

Inside Stories: A True Pandemic Expert Transcript

Scott Simmie: Hey, hope you don't mind my dropping over like this. Normally, I'd call you up and make sure you're free but I really wanted to be sure that you could meet today's guest. Why? Well, I'd like to assume you're taking this pandemic seriously but if you're not, she just might save your life. And know, I'm not kidding. On today's Inside Stories, I'm joined by Laurie Garrett, a Pulitzer Prize winner, author, pandemic specialist and truly one of the world's most influential and authoritative writers on global infectious diseases. She joins me from New York City. Welcome, Lauren.

Laurie Garrett: Hi.

Scott Simmie: As we began July, global infections were topping 10 million. What do you think of that number?

Laurie Garrett: Well, it's a horrible number but of course, it's a gross undercount. Quite surely, it's a minimum of 10 fold greater in terms of true infection numbers, globally. We're probably well over 100 million. The centers for disease control has done a series of antibody test surveys of blood test donations that were submitted, not for COVID testing but just general medical issues. And they found that some of them are testing 24 times the rate of officially reported cases in some states. In other words, there's a huge burden of infection here in the United States and all over the world that is simply not measured. That's the first thing that the 10 million number means to me. It's a milestone but it's a milestone of never, never land. The reality milestone is something far, far worse. The second thing is, it tells us that this virus is far more pernicious, far more contagious and in more ways contagious than we initially thought and that or any of our initial measures would have controlled.

Laurie Garrett: Most of us just didn't, I don't include myself but most people really didn't pay close attention to Wuhan in December and January. And didn't really see day by day the measures the Chinese took, abandoned. Tried plan B, abandoned. Tried plan C, et cetera, to really appreciate how rapidly that virus was spreading and where it was spreading in Wuhan. If we had all been paying attention, we would have been forewarned, forearmed and certainly would not have fought the kinds of weak namby-pamby measures that were being taken in March, April, even into May, would have had any real impact. It wasn't until a city like where I am right now, New York, really fully clamped down, really said to the population, "It is not safe to go outside." And do not go outside unless you are an essential worker and so classified. Until that moment, we didn't have any possibility of bringing the virus to its heels.

Scott Simmie: No, I'm not a scientist. I don't work in government or healthcare but I was completely absorbed by this story from mid January on and looking at anything I could find. Given that this information was out there where even someone like myself could access this, how did we mess up so badly?

Laurie Garrett: Every single epidemic has a moment when the tension gets very acute between the economic costs and the public health costs. And public health is always the weak sister to wall street, to big industry, to whatever the major employer is in town. It is always the case. Henrik Ibsen famously wrote his play in Norway, back in the mid 1800s called, Enemy of the People. And the enemy was the public health person saying that factory upstream is polluting and killing us downstream. If you take that factory upstream and think of it as the entire global economy, think of it as the whole engine of generation of wealth that has been pitted against repeatedly over and over again, public health measures. And the price that's being paid now on the Deep South States, Texas, Arizona, all the way to

Florida is really a price paid by the economic forces, having one in those states, having pressured for reopening, having pressure to get all the businesses back up and running.

Laurie Garrett: And now this huge surge of cases of the virus that has followed from that decision and this is not a uniquely American problem. Every country in the world has faced this. Sweden is still bragging that they've made the right choice. They have the highest per capita death rate on the European continent. They have a huge, huge catastrophic problem, particularly in their nursing homes, in their elder population but they never fully shut down. And they said, "Look, our GDP has suffered less than any other European country so we did the right thing." If you measure by GDP gross domestic product, then you're going to make one set of choices. Well, here in the United States, we've made no real choices, it's been utter chaos. Some states have done better than others but we've pitted the states against each other. There's no federal serious leadership or guidance.

Laurie Garrett: And we've allowed a lot of the economy to either never have closed down or to reopen, wall street is hyperventilating and often hitting records, day in and day out throughout this crisis. And when you look at it all and put it all together, you can see that, well, that hasn't worked. Because according to the IMF, the International Monetary Fund, the United States will by the end of this year have experienced negative 8% GDP growth, negative eight. And I went through the records for the last 200 years in the United States, we've only five times come close to a negative eight. We were negative 11 in 1946. And during the great depression, we got down to negative 10, negative eight, here and there. That's it.

Laurie Garrett: I mean, the rest of American history, we're in positive GDP territory. And I don't think most Americans really have any idea what a negative 8% GDP is going to feel like because we still have these PPP programs that Congress passed that are helping to subsidize unemployment, some business subsidies to keep some small businesses running. All of that runs out at the end of this July, we have about 31 days of such subsidies remaining. And then the pain will be felt and you will see food lines that will make food lines so far, look puny. You will see massive unemployment lines and you'll start to see a homeless crisis across America as people get kicked out of their homes for failure to pay rent.

Scott Simmie: Do you think we're heading toward potentially widespread civil unrest?

Laurie Garrett: We've already got widespread civil unrest. It just will get worse. And of course, since it's America, our civil unrest always follows racial lines but other countries have their own fault lines. It may be religious. It may be class but in this country ever since the dawn of our slavery era, we follow racial lines when we go into unrest.

Scott Simmie: When you're talking about the economic imperative and how that seems to have held sway so far, how much of it is up to the individual to simply read the available information that's out there and take the appropriate precautions?

Laurie Garrett: Well, right now, frankly, and I never thought I would hear myself say this about any epidemic in any public health catastrophe but at this point, you're on your own ladies and gentlemen. And you better take things seriously because government is screwing up. And depending on what state you live in and what city you live in, government is screwing up more or less. The government is more or less trustworthy but overall you would be wise to take your own precautions, protect your own family, protect your own household, your own employees, your own school. Really take this seriously because if you're waiting for government to wave a magic wand or to show up with a miracle vaccine, you're going to be waiting a long time and just look at how many states have been offering totally contrary advice, completely the wrong advice to their populations.

Laurie Garrett: Hit the bars, have a good time. We'll be oh oh, 76 of you just came down with COVID. That just happened in East Lansing, Michigan from one bar. And I think what has to happen right now is,

every single citizen has got to say to themselves, ask themselves two questions. One, what can I do to protect myself and my closest loved ones? And two, what can I do to protect my community and what is my moral and ethical responsibility to my community? Screw what government says. Your moral and ethical responsibility has to take charge and that means you wear a mask anytime you're around anyone other than your immediate family or your immediate household. You step out for a quart of milk, you're wearing a mask. And you don't wear a mask so it's hanging off your ear or it doesn't cover your nose or it's underneath your beard or some other stupid way, that's just a fashion statement.

Laurie Garrett: You wear a mask appropriately and any idiot knows what that is by now. If you feel that somehow you have some political right to refuse to wear a mask and you have some higher moral calling where God will protect you or whatever. Then I really think you are saying to your community and the people around you, that you don't give a damn what happens to them and you don't have a Christian spirit. You don't have a spirit of love thy neighbor, you don't have a spirit of concern and caring for those of another generation and you're basically a jerk.

Scott Simmie: Did you ever think you'd see this kind of reaction where people are arguing that it's their political right to not wear a mask in the midst of a pandemic?

Laurie Garrett: Well, actually I have seen this sort of thing before but not in United States. I've been in Ebola epidemics where many people would say, there is no such thing as Ebola or there's no such thing as a virus, or this was all created by Europeans. They've come in to infect us and take our body parts and sell them in Oregon banks in Europe. Or this is the government using this fake epidemic to suppress us because we're in this minority tribal group, or we have a lot of resistance soldiers around us. I mean, I've been in many, I was in a massive diphtheria epidemic, more than a quarter of a million cases in the former Soviet Union in the mid '90s. And many people were running around saying, there's no such thing as diphtheria. There's no such ... The government can't force me to vaccinate my children and then those kids died. No, I have seen this before but the idea that the mask itself is somehow a symbol of whether or not you are red state or blue state, whether or not you're a Republican or a Democrat, that is brand new and truly crazy.

Scott Simmie: I'm guessing you would not be surprised if we saw another outbreak down the road with a different virus.

Laurie Garrett: [inaudible 00:13:00] would not be surprised, I would say it's inevitable. It's an absolute, it's a given. And it may very well be much worse than this, much more contagious, much more lethal than this particular coronavirus.

Scott Simmie: I was actually going to ask you that. The fact that we are enduring this and it seems really quite terrible but on the other hand, the fatality rate is relatively low, but this could, in fact, in the future, something like this could be much, much worse.

Laurie Garrett: Well, before COVID-19 came along, we were always thinking about influenza and the potential for a 1918 reprise. 1918 flu killed 2% of the people it infected. In some parts of the world where they took for one reason or another, whether they realized it or not, better measures. The mortality rate was down around 1% and in some places it was as high as five. And that was of course, in the pre-commercial air travel era so the spread to probably around 75 to 100 million humans on earth, took 18 months and involved three cycles of the virus. Since then, we've seen some strains of influenza emerge and effect humans that are far more lethal. H5N1, H7N9, we're talking about 60 to 70% mortality rates. It's almost an Ebola territory in terms of mortality but fortunately, none of these has easily spread from human to human. I said earlier, we could be at around 100 million people infected by now, worldwide with COVID-19 and it's about a 1%, or just under 1% mortality rate. If that were 5%, consider how high our death toll would already be.

Scott Simmie: On the personal side, you obviously would have seen this coming. I'm curious what you were telling friends and loved ones in the weeks leading up before it became truly on the public radar in the US.

Laurie Garrett: Well, for me, late December and January were a time of really frenetic energy. I saw this developing, I felt like we were on the cusp of a catastrophic outbreak and that we needed to get the world moving. We needed a much more aggressive response from all nations and especially from WHO China and the United States and I was outraged, vivid, that it was not forthcoming. I was telling people to start acting as if it already was among them, which meant hand-washing and mass and social distancing. And then by late February, I was warning everybody that I knew, that I was close with, you got to decide where you want to hunker down because the word will come down that you must hunker. And you have to decide with whom do you want to spend many weeks of your life, under what circumstances. And you need to consider how you will do your work, your job.

Laurie Garrett: You need to speak with your employer. You have to figure out what you're going to do with your kids and you don't have time. This is now, this is immediate. And I was getting very frustrated that people I knew who had elderly relatives in nursing homes or at home, about getting assisted visiting nursing care and so on. We're not thinking seriously about what will happen to these people and how will that care persist. I live in a large co-op apartment building and I issued warnings to our board and said, we have to limit to three people in an elevator at a time, we have to start sanitizing all the common banisters and door knobs and push buttons on the elevators. The staff have to start wearing masks. We can't let people in the building that aren't wearing masks, no more deliveries to people's apartments of anything.

Laurie Garrett: We have to set up barriers, physical barriers to protect our staff from strangers coming into the building and so on. And I'm happy to say that management took me seriously and instituted all of those policies so that we have about 500 people in the building. We've only had one person succumb to COVID and we have had, and this is in New York city where we've had a huge epidemic. We have had at least three other elderly individuals succumb because they couldn't get healthcare for other problems amid the peak of our epidemic with every single hospital within the city was a COVID patient.

Scott Simmie: What was that like being in New York when the epidemic there was at its peak? To be sitting there inside kind of a bubble but being totally aware of what's going on in the healthcare facilities around you.

Laurie Garrett: My home is located right between over in this direction was where all the ambulance crews, the EMT crews from around the world that came to help New York were positioned. That was their staging area. And over in this direction was the central hospital that was taking in the lion's share of cases from my part of New York city. And from about the last week of March to late April, the wailing sirens of those ambulances were non-stop, twenty-four-seven. And sometimes I would hold my phone out in one of the windows and just record and you would hear a 16, 17 sirens at once. And you knew because we have different sounds on our police sirens or fire in our ambulance. We knew these were all ambulances and they were all heading to this COVID central hospital.

Laurie Garrett: There was a point when it was really truly frightening. You felt the hand of death around the city clutching New York by the throat. And of course, every single friend of mine that's in the healthcare industry was overwhelmed and many were, I don't know how they were even getting up in the morning because they really had almost no sleep for days on end and were themselves experiencing so much nightmare and death. That even if they did get a moment to lay down, they had no restful sleep. This was our horror and now what's happening in New York is, young adults that have been locked down with roommates they don't get along with or soulmates that are no longer soulmates or

potential spouses that now they realize, no, we shouldn't get married, whatever, are just really eager to get out, get back dating. You can feel the sort of sexual energy of the city rising.

Laurie Garrett: They'd been pent up all these months and they are just desperate to get out and every day you have this, when it's a nice day, it's beautiful outside as it is now. You have a surge of people who want to go to the park and meet new people, want to go to a bar, what have you? And then something exceeds safety levels and the community itself starts shouting at them. Stop that, put a mask on. You can't do that anymore. I think that New Yorkers are looking at Florida and Texas and Arizona, the sorts of images of thousands of people are on rafts and have a swim together.

Laurie Garrett: And say, "These people are insane." How are we going to get through this? Because they're going to all want to come to New York at some point and re-infect us. Re-infect the city. And I heard a lot of cheering when our governor announced that, the tri-state governors had decided to start excluding people and demanding they go into quarantine if they're coming from Florida, Texas, Arizona and so on. I don't know that there's any way to enforce that in reality but it sent a message and the message is, we've paid our price and we don't want to have to pay it again.

Scott Simmie: You are a such a deep subject matter expert and you were talking earlier about scenarios that we're heading toward. How do you shut this off and give your mind a break from time to time in the midst of this?

Laurie Garrett: It's almost impossible. I wake up in the morning and realize that all of my dreams were scenarios rolling through my head. What about this? What about that? Or conversations I needed, I felt I needed to have with this person or that person. Like everybody else, I have a Netflix account and sometimes you turn off the switch by watching something really stupid.

Scott Simmie: All right, we're going to wrap things up and we do so on this program with that sound, which indicates I'm going to ask you a few quick questions and looking for a few quick answers. If you had not become an expert in this field, what would your second choice have been?

Laurie Garrett: Oh, I don't know. I was trained as an immunologist.

Scott Simmie: On a scale of one with one, being okay and zero, being terrible. How was this interview?

Laurie Garrett: Okay.

Scott Simmie: What's your favorite country outside of the US?

Laurie Garrett: Oh goodness. I love so many places.

Scott Simmie: Top couple.

Laurie Garrett: Well, I love Japan. I love Italy. I love Spain. I love ... I used to love Zimbabwe until Mugabe destroyed the place, parts of South Africa and Canada ain't half bad.

Scott Simmie: Canada, polite or impolite? Finally, what do you really look forward to doing when this is all over that you cannot do now?

Laurie Garrett: Really great travel.

Scott Simmie: Laurie Garrett, thank you so much for sharing your time, expertise and your inside story today.

Laurie Garrett: Thank you.

Scott Simmie: Laurie Garrett is a super busy person. She's being interviewed pretty much every day from somewhere in the world. I was really grateful. She could spend some time with us. She truly is a voice of informed reason during this pandemic, which she predicted by the way, back in her 1994 book, *The Coming Plague: Newly Emerging Diseases in a World Out of Balance*. That plague is here and so are we

and it's up to all of us to take it very seriously. I'm Scott Simmie. We'll catch you in a week with another edition of Inside Stories.

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