

Center for Strategic and International Studies

TRANSCRIPT
Truth of the Matter

“John Barry, Eminent Pandemic Historian - "Tell the Truth”

RECORDING DATE
Friday, May 15, 2020

HOST
J. Stephen Morrison,
Senior Vice President and Director, Global Health Policy Center, CSIS

Andrew Schwartz
Chief Communications Officer, CSIS

GUEST
John Barry,
Professor, Tulane University

Transcript by Rev.com

Bob Schieffer: I'm Bob Schieffer.

Andrew Schwartz: And I'm Andrew Schwartz of the Center for Strategic and International Studies. And this is the Truth of the Matter.

Bob Schieffer: This is a podcast where we break down the policy issues of the day. Since the politicians are having their say, we will excuse them with respect and bring in the experts. Many of them from the CSIS, people who have been working these issues for years.

Andrew Schwartz: No spin, no bombast, no finger pointing, just informed discussion. In today's episode of the Truth of the Matter, I'm flying solo as Bob Schieffer is out of town. Dr. Steve Morrison and I are joined today by the eminent historian on the 1918 flu, John Berry, who is also an adjunct professor at my alma mater Tulane University.

Andrew Schwartz: We're very, very happy to have you here, John. Thank you for being with us. You wrote the classic study of the Spanish Flu of 1918, *The Great Influenza*. It's a bestseller, again, since you published it. What is the most important thing that you learned from writing about 1918 that can apply to today?

John Berry: Well, that one's easy. Tell the truth. People in authority need to tell the truth. After the book came out and the Bush administration launched a major initiative on pandemic preparedness, a \$7 billion investment ranging from vaccine manufacturing, capacity and technology and so forth. Part of that was a planning process on non-pharmaceutical interventions. That was part of the conceptualizing of that process. And in those first meetings, that's what I always emphasized. Nobody ever argued with me and it is written into the Federal Pandemic Plan. It is written into every one of the 50 state plans. Be transparent, be upfront, tell the truth. But plans are one thing. Executing the plan is something else, whether you're a football coach with a player who doesn't execute, or in this case, we have a White House which has failed to execute on many fronts. So that first very clear lesson was not executed by the White House.

Andrew Schwartz: Are the American people ready to hear the truth and receive it and act on it?

John Berry: I think they're absolutely ready. I think Americans aren't different from other countries. In the nations where the leadership has in fact been blunt, forthright, candid, the response has been extremely positive, whether it's South Korea or Singapore or Germany. My understanding is Merkel's ratings are off the charts now, probably the highest she's ever had in her professional life. The irony is Trump was given an opportunity that probably could have guaranteed his reelection if he had been forthright and been candid and shown leadership. Unfortunately, for all of us, he has failed to do that.

Andrew Schwartz: And what are the repercussions of that, that we're seeing right now?

John Berry: Well, in 1918, it was panic and chaos. Right now, we don't have panic. This virus is not nearly as lethal as 1918. I wouldn't say we had chaos, but we certainly have less than an ordered society that is trying to conform to public health guidelines for the duration, during which Trump and Fox were downplaying the pandemic. That was communicated, that this wasn't a big deal. As a result, I think there was a whole group of people who were reluctant to take social distancing and masks and so forth seriously, or even hand-washing. Then we have the behavior of people who kill a security guard who wants them to wear a mask because the store requires them to wear a mask. That's pretty chaotic. Although, obviously, that's an extreme example, but you have people demonstrating in the streets without adhering to social distancing and so forth.

Andrew Schwartz: I want to bring in my colleague, Steve Morrison, in just a second, but before we do, I want to ask you if Americans were to really hunker down, I suppose you think that we have a much better chance of getting rid of this, but would we be able to get rid of it completely if we did?

John Berry: No.

Andrew Schwartz: Okay. So tell me about that.

John Berry: Well, it's a highly transmissible virus with reservoirs in the animal kingdom, so it's impossible to get rid of. Forget it.

Andrew Schwartz: So what are we left to do? If our leadership right now can't compel us to stay home, wash our hands, social distance, there's a real cry to reopen right now and there's going to be for the foreseeable future. We've got so many things in front of us that do need to reopen for our economy. What do you see happening in the near term to America?

John Berry: Well, I think we still have some control over the virus and our own destinies. We certainly blunted it. I'm in New Orleans, which had, at one point, the highest growth rate in the world. And we have now gone 28 straight days of decline and New Orleans is going to reopen tomorrow, Saturday, May 16th in a careful phased way. Very intelligently run. Even in the places where there has not been great compliance, certainly the doubling time has slowed enormously. So we have achieved something.

John Berry: And if we continue to social distance, masks, hand-washing things like that, we'll never get rid of it no matter what we do, unless there's a really incredibly good vaccine, which is not totally impossible, but we can certainly make it manageable. And in the meantime, wait for therapeutic drugs and a vaccine, we don't have to have over a million deaths. I think when we imposed the lockdown, when most states acted, there were roughly 10 or 12,000 deaths and the doubling rate was less than a week. If that had continued without interruption, we would have half a million deaths today with no end in sight. So we've actually achieved quite a bit. 87,000 deaths as of last night. It's a lot, but

it's a lot better than half a million with no end in sight. So it comes down to discipline and following public health guidelines.

Steve Morrison: John, I want to come back to that point in a moment about how do we move ahead in this period, but I'd first like to come back to your work, *The Great Influenza*. A hundred years later, it seems like most Americans don't have much knowledge of what happened in that 1918 Spanish Flu. It's not even an important common historical reference point by our own leadership. It's a strange point of amnesia. It's a sort of blank spot in our culture, in our history. And as you point out in your work, it was of colossal significance, but people afterwards were quiet. They were feeling shame. There was only one memorial to the victims in the entire country. Can you just talk a little bit about this phenomenon and what does this mean? How do you explain this kind of blank spot, this amnesia?

John Berry: I can't explain it. That's a question people ask me all the time. In terms of historians, until I can at least speculate reasonably on that, until relatively recently, maybe 25 or 30 years ago, when historians started writing environmental history, historians tended to look at what people did to people and they didn't really care what nature did to people with the exception of the Plague in the 14th century, about which much, of course, has been written. But other than that, there is not a lot of scholarship on really any natural disaster, whether it was Influenza or anything else. In terms of fiction, that's really difficult to explain. John Dos Passos is one of my favorite writers. He got Influenza on a troop ship, which they were like floating coffins. In his entire body of work there were about two sentences about the disease.

John Berry: So I can't really explain that. There is some work on it, but not what you would expect. Somebody actually did tell me the other day that in terms of pulp fiction, there was a tremendous amount of work on it, low quality novels and so forth. And science fiction based on it that lasted through the twenties. So that was very interesting to me. It clearly registered in people's minds. When I told my aunt that I was working on this book, she was, I guess, about 10 during the pandemic. She essentially grabbed her chest. And was very much struck and said that it was the only time she ever saw her father cry. And that was because a couple across the street died, leaving several orphans.

John Berry: So it registered emotionally on her. In the book, I mentioned Christopher Isherwood's Berlin stories, and he compared the Nazi movement to an infectious disease. And when they entered Berlin in 1933, he wrote, "You could feel it like influenza in your bones." So that sense of dread and he expected his readers to recognize it. And I'm sure that they did and that's 15 years after the pandemic. So it was out there. But again, I don't have a satisfactory explanation. I wonder myself.

Steve Morrison: Thank you. When we come back to the question of where are we right now and what lies ahead? Back in the 2014, 15 period, when Ebola was raging in West Africa and we had the introduction of some cases here and there was a lot of

hysteria and drama in the United States stemming from just a few cases. It was only after we got through the elections in early November, that the temperature came down and Congress was able to sort of focus on this. And we got out of this very partisan and rancorous kind of situation. Here we are right now, we've got 1.4 million cases in the United States, 87,000 fatalities. And it's a persistent outbreak. We've had these gains that you point to, but we're not out of the woods and we're at high risk of premature reopening that could create some rebounds.

Steve Morrison: And we've had a super politicization of this because of how deeply divided we are tribally in terms of party affiliations and the like, and it looks like a very murky situation in which the signals on what we should be doing are just quite confusing and quite contradictory between continuing to be very disciplined versus relaxing. And that's a dangerous and unstable kind of situation, but we are in this overheated moment and you participated in writing the CIDRAP paper that looked at the three scenarios. You were working with Michael Osterholm, University of Minnesota, and elsewhere. That piece that you put out at the end of April got a lot of play, a lot of very good coverage and the like in trying to imagine what might lie ahead. Tell us a little bit more what you think lies ahead with a special focus on our own political cycle. And what's unfolding here in terms of the partisan divisions and cultural divisions.

John Berry: Well, for one thing, I personally, and I guess, Mike and the other co-authors of that paper don't think summer is going to provide as much relief as some people are hoping. I base that on 1918. They base it, I guess, more on simple numbers, epidemic... Well, it's the same thing. Really the second wave in 1918 began in July in Switzerland summer. It ended in January in Australia. It was delayed in Australia because they actually had a very effective quarantine on ships, which finally leaked in January. And 40% of the Australian population is estimated got sick in summer. So I think susceptibility of the population is more important than seasonality. It is likely. We know for a fact that the Influenza virus and a lot of other respiratory viruses don't survive as well outside in heat as they do in cold. That's probably the case with this virus, although we don't actually know it for a fact, but let's assume that it is the case.

John Berry: I expect it to be the case, but you still have, as of now, probably about 95% of the population has not been exposed to the virus. It is highly transmissible, much more so even than Influenza. And given that fact, I think that transmissibility and susceptibility is more important than seasonality. So I don't think the temperatures increase will provide as much relief [inaudible 00:14:03]. It will tamp it down some compared to what it might otherwise be, but it's going to be hard to abstract that from everything else because the public health measures and inherence, or non-inherence to them, I think are going to be most important in determining whether we have, I guess, a New York Times op ed, I called it undulating swells as opposed to a wave, which if we do it right in a best case, we get undulating swells. And in a worst case, we could reopen too soon.

John Berry: I think a lot of places, most places probably are reopening too soon, but they're doing it. Nothing, no way to stop it at this point. And if we don't have the testing and the tracing and so forth in place, and particularly, if people sort of feel freed from the public health guidelines and stop social distancing, stop masks, stop hand-washing, then I think where we're in for it and we will get what we interrupted. We didn't really have a first wave because the lockdown stopped it, but we will get a combination first and second wave, and it will be too much to handle and overwhelm. It'll make much of the healthcare system look like getaway. So that's a worst case.

Andrew Schwartz: So John, you wrote in that New York Times op ed and in the CIDRAP paper with your colleagues at Harvard and Minnesota, University of Minnesota, that you fully expect that if we don't continue to social distance and lockdown, we're going to have a severe second wave that could put us in a worse position than we are now.

John Berry: Well, if we don't continue to social distance. We might prematurely stop the lockdown where they... Obviously, people are hurting and you can kill people through a lot of ways besides the Coronavirus. I do think we have to come out. I think most places are coming out a little bit too soon, but we do have to come out of that. So it's conceivable to me that we can keep this somewhat in check with the public health measures even outside the lockdown. It's conceivable, but we have to really enforce a social distance, the masks, the handwashing. Otherwise, it would get wildly out of control. And I don't know what's going to happen. If people think it's a political statement not to socially distance and not to wear a mask and that they're exercising their freedom by not doing either. Then I think we could be facing a worst case or close to a worst case.

Steve Morrison: We also have to think about whether we're getting, at the local level, the testing, the isolation-

John Berry: Exactly.

Steve Morrison: And the contact tracing in place. Yeah.

John Berry: There are very few places that have that right now.

Steve Morrison: Very few. There's a big rush to try and do this in many places. And whether we're going to see in the fall the arrival of any kind of improved testing technology that may be lighter, more reliable, faster, cheaper, something that can be administered locally or in one's home-

Andrew Schwartz: Right. But what we're talking about now though, is we're all worried. And John you're teaching at Tulane. The situation is this though, with colleges and universities and with sports, something you and I both share a love of is football. Little known fact, my sons all went to and go to Sidwell Friends School. My sons play football there. John actually coached a season at Sidwell Friends back in the

day. So we're all looking at what's going to happen in the fall with colleges and universities opening? What's going to happen with football season? What's going to happen with so many things that we as Americans look forward to and expect to do in the fall? And it's coming at us fast.

John Berry: And remains to be seen. Just yesterday, the California State University system said they are going to go and be online in the fall. However, a few days ago, the University of Louisiana system is a parallel. You have the LSU system, which has a couple of schools. And the University of Louisiana system is actually a different system, but includes several universities. They announced that they would be on campus. I think, obviously, want to prepare for that kind of stuff, but we can wait and see what happens. It's not going to go away like a miracle, the virus ain't going anywhere. We do know that. We can be very confident of that, but again, it comes back to the testing and the tracing and the infrastructure that accompanies that. If it's in place and if the disease is tamped down significantly, then it's probably okay to do those things.

John Berry: We don't know where that's going to put us. We just don't know. There are too many unknowns. I'm on a Google group of scientists from over 30 countries. Part of the email chain is trying to tease out which measures have actually had most impact. And, of course, that's impossible to actually do because all these measures are imposed simultaneously. Nonetheless, there seems to be a feeling, but it's probably, it's more of a gut feeling than scientific analysis, that social distancing is really important.

John Berry: There's also some pretty good work done a few years ago, a paper by Arnold Monto on Influenza, where they got University of Michigan students during the Influenza season to have a controlled study, some masks, some masks and handwash, some did nothing and so forth. And they did find that a combination of masks and hand-washing significantly decreased Influenza-like illness. So based on that, my gut tells me we can't keep this in a box, but if you social distance, if you maintain the mask and hand washing regimen, then there's hope. There's some reason for thinking there'll be some containment... But containment's too strong. And particularly, if followed up with the testing and the tracing. If you lack any of those things, then we're in trouble.

Andrew Schwartz: Did people in 1918 give up hope?

John Berry: Well, there was an enormous amount of fear because nobody knew if this thing was going to stop or if it was just going to keep going. In the book I quoted Victor Born, very serious scientist, Dean of the University of Michigan Medical School. During the war, like many other leading possessions, he was in the army, ran their Division on Communicable Diseases. He was a Colonel. And quote him writing in his own hand, "if this current rate of acceleration continues for a few more weeks, civilization could easily disappear from the face of the Earth." So that's about as strong a statement as you can ask for.

Steve Morrison: So John, as we head towards getting a vaccine that we will need to use pretty universally in the United States and elsewhere, the challenges are going to be gargantuan in terms of the scale of production, financing, distribution. One of the challenges we're going to face inevitably is the anti-vaccine movement itself and skepticism within our own population oftentimes around vaccines. Sometimes the kind of understandable anxiety or concern about this. Say a bit about how you anticipate this process unfolding and how should we be thinking about this now? If we see the emergence within those coalitions of opposition that's surfaced, among the most sophisticated is an anti-vaccine movement that has its own leadership structure and financing and use of social media. It's been fairly adaptive and fast in its ability to mobilize.

John Berry: I think maybe on, and a lot of things I'm pretty pessimistic. On people's willingness to take the vaccine, I'm probably pretty optimistic. I think we have enormous challenges in terms of production and distribution, ranging from supply chains, who gets it first, but in terms of the actual uptake by people, that's one thing that I am optimistic about. By the time it's available, you're going to have several hundred thousand dead people. I think that's a pretty good convincer.

Steve Morrison: Yeah. So John, pandemics change history, they change ideas, they change governance, they change norms, put your historian hat on. What do you think the big changes are going to be for us in America on the other side?

John Berry: Oh, some are pretty obvious. In terms of the adoption of very trivial matter are things like Teladoc, telehealth. These things would have arrived anyway. Might've taken 20 years. Instead, they're here now. Obviously, working from home. It already was out there. In terms of some more complex issues, for example, commercial office space, will buildings be able to open their windows? For as long as I've been involved in pandemic preparedness, it has irritated me and I've been concerned, you go into these modern bathrooms with the automated faucets. You try washing your hands for 20 seconds with one of those automatic faucets. That's a challenge. Maybe we'll go back to just lifting it and so forth. Those are all trivial. I think it's going to depend on how soon the vaccine gets here.

John Berry: If it's really fast, and by that, I mean maybe let's say next spring we start administering it. I think it's quite possible. The new normal is essentially becomes the old normal, but if it's delayed and we really have to live with this virus infecting people and killing people for an extended period, then I don't know what's going to happen, but those changes will occur. I do think that science has gotten a boost that the nonbelievers in science all of a sudden are now relying on science to get them out of this. International cooperation in the scientific community is off the charts. I don't think it's ever been like it is now. Scientists are pretty competitive people and they are sharing information more than ever. In terms of public health resources, I'd like to say there'll be more investment in public health resources, but my guess is there won't because

every government at every level is going to be so stressed on their budgets that they won't have any money to spend anywhere.

Steve Morrison: So you think we'll lapse back into this cycle of crisis and followed by complacency?

John Berry: Yeah, of course. That's human nature. The question is how soon we get there. And I remember in 2009, the pandemic that wasn't so to speak, I remember talking to somebody from one of the leading cities in the country in terms of its public health infrastructure. And she got up and said essentially, the day after the pandemic was over, after all her staff had been working 18 hour days for weeks, she had to lay off 20% of them. And that was in a democratic state. And they still weren't making any investment, despite the obvious need, which had just then been demonstrated.

Steve Morrison: But you remain fundamentally an optimist, is that correct?

John Berry: No. I wouldn't say that. [crosstalk 00:26:11].

Steve Morrison: I'm just listening to you and you come back to it and it's kind of optimistic thread after laying down some pretty tough notions.

John Berry: Well, I do think we're going to survive. I'm over 70, so I don't know how I'll do if I get the virus and my wife is over 70. I don't know how she'll do she gets a virus.

Andrew Schwartz: Well, let's keep you indoors then.

John Berry: No, we go for walks. That's about it. I have younger friends who go to the market for us. And that's actually, it might be worth mentioning, that in most disasters, communities come together and people help others and they help people they wouldn't normally help. That didn't happen in most places in 1918 because the messaging, I think that ultimately, society is based on trust. And when trust disintegrates, society begins to fray. And people were so lied to in 1918, they couldn't believe anything. They couldn't trust anybody. So it became every family for, for itself, every person for himself or herself. There was no community in 1918. But this time around, I do, anecdotally, I can't prove it, but here in New Orleans where I sit, I do sense people trying to help each other. I feel that, that's happening around the country.

Andrew Schwartz: Do you think that's happened particularly in New Orleans because of Katrina and because of the resilience that New Orleans has built as a result of that and other natural disasters?

John Berry: It's possible that it's specific to New Orleans, but I think it's more general. Think for 15 years I gave talks about preparedness and pandemics and I would always talk about supply chains. But the other thing that I talk about was healthcare. In 1918, if you were in healthcare, you knew you were going to face infectious

disease. It was part of the game. You'd essentially signed up for that. That is not the case today. Not in large numbers. And that's largely a specialized group of people who deal with that. So the question I would pose, and I didn't know the answer to, was would healthcare workers who are not used to exposing themselves to risk, would they treat patients? And it's not just a question of their own courage, but their willingness to take the risk home to their own families. And that was a legitimate question and it has been answered in this pandemic. So I think that's another example of people trying to help each other and the community coming together.

Steve Morrison: John, you've been incredibly generous with us on sharing all of your thoughts and thank you for taking so much time to be with us and for being so candid. Thank you so much.

John Berry: You're very welcome and appreciate your time as well.

Andrew Schwartz: John, I hope to be able to come see you in person in New Orleans in the fall.

John Berry: Okay. Great.

Andrew Schwartz: All right. Thank you so much.

John Berry: Okay. Take care.

Speaker 6: If you enjoyed this podcast, check out our larger suite of CSIS podcasts from Into Africa, the Asia Chess Board, China Power AIDS 2020, the Trade Guys, Smart Women, Smart Power and more. You can listen to them all on major streaming platforms like iTunes and Spotify. Visit CSIS dot O-R-G slash podcasts to see our full catalog.