

Speaker 1 ([00:00:17](#)):

We will have Coronavirus in the fall. I am convinced of that.

Donald Trump ([00:00:24](#)):

I'm the president and you're fake news.

Ronald Reagan ([00:00:29](#)):

Mr. Gorbachev tear down this wall.

James Lileks ([00:00:35](#)):

It's the Ricochet Podcast with Rob Long and Peter Robinson. I'm James Lileks and today we talk to Dr. Jay Bhattacharya about, well, guess what? Yes. COVID. So let's have ourselves a podcast.

Speaker 2 ([00:00:46](#)):

I can hear you.

James Lileks ([00:00:51](#)):

Welcome everybody. This is the Ricochet Podcast #496 inching toward 500, and you know what we're going to do for 500? We have no idea. Usually we get together and have some big public thing, but public things now, as we all know, are just simply super spreader events that lead to bodies stacked, like what guys? That's right, like cordwood. Bodies are always stacked like cordwood when you describe these things. But that doesn't mean that we can't have sort of online virtual Zoom-y type things. And Rob, I believe that there's an event coming up this weekend that people will want to tune in for, which would be?

Rob Long ([00:01:27](#)):

I believe it's 5:00 PM, Pacific 8:00 PM, Eastern and whatever, wherever you are, you got to extrapolate with those two numbers.

James Lileks ([00:01:35](#)):

Can you be any more contemptuous of fly-over country?

Rob Long ([00:01:37](#)):

No, I mean, I was talking about our intern. Actually I could do America. America is easy. I was talking about our international listeners, James. We have many internationals and I can never remember five or six hours. I can never remember UK or the continent. I can never remember that. So you're on your own. Of course, if you're James you're an hour earlier, so you're at 7:00 PM. And if you were in mountain time, then you're at 6:00 PM. And if you're in Arizona, what are you in if you're in Arizona?

Rob Long ([00:02:07](#)):

We'll have Gabriel, I think John Gabriel and Bethany will make a quick, make a appearance, and we'll figure it out as it goes. What it's going to be as a founder's happy hour. If you're a member of Ricochet, please join us. We don't really have much of an agenda except that it's Saturday night and we want to have drinks-

James Lileks ([00:02:23](#)):

I'm waiting to hear what the agenda is. I said, I'd do this and then I assumed that you'd had it all figured out.

Rob Long ([00:02:27](#)):

No, no, no. It's entirely casual. We're not going to, you know, we're just going to relax and untie our sweaters and just let it all hang out. So please join us. And if you're not a member and you think, "Oh, that might be fun." Well, there's a simple way to accomplish that. Just join. And we hope to see you on Saturday night, five, six, seven, or 8:00 PM, depending on where you live.

James Lileks ([00:02:51](#)):

Hey folks, the return of Rob's membership spot bumped to the top of the show.

Rob Long ([00:02:56](#)):

Yeah! Right?

James Lileks ([00:02:58](#)):

Got to shake these things up from time to time and, and make sure that people are still paying attention.

James Lileks ([00:03:02](#)):

So here's the deal. We are at this moment in Minnesota experiencing a panic, at least in some parts. Our governor was regarded as a wise sort, who was keeping everybody home and keeping everybody safe. But then, then he had to go and open some stuff up and we are gradually loosening. And the people that I've been reading on the local Reddit threads, who were saying, "wise governor," are now "he's foolishly abandoned his principles. He's given into the Republicans. It's going to be horrible from here on in, and everybody's going to get very, very sick." This seems to reflect what you find in the rest of the country.

James Lileks ([00:03:36](#)):

According to a story in Real Clear Politics, they did the polling. And what do you know? There's two Americas. Who could have thought of that. Let me quote from the piece, "political divide among the public is stark. According to CBS news, UGA poll results released Thursday, 88% of Democrats believe the top" 88%, 88%, "believe that top priority is stay home, slow the virus spread. Only 12% of Democrats believe the top priority should be, get back to work and get the economy going. Now, 62% of Republicans on the other hand, favored getting the economy going as the top priority while 38% felt staying at home was the top priority." Put another way, says Real Clear Politics, "the net difference between Democrats and Republicans and what the top priority of the country should be is 50 percentage points."

James Lileks ([00:04:22](#)):

Wow. Of course my immediate thought is if only 88% of Democrats would stay home, that really is striking. Isn't it? I wouldn't have thought. I mean, I think the position of all three of us, although I am trying to remember, when Rob and I got testy with each other, I think it was way back when all of this was still a first shock to us. So that's what three, four, five weeks ago. Remember there was an opening segment where we actually had a little cross with each other--

Rob Long ([00:04:51](#)):

Yeah, but you know what? It was what a psychologist would call displaced anger. Cause I don't think it was about--

James Lileks ([00:05:01](#)):

Yes! That's the point--

Rob Long ([00:05:01](#)):

It wasn't really about what we were talking about. It was about some other ancillary issue, of which I was correct.

James Lileks ([00:05:04](#)):

It was the shock of what was happening. Rob's first impulse was, we need to lock down. My first impulse was anti lockdown. But the perfect truth, and I do think that to the extent that we've got crossed with each other and let's be frank, we did a little bit, it was displaced. It was the shock of the thing we were really upset as was the whole country. [crosstalk 00:05:23] As more and more facts have come out, I think we're sort of in the center position, which is let's open up as best we can, protecting those that we now know to be vulnerable. We know stuff we didn't use to know. We know that nursing homes are a particular problem. And we know that people under 25 and particularly school aged children are at essentially zero risk. Well let's act on that. Isn't that sort of right? I thought everybody was there.

Rob Long ([00:05:49](#)):

No. Yeah, no, I think you're right. I think we're in real trouble here too, because as I've said, since the very beginning, this is definitely a dress rehearsal.

Rob Long ([00:05:58](#)):

I mean, we're not, we're living in a world in which these things are going to happen. And if you say to people at the beginning of something, "Listen, stay in, we're going to stay in for a couple of weeks. We don't want to overwhelm... The mitigation strategy. We don't want to overwhelm the healthcare facilities and doctors and everything. We're going to stay in." Then people go, okay, I get it. I totally get it. I'll do it. I'm in, I'm in, I'm a citizen. I'm a person in this society. I want everything to be great. I'm in, I will do this for you. I will do this. This makes sense to me. But if you continually move the goalposts. So now it seems like, well, wait a minute. There's no vaccine. Well, no, but you continually act as if, and this is my mantra constantly is like the American people have behaved impeccably with incredible sensitivity.

Rob Long ([00:06:46](#)):

They've been absolute heroes in this. They've done exactly what they've been asked to do. They've done it. They've done it unflinching. They've done it cheerfully. We've given money, charitable donations are up. The American people are being fantastic. Our leaders, all of them, in the State House and in the White House have been unforgivably petty, and stupid, and malicious, and patronizing, and utter failure at the political level of this country and utter heroism and efficiency at the normal everyday level of this country.

Rob Long ([00:07:26](#)):

And I've never seen something in such stark relief. The terror you see on the faces of politicians, not just, I don't know, I'm not just bashing Trump. I mean Cuomo, the hero they call him here. The terror you see on their face, their first thought is don't blame me. Don't blame me. Stay in. Cover yourself in Purell because I don't want to get blamed. And that level, the absolute absence of any leadership, any sort of, I don't know, like any, this is the wrong way to put it, but I'm going to put it that way. Any manliness on the part of our leaders, it's all, they're all just such terrified, little weak links there.

Rob Long ([00:08:09](#)):

[crosstalk 00:08:09] And we're being perfectly normal.

James Lileks ([00:08:13](#)):

Manliness is not wearing a mask. Manliness is riding out there with your face exposed to the elements.

Rob Long ([00:08:19](#)):

I regret it.

Peter Robinson ([00:08:20](#)):

Let me tell you boys a story. A little little, this is in my life. And so of course we have to apply a discount. You shouldn't make sweeping generalizations based on your own personal experience. On the other hand as the great economist George Stigler once said, "the plural of anecdote is data." Okay. High school graduation coming up here. And the high school out here in Northern California, in San Mateo County, and the high school officials thought, "What can we do. The kids are already working from home. What can we do to give them some event that closes their high school experience and just something to celebrate." And they came up with a plan that was modeled on the graduation ceremonies this year of the Air Force Academy. No parents, no spectators, and the graduates themselves would be seated six feet apart on an open field outdoors, in California of course it would be in the sunshine, and they would be handed disinfected... Actually, they wouldn't even be handed the diplomas. The diplomas were going to be mailed to them afterward, as I recall.

Peter Robinson ([00:09:26](#)):

County coordinator of schools says, " Let me take this under advisement." She then gets back to them and says, she's been in touch with somebody nobody knew existed until now, but there's apparently a County health official. Fine. As long as you stick to the Air Force Academy precedent, go ahead. Parents begin making plans. Kids are excited. And then some days later she gets back in touch and says, "Nope, can't do it after all, the County health official has changed his mind."

Peter Robinson ([00:09:56](#)):

Well, why not? If it was good enough for the Air Force Academy. If we know these kids aren't at risk. If it's going to be taking place outdoors, if there's going to be social distancing, all I can tell you is that according to the new rules that the County health official will issue sometime in the next 10 days, this is forbidden. If that doesn't, if every American doesn't say "What? Who gives them the right to tell anybody how to conduct a graduation?" Let alone on some unknown, super secret set of rules that haven't been promulgated yet. No rationale offered zero none. And if that kind of thing is taking place across the country, and I have to believe that it is taking place all kinds of places, then a lot of people...

Peter Robinson ([00:10:44](#)):

Well now here I am in the lockdown camp, I guess I'm demonstrating the divide with which James began this.

Rob Long ([00:10:49](#)):

But again, it's a choice, right?

Peter Robinson ([00:10:50](#)):

This is ridiculous!

Rob Long ([00:10:51](#)):

It's a false choice. They are forcing this crazy choice. It's a false choice. Nobody's really saying they all want... People are reasonable. They're making a reasonable answer. What they really want is they want to know there's a standard by which, there's a transparent way they're making these rules and these judgements and that we err on the side of assuming people are sensible and smart and will take precautions, and are community minded.

Rob Long ([00:11:19](#)):

The recent history of the past 12 weeks or whatever it's been, nine weeks of this, has been that the American people are sensible, cautious, and community minded. The American people have proved themselves. I mean, not that they needed to, but they did. The only people in this entire pageant who have behaved horribly are the people who are tasked with serving us in, in an elected office, because they're terrified that they're going to get blamed.

Rob Long ([00:11:46](#)):

They're terrified. It's so weird to me that they actually think that little of us. That they think that we are reckless, hedonistic children who just want to, "We don't care about no science." They really think that about us, not just in the State House. I mean, I'm flabbergasted at the amount of praise that Governor Cuomo keeps getting.

Peter Robinson ([00:12:07](#)):

I am too.

Rob Long ([00:12:08](#)):

I feel like he, all the people praising Cuomo and attacking Trump should be stop attacking Trump and instead attack Cuomo. And all the people attacking Cuomo and not attacking, should... They all deserve this incredible shroud of shame. Cause there's not one of them who's been able to stand up and say, look, you're going to have to do a lot of this stuff and take a lot of these precautions on your own, based on your own judgment. That's cause you're sovereign citizens of the greatest nation in the world. That doesn't mean that we're going to let people die in the streets. That doesn't mean, we don't want Nana to die. We didn't mean we want any of that stuff to happen, but you're going to eventually it's going to take forever to get a vaccine longer than we expect. You're going to eventually be on your own recognizance, like citizens, and the American people would just shrug and go. Yeah, we know.

James Lileks ([00:12:55](#)):

Right. Right.

James Lileks ([00:12:57](#)):

Well, it does seem to vary by place to place. Doesn't it? I mean, when you have the entire media concentrated in one place, that's going to be the lens through which they see the rest of the world. And when you add to that, their own biases, that everybody who lives in Florida is an idiot with a rusted pickup and a mullet who goes out and sodomized as Gators in their spare time. Then yeah. You're going to assume that everybody in Florida is going to die because the Republican governor just doesn't know what he's doing like Cuomo.

James Lileks ([00:13:22](#)):

But if, I know Rob you hate to hear it. And I hate to hear it. And we all hate to hear it and say it. But if the situation was reversed-

Rob Long ([00:13:30](#)):

Oh my god can you imagine?

James Lileks ([00:13:33](#)):

The idea of taking COVID positive patients and putting them in nursing homes, would be one of those things that would cause congressional investigations. If you had, as you had in Pennsylvania, Republican administrators saying, "Oh yeah, we're going to put the people who are recovering from this stuff, maybe in the nursing home with the old and the sick, but I got to get my mama out of there because she's 95 and she wants to go to a hotel." If that person did that in advance of their order, that's sort of the moral equivalent of dumping your stocks after you've been to the private briefing about what's going to happen when it hits.

Rob Long ([00:14:07](#)):

Exactly right! But wait, just to clarify, that really happened. I mean, you wouldn't, I know that's not a hypothetical you were making up. Yeah. I just want to make sure people know that, that really happened.

James Lileks ([00:14:16](#)):

These are things that happened. And the deaths in the nursing homes in New York and Massachusetts appear to be appalling and not designed, but just sort of casually waved away by the media at this point, because we get these, "We'll trust Cuomo because in our hearts, we know that Cuomo believes in science and those Republican guys don't believe in science. They believe in the almighty dollar. All they want to do is make money for the..." The idea that they want, that, that somehow people who want to open the economy are doing so because they want Jeff Bezos to have 1.1 trillion, instead of \$1 trillion is not it all.

Rob Long ([00:14:55](#)):

Also Jeff Bezos is going to get a trillion dollars cause we're stuck at home.

James Lileks ([00:14:58](#)):

Right.

Rob Long ([00:14:59](#)):

If you want to make him go broke, get everybody back to work. I mean, there is nobody rich in America right now who needs to go back to work. That just isn't the case. There are, most of the people who need to go back to work, certainly in the New York state area, which is where 30, 40% of all the cases are, they need to go back to work because they want to pay their mortgage and the rent. And it is inconceivably, politically stupid for the Democratic party to ally itself, as it has with the 1% who can stay at home and order in. It's crazy. It's nuts to me. That is not politically to me, but here's just a little bit of a... I know we've got to get Jay in here.

Rob Long ([00:15:43](#)):

I just want to tell you a little bit, slice of life just happened. It is New York City. I'm sitting outside. It's 80 degrees. It's a beautiful, wonderful May day in New York city. It's gorgeous.

James Lileks ([00:15:54](#)):

You're upstairs, you're out on your?

Rob Long ([00:15:55](#)):

I'm out on the roof. It's fantastic. You going to hear some street noise, I think. I am part of this New York City text thing where they'll text you the updates that you need to know. So it's a beautiful day. It's going to be a beautiful weekend. And here's what the city of New York wants you to know. "Notify New York City." That's the text thing, "nice weather is here, but remember, if you go out, keep at least six feet of distance between yourself and others and wear a face covering." That's like, weather is nice, but don't enjoy it.

James Lileks ([00:16:24](#)):

Right?

Rob Long ([00:16:25](#)):

Don't you dare enjoy it.

James Lileks ([00:16:27](#)):

Right. Right.

James Lileks ([00:16:28](#)):

So New York, you can get on the subway. You can pack in with a bunch of other people in a viral infused can, and rocket your way to Central Park, and then join all the other urbanites who are sending themselves and probably magically six feet apart, not five feet, five, because if you do that, it's the Black Death, but six feet apart. Meanwhile, here in Minnesota, when I was driving last week to do an errand at one of the places that had been approved to be open, a big box store with a parking lot crammed, I passed a small little shopping area. Very nice, very upscale. And it's, I'd like to say it's decimated because that would just be one out of 10. Store after store, after store, after store gone. The movie marquee, silent, dead, empty. So the idea that I can pack in with all these other people and stand in a long line at Home Depot, and that's okay, but two or three people can't go into a small store at a time and buy a scarf or a cupcake or something like that is absolutely off the table.

James Lileks ([00:17:28](#)):

But again, I'm not doing this. You know, if I was doing this for capitalism and big business, I'd say great to Target and Home Depot and all the other big corporations are able to. I actually care about these small little things in my neighborhood, because this is what makes the character of this place, what it is. But no, I guess I just, I don't even want grandma to die. I want grandpa to die as well. I want them hand in hand to be married in it, put in the ground in a double ceremony. Oy, gevalt.

James Lileks ([00:17:59](#)):

Ugh, anyway. So Jeff Bezos, right? Trillion dollars. You know what that means? That means that Jeff Bezos could overpay for his car insurance a hundred times over every year. Because you know, it's been reported that Americans over pay in their car insurance over \$21 billion a year, B billion.

James Lileks ([00:18:18](#)):

But if ever sat down and thought, "Oh, I gotta do a better job of this." It takes hours. And it typically results in a barrage of unwanted spam calls. You know, then your phone beeps. You don't know who this person is. They want to sell you something, it's awful, but now you don't have to go through any of that. Now, thanks to thezebra.com. It's different. Thezebra.com is the nation's leading car insurance comparison site, because it's the only place where you can compare quotes side by side from over a hundred providers and choose the best for you in 90 seconds or less. They will never sell your information to the spammers ever. So you will not get all those unwanted calls or those boring emails you gotta delete. No, you just answer a few questions on a simple, fast, form, and they find you the best rates and coverage in your state. Tech Crunch. What do they call the Zebra? If you've been listening, you know, they are Kayak for auto insurance, which is a great way to tell you that if you've ever been to Kayak and saved a few dollars on travel, well, that's kind of the model here too. Best part though. It's completely free. You can save up to \$670 using thezebra.com. So whatever your economic situation is right now, the Zebra is committed to helping you save. How much can you save on your car and home insurance? Well, go today and start saving at thezebra.com/ricochet. That's thezebra.com/ricochet, spelled T H E Z E B R A .com/ricochet. And our thanks to the Zebra for sponsoring this, the Ricochet Podcast.

James Lileks ([00:19:42](#)):

And now we welcome back, Doc Jay. You think you're a smart? Hey, our next guest holds an MD and a PhD in Economics from Stanford university, Professor of Medicine at Stanford University, research associated at the National Bureau of Economics Research, a senior fellow at the Stanford Institute for Economic Policy Research and the Stanford Freeman Spogli Institute.

James Lileks ([00:20:01](#)):

And he's a great chef and he plays the French horn like a virtuoso. It can be helpful anytime, a world-class chess master, Scrabble player, Django champion, and you're what, 15 years old? So, you know, this is quite the accomplishment. Hey, Jay, welcome back. Now there's a new major league baseball study that shows that 70% of the MLB employees who had positive Corona virus antibody tests showed no symptoms. One can say, that's good news. One can also say 70% of what? How much was the testing? Is there more noise than data here? Tease this out for us.

Dr. Jay Bhattacharya ([00:20:38](#)):

So one correction. And it was my error, is it's actually 45% had no symptoms, but a larger fraction had mild symptoms. So just to correct the record on that. [crosstalk 00:20:50] That's absolutely true though.



[crosstalk 00:20:52] A fine fraction of the MLB employees who had positive antibodies to COVID had no symptoms at all. Which is, in some sense, really, really shouldn't say surprising, although it's consistent with lots of other-

PART 1 OF 4 ENDS [00:21:04]

Jay ([00:21:03](#)):

That's really, really surprising, although it's consistent with lots of other places where people have done testing and they find similar numbers like that. One thing really what's surprising to me is that only a small fraction of the MLB population have had COVID antibodies at all, about 0.7%. It's 99.3% had no COVID antibodies. There are no deaths by the way in the MLB employee population. Oh, and that was the other thing. It's employees, not the athletes. That's really important to recognize.

Jay ([00:21:33](#)):

That means in some sense, the good news is no deaths in that population. The bad news is the disease hasn't spread very far. We're not very far along in it. In a sense, we have to learn to live with it if you think about where it could be. Now, there are other things about this. The fraction of the people that had antibodies is lower than you find in places that are surrounding areas where the MLB employees live. Right? In New York for instance, the Yankees employees have much lower prevalence of these antibodies than the surrounding community did. Surrounding community has about 25% prevalence. Whereas I think here, it was like something on the order of three.

Peter ([00:22:21](#)):

Jay, Peter here. A reasonable supposition is that the MLB employees, you're not talking about players and you're not talking about the guys, the part timers who sell crackerjacks during games, full time employees only work in the Bronx. They work in the office complex at Yankee Stadium, but then they get in their cars and they go home to very nice suburbs in New Jersey. They don't live in the Bronx, right?

Jay ([00:22:44](#)):

I mean, that's certainly possible. That's certainly one explanation. I think it highlights that there's a socioeconomic status gradient in this disease. Poor populations are hit harder with this disease in the sense of have higher prevalence than richer populations. That certainly could reflect that. Although, there were some of the crackerjack sellers ...

Speaker 3 ([00:23:05](#)):

Jay, something you said stuck out. It seems like half the population fears that it's everywhere. That if you go outside, you get it. You're saying, the bad news is, is that, no, it's not that prevalent out there. We need to get to the point where it is. But tell me where I'm wrong there.

Jay ([00:23:23](#)):

No, that's exactly the paradox at the heart of this thing, but the question is, what do you think the end goal is? Is the end goal to eliminate the disease? Well, in that case, 0.73 is excellent use. We just need to push down harder and it'll go away. Do you think the end goal is something else where we learn to live with the disease? I think from this study and from others, I think there are from others that have looked at antibodies in the population, I think it's not possible to eradicate this disease.

Jay ([00:23:57](#)):

The lockdowns, what they do is they delay the onset of the disease to after the lockdowns are lifted. They slow the rate of growth of the disease. Remember, the original justification for the lockdowns was to flatten the curve, so that we don't overwhelm the hospitals, but flattening the curve doesn't mean get rid of the disease. It means delay the disease until later. I think that's the question about good or bad news.

Jay ([00:24:21](#)):

To me, I don't believe it's possible to eradicate this disease without a vaccine or some sort of a substantial scientific breakthrough that I don't see forthcoming anytime soon. Although I did hear some good news about a neutralizing antibody someone discovered today.

Jay ([00:24:41](#)):

Maybe it could be proven wrong in real time. Yeah. I think if the goal is disease eradication, I think it's an unrealistic thing to think. There's no way a lockdown in any case, would produce disease eradication. It would take some massive scientific breakthrough to make that happen.

Peter ([00:25:02](#)):

Right. Of course, massive scientific breakthroughs are what we come to expect, so get on it scientists. What's with the excuses?

Jay ([00:25:10](#)):

They're working hard. They're working hard.

Rob Long ([00:25:13](#)):

Anyway Jay, it's Rob Long here in New York. Thank you for joining us. Can you just take me back? The reason the MLB study, one of the reasons why it's significant is because of the scope of it. That you took people randomly working and who definitely work in places where a lot of people come in and come out and across the country, right?

Jay ([00:25:39](#)):

Yeah. It's a nationwide scope. I mean, it's a select population. I'm not making any argument that it's representative of America at large. Obviously, it isn't. As I said, I think it's lower prevalence, but it is really interesting because in one go, we got to look at 26 cities across or 26 teams across the country, slightly fewer number of cities, but a huge number of places on a two day period. That kind of data collection would have been very difficult to do without the organizational might of the MLB.

Rob Long ([00:26:11](#)):

A surprising takeaway from the MLB study for me anyway, is that it's a slow spread, not a fast spread. I live in New York if you ask people what they think, for a long time we thought, I bet you everybody has got it. We all have it. That's what we've been saying. Like, oh the infection rate is going to be much higher than anybody imagined. Do we now know that was wrong?

Jay ([00:26:37](#)):

I think in New York, it's I think about 25%. New York City, about 25% have it. One in four. If everyone thinks they have it, three in four are wrong or have had it.

Rob Long ([00:26:48](#)):

Right, right.

Jay ([00:26:49](#)):

The rest of the country, the prevalence numbers are somewhere between 2% to 4%.

Rob Long ([00:26:55](#)):

Right.

Jay ([00:26:56](#)):

If everyone thinks they have had it, 96% to 98% of them are wrong.

Rob Long ([00:27:01](#)):

Yeah. Also, people in New York are hypochondriacs, so it's 110% think they had it. Even the people who have it are talking about how they had it.

Jay ([00:27:13](#)):

This is one of the benefits of science. I thought for sure that I had it. I haven't been tested because I want to save the test for the studies. But now that I've seen the prevalence numbers in Santa Clara and where I live, Santa Clara County where I live, it's almost certain I have not had it.

Rob Long ([00:27:29](#)):

Tell me more about that because I could have gotten it, it's possible. I know it seems outrageous for me to say this, but it's possible I got it wrong, but it seemed to me that the takeaway from the Santa Clara study was, oh a lot more people have got this than you think. The takeaway from the MLB study is actually, no, not really. It's not really.

Jay ([00:27:49](#)):

It's a similar thing. The thing about the Santa Clara study and what MLB share in common is, we found roughly 3% in Santa Clara. LA County, we found 4%. That is not a big number if you're thinking about how many people in the population are still susceptible to disease or no, I'm sorry. Haven't had it yet. That's a huge number of people still left over.

Jay ([00:28:15](#)):

It's big. It's a big number relative to the case counts. The number of people that you see on that Johns Hopkins map with the big red circles. That under counts the number of people who have had it by about 50 fold. It's big and small at the same time. That's true I think for the MLB study, although it's obviously on a smaller range than on the bigger range compared to the Santa Clara or the LA studies.

Rob Long ([00:28:41](#)):

Okay. I just wanted to ... We're going to talk about science too. When we talk about the science, I'm going to pretend I know all about it too. Just to forewarn you that I'm going to pretend I understand any of these concepts. Before we do, I was talking to about four other people the other day. Now, these are smart people and they read the news and they keep up and they do all sorts of things. I've had this experience with a bunch of people lately, smart people, well-informed people. We all have a different set of facts that we seem to be relying on.

Rob Long ([00:29:16](#)):

Someone will say, "Oh, no, no. I hear that in New York, blah, blah." "No, I just read ..." It seems to me that whatever's happening in the translation of this testing data, this research, through the media lens, to the American people reading the newspaper, watching TV, whatever's happening, there's a distortion field. I'm asking you, what do you think?

Rob Long ([00:29:39](#)):

If I'm just a person and people are listening to this podcast, they're smart, they're connected, they pay attention to the world around them, what would you like to tell them about how to read and digest studies like yours or the latest report from the CDC? What kind of stance should we have? Because I feel like we're all getting a different message, even though we're listening to the same people.

Jay ([00:30:05](#)):

Yeah. That's a really good question. I've been pondering this also. I mean, I have two observations about this. One is that you have to leave yourself open to being surprised, right? If you sit and read the news with very strong priors, "Oh yeah. The only thing that matters is the Johns Hopkins case count or I'm just going to track the fraction positive PCR test today," or whatever it is that you focus on, you're not leaving yourself open to being surprised by new and different evidence.

Jay ([00:30:39](#)):

I think there's some aspect. I mean, obviously you want to be careful about every single new thing, but you should leave yourself open to changing your views pretty fundamentally because this is a new disease and we're still learning a lot about this every day.

Rob Long ([00:30:53](#)):

The gotcha game is probably not productive.

Jay ([00:30:57](#)):

It's not useful, right? I expect to learn a lot about this disease over time and I expect some of the stuff that I believe now is going to turn out to be not right.

Rob Long ([00:31:08](#)):

Right.

Jay ([00:31:10](#)):

That's the way that news, science works. You should expect that.

Rob Long ([00:31:17](#)):

Early on, I read a thing, I read a bunch of things and I thought, okay, I got it. I just have to keep an eye on the R naught number, right? The rate of infection number. That's what I want. I want it to be below one and when it's below one, we can all come out and I can go back and get a drink at my local bar. How wrong am I?

Jay ([00:31:34](#)):

R naught is how many people are infected by the first person who gets the virus? How many people does that first person infect? That's a tactical number that relates to the rate of how high the fraction has to be before you get herd immunity. But there's something close to what you're talking about, which is like, how many people does each person currently with the virus do they infect? The problem with the reasoning about, it just has to be less than one is, if it's lockdowns that produce it less than one, then when you lift the lockdown, it's going to go up, right? It might go above one. Is the goal to keep the virus spread so that each person infected, infects only one other person?

Speaker 3 ([00:32:22](#)):

Oh, you genius. That is the first time I have ever, ever grasped that concept, the question of how many people. If I have the disease and I'm standing in a parking lot, there are two ways I can avoid infecting other people. One, the parking lot is empty. We're on lockdown and there's nobody around for me to infect. The other way is the parking lot is full of people, but they've all already had it.

Jay ([00:32:48](#)):

Yeah.

Speaker 3 ([00:32:49](#)):

Those are just absolutely fundamentally different policies. They imply absolutely fundamentally different policies, right?

Jay ([00:32:58](#)):

Yes. Yes. I think one is, a lockdown essentially forever. It'll slow the spread forever. That is a policy and it will reduce COVID deaths absolutely. The other is, well, we have to get on with our lives and we're going to have to deal with COVID just the same way we deal with ... I mean, not exactly the same because it's a very deadly disease, but we have other deadly diseases we deal with as well. We'll have to learn to live with it. The in between is, there's a massive technological breakthrough that solves the thing and we're all safe. I think those are the three end points to think about.

Rob Long ([00:33:41](#)):

Can I ask a question? I know [inaudible 00:33:41] you want to jump in. I got one more question. In your brain, because in my brain, I'm trying to construct a graph of two intersecting lines. One is, some metric that measures safety and maybe it's R naught, maybe it's an R naught adjusted, maybe it's ... I don't know what it is.

Rob Long ([00:34:02](#)):

It's some number and some number that represents economic disaster and I'm willing to do a lot while the economic disaster line is not terrible, not the worst thing ever, not unrecoverable from, and I'm

willing to do a lot of economic damage frankly, if that R number or whatever that number is, is too high, what are those two numbers or is that the big question that nobody knows? Am I making any sense?

Jay ([00:34:31](#)):

No, conceptually that's the right way to think about it. Unfortunately, I think what we've done from a policy point of view is we think only about the COVID harm.

Rob Long ([00:34:40](#)):

Right.

Jay ([00:34:41](#)):

All of the policymaking is focused on that and very little is focused on the harms that are directly attributable to the lockdowns and other policies to slow COVID. As I've said lots of times, I think this is really important to remember, we're not just talking about dollars, people unemployed, although those are harmful. We're talking about lives, right? People who delay chemotherapy, people who don't get their kids vaccinated with measles, MMR vaccines. I just heard that the global vaccination efforts are being curtailed because of COVID.

Rob Long ([00:35:23](#)):

Right, right.

Jay ([00:35:25](#)):

I think the lockdown efforts are going to cause a lot of harm to lives and I think it doesn't make sense to me to not include those in the policy calculus. You need to have both. It's exactly the way you put it. There are two and they trade off against each other. I have a very strong prior I admit, about where that lies.

Jay ([00:35:50](#)):

My prior is we're likely going to end up killing more people than we save with these dramatic lockdowns, but I might be wrong. Let's have modeling around that. The modeling around COVID is uncertain. People say the modeling around those lives lost is uncertain, but how is that different than the modeling around COVID? The idea isn't to have certain models that only count the cost if we're certain about them. We count for the uncertainty and we count for all the costs and benefits together. That's the right way to do policy making around this.

Speaker 3 ([00:36:26](#)):

Jay, I read something the other day that was absolutely terrifying. I will get to that right after this word from our sponsor. In a time when self-care is more important than ever, every day now is an opportunity to skip damaging styling tools and chemicals that you dump on your head and focus on better hair growth from within.

Speaker 3 ([00:36:46](#)):

Nutrafol is formulated with potent botanicals to help you grow hair as strong as you are and it's physician formulated to be 100% drug free. Nutrafol is physician formulated to be 100% drug free and they use natural clinical effective botanicals for better hair growth through whole body health. On top of

thicker, stronger hair, without lasers or chemicals, Nutrafol's ingredients may also help you get a handle on better sleep, stress response, skin, nails, and libido.

Speaker 3 ([00:37:13](#)):

Visit Nutrafol.com and take their hair wellness quiz for a customized product recommendation that puts the power to grow thicker, stronger hair back into your hands. When you subscribe, you'll receive monthly deliveries, so you never miss a dose. Shipping is free. You can pause or cancel anytime. Does it work, you ask? Yeah. Yes. In clinical studies, Nutrafol users saw thicker, stronger hair growth with less shedding in three to six months.

Speaker 3 ([00:37:40](#)):

I'm here to tell you, I'm a guy who has been follicly deficient since my teens and it is something you learn to live with. I'm looking forward to my product arriving, so I can try this and report back to you on how it works. Well, if you're experiencing thinning or not, you deserve hair as strong as you are and Nutrifol can help you achieve your best hair growth naturally. You can grow a thicker, healthier hair and support our show by going to Nutrafol.com and using the promo code 'Ricochet' to get 20% off. It's their best offer available anywhere.

Speaker 3 ([00:38:10](#)):

Free shipping on every order and 20% off at Nutrafol.com, promo code, 'Ricochet.' Best offer anywhere. 20% off at Nutrafol.com. That's spelled N-U-T-R-A-F-O-L.com. Promo code, 'Ricochet.' For hair as strong as you are. Our thanks to Nutrafol for joining the Ricochet podcast.

Speaker 3 ([00:38:31](#)):

Jay, you talked before about keeping open to new information. I am. I try to look at everything. I don't try to confirm my priors. I wince when I see some stuff. I am happy when I see some others. I seem to be operating on a completely different data set than everybody who wants to stay home forever.

Speaker 3 ([00:38:46](#)):

But then you read something that just upends your world. The news media loves the worst possible thing they can tell you these days. I rarely see anything that's remotely hopeful, but this story said, "A new study shows that droplets emitted from COVID positive patients can remain suspended in the air for eight minutes." This isn't legit. This may have been the Washington Post for all I know, which it's one of those things that says, "Okay, I got to wear a mask everywhere in the house constantly, even though the mask probably isn't going to do any good."

Speaker 3 ([00:39:23](#)):

When you read something like that, you think, "Well, do I have to readjust everything that I'm thinking and the way that I'm living now?" Then you read something else a little bit later that upends that particular idea. While we should be open to new information, it's hard to know what the baseline is here. We're all just flailing around buffeted by one story from one side to the other. If we are to remain open, what kind of information should we be keen to prioritize, I guess is what I'm saying? The little anecdote, horror stuff that comes out, or just ...

Jay ([00:40:00](#)):

Take that droplet spread story, right? If it's not accompanied by some estimate of what is the marginal effect on my risk of dying from COVID, I'll look at it and say, "That's interesting." Should it change my behavior? Maybe in a crowded room where people are singing. Maybe not in other places. I don't know.

Jay ([00:40:25](#)):

I think it has to be put in some perspective or maybe it's incumbent on the reader to put it in perspective because I think a lot of the media, they're not going to do this job often. I think just the question to ask yourself is, well, what does it mean about my individual risk to this? How should I react to this given this change in my belief about my individual risk from this?

Speaker 3 ([00:40:50](#)):

I want to go back to something you said at the start of the show, when you were talking about the people who had mild symptoms. We're not sure what 'mild symptoms' are and it goes to the suspicion that a lot of people had that this has been a foot in the land a lot longer than they say. December, January?

Speaker 3 ([00:41:06](#)):

I think there are some new studies that say in Washington that it was there earlier than they thought. Everyone's keen to say, "I was really sick back in November and December. I know a lot of people who were and they were flattened by it. Maybe it moved through already. Maybe this is the second wave." First, what are mild symptoms?

Jay ([00:41:24](#)):

Mild is like it looks like a cold. Cough, maybe sore throat, sneezing. Those kind of cold-like symptoms. There might be a mild fever. I think that's actually pretty common, that constellation of symptoms. The Santa Clara study and the LA County study and the Miami Dade County and New York state, they all suggest the same thing.

Jay ([00:41:47](#)):

There's this fast constellation of symptoms ranging from basically no symptoms, mild cold, flu-like symptoms all the way up to this horrible viral pneumonia that we see. Right? The viral pneumonia is just the tip of the iceberg. The vast number of people who have it don't have that viral pneumonia that kills you.

PART 2 OF 4 ENDS [00:42:04]

Jay ([00:42:03](#)):

The vast number of people who have it don't have that viral pneumonia that kills you.

James ([00:42:04](#)):

So then how about the theory that it's been here longer and that this perhaps is the second wave and-

Jay ([00:42:11](#)):

I saw that study. So apparently, someone in Washington State, I think, they had taken blood from her in December, I believe. And they found that her blood from December was COVID-positive, which is



fascinating. It means it was definitely in the country earlier. But at the same time, if let's say she was the first patient in Washington State in December, I don't know when. Mid-December, late December, whatever it is. Well, she spread it to only a few people. It won't have had the extra time for the exponential growth for everyone to have gotten it by then.

Jay ([00:42:47](#)):

Certainly though, we had no lockdown in December, January, February, even into the middle of March, almost, right? It should have spread. And we kind of said ... We can get some sense that it spread a lot, but it didn't spread maybe as much as the ... I mean it's interesting. When you push back the start date, the models predict that there should be a higher fraction of people infected now with it. And it was unimpeded spread, from let's say middle of December or whenever that study says that they found the first case, to the middle of March. Well, I think we can get a pretty good estimate then of how fast the disease spreads that are not from it. At least-

James ([00:43:36](#)):

Right. Well, the popular view seems to be that you have one person with a bad cough and rheumy eyes, staggering through the mall, and then the next thing you know, you've got dead bodies by the thousands in the armory. When in truth, it seems, at least in the Pacific Northwest, what happened was that you had several workers who were infected who worked in several different nursing homes and brought the disease to those places that way. So that's one way it happened there. You had a super spreader event in Boston. You have New York with the subway. Every place is different.

James ([00:44:06](#)):

But if we look at this now, from what we know, does it seem likely that perhaps all of these stories about diminished cell phone traffic at the Wuhan lab in October for two weeks, that that's probably when it got out? It moved, then, over across the Silk Road to Europe, and New York got hit by the Europe variant. The West Coast got hit by some other variant that was coming from China. Are we seeing, with a certain amount of confidence, how this probably happened? And again, the question is, are we now in the second wave or still dealing with the first?

Jay ([00:44:41](#)):

James, I don't have any access to any special information about the Wuhan lab or anything. We almost certainly know that it started in China, and I've seen different origin stories about it. And I don't have the information to be able to tell the difference between the origin stories.

Jay ([00:44:56](#)):

The date, October versus December, I think if this story I just read about the woman's blood is right, from mid-December testing positive for COVID, that pushes the date back in the United States to then. We're going to need more work, at least as far as I'm concerned, to convince me that it was started a huge bit earlier than that.

Jay ([00:45:23](#)):

October, maybe. It's possible. If it did start in October, it's not that infectious, in some sense. It took a good long time to get up to speed, even in Wuhan, then.

Peter ([00:45:35](#)):

Hey Jay, Peter here. Could I take you back to the costs of the lockdown? I'm about to say lightning round, quick answers. Of course, you can't do that with science, and I know I can't do it with my friend Jay, but to the extent that we can. The cost of the lockdown. Here in the US, do we know with some certainty that a lot of people are missing tests and treatment because they're afraid of going to the hospital so that there will be quite straightforward medical costs of the lockdown? Is that fair?

Jay ([00:46:09](#)):

Completely fair.

Peter ([00:46:10](#)):

Okay.

Jay ([00:46:10](#)):

The hospitals were... We've had a big bailout of hospitals, because the hospitals have very few patients. The people that are staying away from the hospitals, their health costs paid for that. Hospitals are there for a reason.

Peter ([00:46:27](#)):

Right. Okay, so I got a robo call from my medical provider the other day, urging me to come in for a colonoscopy. Well, I'm not eager for that in the first place, but right about now...

Jay ([00:46:39](#)):

Peter, you totally need to do it.

Peter ([00:46:40](#)):

I think I'll give it a pass. Okay, so there are direct medical costs because people are not getting tests. They're not getting their colonoscopies. They're not getting their PS tests. They're not getting their pap smears. And what about actual treatments? People who have heart trouble? People are missing treatments? There's evidence of this?

Jay ([00:46:59](#)):

Yeah, people are missing chemotherapy. People are missing checks for their diabetes. All of these things have slipped by the wayside. Not entirely, but in large measure, and it's because of the... At first, it was very reasonable. We're holding our hospitals open for the flood of cases that are going to come from COVID.

Peter ([00:47:26](#)):

I mean, the floods, except, okay, fine. Then a somewhat wider scope. We used to hear about when the press could blame it all on capitalism, on the workings of the free markets, they called it all deaths of despair. And that was, as I understand it, the argument ran through Appalachia through, through former manufacturing centers of the country the argument was all the capitalists move manufacturing to Mexico and China. And these people are suddenly unemployed and they become opioid addicts and alcoholics. And we actually see a shortening for the first time in, I don't know, decades possibly ever. We actually see the lifespan of, white American males, I think it was. The lifespan shrinking. That was because of unemployment. And that was, again, they called the deaths of despair when they could use it

to attack the system. Now the unemployment rate is much higher than it ever was during the nineties and the early two thousands. What about these so-called deaths of despair? Is that something that's likely to develop?

Jay ([00:48:40](#)):

It seems like it, I mean, 30% unemployment, I guess it partly depends on how long, how long this depression lasts. I mean, I'm not, I'm not a macro economist, but many of my macro friends tell me that this is going to be the biggest depression we've seen maybe since the great depression.

Peter ([00:49:00](#)):

So entirely reasonable to suppose that there will be heavy costs as a result of the lockdown in, in this sort of looser, not people missing treatments, but just the loose kind of degrading of lifestyle, the things associated with depression, lower levels of income and so forth. Is that right?

Jay ([00:49:16](#)):

Yeah. I mean, I fully anticipate those deaths of despair to return.

Peter ([00:49:19](#)):

Got it. And then last question on this cost of lockdown. What about the rest of the world? What do we know about, I don't even know how to frame the question Jay. But we've talked about this, that you have family back in India. What about the costs to poorer countries of the western world shutting down?

Jay ([00:49:43](#)):

It's going to be enormous and it's going to be heartbreaking. I mean, I told you earlier that global vaccination efforts have been curtailed. That that means those diseases that vaccines prevent against what will we'll return. Anti-malaria, mosquito efforts, eradication or reduction efforts have been curtailed, malaria will come back. Tuberculosis treatment efforts have been stopped more or less. Tuberculosis will start to rise. Starvation of kids, millions of kids around the world. The poor in every poor country will suffer enormous hurt from the depression caused by the lockdowns.

Peter ([00:50:24](#)):

Okay. So there are a series of costs and they are large costs. And anyone with a heart would recognize that they need to be weighed. Do you see any evidence that public health officials and that the politicians who are the various governors, President Trump himself, do you see any evidence that they're making a serious effort to weigh these costs, to calculate them in some rigorous way?

Jay ([00:50:48](#)):

I don't Peter, I don't. I hope I'm wrong, but I don't. I don't see that yet.

Peter ([00:50:54](#)):

Okay. Last couple of questions. Do we know enough now, and I mean, really feel fairly confident enough to begin lifting the lockdown in a reasonable way. So do we know that kids are not really at danger? Could we, of course it's going to be summer here, but could we reopen schools? Could we let them reopen open parks, let them play tennis and soccer? Do we know that? Do we know that nursing homes

are so much of a special locus, that we can open up bits of the rest of the economy, as long as we pay special attention to testing and nursing homes and disinfecting, making sure that people who enter nursing homes to visit older people... You see the point I'm making, do we know enough to start ending the lockdown intelligently?

Jay ([00:51:41](#)):

I do. I think we've learned a lot about who is really at risk for this disease in the last few months. And we should make use of that knowledge, but I completely agree with your policy about nursing homes. That should be the focus of our testing. Cause that's who is at high risk. That should be the focus of our efforts at protection. A very large fraction of the deaths, a distressingly large fraction of the deaths that have happened in the last few months have been nursing home residents across the country. And then as far as schools, I think that on balance, the evidence suggests that kids are much, much lower risk from this, from dying. They're also a lower risk of spreading it to parents that there's some data from Iceland that suggests suggest that, strong data.

Jay ([00:52:26](#)):

There's some rare conditions people think that kids might be subject to, but that's a very small number of cases relative to the fact that very few kids die from this disease. So, I think cautiously opening up schools in some way, I mean, there are costs of kids skipping school which lasts generations, right? If you have a full year of school gone, or sort of substandard schooling for the whole country. A whole year of schooling, that's an enormous loss of human capital that will last a long time.

Rob ([00:53:05](#)):

Hey Jay, it's Rob again. So tomorrow morning, the American politicians, governors and president alike come to their senses and they say, "Okay we're not going to do this anymore." And just say everything's open. What precautions should I take as a sovereign citizen who's on his own? Kind of, I got to take care of me. What are the practical, smart precautions and processes I should put into my daily life, knowing what we know right now. If you know, we wake up tomorrow and all of this confinement and shelter and place, all these orders are, are rescinded. What do I got to do?

Jay ([00:53:53](#)):

Okay. So can I address something slightly different?

Rob ([00:53:56](#)):

Sure.

Jay ([00:53:57](#)):

I mean, it's related but slightly different. I think people are going to answer that question very differently. Because when you lift the lockdown orders, it's not like people won't be reacting to the possibility of a virus infecting you. They're still going to be reacting to that, but they're going to be reacting in very different ways related to their view of the risk posed to them by the virus. Some people will be wearing masks and staying far away from you, giving nasty looks if you get anywhere near them. But you know, others will stay still stay at home if the lockdown or is lifted, whereas others will be freely going everywhere as if there's no risk to themselves.

Rob ([00:54:40](#)):

Right.

Jay ([00:54:40](#)):

The main thing I would, I mean, I don't know how to put this. I mean, I'm going to sound like a moral scold, but let's be nice to each other. Because we're going to, we're going to start to judge each other on the basis of which camp we fall in.

Rob ([00:54:55](#)):

Right. But I mean, okay.

Peter ([00:54:56](#)):

Jay I'm so happy to hear you say that to Rob.

Rob ([00:54:59](#)):

Yeah. Right. Well, I forget I reject it. Okay. So I'm a gentleman of a certain age, right? I'm not, I'm not in my thirties. I'm not in my forties. I'm in my early fifties. Tomorrow morning I get the news, everything's open. Can I go to a restaurant? Can I go to a bar? Doctor?

Jay ([00:55:25](#)):

I would be careful about going to a crowded restaurant, but I would go to a takeout restaurant personally, if you're asking me personally.

Rob ([00:55:32](#)):

Yeah, no, that's kind of what I'm sent me saying.

Peter ([00:55:33](#)):

So speak as your old oldest friend, Rob, go ahead.

Rob ([00:55:37](#)):

Yeah. Right. Right. So that's so, so being prudent doesn't mean, "Hey, it's all back to normal."

Jay ([00:55:44](#)):

Yeah. I think that's going to take a long time.

Rob ([00:55:46](#)):

Okay.

Jay ([00:55:47](#)):

I mean, like I said, we're going to need to learn to live with it. And part of that will be figuring out what that normal really means. I think once we start to open up people will be cautious. I mean, I think there'll be people who go to the next concert they can go to. But I think that will be very difficult for a lot of people. I mean, for me personally I'm going to go to restaurants and do take out orders initially. I'll go to... I would love dearly to be able to teach classes in person although I don't think Stanford will let me do that without wearing a heavy mask so no one can hear my voice. And I'd be willing to take the

risk of that to be exposed to Stanford students from that, I mean, from a personal point of view, to be able to teach my students is more important to me than the risk of getting COVID and dying. But I think that's the thing. I think every single person is going to have to ask that question themselves.

Peter ([00:56:48](#)):

Jay Peter here, listen, there's one, I just have to ask. I grew up in upstate New York, and this is the eternal question for us. And you're in a position for somebody who grew up watching baseball in New York. Although I live in California now, as you well know, I just have to ask and you're in the position to answer it decisively from the MLB study. Is it true that the Yankees are just sicker than the Mets?

Jay ([00:57:12](#)):

I have no comment.

Peter ([00:57:16](#)):

James, over to you.

James ([00:57:17](#)):

Well, two things and Peter always says, last question, I got two. One is economics. And it has to do with your profession of teaching. My daughter right now, she should be in Boston University, but she's home and she's learning in the basement. And there's absolutely no way that her doing what she's doing on the screen is worth what I'm paying for it. And an awful lot of people are going to look at this and say, hold on a second. These ridiculous sums of money simply cannot be justified by somebody talking to you on a computer. Does this seem to you like, unless they get back next fall, that the whole higher education model kind of gets looked at as scance, because parents are going to say I'm paying \$30,000 essentially for her to watch a YouTube video?

Jay ([00:57:58](#)):

Yeah. I think that's going to be a serious problem. I think a lot of kids and a lot of parents are going to say, well, why don't we just wait a year?

James ([00:58:06](#)):

Yeah.

Jay ([00:58:08](#)):

And I think a lot of, a lot of places that don't have the kind of endowment that Stanford has are going to be in danger. Yeah. So I think the answer is, yeah. I think that's going to be a big problem for a lot of colleges around the country.

James ([00:58:23](#)):

Okay. And last question, of course. A couple of weeks ago, the Atlantic Magazine was saying that Georgia is about to experiment in human sacrifice and doing other stories, saying they're death merchants. They're all going to be, they're all going to be gone. And now it doesn't seem as if Florida and Georgia are having the death tolls that a lot of people in the media were kind of sort of hoping for in a way. Now why is... I mean, I know it's a big, complex story. Why have those examples worked out

better? And is there anything the rest of us can take or are they sort of location specific? You can't apply the Florida model to the Pacific Northwest? You can't apply California to Detroit, et cetera.

Jay ([00:59:02](#)):

I've drawn two lessons from this. So one is the models that we have, they were wrong. I mean, they made predictions that just have not born out. Now we don't know yet, because you need to wait for the longer term outcome than just the few weeks that it's been since some of the states have started to lift up. And I mean I fully count on my fellow economists to get, get busy, trying to analyze that.

Jay ([00:59:29](#)):

As to your second question. I think that there are huge differences across places. I mean, New York City has had an enormously different experience with the epidemic than Santa Clara County, for instance. And trying to say one place generalizes to everywhere, it seems just not right. What we need really is to like understand what types of places should we should expect to have different types of things happening. And I think our models aren't there yet.

James ([01:00:00](#)):

Jay, thanks for being with us today. You're our Fauci and we really appreciate the time you give [crosstalk 01:00:04].

Jay ([01:00:03](#)):

It's my pleasure to be here. By the way I lose to my, my son in chess all the time. So that's not that unfortunately, it's not a thing.

James ([01:00:16](#)):

If at the end of 40 minutes of conversation, you can remember what was said at the very top, introducing you I'm even more impressed than I was before this began. So thanks a lot. We'll see you again.

Jay ([01:00:25](#)):

Jay, thank you. Bye Rob, bye Peter.

James ([01:00:28](#)):

Rob, you were, you were about to say something.

Rob ([01:00:30](#)):

I was going to say, I guess what I mean is...

James ([01:00:34](#)):

About what?

Rob ([01:00:35](#)):

Maybe I'm not watching enough watching the wrong TV or I'm reading the wrong articles, but I feel like I just got a whole lot of clarification in a calm, kind of a thoughtful way that I can, not much I could take

action on because there's not much to do right now, but I mean that clarifies for me, at least for the next week before I spin out again, what's really happening. And I'm just on the one hand I'm super proud. We do the podcast. If you listen to this podcast, you are now one of the best informed Americans around and you are also not screaming hysterically about this or that. But I just, my new jag for the past 24 hours has been just to understand the total and complete bankrupt failure of the media and the political class compared to the total and complete, thoughtful, smart judgment, I mean, heroism of the American people compared to me, I mean...

James ([01:01:38](#)):

By the way, I would add to that-

Rob ([01:01:40](#)):

Everyone on TV, everyone, I mean, Fox news, I mean, all of them. And if everybody in political class disappeared tomorrow. The country would be a much better shape and I'm sure that other people thought that, but I really feel it today.

James ([01:01:51](#)):

I would add to the political class and to journalists, which you mentioned, I'm afraid I would add what we've seen so far of the public health officials. Jay himself just made this absolutely astounding point that he sees no evidence that they are weighing against what they're doing to flatten the COVID curve, that they're making any effort to weigh against that people not showing up for their chemotherapy, people, what we're inflicting on poor countries. And that to me is just shocking what I would say to that.

Rob ([01:02:28](#)):

What I would say to that, and I agree with you basically, but I'd say that that's kind of not their job, right? I mean, it's okay for me, like my lawyer's job is to tell me, don't do this. You're going to be exposed or this or that. Right?

James ([01:02:39](#)):

That's a fair point, right.

Rob ([01:02:41](#)):

My doctor's job is to tell me, listen, I know you love your cigars, but you should not smoke them. Okay. I get that. And, as I'm smart and I think, oh, I can smoke a few. Their job is to tell me to be really super safe. But they should not be given sovereign rights over me as a citizen.

PART 3 OF 4 ENDS [01:03:04]

Rob ([01:03:03](#)):

... Sovereign rights over me as a citizen, and the politicians seem to be shrugging and saying, "Well." It's all that indemnification, right?

Kevin ([01:03:10](#)):

Yeah.



Rob ([01:03:10](#)):

Well, it's what the lawyer says. The lawyer tells you this and like, okay, just remember to sign this piece of paper. If you sign this piece of paper, then your employer is indemnified.

Kevin ([01:03:18](#)):

So should we just call out the few figures... By the way, that strikes me as a totally fair point. It's up to the elected officials to have the courage to say, "Thank you very much, public health officials. I take that into account, but-"

Rob ([01:03:31](#)):

And I take responsibility so...

Kevin ([01:03:35](#)):

All right. I just have been terribly impressed by the current Governor of Florida, Ron DeSantis, who has just refused to shut down his state. Now, maybe you could say in retrospect, he was slow in closing some beaches at the very beginning of it, but in general, he's been paying a lot of attention, excuse me, a lot of attention to what the public health officials have been telling him. He's been doing a wonderful job in communicating to the public, here's what we're doing next. And here's why we're doing it. He has been deferring to people on the ground.

Kevin ([01:04:07](#)):

The situation in Jacksonville is going to be way different from the situation in Miami-Dade, which is going to be way different from the situation in Pensacola. So there are a few, I'm also impressed by Governor Abbott of Texas. Nobody who's listened to me for a while will be surprised by that. But Ron DeSantis, I think is a star here. There are few examples of courage, and prudence, and correct balance, and taking responsibility.

Rob ([01:04:35](#)):

Yeah. I mean, look, those governors know that if they get it wrong, they're going to get blamed. I mean, whether that's fair or not fair.

Kevin ([01:04:42](#)):

Unless they're in New York. Unless they're in New York.

Rob ([01:04:44](#)):

That's right.

Kevin ([01:04:45](#)):

Yes, yes, that's right. If they're wafted aloft by the gusts of the media exhalations, then they're going to be fine. But you know, Cuomo will pay up too. You know, Cuomo may end up being president at the end of this after having sent... I mean, literally the very same party and media that accuse Mitt Romney of pushing grandma off the cliff in a singular example, one grandma would be more than happy to vote for somebody who sends 17, 2000 of them off to their quietest.

Kevin ([01:05:14](#)):

I know you're right, Rob. I mean, you listen to the fire inspector, but you don't let them design your building because then, no building is over four stories and they're all made completely out of concrete and the stairwells are nine yards wide, but when Peter said take responsibility, that's true. But if you look at Michigan, you have a governor who seems to think that by the maximalist position is the one that will be the safest for her politically, because then she can't be accused of anything that happened.

Kevin ([01:05:45](#)):

So, I mean, in Minnesota, we've been all over the road, but the malls are opening on Monday and I'm going to the mall.

Rob ([01:05:53](#)):

Good for you.

Kevin ([01:05:54](#)):

I'm going to Macy's and somebody would say, well, why can't you buy pants online? Well, I could, I actually would like to try them on beforehand. But more to the point, I would like the person standing behind the counter at Macy's, who's probably going to be wearing a mask to have a job. That's part of getting out, and seeing things, and feeling things, and hearing the store music and all, seeing the styles and all the arrays of ties and the rest of it. I'm telling you on a good day, Macy's has social distancing of people, 18 yards apart. It's nothing like Target. Somebody sneezes over in ties. It's going to take a long time.

Kevin ([01:06:30](#)):

If that virus from somebody sneezing in ties, if that virus is alive, by the time it gets over to socks, it deserves to infect me. And I deserve to be infected. So I'm going back because I've listened to everything that they've said, and I just can't stand it anymore. But when I go on to Reddit, and I hear people say, "Well, I'm not going out. I only go out for groceries every three weeks." I just have the vision of somebody who at this point is like in the end stages of a Zager and Evans lyric, they're just a white homunculus being fed by tubes as they sit in a dark room staring at a flickering screen. Have you guys by the way, noticed the more time you spend lately...

Rob ([01:07:06](#)):

Let me digest that for a minute. Okay, go ahead.

Kevin ([01:07:08](#)):

... In lockdown I have found that since I'm spending more time in my office looking at screens, I'm starting to get like these eye twitches that turned into complete total face twitches until I end up looking like professor Irwin Corey at the end of the day.

Rob ([01:07:23](#)):

[crosstalk 01:07:23].

Kevin ([01:07:24](#)):

Well, my glasses probably aren't as good as they should be. If I was smart, I would go to the optometrist. Oh, that's right. You can't. But when you do, maybe you could go and you could get fitted for some

contact lenses. Nah you think, I don't want to go through all that problem. No, believe me. It's not a problem at all. Daily contact lenses. They're easy and they're convenient and that's two things we all need right now. Right? You work from home. You stare at a screen, you're chasing the kids around the yard all day.

Kevin ([01:07:46](#)):

Wouldn't it be nice to have comfortable technologically advanced contact lenses delivered to your door directly. Yeah. Aveo that's the company. Aveo provides advanced super hydrating all day comfortable daily contacts at an affordable price and delivered right to your door. There's no more buying these crazy expensive boxes of contacts in bulk. No, it is the subscription contact lens company. It's the only subscription contact lens company that offers both regular daily contacts and daily toric content for astigmatism. And they are designed to keep your eyes good and healthy.

Kevin ([01:08:20](#)):

They're exclusive aqua lock technology keeps lenses hydrated and comfortable even after 12 hours of wear. Aveo lets you customize your delivery schedule and personalize your plan so you only get the contacts you need on your schedule. Daily contacts are the most hygienic option by the way, there is no need for that cleaning solution or the storage cases that can harbor bacteria. Eh. Aveo contacts are manufactured in a state of the art clean room facility, fully automated, so the first hands to touch your contacts are yours.

Kevin ([01:08:49](#)):

And because Aveo manufacturers and ships their own contacts, there aren't any extra third party markups. Plus here's even one more reason to give them a try. Aveo is donating a portion of all sales to direct relief, which provides masks, gloves, and other protective gear to our healthcare heroes. Aveo is offering our listeners, which would be you, the best deal they have anywhere on the planet. You can get a 10 day trial pack for a buck, \$1, 10 deal trial pack for \$1 at [aveovision.com/ricochet](https://aveovision.com/ricochet). That's spelled A-V-E-Ovision.com/ricochet for your 10 day trial back for \$1. You're not going to get this deal anywhere else. Go to [aveovision.com/ricochet](https://aveovision.com/ricochet), and our thanks to Aveo for sponsoring this, the Ricochet Podcast.

Kevin ([01:09:34](#)):

And now as we usually have at this time, a technological malfunction that we have come to know and love

Speaker 5 ([01:09:46](#)):

The James Lileks Member Post of the Week.

Rob ([01:09:51](#)):

[crosstalk 01:09:51].

Speaker 5 ([01:09:51](#)):

You can fix that in post if you wanted to.

Rob ([01:09:53](#)):

Oh no.

Speaker 5 ([01:09:54](#)):

Post of the week is, "Need help with research." it's by Thistle. And the reason that, of course I'm doing this is that the very first line is: "This is my first post." At which point we all say welcome Gobba gobba hey, one of us. And Thistle's point was his 24 year old daughter has been living with him since mid March because she left college, or left her Midtown Manhattan apartment. She's been working from home. She's in Virginia and she and her boyfriend are steeped in the narrative that we're all going to die since the [inaudible 01:10:19] states are slowly coming out of lockdown.

Speaker 5 ([01:10:21](#)):

So what this allows for was reasonable, news sources, and things like Dr. Jay that he could, point Thistle to. Not Thistle but the daughter and sort of separate her from her clammy dread and panic, which so many people have. They're consumed by it. It's a straight jacket they cannot get out of it. And so I like to post for that reason, everybody chipping in and giving little kind advice on what to do and how to move her towards the light. Shall we say?

Rob ([01:10:50](#)):

Yeah, I mean, but I think what I love about that question is I mean, that's my question too. I mean, part of it is just this modern world, contemporary world attitude, which is, I want to know now I want the answers now. People, I was talking to somebody and he was very angry yesterday. We were complaining about this and he used an interesting locution. He said, "I just want to know when this will end." Which is not the same thing as saying I want it to end. It's saying, I want to know. I just want to know. I think we feel entitled to know. I should be able to Google "When will this end?" and come up with an answer, that should be on the first page of results. Right? I don't want to go to page two. I want it on page one.

Rob ([01:11:33](#)):

And of course, patiently people like Dr. Jay say patiently, well, there is no answer for that. You just have to wait, and there are people making inquiries and investigations into that answer. But just because it's not on your timetable, there's no reason to get angry, but I do understand the idea of, okay, just give me one or two places I can for some reasonable, thoughtful, calm, but still sober voices. Like Dr. Jay, I thought was great, but also at the end, he said, this is serious, going to be with us for a while. And I thought, Oh man, I just want to know when it will be over.

Kevin ([01:12:13](#)):

Right, right.

Rob ([01:12:14](#)):

By the way me, I register a note, not just of admiration for James, which I do all the time, but this time it's awe. He drove this whole show, this whole interview with Dr. Jay Bhattacharya just to set up the Lileks Post of The Week.

Kevin ([01:12:31](#)):

That's so true.

Rob ([01:12:32](#)):

Yes.

Kevin ([01:12:33](#)):

Here we thought it was just genuine compliment coming down the pike.

Rob ([01:12:37](#)):

No Kevin, come on.

Kevin ([01:12:38](#)):

More fooled me. Rob you're right. We want to know. And we don't. And it's frustrating, but I'll tell you, I think I know when. Part of it, when this began and we were all stuck at home and watching television, we would see things from the before times that horrified us. Look at all those people in a bar, look at all those people, shaking hands, look at this world where everybody's walking on a sidewalk without... And it was horrifying. At some point though it changes and you're no longer horrified by those images. You hunger for them. And there is there's this desire to live, to get out there, and the herd immunity will be not when everybody's got it in some way or the other, but it'll be when everybody has that feeling that they simply can't deny.

Kevin ([01:13:25](#)):

If this had begun in the fall, we would be all locked down through winter and it'd be a different situation, and the economic damage would have been catastrophic.

Rob ([01:13:33](#)):

That happens in Minneapolis every winter, anyway.

Kevin ([01:13:35](#)):

No, we get out by it out by gum by gosh, by golly.

Rob ([01:13:40](#)):

We get out.

Kevin ([01:13:40](#)):

We have a whole Skyway system on the second floor that is designed to let people go around. And I.. Yes?

Rob ([01:13:47](#)):

I was hoping you weren't wrapping it up because I do want to say one more thing before you wrap it up.

Kevin ([01:13:53](#)):

Okay.

Rob ([01:13:54](#)):

But I don't want to interrupt your non wrapping it up if you were not wrapping up.

James ([01:13:57](#)):

Now let me interrupt your interruption of his wrapping it up.

Kevin ([01:14:00](#)):

I'm now wrapping up the non wrapping up that I was doing.

James ([01:14:03](#)):

Oh great.

Rob ([01:14:04](#)):

To James's point. I just want to say this. So ordinarily when we record these podcasts, I become incensed when somebody in my own neighborhood, when there's this distant noise and Scott has to say, what's going on? A leaf blower or a lawn mower. And today I heard a little of that and my heart leaped. And when James said, Oh, there's an airplane flying overhead, my heart leaped. And when Rob, there was street noise from Manhattan because Rob is outside. All the background noise that is just, it means life, that we're alive.

Kevin ([01:14:37](#)):

I am literally under the flight path of the airport, right? And when I hear a plane now, I feel like somebody on Gilligan's Island looking up and waiting.[crosstalk 01:14:46] should I arrange the freaking coconuts to spell out a word?

Rob ([01:14:50](#)):

It's movie star Dash Riprock. Well, we all have our own stories, right? This is Ricochet. We all have our own opinions. And we all have our own positions. And we all have our own political analysis of these things. But we also all have our own story. And so we are at Ricochet, we're doing the COVID-19 online symposium. If you remember it, well, we really want you to do this. If you're so inclined, if you have a story, we want you to share your story. We've launched this online symposium to Chronicle the effects of the coronavirus and it's associated lock downs on normal Americans. So we need your help to make it work.

Rob ([01:15:28](#)):

We already know what the pundits think. We already know what even the experts think and the policy wants, but the history of this is not going to be written that way. The history of this is going to be written by the stories that people tell. And we're right now, we're leaving that out. So whoever you are, whatever you do, a teacher, nurse, small business owner, parent, whatever we want to give you a voice and we want you to go and submit your story. Any member can submit their story. 500,000 words is the ideal, just because we want people to read them all and put them in the member feed. And we're going to choose a select few to go to our website every day, and just tag your posts COVID symposium so it doesn't get lost. And then eventually we're going to do something with them. I don't know what we're going to do with them, but it feels to me like this could be a really, really, really important, special project, and it's perfect for Ricochet members because you're already on top of it all, and you're already got great stories, and you're already sharing stories and member feed.

Rob ([01:16:27](#)):

So I'm very pleased to have had a new member post for the James Lileks Post of The Week. And I hope that we get other new members or shy members just to tell us the story. You got a thousand words, not that much 500,000 words. What's this been like? What have you learned? What have you not

learned? What's been a surprise. What have been the moments of grace? What have been the moments of just you want to tear your hair out. All those stories are important and will paint a picture, not just for us now, but for the future.

Kevin ([01:17:01](#)):

Is that like your elevator pitch?

Rob ([01:17:04](#)):

No, no, it should be right, but that was a long elevator ride.

Kevin ([01:17:08](#)):

That's what I'm saying. We would require a hand cranked elevator going to the top of the Chrysler building.

Rob ([01:17:14](#)):

Yeah, well I am old fashioned though.

Kevin ([01:17:14](#)):

You an old fashioned guy and I like that about you. Hey, we've got one last thing to say before we wrap up. But before we do, I got to tell you, this podcast was brought to you by who? Well, the Zebra, Nutrifol, and Aveo. Please support them for supporting us and you get lots of great stuff. You get lower rates, get more hair, you get better contacts. You'll be a better person when you come out of lockdown, and please, please take a minute to leave a five star review on that Apple Podcast site.

Kevin ([01:17:38](#)):

The reviews allow new listeners to discover us, and then we'll pop up on that page that people go to when they want to discover new podcasts and they'll find the Ricochet Network, and glory will happen to them and they'll be grateful forever.

Kevin ([01:17:48](#)):

So last thing we have to say, I absolutely have more to say, except that the weekend now feels a little bit more like a weekend the more we get back to normal. I went to work every day this week. I got in my car. I put on a shirt and tie.

Rob ([01:18:02](#)):

Ooh, fancy.

Kevin ([01:18:03](#)):

I did. I got in my car, and I drove to work, and I went to my desk because I was tired of not being able to do so. I can do so since I'm essential. And I just needed that, to put on the old uniform and sort of live out what the old ways were like. In some sense, I felt like Chuck Aston driving around LA in the Omega man, because I'm looking at calendars that haven't changed since March on people's desks. All the monitors are gone and it's a bit sad, but the signs of life are starting to come back. And it was, it was good. It was great. It felt good to be useful again. And that's how it felt. And I imagine that you guys too are anxious for me to shut up so you can get back to your lives and your Fridays.

Kevin ([01:18:46](#)):

So anything, any parting words for the audience? Or should we just say wave and go out?

James ([01:18:50](#)):

You just did a ten second weeping sound. That was, I got it. Nobody else got it. But I got it. That was Bert Lahr as the cowardly lion and it was perfect.

Kevin ([01:19:00](#)):

That wasn't Bert Lahr, that wasn't Bert Lahr. If I'd been Bert Lahr, if I'd been Bert Lahr, I would have said things twice. I would have said things twice.

Rob ([01:19:10](#)):

Once again, connecting with the young people I see.

James ([01:19:15](#)):

Come on. That movie was a shot. The movie was only dates to 1939.

Rob ([01:19:20](#)):

Yeah. Right?

Kevin ([01:19:21](#)):

Honest to God. If you're saying that the younger generation, it doesn't know anything about the Wizard of Oz that's one of those things that vaults from generation over to generation, to generation, of course they did. If I went down and did the cowardly lion right now, what do you think my daughter would say?

Rob ([01:19:33](#)):

I think your daughter would say, why are you doing that weird thing you always do dad that I don't relate to.

Kevin ([01:19:40](#)):

Are you having a stroke? I know. [crosstalk 01:19:43]. All right, everybody, that's it. Thank you for listening. I hope you learned as much as we did and we'll see you in the comments of course at Ricochet 4.0. Next week.

Rob ([01:19:52](#)):

Next week [crosstalk 01:19:54] stories please members.

Kevin ([01:19:55](#)):

And boys take care of yourselves in the meantime, we don't want to give the liberals the satisfaction. All right. ( silence)

Speaker 6 ([01:20:59](#)):

Ricochet. Join the conversation.



Peter ([01:21:13](#)):

Peter here. I just want to warn you the James and Rob and I have all agreed that the lockdown must remain permanent. And we're about to [crosstalk 01:21:21].

James ([01:21:21](#)):

That's what I thought you thought. That's what I thought you thought, Peter.

PART 4 OF 4 ENDS [01:21:24]