us this evening.

Justin Bullock:

So we were just kind of talking about how you had a op-ed today, so why don't we just jump right in with COVID-19 and tell us kind of your perception of where we are with the current crisis and just kind of get listeners kind of caught up to speed where we are as of Tuesday, March 17th.

Andrew Natsios:

Well, we do know a minimum number of infections based on the World Health Organization data which is a little outdated. The best, in my view, the best website is the Johns Hopkins website which is

probably the finest school of public health in the world, particularly for international development which is my area. But they have a data board that's running constantly. And people for some reason, tend to send them stuff more than any government or the UN, so... and they have mortality figures and they have people who've recovered and all that.

Andrew Natsios:

The problem is that in many totalitarian societies or autocratic societies, the data may be cooked. It may be so sensitive politically that they've decided not to report the actual figures. I doubt very much the data that's coming out of the Chinese government. It is very destabilized, China, not just economically in my view, politically, the level of opposition and rage, not anger, rage among Chinese people against the government is on the internet I'm told. And it's, then friends of mine say they've never seen anything like it before. When Xi Jinping visited the epicenter of the outbreak in Wuhan, they had to put police in everyone's apartment on the streets he walked to prevent people from yelling epithets at him, which obviously was very embarrassing for the Chinese government.

Andrew Natsios:

I don't... I think there are a lot of fine Chinese scientists and they've been doing some very good work under very difficult circumstances but I don't believe the, I think the outbreak was much more extensive in China and the two places that we have major outbreaks are South Korea and Italy which are modern democracies. It's very hard in a democracy to suppress information because it's a civil society, academics, the news media, the internet. And so I trust their data more. And what's very interesting is the huge disparity between the mortality rates in South Korea, which are under 1% and in Italy they're over 8%.

Andrew Natsios:

Now, just to put things in perspective, the 1918 pandemic, which was the worst in modern history, the death rate was 2.5%, so 2.5% of all the people that got the influenza of 1918 died. Now at the upper end of the estimates, 50 to 90 million people died within six months in 1918, which was about 5%, just under 5% of the world's population. 50%, according to a couple of empirical studies done by health scientists, of the U.S. casualties in WWI were, in the trenches, were attributable to the influenza.

Andrew Natsios:

John Barry, in his book *The Great Influenza*, which is the best history that's been done of it in my view, says that Woodrow Wilson did not have a stroke, he got the influenza and the consequences to his body are what paralyzed him in Washington. He was unable to function because the influenza did permanent damage to people's system. And so Barry makes the argument that our negotiating position in WWI, which had been very hard line against the French and UK position which wanted to grind the Germans into the ground. And by the way, he had, Woodrow Wilson had one of the most extraordinary groups of American diplomats and intellectuals and historians, Samuel Eliot Morison, the greatest American historian in the 20th century, was on the delegation. John Foster Dulles was on the delegation as a young lawyer. Robert Taft, the Republican leader in the 40s was also a young lawyer, the son of William Howard Taft, President Taft. So there were a lot. Walter Lippmann, one of our greatest journalists in the 20th century, was on that delegation.

Andrew Natsios:

A number of Americans resigned in outrage when Wilson completely changed his negotiating position and the argument Barry makes it was because he had the flu and he was almost delirious. And that peace agreement led to WWII most historians believe. We were the ones in the way of the French and the UK and so it had profound historical consequences.

Andrew Natsios:

Now even today when people who are older remember it, they remember it with horror. The streets were empty. I mean, what you're seeing today took place in 1918. Factories were empty, elderly people starved to death in their homes because no one would bring food to their houses, they were so afraid of getting infected. Now the difference is, then they had bodies piled up in the streets. The morgues were completely overtaken with dead bodies. That is not the case now, so while some people are panicking in terms of hoarding, we're not seeing any kind of that really disturbing behavior that took place in 1918.

Andrew Natsios:

So the death rate's about the same. The difference is that COVID-19 is twice as infectious as the flu was. So the flu, not the flu that takes place every year, has what's called the R naught factor. R naught is the rate at which one person infects other people. So the flu has got an R naught factor of about one to one and a half. On average, two people-

Greg Gause:

Andrew. Andrew, that's the historical Spanish flu from 1918 or?

Andrew Natsios:

No.

Greg Gause:

Just the regular flu that goes around.

Andrew Natsios:

Regular flu every year. The death rate for the regular flu every year is one tenth of one percent. So it's a relatively... and people keep comparing it to the flu. It's, Tony Fauci who I worked with in the Bush Administration on the HIV AIDS program, President Bush, and the Malaria program. I've known him for almost 20 years now. He is one of the greatest epidemiologists in the world. He's 79 years old. Thank God he didn't retire because we need him right now as the authority and clearly the president is listening to him now. I don't think he did before. But he is now which is good for all of us because Tony knows exactly what he's doing. He's been waiting for this for a very long time to happen unfortunately. We have been predicting this in the pandemic program that we run at the Scowcroft Institute. We keep repeating it over and over again.

Andrew Natsios:

I don't actually think this is the event. I think there's going to be a worse pandemic in the next couple of maybe 10 or 20 years with higher death rates than this. But we're learning a lot and this is a dry run in many respects for what could be much worse.

Andrew Natsios:

But any case, so the death rate now is on the average around 2.5% to 3.5%. In Italy, it's [inaudible 00:12:00] percent. It's under one percent in South Korea. The question is why. Why is there such a disparity? It's because Italy has the second oldest population in the world. Only Japan has an older population. South Korea has an average older population. But the area of the country that was infected was a younger, it's a younger group of people who were infected and so they have a lower death rate because the death rate is much higher among people over 60. On average, 14% of the people over 80 will die from COVID-19 according to an empirical study in China based, we think, very good scientists conducted it. It was peer reviewed and published I think, I don't know whether it was New England Journal of Medicine or the American Medical Association or Lancet. But one of a respected journal published, it was peer reviewed. If you're over 70 you have a 9% to 10% chance of dying. If you're over 60 I think goes down to five percent and then under 50, it's very low.

Andrew Natsios:

No child under nine years old has died. And the scientists cannot tell us why. We don't know why. Normally, in most emergencies that I've worked with, in refugee emergency, displaced emergencies around the world, the children under 5 are most at risk and they die in large numbers because they have underdeveloped immune systems that cannot resist disease and for a variety of reasons, when there's a large refugee flow, then health conditions deteriorate, sanitary conditions.

Andrew Natsios:

So we don't know why. We're happy though. I don't have to worry about my granddaughters. But and the other group that's at risk are people who have comorbidity which is to say other serious illnesses like cancer, heart disease, stroke, diabetes, anti-inflammatory illnesses that are serious. And a large number of people died have these comorbidities. Now one very interesting piece of evidence that comes out of China, but in one study in Wuhan, is that 56% of the people died had severe high blood pressure that was not treated. So it appears that the one factor of all of these comorbidities that's the most dangerous is untreated high blood pressure or hypertension as we call it.

Greg Gause:

Andrew, let me ask. You've done a lot of work in the pandemic project at the Scowcroft Institute here at The Bush School on how international cooperation, how international organizations and states should cooperate in the face of pandemics and global health crises. Do you think that we're seeing that kind of international cooperation that we need? It seems to me that we're seeing a lot of national responses, but not much coordinated effort.

Andrew Natsios:

Well, what's very interesting is the realists may be right that when it comes to a crisis, that countries protect their own people. And countries, for example, that signed the convention in Europe with open borders are now closing their borders in direct violation of the agreement that was made. And I understand. If I were them, that's exactly what I would do. So and some public health people criticized President Trump when he did that. Tony Fauci said publicly it was the right thing to do when we shut off the trips to, incoming trips from China. It's nothing to do with racism. It has to do with trying to isolate the infection.

Andrew Natsios:

But does it increase tension? Of course it does and we do need cooperation right now. The good thing is the scientists are sharing information with each other and they are, they appear to be coordinating on a level that can't be controlled by government, which is a good thing.

Andrew Natsios:

The other thing is, WHO is not the highest functioning UN agency. There are three or four other UN a... like World Food Program, UNHCR, UNICEF that are much better run, more aggressive. And part of it's the government structure. I don't want to get into it now, but this had nothing to do with anything now and WHO was set up 60 or 70 years ago. They made the regional offices report directly to the board of directors, which basically is all countries in the world, and not to the Director General, which in my view is absolutely nuts. Which is why Ebola got out of control because the regional office in Africa did not want to announce that it was going on. And they delayed announcing an emergency. And they've been trying to fix it but there's a lot of resistance to fixing it on the government [crosstalk 00:17:05].

Andrew Natsios:

No. Okay. So anyway. So I think frankly we should be secunding people to the World Health Organization. I don't do it to embarrass the UN, but they don't have the level of confidence, competence frankly for a variety of reasons. It's not that Ted Gross isn't competent. He was the best Health Minister in Africa when he was Health Minister in Ethiopia. He's a very capable guy. The guy who ran against him is a guy from UK who used to be with DIFID, which is the British aid agency, it's like USAID. And he ran, they are both very competent people. And Ted Gross, to his credit, brought in the guy he ran against. It was a bitter conflict between the two of them over who would be director general. He brought him in to help fix the system after he won, which I think shows maturity in my view. I think Ted Gross has been a little bit too accommodating to China in all of this. China waited two months before they acted because they knew what the consequences would be.

Andrew Natsios:

I don't know, we still don't know whether or not Xi Jinping knew all this was going on or they were afraid to tell him. In a dictatorship frequently the bureaucracy doesn't like to give bad news to senior people. My first rule when I was AID administrator is if you don't tell me bad things are happening, I'm going to be very angry because I can fix things the earlier you tell me there's a crisis. If you wait until it's blowing up, it's too late. So I would repeat that every month and they would come in all the time and say, "We got a problem here, Andrew. Let's fix it." That's the way we should be dealing with it, not ignoring the problem. It's a disaster to ignore a problem like this.

Andrew Natsios:

But the Chinese did act in a very authoritarian way however it was effective. They did three things. They did social distancing, which is what we're doing now in the United States on a massive scale. Two, they quarantined people who were suspected of being ill. And then for people who were proven to be ill, they constructed these huge facilities to care of them. Only people who had the virus were in these facilities and they isolated them from the society. So it's isolation, quarantine, social distancing.

Andrew Natsios:

Now we haven't gotten to the point yet where we need to do quarantine, other than what we did which the president had the federal legal authority to do, when we were bringing people back from China and from Italy. Some students from A&M came back from, they had to be quarantined under federal law and

the president has the authority and he used it properly so to quarantine them for a certain period. I think it was two weeks or something, before they would be allowed to come out and go back to their homes or schools.

Justin Bullock:

So, Andrew, what do you think of the numbers coming out of our own country? Not that they would be kind of forced in a direction by the Trump Administration for example, but just the sheer lack of testing that seems to be going on?

Andrew Natsios:

Well, the difference between South Korea and the United States or South Korea and Italy is... South Korea, by the way had an outbreak of SARS, which by the way is a similar illness. It's in the same family of coronaviruses as COVID-19 is. So they actually had some RNA similarities. They had an outbreak. Their system did not work very well. They fixed their system. If the one thing that comes out of this, other than economic chaos and we're going to be living with the consequence of this for a long time, is that we fix the dysfunctions in the federal and state and local systems which we have not done. Then that will be worth the pain of it because when a major outbreak comes that has much higher death rates, we'll be able to deal with it.

Andrew Natsios:

But we don't have... South Koreans tested a quarter of a million people within a month. We've tested under 10,000 people in a country of 330 million people. The biggest failing of the federal government is its CDC because it's so risk adverse and so cautious. It's procedures are in place to make sure they don't make any mistakes under any circumstances. That's the whole federal system actually. It's one of the greatest weaknesses of the federal government in my view is the risk aversion of the career staff because they know what happens if they make a mistake. It's on the front page of the newspaper, there's Congressional hearings, they're torn apart. And it doesn't make any difference who the president is. Both parties go after the other party when anything goes wrong. It's a very destructive system in terms of the message it sends to the career people. So I'm not blaming CDC. But they're not an emergency response agency. And when you have a disaster like this, which we call a fast onset disaster, you need to act immediately. The first thing they should have done was get that issue settled with those test kits.

Andrew Natsios:

Now, Tony Fauci. Tony Fauci said that they're going out this week. They're going out this week. He said at a press conference with the president two days ago that 1.9 million test kits will go out during this week. He would not have said that if he did not mean to have that happen and know that it would happen. So we're way behind the curve and the reason I say that is we don't know what the infection rate in the United States is. This data for the U.S. is complete... it's not wrong, it's just completely inaccurate in terms of the volume. I think everybody who was on that list in fact has the disease and the mortality rate I'm sure is accurate. But it's not complete. I mean, I'm expecting tens of thousands of people to be infected. And that's when panic may start, which I'm a little worried about I have to say.

Justin Bullock:

Yeah. I think all of us as well. That's been one of, as I've been discussing with people, one of the concerns I've had is just any, you talk kind of informally to people who think they have symptoms and

they call. They call the hospital or they call their doctor and they have the things that they say fit the symptoms and the hospital and the doctors say, "Stay home. Unless you need to be admitted to the hospital and your temperature is 104 and you're feeling really ill, we're not even going to test you." You can kind of see this in some of the numbers I've seen where you look at closed cases right now in the U.S. and 50 something percent of the closed cases have ended in deaths. And that's because we have way undersampling of the actual folks who are infected. We're just not even in the right kind of realm of numbers that we should be testing.

Andrew Natsios:

I think one of the decisions the president made late, in my view, was to bring FEMA into this. FEMA is an emergency management agency and while they did not do good work 20 years ago, they have improved dramatically. I worked with them on the Hurricane Harvey aftermath and I think they've improved dramatically over what they were 20 or 30 years ago. And so they do know how to move quickly when they have to. So...

Greg Gause:

Can I go... Andrew, can I ask you about this testing issue? Because it does seem to me that if we're pushing out 1.9 million test kits now, presumably our numbers will get to be more accurate. But when we say push them out, what do we mean? I mean, who gets these test kits? Who decides who gets tested? I mean, my sense is that at least from some communications we've had from students, at least I've had from students coming back from travel and all who would like to get tested because they'd like to see whether they should stay in quarantine, in self quarantine. Who makes decisions on this? Do you know?

Andrew Natsios:

Well, at 1.9 million test kits, they can, I think they can meet demand. What they're going to do is what they're going to do in South Korea which is a very good idea because they don't want to infect people in the hospital who are there for other reasons. You don't want to kill people who already have comorbidity in the hospital. So they're going to do drive-ups. So you don't even get out of the car. And they'll do the test and they'll have a process. It will be health clinics and it will be hospitals. I think you can go to a doctor's office if the doctor asks you to come in, but they're not going to ask you to come in because in order to process a person, they're going to have to have these suits and most doctor's offices don't have those suits. The hospitals do. And they've been practicing I might add. I've been talking to some people. They're practicing the use of the suits because they haven't had to use them before.

Andrew Natsios:

So they'll do drive through. You'll drive up, they'll do the test and they you drive away. That's the way it will work.

Greg Gause:

Okay.

Justin Bullock:

So one thing you've alluded to, Andrew, that's been on my mind lately and I'm sure it's been on a lot of people's minds with some of the big drops in the stock market this week. Is there a piece of this that is, in the wake of America reckoning with social distancing and kind of shutting a lot of public spaces down,



a lot of the emphasis has been on that. And just over the last kind of 48 hours I think, there have been more conversations at the national level about what to do about the economic impacts.

Justin Bullock:

And so you see some chatter now around coming from I think Senator Mitt Romney and Senator Tom Cotton are the two I saw talking about this, kind of giving direct payments to people. So we can talk about maybe some of the policy responses. Greg and I talked a little bit about this last week and I have some ideas about that but it seems to me that this can be a really serious long term impact on the economy and we've already dropped 33%ish in the stock market. People are going to be out of work. I mean, in your experience, thinking about disasters and how you've been kind of following this one along. I mean, this has to be the end of the bigger story. What are some of your kind of concerns and thoughts about how this could unfold?

Andrew Natsios:

Historically, when there's been an epidemic, in the last 60 or 70 years when we've developed a more sophisticated, larger complex economy, it's a V shape. There's a collapse and then things go back. Now that's what people are saying is going to happen. I don't believe that to be the case and the reason is we have a much higher level of corporate and individual debt than we did before than that 2008 which was, we were overleveraged then which was one thing that caused the economic chaos of 2008. And this is, it's now more leveraged and so we could have a cascading effect of major companies going bankrupt. We almost had Fidelity, Vanguard were teetering. The two biggest mutual funds in the world. Fidelity is from Boston. I knew the former owner, the CEO, Eddie Johnson. I don't know his daughter, Abigail Johnson, but she runs it now. The last thing on earth we need are these giant firms being at risk. I haven't heard any talk about them being at risk, but with the stock market going down and people panicking, they may be moving their money out, which is a very bad idea.

Andrew Natsios:

I mean, I didn't touch my money in 2008. I left it there and within a year, all the money that I had lost was all back. This is my retirement account. I didn't lose any money. But some people panic. They took it out and they lost a huge amount of money and took years to try to rebuild that. So panic will damage people's retirement. That's not a good thing. So yes, in fact, in my view, the longer term cons... there are three or four longer term consequences of this event that we're living through. It's an historic event. Regardless of how it comes out, it's already going to change history.

Andrew Natsios:

One is global supply chains are much more fragile than people realize. There's no redundancy in them. And that means that, for example, 80% to 85% of our drugs have components in them from China, that are made in China. And this is true for the Europeans as well. We wrote a piece on this that was through the Conversation which is a news service of academics as you know. And it was picked up by 218 media outlets around the world. The German Health Minister, actually quoting by name, "The Scowcroft Institute" and he was reading the column publicly. And he's saying, "We have the same problem American's have." Where 80% of our API is active pharmaceutical ingredients. So many people, pharmaceutical companies will tell you, "Oh no. We manufacture these drugs here." Well, that's true but what they didn't tell you is the components that go into the drug are manufactured in China. And those factories were shut down for two or three months. We don't even know if they're up and running now.

Andrew Natsios:

And so we, in the piece that we wrote, said, and it's not a secret. I mean, there have been Congressional hearings on this but no one's done anything about it. I can guarantee you something will be done. I am told that the president is going to issue an executive order on this because this goes in line with his view that we need to decouple ourselves from globalization. I believe in globalization, however, I now realize there is a down side to it. It's not the question of inequity. It's not the question of working conditions. It's the question of national security being at risk in a health crisis where we have no control, not just of the drugs, but of the face masks and all of the equipment.

Andrew Natsios:

We have, and the other thing that has happened, which is very disturbing but I know why they had it, because the principal objective of multinational corporations, which are when people attack them, I say, "Well, who do you think owns all these big companies? We own them in our retirement accounts." If you look, who do you think owns Exxon Mobile? Pension funds, public pension funds, teachers' pension funds. So these companies are our companies. There's pressure to make maximum profits and they've been doing that. And the consequence is there's no redundancy in the system, they don't have huge stockpiles of stuff and as a result, if there were 10 steps to anything being produced in a, let's say, in something that's not a national security issue, like a cell phone. 10 different countries produce different pieces and if one country can't produce it for whatever reason, the whole thing shuts down. And that's exactly what's happening now. There are shortages because China has been shut down. And if it wasn't China, it would be another country.

Andrew Natsios:

So I think we haven't considered sufficiently the supply chains issues that are putting us at risk economically and in terms of our national security and not public health. Those have got to be considered very serious. Along with economic consequences, I hope we don't have a cascading effect in terms of defaulting by these big huge international companies. There is more resilience in the financial system there was because there were reforms passed requiring much more cash reserves in banks and companies after 2008. And so that's good, but there's still too much debt in my view. The federal budget deficit in my view has been too big for 10 years now. And no one talks about it. My party has completely abandoned that as an issue and the Democrats don't seem to care about it either. I don't know who does care about it. They're going to just run this thing up more. There's going to be more federal debt. Anyway.

Greg Gause:

We're all going to get a check pretty soon from what I hear, so that'll add to the debt. But Andrew, let me go back to this question of organizations. So who should be running this show?

Andrew Natsios:

I didn't say something. You asked a question before and I should have answered it fully. AID, if they had been instructed to by the White House and given the money, could have gone all over Africa, Latin America, the Middle East, North Africa, and Asia to prepare these countries very early on to deal with this. They did not do this. They weren't even put on the task force, the White House, which in my view is a major oversight.

Greg Gause:

Right. So I mean there-

Andrew Natsios:

Stop these things at the source. You don't stop them at a border. That's ridiculous.

Greg Gause:

Right. Right.

Andrew Natsios:

So but anyway. So I think who should be in charge, in the papers we have published, we have said, these were published by the way when President Obama was in office. And we repeated it. It doesn't make any difference who the president is. You should not appoint a cabinet secretary to be head of a task force. I can tell you from a decade in federal service and 14 years of service at the state level, the cabinet secretaries, with the, at state level, I had enormous authority. There's no federal official in Washington with the authority that the Secretary of Administration Finance has in Boston. So that's a little different. In Washington, power is diffused and the only person other than the president who can take a big stick out and force cabinet secretaries to work together who won't otherwise, is the vice president.

Andrew Natsios:

Now, people don't like Pence, so they all attacked him when he got chosen. It was a good choice. He should have done it earlier. He appointed Alex Azar. Alex Azar was the head of Eli Lilly. Don't you want someone who knows how to manufacture drugs to be the, under these circumstances? You do. He's actually very smart and he's a lawyer. He's a very gifted administrator from what people tell me. But he was not, he did not have the authority to crack heads, which is what you need to do in an emergency. You don't ask people. You give them orders and you carry them out or you're fired. That's what you do in emergency response. You don't have time to negotiate everything which is what he would have to do. So Pence, it appears to me, Pence is a stabilizing influence, was a good choice, but he should have been chosen a lot earlier.

Greg Gause:

So, point taken on kind of playing catch up. But there are these reports that the Trump administration, John Bolton, when he was National Security Advisor, did away with a unit within the National Security Council that the Obama people put together after H1N1 to try to anticipate and plan for pandemics. I wondered if the National Security Council was the right place for that kind of unit. When we're not in crisis situations, between crises, where in the government should we have this kind of early warning system to keep us informed, to force through the bureaucracy the preventative actions, the preparatory actions that might make us, put us in a better place so we don't have to play catch up when the next outbreak happens?

Andrew Natsios:

Every president has established that office after there's been a crisis. So the first thing... Clinton didn't create that office until after there was an outbreak in the mid-90s. Bush abolished Clinton's office and then created it when we had the anthrax attack, but he had abolished it already. He recreated it and for seven years we had it highly functioning. The first thing Obama did is he abolished that office. I mean, Obama's now saying, well, he didn't do it. But he did do it. He abolished it. There was no office.

Andrew Natsios:

And then when things blew up with the flu and with Ebola, they reestablished it. The problem with having the White House is exactly that's going to happen. New presidents always sweep away what existed before. And that's an issue. The problem is if you put it in the bureaucracy, it will not have the authority to make the decisions. So what I argue, there is a Biosecurity Commission. It's co-chaired by... it's separate from the federal government, by Joe Lieberman, former senator from Connecticut, and Tom Ridge, the former governor of Pennsylvania, he was Secretary of Homeland Security, a Republican and a Democrat, they co-chair. They produce a, Gerry Parker, Dr. Parker who is the head of the pandemic program at The Bush School in Scowcroft. This too, is also Associate Dean of the veterinary school. He's a retired military officer and brilliant guy. He's one of the national authorities on this. So he's on that commission and they produced reports, I've testified before them. And by the way, they've also advocated many of the same things we have.

Andrew Natsios:

What I've said is we need to have a office of foreign disaster assistance in AID. When there is a disaster abroad, you don't ask, even the administrator of AID, of the secretaries down to the president, no matter who it is. To declare a disaster, all you need is the U.S. ambassador in the country that is at risk to say, "Yes." And they always say yes immediately. That's never been an issue. In fact, they usually declare disasters when there isn't one because they want money coming from AID which I had to stop them. I said, "This is not a disaster and we're not spending you any money." It was not a function, with one exception, I did not see any issue with [inaudible 00:41:14] FDA being stopped from doing something. It's usually they want to be used when it's not really a disaster.

Andrew Natsios:

You need a bureaucracy that can send out teams immediately without the president or the secretary of state or the administrative AID, at a low level, who have repeatedly done training in how to do this stuff, to send it out immediately. This is internationally, but it's also true domestically. Now I know it's a harder thing to say you're not going to decentralize to that local level. James Q. Wilson says in his book, Bureaucracy, "If you want to improve federal management, decentralize authority to the lowest levels of the bureaucracy of people who actually know what they're doing technically and the subjects that they're in charge of administering."

Andrew Natsios:

And I have believed that. I've seen it myself. But getting Congress to decentralize that authority when the operation... I'm not talking about making the organizational decisions as to who is responsible for what. That needs to come out of the White House and it needs not to be an executive order because when a new president comes in they dump out all the executive orders that existed before. That needs to be in statute, in my view or a federal regulation that can't be easily changed. And then the actual operation needs to be pushed down to the lowest level so as soon as we have a problem, we start taking action.

Greg Gause:

And that's domestically, but do you think... here we get into the international relations element of this. The Chinese, as you said, slow walked this for a while, whether it's because their bureaucracy is inefficient or they didn't have good information going out or they just didn't want to face the

consequences. Would the Chinese have accepted American help? It seems like it when we offered it they didn't want it.

Andrew Natsios:

They didn't want it. Yeah. I know why. I suspect there are a lot of bad things that happened that no one knows about and if CDC went in early on, they would have seen it. That's my suspicion. The other reason is they didn't want the bad publicity of having to accept help from the United States. They are now sending teams to Italy and what they did and the Russians did after the 2008 collapse, is try to take space away from the United States in the developing world, saying, "You don't have any Americans there. All they care about is themselves. We're here to help you." But I think a lot of countries are going to say, "Wait a second. This started in China." They're not going to believe this stuff with U.S. military imported it. They're trying to spread this rumor around, but I think that Belt and Road Initiative is going to become a problem for the Chinese. I don't think a lot of countries are going to say, "Too much risk. We're not going to do this anymore." But I could be wrong. I could be wrong.

Justin Bullock:

One of the things you said a little bit earlier in the conversation, Andrew, was that you suspected that this won't be kind of the end of pandemics or even the most horrible one or the kind of largest ranging impact one from that we might see or that we might have. I was wondering what makes you think that. I mean, I've listened to, I have some thoughts about this as well, but pandemic experts say similar things. Why is it that you foresee in the future in the next decade or two, something that's even worse than what we're dealing with right now? What gives you that thought?

Andrew Natsios:

Well, the UNFPA, the United Nations Program on Family Planning and all that also is their demographers and they do estimates of population growth rates. They at one point were saying there was going to be 50 billion people by the end of the century and of course that turns out to be utter nonsense. They keep dropping the rate down and we're down and were down now. They were a couple of years ago down to 12 billion people by the end of the century, by the end of the 21st, 20th century. I'm sorry, the-

Greg Gause:

21st.

Andrew Natsios:

21st century. And now they're saying 11 billion and I think they're going to drop below that because fertility rates are dropping, however there is still population growth going on. And where are those people growing, the population growing? It's not in the wealthy countries that have the capacity to absorb the population. It's in poor countries where there's very poor water and sanitation if there's any at all. And so the first problem is population growth. Two, people are moving in from the rural areas in remote areas that are separate from each other. One of the reasons Ebola blew up is because it entered urbanized or peri-urbanized areas in Africa that had never seen the disease before. It had been in isolated villages in the rainforests and all that. If there's a village of 100 people and everybody gets Ebola and dies, it doesn't have a big effect on a village that's 10 miles away because they don't have any contact with them.

Andrew Natsios:

Once they move into an urban area, then there's easy transmission. The other thing that's happening... so it's urbanization, it's population growth. China, in 1950, was 90% rural and 10% urban and now it's 60% urban and 40% rural. It's the largest migration in the history of the world, this urbanization in China. But it brings with it huge risks. And that's what the Chinese, the Chinese have been worried about this for a long time and trying to plan for it. So that's the third.

Andrew Natsios:

The fourth thing that's happened and I've been saying this and people don't want to talk about it is we have created the greatest machine for the dispersion of disease ever created in human history. It's called an international airport. So when we decided... the president actually made the right decision initially and then people convinced him, "Well, you're going to get hit politically if you don't let Americans come back to the United States." Did you see the scenes at all the airports? The people coming back from Europe? What do you think that was at these airports? Three or four hours with people one foot from each other. It's a... I mean, [crosstalk 00:47:26].

Greg Gause:

Those pictures were outrageous.

Andrew Natsios:

It was. But forget the wait, it's the disease. Even if you had five people in the entire crowd at O'Hare International Airport in Chicago who were infected, they must have infected 1000 people while they were there during all those hours. So they should have said, "Everybody stay where you are for a few weeks. Isolate yourself and then you can come home." And they should have phased it in, but that's not what happened. In any case, the international airport... and it's not me saying this. There have been models done of how SARS got to Canada. It got through Mexican International Airport, Mexico City International Airport, one of the biggest airports in North America. Huge airports where people from all over the world come in the middle of a pandemic are going to, if it's an aerosol dispersion. I mean, Ebola was you had to touch something and it was hard to get it actually. But if aerosol, which means fine, in the ventilation system and all that.

Andrew Natsios:

This is not. This is small mucus drops. So this is not as dangerous, for example, as measles. Measles is, for every person who gets measles, they'll infect 14 people. The only reason we haven't been having huge outbreaks is because all of us have, most of us have vaccinations. And the anti-vaccine movement by the way, I'm hoping this is going to destroy that movement. That's a very dangerous movement.

Greg Gause:

Amen.

Justin Bullock:

Thirded.

Justin Bullock:

So moving forward, we're getting kind of toward the end of the time here. As we move forward, Andrew, kind of give me some ideas about what you think is what's our best case scenario given where

we are and some of the current responses and then a range to maybe some more unsettling outcomes from where we are now. Kind of give us a range of what people can be kind of have in their purview.

Greg Gause:

Best case scenario, worst case scenario.

Andrew Natsios:

Well, the best case scenario would be that all these tests are done and they show a relatively low infection rate which means the disease is not all over the country. In which case you could, through the social distancing, I don't know if anybody's keeping track of the country and how much people are reacting, but it does appear from what I see at H-E-B when I go out and shop, that people are trying to hoard because they think they're going to be at home for a while. How long people can discipline themselves to stay at home is a big question. We don't know that. In fact, I don't think people know it who are at home, how long they can be cooped up for that distance, that amount of time before they simply can't take it anymore. Americans don't like to be cooped, Americans don't like restrictions on their freedom either. Whether you're a liberal or a conservative, you use different language, it's the same behavior. People don't like... don't tread on me. That's what Americans are all about.

Andrew Natsios:

Well, the problem is in an epidemic like this, you either put constraints on individual behavior or we're going to have a catastrophe. The modeling, the worst case scenario, which I don't believe it, but I'm telling you what the models are showing. There's a model with a guy at Harvard, the School of Public Health, he's widely respected, Mark Lipsitch, I think his name is. And he was projecting that 40% of the population of the world would have this, 40% of the United States. Just do the math. The death rate now is 2%. What's 2% of 40% of the country? It's not a nice scene. That would be 120 million and 2% of that would be two and a half million people would die. 650,000 Americans died in 1918 in the influenza.

Andrew Natsios:

I don't think the models are right. In fact, Bob [Catalick 00:51:33], who came last year, he was the keynote speaker at our pandemic summit. We gave him a career award for his work. And he said at a Congressional hearing, I'm listening to him last week and he said that the models are wrong. And I said, "Thank God they're wrong." He didn't say what that meant. I know what it means. The models are predicting huge infection rates. I think what happened for the president to take these very draconian measures in the last two weeks is a study came out from Oxford from the Royal Institute of Infectious Disease. I don't remember the precise term for it, which showed that two and a half million Americans could die. Their models are showing the same thing that the Harvard model is.

Andrew Natsios:

Now modeling is educated guess work. That's what it is. They test the value, the legitimacy of a model based on empirical evidence. And if they're exactly the same, then the model works. If it's not exactly the same, then they try to adjust it. We don't have any experience with these models because we haven't had a pandemic like this before. I'm praying that that worst case scenario does not happen and that these measures work but we don't know. So the best case scenario is that the infection rate looks relatively small, that everybody follows the instruction to stay home and not to go out into large groups and we get the infection under control within a few weeks because once people know they're ill, they're

going to stay in bed and stay at home. They're not going to go out and go to work if they've got a 104 temperature.

Greg Gause:

I hope not.

Andrew Natsios:

No. And the big fear is, this is the big fear. If there is a spike in the number of people in the hospitals, the hospitals will become overwhelmed and they'll start doing what the Italians are doing which is triaging people. They're basically saying to older people, "We have younger people here now," because by the way there's a big increase in the last two weeks in young people in Italy being hospitalized which we had not seen before in their early 40s. We don't understand why. That's not a good sign actually.

Andrew Natsios:

But what we don't want is for this to balloon up very rapidly, overwhelm the hospitals, they run out of respirators, they run out of hospital space and we start having people die in large numbers. If we can slow down the rate of the spread of this so that if people get sick, there are enough beds and they're treated and they get better. And then six months from last month, from February, we will probably have a drug tested and for human use and manufactured. So and then-

Greg Gause:

Andrew, just to make sure that that's a drug that will treat the illness. It's not a vaccine that will prevent it.

Andrew Natsios:

No. It's not a vaccine, but will kill the... it's an anti-retrovir... will kill the virus.

Greg Gause:

Once you get it.

Andrew Natsios:

Once you get it, it's like getting an antibiotic. It will kill the bacteria or in this case, an anti-retroviral will kill the virus. That's what we need. We're not going to be able to immunize anybody for a year and a half. Even after they've gone through all the protocols to test this, the vaccine, it will still take time to manufacture it and get it out and all. We can't rely on that. We can't, but we can rely on a drug being produced. The Chinese supposedly are saying they're going to have a vaccine available by the end of this year. They're racing to get it before we get it, get it produced because they want to show that they're superior technologically. The problem is the Chinese do not have strong protocols the way South Korea, Japan, United States, and Western Europe does when it comes to these health matters. And it could be that they produce something that has side effects that we don't like or that could be very bad or that might only be 75% effective, which is not what we want. So the competition is usually pretty good, but not on something like this when you're dealing with the great power that has other ambitions.

Justin Bullock:



Thank you. That was... I can't say that's a pretty picture, but I think it's one that probably the listeners need to hear to kind of understand the range of things coming down the pipe and how seriously to kind of take the exhortations to practice social distancing, to stay home if you can, to limit your interactions to the degree that you can, stay home. This is serious, even though-

Greg Gause:

Don't touch your face.

Justin Bullock:

What's that?

Greg Gause:

Don't touch your face.

Justin Bullock:

Oh, no. Have I been doing it? Ahhhh

Greg Gause:

No. I'm just telling the listeners.

Justin Bullock:

I thought        you were-

Andrew Natsios:

Let me just say one last thing for our listeners, not that we're going to have a huge audience, but there's a lot of-

Justin Bullock:

Oh gosh, Andrew, that's harsh. Gosh, ughhh.

Greg Gause:

You're stomping on your own podcast.

Greg Gause:

Yeah, well. You're going to get us our highest numbers ever.

Andrew Natsios:

Okay. So some people are saying this is a conspiracy to embarrass the president or collapse the economy and all that. This is not a conspiracy. It's ridiculous. Stop saying it. Don't read these ridiculous things on the internet. And I'm a conservative, okay? It's ridiculous to say that. Someone on the internet is saying you should breathe in 133 degree heat and that will kill the virus. Don't do that. You'll damage your system, okay? And then [crosstalk 00:57:15].

Greg Gause:

It'll kill a lot of other things, too.

Justin Bullock:

Oh my gosh.

Andrew Natsios:

Someone said if you hold your breath for 10 seconds, if you can hold it that long, you don't have the disease. That's complete nonsense. It does affect your lungs, but that's the later stage of the disease, not the earlier stage when you're... and that's, when you're having trouble breathing, you're at the later stages. You may die in that case because most of the people whose lungs are damaged are the ones who die or they're seriously ill and they have to be hospitalized. The stuff on the internet is doing damage because people are believing this garbage and there's stuff, people are selling stuff online that's going to help people recover and all that. Don't believe any of it.

Justin Bullock:

Alex Jones. Oh my gosh. Alex Jones and this televangelist I came across. They're like, oh my gosh.

Greg Gause:

The biggest virus in the world is not the coronavirus, it's the virus of stupidity on the internet.

Andrew Natsios:

I think they should be prosecuted myself, but that's my opinion.

Justin Bullock:

Yeah, yeah. It seems particularly wrong and unethical.

Andrew Natsios:

It is unethical and it's, yeah. It's false advertising. Fraud is a criminal activity, mind you. And in this case it is, these conspiracy theories are not helpful. Do we want the economy to collapse like this? Of course not. Now there's some people, maybe Bernie Sanders thinks it's a good idea, but most people don't think it's a good idea. We don't want this to happen, but the reality is we could a catastrophic loss of life and that should be the first priority of Republicans and Democrats, liberal and conservatives, is to protect people from a catastrophic event where we have a large scale loss of life. So that's my opinion.

Greg Gause:

That's a good point to end on I think.

Justin Bullock:

Yeah. Thanks, Andrew. And to our listeners as you heard Andrew mention Gerry Parker, who is a world renowned expert on some of these issues and Christine Blackburn who is also part of the Scowcroft Institute and who is also a pandemics expert will be meeting with us in this same Zoom format because we will be doing our part in social distancing still. And about a week we'll be recording with them and bringing that episode to you as well. And so we'll be keeping you informed and maybe in another week after that, Greg and I will have another Hot Takes.

Justin Bullock:

Greg, I was a little bummed our Hot Takes is being, I think it was published yesterday or today as we're recording.

Greg Gause:

A couple days ago.

Justin Bullock:

And I suggested to you unemployment insurance as the potential mechanism to directly deliver payments if that's something we wanted to do and in between our conversation and when we recorded, that was one of the moves was to try to extend unemployment insurance. So...

Greg Gause:

Hey, not just unemployment insurance. Apparently, we're all going to get checks.

Justin Bullock:

Checks. Checks, checks, checks. Well, we'll be-

Greg Gause:

Well, that's something we can talk about on the Hot Takes later.

Justin Bullock:

Andrew, thanks so much. Greg, good to see you.

Greg Gause:

Thanks, Andrew.

Justin Bullock:

Really great conversation.

Greg Gause:

Good to see you, Justin.

Justin Bullock:

You, too.

Greg Gause:

Thank you.