

Episode 115: A light at the end of the COVID tunnel? with Phil Kerpen

Speaker 1 ([00:04](#)):

Welcome to the Bill Walton Show, featuring conversations with leaders, entrepreneurs, artists, and thinkers. Fresh perspectives on money, culture, politics, and human flourishing. Interesting people, interesting things.

Bill Walton ([00:24](#)):

Welcome to the Bill Walton Show. I'm Bill Walton. And we're back again to talk about the pandemic and the lockdown, and the aftermath, and what's ahead for this country and this world because of the virus. And I brought in somebody who I think is exceptionally well-suited to talk about this. Phil Kerpen, who's general editor of the Committee to Unleash Prosperity, and their COVID expert. And if you're not following it, his daily emails on the status of the COVID and lockdown, and what's happening there, are just an invaluable resource. Phil's also president of American Commitment, where I got to know him, and before that he worked for Americans for Prosperity. And anyway, Phil, welcome.

Phil Kerpen ([01:10](#)):

Great to be with you Bill.

Bill Walton ([01:12](#)):

So, the lockdowns. Good idea?

Phil Kerpen ([01:16](#)):

Catastrophically bad idea. And I think that it's becoming increasingly clear that rather than this difficult trade off that we had to weigh between freedom and economic prosperity on the one hand, and containing a virus on the other, it was no trade off at all. In fact, the lockdowns had essentially no effect on the course of the virus, but added all of the additional economic and social deprivation and hardship on top of what the virus caused. And to me, the best proof that lockdowns didn't work, had no appreciable effect on the virus, is that about 10 days ago now California passed Florida on total cumulative per capita COVID cases.

Bill Walton ([01:59](#)):

Per capita.

Phil Kerpen ([01:59](#)):

Per capita.

Bill Walton ([02:00](#)):

Not based on population.

Phil Kerpen ([02:01](#)):

Per capita. And that's with nine months of lockdowns of varying degrees of severity of California, and Florida being wide open since September.

Bill Walton ([02:09](#)):

So the lockdowns haven't worked. We're beginning to reopen a little bit, but yet we're not seeing any real rush to the exits on this thing. Where are we in terms of politicians deciding maybe it's safe to go out.

Phil Kerpen ([02:26](#)):

Well, the winter wave is subsiding pretty rapidly right now. As we speak it's down about 40%, 45%, from the early January peak nationally. And hospitalizations have come down about 25%. And so we're now in a pretty steep decline. Now in previous waves, we also had declines. And so this doesn't mean this will be the end and we won't have another one. But the difference now is every region of the country is declining at the same time, which we had not seen before. And so I am cautiously optimistic that this is the true end of season, and we may be past this until perhaps it seasonally recurs a year from now. And if we have sufficient vaccination before that, we may never have another epidemic type outbreak. It may just be a normal virus moving forward.

Bill Walton ([03:18](#)):

Well the pessimists are saying, "Well wait a second. That was the last version of this. We've now got the South African version." And there's some other new version which is supposed to be coming in. And yet those numbers are not all that scary either, are they?

Phil Kerpen ([03:30](#)):

Well the two countries that have the variants that we're supposed to be afraid of, that are supposed to justify ongoing restrictions, are in even steeper decline than the US is. Cases in South Africa are down about 80% from their peak. And so if that's the variant we're supposed to be scared of, I'm not quite sure why. United Kingdom is also very steeply down. And there's now evidence, there are samples that have been sequenced, that show that the UK variant has been in the United States since at least early November. And so to the extent that maybe that was something to be concerned about, it's already happened here. I don't think that's something in the future.

Bill Walton ([04:07](#)):

So, how serious was this anyway? I mean, this all started, what? End of 2019. And it came out of China. I'm not sure exactly when it came here. But we had this model in the UK, the-

Phil Kerpen ([04:26](#)):

Imperial College.

Bill Walton ([04:26](#)):

Imperial College model which predicted something like three or four million deaths within the next six months or something like that. How wrong was that model?

Phil Kerpen ([04:37](#)):

In terms of the damage that it inflicted, it was the worst model in the history of models. Which is pretty impressive, because models are pretty bad in general. The guy who designed that is named Neil Ferguson. He's the head of the epidemiology department at Imperial College, formerly a physicist. And Neil Ferguson was actually forced to resign as a UK government advisor because after testing positive for the coronavirus, he broke quarantine to have a liaison with his married girlfriend. Which, to me, indicates that he didn't believe his own model. Because if he believed it I don't think he would've endangered-

Bill Walton ([05:14](#)):

He was the Gavin Newsom of scientists.

Phil Kerpen ([05:18](#)):

You might say that. Yeah. It's incredible how many hypocrites we've had. Almost every lockdown artist has violated their own order at some point.

Bill Walton ([05:26](#)):

Well you and I have talked about economics. And it seems like the model for this virus, it's very similar to the models that we look at when we try to predict macro economic behavior. And almost all the models miss it. You look at the Fed Reserve models, and what have they predicted? How many of the last 99 recessions have they predicted? I think zero. I mean, they sort of don't work, and it's because they don't take into account how people react to things.

Phil Kerpen ([05:55](#)):

Exactly.

Bill Walton ([05:56](#)):

People take care of themselves.

Phil Kerpen ([05:57](#)):

Exactly. That's why all of these models were so silly, because they made the assumption that absent government intervention, the disease would just continue to increase until everyone had it. And of course that's not how people behave. People hear, "Oh there's a bad virus going around." They change their behavior. They start taking precautions. They try to avoid it because they don't want to get it, not because government told them to. And so this idea that you need heavy-handed government mandates or else it just continues to increase forever was a ridiculous assumption that was behind all these models. And of course, we have a control group for this, in that they ran the same model for Sweden. And they said there would be 80,000 models, and there have been 10,000. And they never adopted any of those measures. And so that shows you how far off they were.

Bill Walton ([06:41](#)):

Yeah I was just reading about this. So Sweden had 10,000 deaths. I mean-

Phil Kerpen ([06:46](#)):

I think that's about.

Bill Walton (06:47):

What did they do? No lockdown, no masks.

Phil Kerpen (06:49):

No lockdown, no masks, no school closures. They basically gave public health advice, the traditional model in the west. They said, "Try to limit your contacts. Try to keep..." They advised, they didn't mandate or order anything.

Bill Walton (07:04):

So what they did was they just took precautions, they protect the elder people.

Phil Kerpen (07:10):

They did a poor job of that actually.

Bill Walton (07:12):

Oh they did?

Phil Kerpen (07:12):

They had very high nursing home deaths early on, which is actually probably the first 5,000 deaths in Sweden, 80% of them were in the nursing homes. That was a failure in almost every country. Nobody really did a good job of that. And of course, it's hard to keep people who are medically frail alive. I mean, they're going to die of something. So that's a big challenge.

Bill Walton (07:32):

Well there's a lot of ways to take this conversation because I mean that's the big thing, the comorbidity. What is it? They median age of death is like 79, 80.

Phil Kerpen (07:46):

78, I think in the US. Higher in Europe.

Bill Walton (07:48):

78. And what? 90% of those people have a comorbidity. They had something else that was-

Phil Kerpen (07:53):

94% of the death certificates have at least one other thing listed. But that's a little bit deceptive because a doctor who's doing a good job filling out a death certificate is probably not going to just list COVID-19, even if it's a classic COVID-19 pneumonia death. They're probably also going to have pneumonia. Or they're going to have acute respiratory distress syndrome. So a lot of people made a big deal of the fact that the CDC said only 6% of the death certificates listed COVID by itself. That doesn't mean that only 6% of the deaths were where COVID was a principle cause of death. It just means those are the doctors that didn't bother to write anything else.

But what's really interesting to me is only about 45% of the death certificates with COVID have pneumonia listed, which is been consistent. It's been 45% from the beginning consistently. And if you actually use the World Health Organization definition of a COVID-19 death, pneumonia has to be

present. And so then the question is: Was it present but not written on the death certificate in the other 55%? Or was it just someone incidentally tested positive, died of something unrelated. And so I think there's going to be a lot of scholarship for years trying to sort this out when people actually get access to the death certificates and the medical records. But my best guess would be something on the order of half of the reported deaths are genuinely caused by COVID-19. Maybe half to two-thirds. It's not 6%. It's not 100%. But it's probably somewhere around the half.

Bill Walton ([09:26](#)):

Yeah I was doing the 6% times 400,000, saying 24,000 people. So that's not the right math. It could've been something... So the 400,000 number. I don't want to be too tough about this, but there's this concept of excess deaths every year where some people that are above some norm number. And I'm not sure I really quite understand that. But we have, on average, what? 250,000 excess deaths from the flu or from various seasonal viruses? Is that?

Phil Kerpen ([09:58](#)):

Well it's tricky because the normal seasonal respiratory illnesses are in the baseline. So they're not excess. When you have a bad year, when you have a severe flu outbreak like we had in 1718, like we had with the swine flu in '09, then you do get excess. You get more than the usual. And so typically in a pandemic, the way that you would get a meaningful number of the deaths that were caused by the pandemic is you just look at all cause of deaths, and you look for that excess. But that's going to be really hard to do this time, because we caused so many additional deaths with our policies responses. And so you have to tease out which excess deaths were lockdown deaths versus which were COVID deaths. And I think the lockdown deaths, particularly under age 45, are probably going to be two to one, at least, or three to one.

Bill Walton ([10:57](#)):

So that's alcohol, that's drugs, that's suicide, that's not getting treated for something that they should've gotten treated for. Is that all in that category?

Phil Kerpen ([11:06](#)):

Yeah it's all of the above. It's the suicides and the drug overdoses, the deaths of despair. But it's also the heart attack and stroke that is untreated. And we've had a lot of that. People are scared to go to the emergency room, or they don't want to. The really tragic thing was early on, when there's all these hyped news stories about how the hospitals were full, they weren't true almost anywhere. People thought they didn't have room for them at the hospital, because they wouldn't go when they actually should have. And so it's failure to get medical care. It's the deaths of despair. And then the surprising one to me, because everyone said the opposite would happen, vehicle fatality deaths are actually up even though people are not commuting. So I'm not quite sure why that's the case, but it's interesting.

Bill Walton ([11:57](#)):

One of my producers, Maureen, just called this morning from the car shaken because she's commuting in on 66. The driving has gotten... I don't know if people are acting like there's no tomorrow.

Phil Kerpen ([12:06](#)):

Well stress levels are so high. I think that's why. But it is surprising because one of the things that was predicted early on was, "Oh we'll save so many lives from people not commuting." And in fact, the vehicle fatality deaths are up, not down.

Bill Walton ([12:19](#)):

That's stunning. Have you put a number on these other... Jim Agresti was on. You know him? He does Just Facts. He's a terrific analyst about things like this. And early on, March, April, he calculated the number of excess deaths because of the lockdowns would exceed the deaths caused by the pandemic or the virus by a factor of 10 times, 20 times.

Phil Kerpen ([12:45](#)):

Well long-term I think that's almost certainly true.

Bill Walton ([12:48](#)):

Measured in terms of person years.

Phil Kerpen ([12:49](#)):

Yeah. Long-term the school closures by themselves are going to be most costly in terms of life years lost than the disease by far. Remember, the difference in life expectancy between high school graduate and high school dropout's about five years in this country. And we've got millions of kids that are... We've got some school systems where 30, 40% of kids have never logged onto the online. What does that do for their prospects going forward educationally. And then even independent between that binary of do you drop out or graduate, there's a strong linear connection between how much education you have, and not just your income but your life expectancy.

Bill Walton ([13:28](#)):

You're watching the Bill Walton Show. I'm here with Phil Kerpen and we're talking about the tremendous cost, human cost, social cost, economic cost, that the lockdowns caused, which Phil believes, and I think he's right, will be lasting for years and years and years. That's stunning. So we could be living with the consequences now of this one year for 10, 20, 30, 40 years in terms of shortened lives and less happiness among the people that took it hard.

Phil Kerpen ([13:59](#)):

Well the big challenge is going to be how we dig out of that hole. And certainly we've got... So many people forewent cancer screenings, which means we're finding a lot of cancers at much later stages than we otherwise would have. We've got a big backlog of medical procedures from all the times that hospital were restricted and closed. So we're digging out of that hole also. Now one of the benefits we have in the US is that we do have much greater health system capacity in the ability to catch up than a lot of other places. I think in the UK, some of their waiting lists now are like 10 years for procedures that were canceled during the pandemic.

Bill Walton ([14:36](#)):

This disproportionately hurt poor people.

Phil Kerpen ([14:39](#)):

Oh no question about that. No question about that. I think the strongest proponents of lockdown are the people who are the least affected by it. "Oh great, I can work from home now. I can take my meetings on Zoom. I can have everything I need delivered to me by somebody who's going to go... I can log onto an app and someone will deliver my groceries, or deliver anything I want." And you've got these people who are incredibly unaffected by it. And one of the things that I'm really struck by, living in Washington DC, is you've got these extremely adamant lockdown proponents in Northwest DC, basically rich white liberals-

Bill Walton ([15:23](#)):

Well and Montgomery County, Maryland.

Phil Kerpen ([15:24](#)):

Same thing. Same thing across the line in Montgomery County.

Bill Walton ([15:26](#)):

People's Republic of-

Phil Kerpen ([15:28](#)):

And okay. They're so self-impressed. "Look I'm so wonderful. I never leave my house." And it's like, "Well okay, have you reduced the risk or have you just transferred it to the person you're paying to go do all this stuff for you, the person who's delivering it to you." And then you look at the disease burden in these places, and it's overwhelmingly among the minorities. So you're essentially transferring the burden of COVID from yourself to someone else, who's waiting on you if you will. And then you congratulate yourself for that. I find it ridiculous.

Bill Walton ([16:02](#)):

Well in California I think the number's 50% of the people had COVID, the COVID deaths, are among the Hispanic population. So by definition, I guess that would be the poor part of the population. I can't think about DC and Montgomery County without thinking about the politics. This virus, this pandemic, this has been incredibly political from the get-go.

Phil Kerpen ([16:28](#)):

The best predictor of lockdown severity in the United States is political party. It's not the number of cases, it's not the number of deaths, it's political party. Democrat jurisdictions have been far more stringent than Republican jurisdictions, and that's been the best predictor. And even internationally, and there have been studies that have shown this, even internationally the best predictor of lockdown policies on a national basis is what the countries near you are doing, and it has very little to do with the disease burden. But the lockdowns themselves have been contagious. And we have a distorted incentive, particularly the way our media system is. If you don't lockdown, if you're Kristi Noem or Ron DeSantis, and you don't lockdown, the whole way up the disease curve you get blamed for every single death. You get blamed. "You didn't do what you could've done." You get attacked constantly nonstop.

Bill Walton ([16:28](#)):

Take incredible heat. They took incredible heat. Yeah.

Phil Kerpen ([17:22](#)):

You get national negative coverage. And the whole way down the disease curve, you get zero coverage. They don't even mention that it ended. I think there's some people that don't live in Florida, that don't know the summer wave ended. Because it went up, and everything was reported, and when it was going down it was completely ignored. They don't say, "Hey wait a second, it went down all the same as the other states even though he didn't adopt any of these things." Instead they attack you nonstop on the way up, they ignore it on the way down, and in the states that do have restrictions, that are locking things down, that are closing restaurants, all this kind of stuff, they have the disease curve basically. But they get praised. And on the way down, in those places, and New York of course was the most famous example of this, on the way down the curve they get nonstop positive coverage that attributes the curve declining to the policy interventions, even though the curve declines exactly the same in the places that don't adopt those policy interventions.

Bill Walton ([18:14](#)):

Okay. We've got to talk about Andrew Cuomo. What a piece of work he is. He's telling us how hard he's working, and yet he's got that whole nursing home issue. Have you dug into that? What's true?

Phil Kerpen ([18:29](#)):

Followed this very, very closely because in the early months of the pandemic, we were running something like 60% of all the deaths were in the nursing homes. And that's now come down to about 40% as it spread more widely everywhere else. But the early story in both Europe and the US, it was overwhelmingly in the nursing homes. And we should've known this, particularly in New York, because it had happened in Italy, it had happened in France. We knew that that was where you had the medically vulnerable people. Remember, there's an extremely steep age gradient on this virus. Under age 20, it's less dangerous than the flu, 99.997% survival under age 20. 20 to 50 it's 99.98% survival. 50 to 70 it's 99.5.

Above age 70, though, it's only about 94, 95% survival. So about 5%, five to 6%, of the people above age 70 who get this die with it. Which is a very high number. And it's not everyone over 70 who's at risk. It's people who are medically frail. And it's people who are in nursing homes far more than people who are independent living who have a risk profile more similar to a younger category. So the focus should've been: What is everything you can do to protect the nursing homes? And instead we had some of these governors, Cuomo, Murphy in New Jersey, Wolfe in Pennsylvania, that actually mandated that nursing homes accept infectious patients even if they didn't have infection control in place.

And in New York, over 5,000 highly infectious patients were pushed out of the hospitals back into the nursing homes while they were still highly infectious. And that almost certainly led to a lot of the deaths in New York. And New York is the only state that doesn't report the number of nursing home residents who died with COVID. They only report the number died physically on the premises of the nursing home, which is a fraction of the total.

Bill Walton ([20:25](#)):

And didn't they just announce that they're never going to report it? I think they came-

Phil Kerpen ([20:29](#)):

They're trying. They're trying. They actually just lost a lawsuit. Our friends at the Manhattan Institute just won a FOIA lawsuit, and so the governor, there's now a court order. He's supposed to reveal the number. We'll see if he defies the court order. But yeah, he had said for months, "It's too difficult to do

this calculation." By the way every single other state has done more or less daily, or at least weekly. He says "It's just impossible. We can't do it." For months he said, "We can't do it until November." So we're like, "Oh he's waiting until after the election." Then the election comes and goes, he says, "No actually we can't do it at all."

Bill Walton ([21:06](#)):

He's obviously more of a theater major than a math major.

Phil Kerpen ([21:09](#)):

Well he won an Emmy for his great daily performances. It's really remarkable because New York had far, far more deaths than they should have because of their policy mistakes, seeding it into the nursing homes.

Bill Walton ([21:25](#)):

And yet, so far he doesn't seem to be paying a political price.

Phil Kerpen ([21:28](#)):

No political price. Instead he was the hero and praised all the way down. I mean, sort of the opposite. If you don't lock down, you get attacked on the way up the disease curve. If you do lock down, you're a hero on the way down. But New York City, which has probably been around the herd immunity threshold since May or June, they've had almost no mortality in the winter wave because they had so much early on. It had already spread so widely in their population. They've nonetheless been on lockdown this whole time. They're destroying all the restaurants in the city that's-

Bill Walton ([22:00](#)):

Well they're closed.

Phil Kerpen ([22:01](#)):

Businesses are leaving. It's incredible what they're doing to that city. And they're doing it after the disease has already been thrown, almost substantially all of the population.

Bill Walton ([22:11](#)):

Okay so it's political. It's a blue state phenomena of lockdowns. The red states didn't. Kristi Noem, she's South Dakota?

Phil Kerpen ([22:18](#)):

Yeah.

Bill Walton ([22:19](#)):

Done a fabulous job. DeSantis in Florida took enormous heat, that's working out great. Yet we've got people still in denial mode about this and don't believe... March, April, we didn't know anything. It's now a year later and we know a lot. And yet they're still acting like these things we know aren't true and they're still keeping us locked down. How do people ever regain trust in the government? If we ever had. Montgomery County, they come out with these statements and you just think, "Well they're not doing it for us. They're doing it for them."

Phil Kerpen ([23:01](#)):

Well Montgomery County, I assume that they must have political motiv... I think they're just stupid. Honestly. I think they think what they're doing... I mean, I'll tell you. Because when they put out that order to try to shut down all the private schools, I did a MPIA, which is the state version of FOIA, to try to figure out what... I thought it was probably the teachers union told them to do it. And then I got these emails back and it was just really dumb stuff about how they were just scared and didn't understand the... So I don't know. It's always hard to tell what's incompetence and stupidity versus-

Bill Walton ([23:35](#)):

I'm going to get myself in a lot of trouble, but I have to do it. I think about, I'm a free market guy. I believe that you ought to put your talent out in the marketplace and see how well you can do. I've done okay. I've done some things well, some other things not. But I wanted to get out there and try things. And yet I think about the people my age who might've gone to work in, say, state government. And I think about their ability to think about risk and think about security and the kind of decisions they'd make. You're not exactly going to get the best and brightest staffing the health department of most state municipal governments.

Phil Kerpen ([24:10](#)):

I even think the best and brightest in epidemiology are not the best and brightest. I think that as a field it's been extremely unimpressive. When you elevate a field that's a relative backwater to being in charge of the world, in charge of everyone's life, you get a lot of problems.

Bill Walton ([24:30](#)):

So in terms of big mistakes, the big mistake we made was put the crisis management in charge of immunologists. So that leads me to one of the questions I had here. Who is Dr. Anthony Fauci really? And why-

Phil Kerpen ([24:45](#)):

He's a career bureaucrat. He's one of the all-time great Washington power players when you consider that he's navigated his way to surviving, I don't know, six, seven presidential... I mean he's been here forever. He is highly adaptable, obviously. In fact, just during COVID in the last year I think he's been on both sides of literally every significant question. He said, "Don't mask." "Mask." "Wear goggles." "Double mask." He said, "There's no asymptomatic spread." "It's principally asymptotically spread." And he said "The herd immunity threshold is about 67%," which is the classical math for an R-Naught value of three. And then he said, "Actually I think it's 85%, and I just didn't want to tell you earlier because you wouldn't have liked it." I mean what's remarkable to me is he's flip flopped on literally every issue you could even think of within the last year, and yet he's treated as this sage. And he's done it in the absence of new evidence and the absence of new science.

And I've just been baffled at the extent to which the man is revered. What is he so well known for? Leading efforts against AIDS in the 80s. Well he was wrong about everything on that too. Bill, he originally said AIDS is spread through household contacts. Okay? That was obviously extraordinarily wrong.

Bill Walton ([26:10](#)):

He obviously hadn't been in bars in Greenwich Village.

Phil Kerpen ([26:14](#)):

Right. Then he said that there was going to be a huge, huge heterosexual AIDS epidemic, which never happened. And then he promised an AIDS vaccine that, I don't know, every two or three years for 20 years, 30 years. We never had one. It's incredible.

Bill Walton ([26:33](#)):

You're watching the Bill Walton show, and I'm here talking with Phil Kerpen, and we're concluding that the last people you want to be put in charge of a pandemic response is immunologists. And at the top of the list of who you don't want to put in charge is Dr. Anthony Fauci.

Phil Kerpen ([26:49](#)):

Well even within immunology, his field of specialty. Remember, he told Senator Rand Paul, "Nobody believes that there's t-cell immunity." Well he said that less than a month after he was quoted in an article after the NIAID that he runs ran a study that looks at t-cells. He said, "Well the t-cells and the antibodies are a one-two punch. That's the key." A month after that quote, was when told Rand Paul nobody would agree with you that t-cells serve an important function. He's literally flipped and flopped on every single imaginable aspect of this, including by the way schools, where he had another heated exchange with Rand Paul, who said all the schools should be open. Children are not at risk and they're not a significant source of spread. And Fauci said, "No we need to be scared about Kawasaki," which was a big fake scare. And now he says, "Oh no schools should be open." I guess in a Democratic administration.

Bill Walton ([27:45](#)):

You're just making me think, this whole thing has been a bouncing ball of things that we're supposed to believe and not believe. First thing, I think the ventilators were all the rage. And then we had to lock down because the hospitals were going to be flooded and the lock down was supposed to last two weeks, and that was all the news. And then further on it was testing. Everybody had to be tested. And in particular... Well let me ask you the question. Ventilators we now think are dangerous. We think a lot of the deaths were caused by the ventilators, not prevented. True?

Phil Kerpen ([28:20](#)):

Well what happened was they were putting people on ventilators who really didn't need to be ventilated. This was the protocol in New York City in particular. They were really worried about themselves and about the healthcare workers, and they thought that because the ventilator is a closed system, you just have a one-time aerosol risk. But once the tube is in, they're not breathing out into the room, and so they thought they could essentially protect the healthcare workers by being very aggressive with the early ventilating. And the results were really bad. I mean it was something like 90% of those people died. And it's become very clear that if you avoid ventilators as long as possible...

Now obviously we still use them. If somebody can't breathe, you're going to put them on a ventilator. It's not like you don't use it at all. But the protocol, which has been much more successful, is to do everything possible to avoid ventilation, do gentler forms of oxygen support. So they put them on a BiPAP or a CPAP, or a high-flow nasal cannula. Basically, they try to get oxygen into you without ventilating you, is what they're doing now. And the other thing is they're proning people. They're putting them on their bellies, which lets more air get into the lungs, and they're finding that that's helpful.

Bill Walton ([29:32](#)):

So we got smart about how to deal with it. What about testing? I don't hear much about testing anymore. It seems we've moved from testing into vaccines, and I want to talk about vaccines. But do tests matter? Are we supposed to care whether we've been tested or not tested? I guess I've been tested three or four times, and they stick the thing up your nose. Didn't have it. But I don't know whether that is even accurate.

Phil Kerpen ([30:00](#)):

Well most political jurisdictions in the United States now use a metric called the positivity percentage, which is the percentage of tests that are taken that come back positive in their gating criteria for what's allowed to occur and be open and so forth. So I would like to thank you for testing and testing negative, because we need people who are not sick to take the test so that we can have a low positivity percentage.

Bill Walton ([30:27](#)):

So if we show up everyday and drive those numbers up.

Phil Kerpen ([30:29](#)):

So they can release us from these various restrictions. There have been a few studies now, including a pretty big one I think was in Nature. I might be wrong about which journal it was in. That found that the scale of testing that you do has no relationship with the disease burden. And so it hasn't worked the way it was suggested that it would work. If you feel sick, you probably should avoid contact with other people so you don't get them sick.

Bill Walton ([31:03](#)):

Well that's what people do when they take care of themselves. If you're feeling sick, you stay home. And if you know there's a pandemic out there, you'd be more likely to do that.

Phil Kerpen ([31:12](#)):

Correct. Asymptomatic spread exists, but it is a fraction of the disease spread. It is very small. There was a big meta study, it was in the Journal of American Medical Association on household contacts.

Bill Walton ([31:23](#)):

Yeah I heard it was none. But it's some?

Phil Kerpen ([31:25](#)):

It's not zero. But the study that was in the Journal of the American Medical Association found an 18% attack rate for symptomatic people. So if you're symptomatic, 18% of the people in your household will catch it from you. For asymptomatic, they found 0.7%.

Bill Walton ([31:45](#)):

0.7. Okay.

Phil Kerpen ([31:48](#)):

So you're 25 times less contagious than someone who's symptomatic. It's not zero, but it's close enough to zero that if people were really careful about not being around other people when they experience

symptoms, it would stop the vast majority of the disease spread. And so if we were spending the trillions and trillions and trillions of dollars that we've spent, the paid sick leave probably made sense. That was in there. But most of the things we did didn't make any sense at all. And by the way the obsession with masks has probably been counterproductive. It's hard to discern any evidence in the data in either direction. It appears to basically have no effect. But it seems to me that if you tell people a mask will stop the spread of a virus, they're going to say, "Oh great I can go out even if I don't feel great. I'll just put the mask on."

Bill Walton ([32:39](#)):

So it's more likely to lead to risky behavior if you think you're protected and protecting other people.

Phil Kerpen ([32:42](#)):

I think so. And that's why the Nordic countries have avoided them. Because they say, "Look. We don't want people to think that they don't have to isolate if they're sick, or that they don't have to try to keep distance as long as they have a mask on."

Bill Walton ([32:53](#)):

Well Jay Richards was here, and he had COVID. And he had some pre-existing conditions and he was nervous about it. So he checked himself in to one of the hospitals and went into their unit that treated this. And he went in and everybody was there looking like they're wearing hazmat suits, all this stuff. And he had his little blue mask and he said, "Why don't you wear these?" And they said, "Well they don't work."

Phil Kerpen ([33:19](#)):

Right. Exactly.

Bill Walton ([33:21](#)):

So if you get the medical professionals that don't think they work, why do the rest of us supposed to believe that now we're supposed to be wearing two or three masks?

Phil Kerpen ([33:29](#)):

Right. Single masking is murder. I mean I don't know. If I see anyone with a single mask, that's practically being an anti-masker.

Bill Walton ([33:37](#)):

You're making me so claustrophobic. I play tennis in an indoor facility and the local authorities say you got to wear a mask playing tennis indoors when you're in a size of a place about football fields for about 12 people.

Phil Kerpen ([33:51](#)):

That's a really bizarre one actually. The World Health Organization has this website, myth busters, and one of their-

Bill Walton ([34:00](#)):

Myth? M Y T H?

Phil Kerpen ([34:01](#)):

Yeah. M Y T H. Myth busters. You type in World Health Organization myth busters and you can find this. And one of the myths they bust is that you can wear a mask while exercising. And they say, "No this is a myth." They say, "You should never wear a mask while exercising because it can limit oxygen intake, and because it gets converted in sweat, and once it's covered in sweat it has no filtration at all, but it encourages bacterial growth. And so the World Health Organization specifically says, "Do not wear a mask while exercising." They say instead keep a one meter distance, is the intervention. Well if you're playing tennis, I think your one meter distance is taken care of. So I think it's very strange. I find that very odd.

Bill Walton ([34:46](#)):

So this is really good news. Now that Biden's rejoined the World Health Organization, I can now go to my local guy and I can say-

Phil Kerpen ([34:55](#)):

You can say, "Well look at the myth buster." Yeah.

Bill Walton ([34:56](#)):

Let's look at myth busters and start lobbying. But you've raised something here. So we've got masks, and then we got the six foot rule. I've heard stories about where they came from. What's your-

Phil Kerpen ([35:11](#)):

My understanding, and we have-

Bill Walton ([35:13](#)):

Because you just said one meter. That's 39 inches.

Phil Kerpen ([35:16](#)):

That's the official World Health Organization distance standards, one meter. There are a handful of countries that doubled it, and six feet is about double. And one of the other countries that doubled it was the United Kingdom, and they've since reverted to one meter. But when they were at two meters, which was for a long time, one of the government advisors, a scientist names Rupert Dingwall, who was in the room when they formulated the two meters standard in the United Kingdom, said that literally what they did is they took the World Health Organization's standard and they doubled it, because they said, "People may not know what one meter is. So why don't we double it?"

Bill Walton ([35:57](#)):

And they knew what six feet was.

Phil Kerpen ([36:01](#)):

Well I think the theory was, if you tell people to stay six feet apart, then maybe they're more likely to be three feet apart.

Bill Walton ([36:09](#)):

Wow.

Phil Kerpen ([36:09](#)):

So it was not a scientifically based decision. And what we've learned about the mode of transmission with this virus is the major spread events are almost certainly aerosol spread, which is to say they're airborne. It's suspended in the air. It circulates with the airflow in the room. And so it doesn't matter if it's three feet or six feet or 10 feet or 15 feet, if you're present in a room that has aerosols that are at a sufficient concentration, then you can catch it. Now the good news is-

Bill Walton ([36:42](#)):

Now I've also heard you can be infected through your eyes with aerosols. True?

Phil Kerpen ([36:46](#)):

Well maybe. Fauci said to wear goggles, but I've noticed he never wears them himself. So that one's interesting. The thing is that most people who get this virus do not produce aerosols. There's some subset that do. We don't know how to identify them unfortunately. So you get this situation where the vast majority of people who get this virus infect zero or one people. Most people are not going around infecting tons of people. Then you have some unknown subset of people that do produce aerosols that have the risk of these super spread type events.

But all of these events where 100 people in a room all caught it, or 50 or whatever it is, they all have something in common. Every single one of these events was a poorly ventilated space. We've had zero confirmed super spread events that have occurred outdoors. Zero. There's almost no outdoors transmission at all, even one to one that's been documented. And they were in indoor spaces that were poorly ventilated. And so if we were upgrading our ventilation for all our indoor spaces, which we've been doing by the way, that should substantially mitigate that risk more so than these heavy handed government policies.

Bill Walton ([38:04](#)):

Watching the Bill Walton Show and I'm here with Phil Kerpen and we're talking about the six foot rule, and the fact that most of the spreader events happen in poorly ventilated places. And there's been a lot of steps to remedy that. So maybe we can start gathering in groups of larger of 10 people. That happened. The Council for National Policy, we had a meeting where we had 250 people, and it was in a very nice, well-ventilated room. We kept it spaced out. And we had two meetings. One in August and another in November. And we didn't get a single case come out of that. Nobody caught anything.

Phil Kerpen ([38:43](#)):

Well someone would have to have it. And they'd have to be-

Bill Walton ([38:45](#)):

Well I suppose so.

Phil Kerpen ([38:47](#)):

I think we're overly fearful.

Bill Walton ([38:49](#)):

But the thing that strikes me, just how some little decision has enormous consequences, because this idea of doubling it from one meter, 39 inches, to six feet, if you think about social distancing in a restaurant or a sports event or the theater, things like that, if you get a three foot rule you can have a reasonable size crowd still there and people can get on with their events. But when you got a six foot rule, it's almost impossible to make that work.

Phil Kerpen ([39:19](#)):

Yeah. I think when the CDC put out the six foot guidance, their assumption was that people would take the "if feasible" language. And every place the CDC says six feet it says "six feet if feasible." And it would be a guideline. Six if you can do it. Less if you can't. And you know the way our country is with lawyers and so forth. That got interpreted as an absolute hard rule. And so you've got school systems for instance that have said, "Oh well we need to sit the kids at home half the time, because otherwise we can't fit enough desks because we have the six..." That's not what six feet, if feasible means. It's not feasible to sit the kids at home half the time.

And yet that's how that's been interpreted. And so I think it's a situation where... And by the way, the CDC guidance on all of this stuff didn't even go through OMB review. It wasn't considered rule making. It wasn't considering bi... I actually talked to some of the people in the White House at the time, because I said, "This..." Because when they first put all this guidance for schools, for businesses, all the stuff, I said, "This is totally unworkable. You're not going to be able to have normal operations. This is going to totally hamstring everything." I said, "Can you force this to be revised, to be made more reasonable through the review process?" And I talked to someone at OMB at the time and he said, "Oh no we're not reviewing that. It's not binding. It's just their opinion. It doesn't go through any review." But people treat it like the gospel, like the ironclad law that must be followed.

Bill Walton ([40:49](#)):

So let's get into the other gospel, the gospel about vaccines. And I guess my related question is: Are we ever going to get teachers to go back to school? Because now the union is saying teachers can't go back to school unless they've been vaccinated. Number one, are vaccines really the answer? And then we'll get into schools after we figure out whether they work or not.

Phil Kerpen ([41:13](#)):

Well I think the vaccine data's been pretty encouraging. And I think that... Remember, this is a very deadly virus for people who are medically frail, or who are very old. And if we can protect them, either directly if they can get a robust immune response to a vaccine. Of course some of them are too medically frail for that. But you can protect them indirectly if you can vaccinate everyone they come in contact with, the nursing home workers and so forth. We can substantially reduce the mortality from this. That would be a great thing. I would be in favor of that. So I think having a good strategy to get the vaccine to people who are at high risk, and to do it in the basis of risk and start with people who are old, and medically vulnerable. It's a very, very smart thing.

We've already moved away from that dramatically in most places in this country. We've said we're going to use this vaccine essentially to lure people back into the workforce, especially the teachers and others. If that's what it takes to bring them back, okay. But I find it a little bit bizarre that the same people who told us we had to be locked in our homes for months and months and months, or else we wanted to kill grandma, are now saying, "Hey grandma can wait for a vaccine. We've got to give it to someone else who's more important for whatever reason." And so I do find it odd what the prioritization has been.

But I think the mRNA technology that the Pfizer and the Moderna vaccines are built on is a really incredibly technology because assuming that it's safe, and it appears to be so far, and that it's effective, we're now going to have the ability to essentially program a vaccine for a novel pathogen, or even a biological warfare agent, almost instantly. Once you have the genetic sequence, you can program the protein that you want into the mRNA platform and you have a vaccine. And so it's a pretty incredibly technology. The implications of it could go really far beyond this specific pandemic, because if you can program the body to create essentially any protein that you want, I mean think about the implications of that for all of the other diseases and conditions that we have. So I think this is a really big breakthrough that has potentially huge implications even beyond the pandemic.

Bill Walton ([43:37](#)):

Have you taken the vaccine?

Phil Kerpen ([43:39](#)):

I have not. But I will when I'm eligible.

Bill Walton ([43:41](#)):

Okay. Yeah. So no reason-

Phil Kerpen ([43:43](#)):

I'm not trying to skip the line though.

Bill Walton ([43:45](#)):

What about the anti-vaccine people. And there are a lot of people worried about... Of course the internet's filled with all sorts of-

Phil Kerpen ([43:51](#)):

Well I think that it's very important that it be a choice. We should never mandate, of course, anyone to inject something in their body they don't want to. And people have different risk profiles, and they need to trade these things off. Even a very safe vaccine does have some risk of adverse events. We've recognized that for a long time. That's why we have a vaccine-

Bill Walton ([44:10](#)):

Well that's true for all the flu vaccines.

Phil Kerpen ([44:13](#)):

Right. But that's why we have a vaccine liability trust fund. Nobody would produce them if they were going to be sued into oblivion for every adverse event, because you know there will be some. And so that's an inevitability. And I think if you're under age 20, and you're survival rate with the actual virus is 99.997%, I don't see what the appeal of the vaccine would be because what are you weighing the vaccine related against? If you're above age 70, I think it's a total no-brainer that you should want the vaccine. If you're in between, you've got to look at it and make that decision for yourself. So I think that we don't do anyone any favors if we say, "There's no risk at all. It's 100% safe." There's no such thing as that in life. But I do think it's got a pretty good safety profile from what we've seen. And compared to

the risk with the virus, if you're in a high-risk category, I think the vaccine makes all the sense in the world. If you're not, it's a little bit tougher.

Bill Walton ([45:10](#)):

Well we got a couple minutes to wrap up. And the thing that strikes me in listening to you and all the other people I've talked with about this is this has been sort of a death of common sense. I mean we took leave of our sense a year ago when we said, "This is the worst that's ever going to happen." It started with the modeling out of the Imperial College. But it seems to me the deep divide in the country of Trump versus the media elite. I mean that has driven a lot of the way this virus has played out and all the responses and all the lockdowns. And so the toxic mix of hyper partisan politics and this virus has produced just a catastrophic outcome.

Phil Kerpen ([45:59](#)):

Yeah I think that's right. The one thing I would add to that is there's psychological path dependency, by which I mean once people have sacrificed for months and months and months with themselves and their children and their families, they never want to believe it was for nothing. They want to think they did some great thing, that they accomplished something.

Bill Walton ([46:18](#)):

Yeah exactly.

Phil Kerpen ([46:19](#)):

I think a lot of people are incapable of recognizing that these measures didn't make a difference. They'll never admit it to themselves.

Bill Walton ([46:29](#)):

So when do we get out from under this? It's now February 2021. What's the world going to look like... I'm putting futurist into your resume here. What do we look like six months, 12 months from now?

Phil Kerpen ([46:44](#)):

I think that when we get to the point where everyone who wants the vaccine can get it, we need to pivot back to normal. And it's not that there won't be anyone who still gets this virus. Particularly it may recur, it may come back. We've had so many successive waves. I think we're at a real end of season now, but I could be wrong. It could surprise us. It could pop up again. Or it could recur seasonally next winter. But I think when you get to the point where you've done everything you can do. Everyone who wants the vaccine has it. Everyone then has to recognize that it's just a part of life to deal with rather than a pretext on which you need to shut everything down.

And so I think the key point where you really can't justify restrictions is when everyone who wants the vaccine can get it. Not when everyone's vaccinated. And if they try to make the standard some percentage of the population being vaccinated, that's going to be a problem because it will drag the thing on. But the key point for people who believe in freedom and choice is: If everyone who wants it has it, then anyone who chooses not to get it has made their own risk determination and they're responsible for the consequences. And we don't need to put a burden on the rest of the society.

Bill Walton ([48:10](#)):

Smart. I've been talking with Phil Kerpen, who is a generally brilliant editor of the Committee to Unleash Prosperity, and COVID expert, and also president of the American Commitment. And we've been talking about COVID. And I think Phil has really helped me understand the issues, and I appreciate you being here, Phil. This is great.

Phil Kerpen ([48:35](#)):

My pleasure.

Bill Walton ([48:36](#)):

Will you come back, and we can continue with the next chapter?

Phil Kerpen ([48:41](#)):

Yeah absolutely.

Bill Walton ([48:42](#)):

Okay great. Phil, thank you. And thank you. Thanks for listening. See you soon.

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