



## WiseLife™ Speaker Series Featuring Andy Slavitt | Transcript

April 23, 2020

Becky Krieger:

Good evening, everybody, and welcome to Accredited Investors' very first remote WiseLife. We are so thrilled that you are able to join us. My name is Becky Krieger, Managing Director of Client and Community Outreach joining you from Edina, Minnesota. We are so thankful for your time and this technology to keep us in close contact during a period of physical distancing. Tonight's event will feature a conversation with our CEO, Ross Levin, and a man named one of the top 10 most influential people in healthcare, Andy Slavitt.

I wanted to provide a couple of updates on our firm, which was founded 33 years ago by Ross Levin and Wil Heupel. Depending upon the day, we manage about \$2.2 billion of assets for 500 families. I wanted to share a couple of photos of our entire organization in our current setting, as you will see some familiar faces serving you in various roles across our entire organization. Our team of 52 employees is in week six of working from home and I am relieved to report that we are all healthy and managing as well as can be expected. Working remotely has taken its toll. We are a tight-knit group. We are missing face-to-face interaction. However, we have found an even greater sense of purpose and pride in the work that we do and just really appreciate you allowing us to go through this together.

With that, getting on to the program. I wanted to introduce to you our firm's CEO, Ross Levin. Ross is a regular columnist for The Minneapolis Star Tribune and Financial Advisor Magazine, as well as a highly sought-after speaker. Since this outbreak, Ross has put pen to paper crafting meaningful personal insights shared weekly on how to live through these unsettled times titled "Reflections From Ross". Ross is an industry pioneer with a dedication to giving back and improving the financial planning profession. He was the very first recipient of The Financial Planning Association's Heart of Financial Planning Award and the inaugural recipient of Financial Planning Magazine's Lifetime Achievement Award. Ross recently served as the Chair of the University of Minnesota Foundation and is currently an ambassador for The Certified Financial Planner Board of Standards in Washington, D.C.

Ross' guest this evening is Andy Slavitt. From 2015 to 2017, Andy served as the Acting Administrator for The Centers for Medicare and Medicaid Services under President Obama. Prior to that, Andy oversaw the successful turnaround of healthcare.gov and served as a Group Executive Vice President of Optum, which he grew from its inception to \$35 billion in revenue. Andy is currently Chair of United States of Care, which is a national nonprofit health think tank and advocacy organization that he founded to achieve full sustainable access to healthcare for all American families. He is also the Founder and General Partner of Town Hall Ventures, which invests in healthcare innovations in vulnerable communities.

Andy was named Top Political 50 and was named The Most Influential Healthcare Tweeter by Healthcare Dive. You can hear more from Andy after this evening on a regular basis by subscribing to his podcast titled In The Bubble, produced by Lemonada Media. With that, please join me in welcoming Ross Levin and Andy Slavitt.



**Accredited Investors**  
WEALTH MANAGEMENT®



Ross Levin:

Thank you, and now can you hear me? Great. Hi, Andy. How are you doing?

Andy Slavitt:

Good, Ross. How are you?

Ross Levin:

Hey, I'm doing well. Thank you for joining us. Hey, guys, we've got a tremendous crowd tonight. Becky, thank you for the introduction. I appreciate it. We have a tremendous audience tonight. I had no idea it was going to be such a draw, but I'm excited that we have everyone. Andy, you do a great job on Lemonada. I just got done listening to FiveThirtyEight, with Nate Silver. You even somehow Mooch palatable, which was shocking. It was a great program and I appreciate all you do for it with In The Bubble. It's a great program. I am what's called an Accelerator for that program, so I actually can email you questions and you might actually answer them.

Ross Levin:

Andy was the Head of the Centers for Medicare and Medicaid Services and the United States of Care is trying to bring healthcare to everyone. Andy, it's great to have you here. I know you're busy. Yesterday you were with Chris Cuomo on CNN for, what, an hour?

Andy Slavitt:

First Chris Hayes and then Chris Cuomo, yeah.

Ross Levin:

Yeah. Are you more nervous for this? Or were you more nervous for that?

Andy Slavitt:

Oh, this is terrifying.

Ross Levin:

Okay, great. What I'd like, Andy, to start, if you could please kind of just riff on how this thing started and where we're at and where it's going and what you've learned through the several months that we have been experiencing it. Then, I've got a bunch of different questions I want to ask you. Already, one of the audience people has asked a question.

Andy Slavitt:

Great, and everybody can hear me fine?



Ross Levin:

Yes.

Andy Slavitt:

Yes? Okay. Look, I know this is an extremely intelligent audience and you pay attention to the news, but I know we have various levels of information. The truth is that the most honest answer to every question at this point in time is probably, "I don't know." If you're not hearing that a lot, then it's because people are trying to fill in and speculate around a very early, early, early virus that we're just learning about. We know some things, a lot more we don't know. There's a lot more we think about, but 10 years from now, we'll look back on what we understand today and realize how wrong we are on so many things.

Andy Slavitt:

The hard part is we live in a world where you can get any bias you have or any opinion you have confirmed by the internet. I guarantee it, if you want to find some great reputable articles that say we are five year away from a vaccine, you can find them. If you want to find some articles which say we're six months away from the vaccine, you probably can find those. The truth is that we have a lot of hopes and emotions and fears at this time and so it's worthwhile to step back and understand what do we really understand here and what don't we.

Andy Slavitt:

Let me start with a few basics, which I know people understand but will be helpful. Number one, the fact that this is a novel virus, why is that important? It's important because none of us have immunity. It doesn't matter how much we work out, it doesn't matter how young, it doesn't matter how good looking. Ross, we just don't have immunity, sorry. Second is that it spreads in a way that is very, very difficult to manage. If this was chicken pox and we had some physical manifestation of the condition and we weren't going to be contagious until we got that, that'd be easy. It doesn't matter how contagious it is, you just stay at home and you don't let people go to work. Likewise, with the flu, people generally know they're sick. Here, we believe, and we don't know for sure, we believe about 40% of people who have coronavirus never have any symptoms. 90% of kids who have coronavirus never have any symptoms.

Andy Slavitt:

On one end you could say, "Oh, that's great. That means it's not as deadly." On the other hand, it means that this is a virus that finds a friendly host and the host, to the extent that they're out among people, can spread this very fast. Ross and your financial teams have all touched on the power of compounding over time but think about compounding in this situation. If the average spread rate, or R, but let's just call it the spread rate, is between two and three, so that means that if you have it, whether you know you have it or you don't, you spread it to an average of 2.3 people over the course of a couple of days.



Andy Slavitt:

If you go through that 10 generations, that means if you have it, don't know it, in fact, the average number of people and they all infect the average number of people, within about a month, you've infected 4,100 people. Now, the reason why we're staying home and socially distancing is because the power that compounding is pretty amazing. If instead of 2.3 spread it was 1.3, then after 10 cycles you don't infect 4100 people, you infect 14 people. With a case fatality rate or a death rate that's probably going to end up being about 1%, maybe a little bit more, that's 41 people out of the 4100 people that are infected that die. 80% of the people who get this don't know where they get it from.

Andy Slavitt:

Inadvertently, people who are asymptomatic, go out in public and the bug spreads really in a very tricky way, then. First of all, we covered that people are asymptomatic. Secondly, people who are asymptomatic are contagious for about five days before they know they have symptoms. Then, this spreads with a little speck that gets either lodged typically in your nostril or your throat. It has the appearance of attacking your lungs. What we're increasingly learning is it's not a lung disease. It may actually be more of a cardiac disease, it may be more of a kidney disease, it may be more of a gut disease, it may be more of a brain disease, because we're finding that increasingly that little speck when it gets inside of your body and it does go to your lungs first, attacks a lot of organ systems.

Andy Slavitt:

As a result of that, there are a fair number of people to whom this is a very lethal bug. Thing about it, it's like a Stephen King book. It travels around inside of people invisibly until you interact with somebody to whom it becomes lethal. Generally speaking, those are older people, and by older people it's a scale. It's not like old or young. If people my age of 53, it's got about a three to four percent lethality rate. By the time you get to be 80, it has about a 20% lethality rate. If you're a kid, it has 0.0%, 0.1%. It sort of marches through that, but also people who are carrying a little extra weight or diabetic or have high blood pressure or have any one of a number of other conditions, typically cardiac or metabolic, more so than lung conditions it turns out. We don't know anything for sure, but that's what it appears.

Andy Slavitt:

That makes it a very tricky disease or tricky virus to fight because you have to take all kinds of measures that we don't normally take. If you can contain the virus and stop it from an outbreak, then, like South Korea has, then you can essentially manage small outbreaks. The U.S. unfortunately, as you all know, wasn't able to do that. If people want to talk about why that is we can, but I'm going to put that to the side because it's already happened. Given that that's the case, how we've responded has been, I think, pretty important. The first thing is that the greatest risk that we face that I believe we've overcome is this risk that people are going to die with this virus, and that's sad, but it's one thing to die from pneumonia or some of the effects of the virus. It's another thing to die because you can't get a hospital bed or a ventilator or there's not enough nurse staffing or doctor staffing.



Andy Slavitt:

We, because I think of the amazing, amazing coming together of the public in a way that I don't think I could have ever predicted, we actually probably dodged that bullet and that would have driven the fatality rate from 1% to two, three, four percent. It would have been probably the first significant time in this country that people were dying because we couldn't get people the resources they needed. I think that's great and there's a poll out this morning that we put in the ground that actually is really encouraging news. It says that 80% of the public believes that they would like to continue social distancing until such time that things are fixed and that are better.

Andy Slavitt:

As we talk about the economy, one of the things that we're going to talk about is, did the politicians shut down the economy? Or did we shut down the economy? I would argue we shut down the economy. I would argue that consumers are not by and large comfortable spending. Businesses are by and large not comfortable hiring and making investments, and so we are in a space where government spending is really going to be carrying a significant load and let alone not even talking about trade. This question about where we go next is sometimes framed as, "Well, should we do what's right for the economy? Or do what's right for public health?"

Andy Slavitt:

I wish that was the choice, I really do. It's not really the choice. I don't think without an effective public health response, I don't think many of the world markets, many of the employers, many public earnings, much consumer spending really comes back, and I think that's part of what President Trump had to be told. Now, he's going to try to get the economy to come back and have a story to come back more quickly, but it's going to be awfully hard to do until we have a public health solution, which is not to say that there isn't still a big dilemma facing the country and many policymakers.

Andy Slavitt:

There is because even if you put aside the economy, which is got as much of a negative impact on people as public health does, you've got the sociological effects of staying at home over the summer and not sending your kids to school or college, not dealing with other medical conditions. The mental health and anxiety issues. These are real. Those are not illegitimate concerns, and so any politician who expresses anticipation, one, in opening up their state more quickly, I understand that. These political leaders are not facing good choices. They're all facing what we classically call a dilemma. They're kind of damned if they do and damned if they don't. Everything about the way we respond to the crisis should acknowledge we are going to be figuring that stuff out.

Andy Slavitt:

Now, there's a few important initiatives that are underway and I think all of them are linked, but with some heroism and some effort and the right focus, I think we're making progress. One we talked about already, which is the capacity of our medical system, I think we did a good job getting ourselves through



the first wave. We're not done with that, but we have manufactured the ventilator capacity. Hopefully we'll have the personal protective equipment. My biggest worry on that side is our workforce, the healthcare workforce. We've put them in harm's way in scary situations. Many of them have gotten sick, so that's a big focal area.

Andy Slavitt:

Number two is the places that are most likely to be hot spots and the places where there's likely to be the most deaths. If you look at this in the most simplistic way possible, what we're doing here in our public response is just trying to reduce the death count. If you're trying to reduce the death count, start with the places that have the most risks of becoming hot spots and having the most deaths. Start with nursing homes, start with public housing, jails, prisons, immigration detention centers, lower income communities, people live in multi-generational households.

Andy Slavitt:

Those are areas... Factories where people have to work in close quarters like food processing and so forth. All of those are things where we should have a big public health response. We do not do good infection control in those areas to begin with, but for a period of time when we're dealing with this virus, even as many of us try to get back into some sort of normal capacity of living, it's going to still be dangerous for those folks except people that are essential workers are forced to live with whatever policies come out of their state or whatever unsafe behaviors people have. That's second.

Andy Slavitt:

Third is giving the states and Minnesota the tools to not eliminate COVID-19 but to contain it when it pops up as much as possible. You can do the best job in the world here in Minnesota or in any other state. I don't know if everybody online is in Minnesota, but wherever you live, you can do the best job in the world, but as soon as someone drives across from Iowa, those kinds of events can have really significant impacts on the spread. What you want to be able to do is you want to be able to stop it when it's eight people instead of when it's 80 or 800 or 8,000 people. Because it's has the kind of attributes we talked about earlier, just when you think you've beaten it, there's a two-week lag before you find out that actually it's been kicking your butt for those two weeks.

Andy Slavitt:

If you have the kind of political leaders that are incapable of thinking in compound sentences but only think, "Hey, I see what I see, therefore we open up", that's not going to be the wisest approach. You need public health leaders, and Jan Malcolm, who I talked to this morning, is our Health Commissioner, she's one of them. She's very good. She's going to advise Walz wisely. This is not going to be about not taking any risks. This is going to be about figuring out how to balance the lives that people want to lead and need to lead and have the economy move along at some pace versus kind of the perfect public health solution.



Andy Slavitt:

This is a liberal democracy. We all want to think for ourselves. We all believe in freedom or "freedom", whichever way you look at it. We're used to all getting what we want, when we want it. We're not used to a lot of sustained sacrifice, and indeed it is hard on people, but if we have adequate testing, which we don't yet, and if we have the ability to do contact tracing, which is when you find someone who tests negative, or positive, to be able to track where they've interacted. Those are important tools and all of the states are working on those tools. We're just running behind. These are things we should have done a couple of months ago. We didn't and, again, why we didn't is probably less material at this point. It'll be the subject of not the contemporaneous accounts on cable TV but the historical accounts when people look back at it.

Andy Slavitt:

We have a change still, I think, to... I guess I'll just maybe one more point and then I'll turn it back to you, Ross, which is kind of, what's the scientific progress we need to make? While we are staying home, what are we doing? Well, one, we're giving a break to the healthcare workforce to really help them get through this. Second, we're giving our scientists time to do some work. When I say we're behind, let me be even more explicit of what I mean by that. We've all been behind in stuff before. When we stay up lake, we work weekends, we do the extra thing necessary to catch up, but that's when we're checking something that's linear. We're tracking something exponential, as I said earlier.

Andy Slavitt:

When you're chasing something that's growing exponential, it's kind of like being in Lake Minnetonka and swimming after a speedboat. It's 15 feet ahead of you when you started swimming. By the time you get 15 feet, it's a hundred feet ahead of you. All our government's responses around testing and all those things, they look incompetent just because of what they're chasing and the size of the crisis. The truth is, they're making amazing, rapid progress on all of these fronts and they're doing some heroic things in the East Coast because they didn't plan well enough. The West Coast, they actually planned better, got in front of it, prevented it and they're not needing to do quite as much heroics.

Andy Slavitt:

The kind of scientific things that we'll be looking for, one, are the diagnostics and there's two types of diagnostics. There's, "Do you have it? Did you have it?" Second are therapeutics, and there are going to be lots and lots of data and lots and lots of work done to try to figure out therapeutics there. Some people who believe therapeutics are more important than a vaccine here. Some people who have spent time studying other infectious diseases like HIV where you don't have a vaccine but you now have effective therapeutics.

Andy Slavitt:

Certainly, vaccine development, and vaccine development, as I say, there's a lot of uncertainty. You'll read stories every day and if you choose to follow the bouncing ball of the data, it'll feel like you're seeing



great news, bad news, great news, bad news because that's the process of science. The truth is, I wouldn't get too hooked on any of those points of view until we let a little bit of the water run. I'll stop there with that lay down and see which direction you want to go.

Ross Levin:

Okay. Thanks, Andy. That's a great start. I have a couple of questions. First, on the diagnostics, University of Minnesota and the Mayo both have come out with some things, and Governor Walz announced an ambitious objective of 20,000 tests. Tell me a little bit about what's going on with the diagnostic side and what you're seeing maybe from what the university's provided and what the Mayo's done. Why are we so far behind on this whole diagnostic work?

Andy Slavitt:

Well, if I'm being totally honest, Minnesota's really behind and I think we let the Mayo and the University of Minnesota squabble without as much direction as we should have. Look, the element to this test are you need something to be able to take the test. There's now a saliva test, but there's this swab applicators. You need the ability, then, to put these tests rapidly into a machine and with some chemicals which they call reagents, which I'm sure everybody's become way too familiar with and get a result. Generally speaking, you've got about a 73% accuracy level, so people may need to take the test multiple times

Andy Slavitt:

The most important people to test have been the front line healthcare workers and people with severe symptoms. The advice to people has been if you don't have severe symptoms, assume you have it, stay home, et cetera. That's really not a good place to be and what you want to be able to do is you want to be able to test not only those people, you want to test anybody with the symptoms, severe or otherwise. Then, you want to be able to test a sample of the asymptomatic population so you can track the disease and see where it's going.

Andy Slavitt:

The truth is, I think the labs... How do I say this? People didn't send the labs the right demand signals, so I advised the Trump Administration early on to just basically announce the price and backstop the order of enough tests for everybody in the country and then those labs would start moving. Labs are still running at lower than full capacity. There's load balancing issues where some labs have some of the things they need and other labs have other things they need. The FDA, when they approved these things they approved them for a perfect world, so you need to use the exact perfect swab with the exact perfect chemical, get perfect machine.

Andy Slavitt:

The truth is anybody in these labs will tell you that you can mix and match a lot more. All of those things were not getting done because, quite honestly, of commercial interest, and commercial interests as well as people who were really like, "Hey, I don't want to produce these tests unless I'm sure I'm getting





money", et cetera, et cetera. I think Minnesota's gotten past that, although they should have been able to get past it two weeks ago. We're going to sort of have to see. It's critically important for us to be moving on those things. Jan told me this morning she thinks they finally got there.

Ross Levin:

Wow. Tell me a little bit about on this contact tracing thing. We all know big data and we know that Target knows when someone's pregnant before their spouse does. Why is that such a...

Andy Slavitt:

I think the spouse is going to have an idea, though.

Ross Levin:

It's...

Andy Slavitt:

From what I remember from learning that stuff in eighth grade, I thought...

Ross Levin:

You went to school in Chicago, so you learned it earlier than I did.

Andy Slavitt:

Yeah, we were fast. We were fast.

Ross Levin:

You were fast.

Andy Slavitt:

Yeah, yeah. I worked with Google and Apple to see if they would build a platform, which they since announced because over 90% of the people have either the iOS or the Android or their phone with Bluetooth to be able to tell whether or not people are in close enough contact with somebody. I don't believe that's going to be the solution, even though I spent a bunch of time on it and here's why. Those firms were very concerned about the damage to their reputation from a privacy standpoint from doing this. The public is pretty concerned about those issues. Now, just over half of the public, if you ask them, "Would you use something like this?", says they would. If you sell them on it and explain the purpose, it allows you to get back to work, it increases a little bit to like six out of 10. The only way that this is going to work is with an opt-in.



Andy Slavitt:

Now, if it was opt-out, in other words, "Sorry, guys, we all have to do this", like they've done in South Korea and in China, it could be much more effective, but instead, it's going to be opt-in, and if it's opt-in then that means at a very high rate you probably have 40% of the public opt-in. Because you need both parties, the affected party and the contacts to opt-in, that means you only have about 16% effectiveness. It's really going to be much more... The technology can help and certainly can help remind you, Ross, like if you're told, "As of two days ago, you were infectious."

Andy Slavitt:

It may help you track, "Who did I see in the last two days?" There may be some useful software for you if you were so inclined to use it, but the truth is you're going to need about 150,000 public health professionals around the country to actually do the contact tracing work because it is, depending on where you are, it could be incredibly complex. It's about 11-person days per person per new case to do new contact tracing.

Ross Levin:

Wow, wow. Would you tell me a little bit about... You can't do double-blind studies on this. We have a little bit of information. We saw what happened in California when Gavin Newsom closed things very quickly and six days later New York did it. We saw a difference there. You've seen what's happened in Sweden. I'm just curious what you feel like we do know for sure as far as either the social distancing, the stay-in-place. Do we have any information or data that we can count on?

Andy Slavitt:

That's a great plug for The In The Bubble Podcast that Nate Silver just did with us because that's exactly what I asked Nate. He really reminds me how much our own biases go into all of these things, whether it's our emotional biases or our intellectual biases because I said to him, I said, "Look, I charted this out and when California and New York each had a hundred cases, California clamped down six days prior to when New York clamped down. Now, New York has... At that point it was like 170,000 cases and California had 17,000 cases. I said, "That six days accounts for the difference." He said, "Yeah, maybe, but maybe not." He said, "You know, Andy, this could be a single super spreader who decided to take a vacation in New York instead of California."

Andy Slavitt:

If you look at the way these hot spots work and sort of the rate of spread, there's a lot of random factors involved. We do know that social distancing absolutely works because in New York, it brought the infection rate from in the twos to in the ones, and now it's under one. The math on killing a virus is if you can get the spread rate, the infection rate to be less than one, the bug is dying. Now, if it's .9, it's going to die slowly. If it's .3, it's going to die quickly. There's two ways to get it under one. One is reduce the number of people you come in contact with, and the second is what we all know as herd immunity, mainly



the percentage of the population that has had the virus and is immune from it. There are some questions there which we can talk about.

Andy Slavitt:

In New York, they think maybe 25% of the public may have been infected already, and so if the average person's infecting just over one person and then only 75% of the people are susceptible, that's how that happens. There's no place besides New York that has much herd immunity at this point very likely, and the most I can imagine the herd immunity rate being across the country is two, three percent and will need to be much higher for that to be the case. We do know that social distancing works. We know that a combination of hand washing, masks, particularly if you touch hard surfaces, and then, of course, being in close contact communication in big crowds, those are obviously things that if you avoid those, the contact rate does go down.

Ross Levin:

When you talk about herd immunity, we don't know that much about immunity with this virus. Or do we?

Andy Slavitt:

We don't, and again, this is a place where you'll get a lot of opinions. I do a call a couple of nights a week with some of the top epidemiologists, the Homeland Security experts, and risk managers in the country and I got to tell you, like even with really super smart people, they don't agree on much of anything. I mean, there's vast differences of opinion based upon small assumption changes, but most people, most of them believe that there is some immunity. There's no evidence that there's not immunity. There's a lot of anecdotal pieces that get published about someone got re-infected, which could honestly mean that the disease just went up and down. It very unlikely means that they got re-infected.

Andy Slavitt:

We don't know how long the immunity lasts. It's probably not a lifetime. The question is, is it longer than a year? Less than a year? Honestly, you could read a story which tells you all of them, all of those things. Every paper you read at this point in time has not been peer reviewed. People don't publish it unless it's interesting. When you read something which says, "Oh my God, 14 people in California, blah, blah, blah, blah, blah", you can choose to pay attention to that and have it fit your own narrative, or you can understand that it's just a grain of sand. We don't know yet. We're going to figure these things out, but I think it's likely there is some immunity.

Andy Slavitt:

If there's not immunity, if there's no immunity, then that still doesn't mean you give no answers, but it may mean mandatory masks, it may mean some other types of things, but I don't think we're there.



Ross Levin:

Right, but it's interesting, though, because when you talk about if we don't know immunity and we don't have a vaccine and we're saying open up the economy, like you said, a lot of people are going to select out. We know even here, there will be people... If we have rolling people coming in to work, some people will feel uncomfortable coming into work and some people will feel more comfortable coming into work. It's a huge self-selection challenge.

Andy Slavitt:

What we're doing is we're also making decisions on behalf of the essential workforce, largely black and brown workforce, low-income people, and elderly people because if we decide we're not... This is kind of the interesting about the bug is that the people who are like my kids' age, they're very unlikely to get sick from it. They're likely to feel cooped up by this and they'd just be spreaders. If we make decisions to say, "Let's throw caution to the wind", it may not cost them, but it may, in fact, cost the people working in the grocery store. It may affect the people who are living with their parents or their grandparents at home. We have to be thinking about that way.

Andy Slavitt:

There are safe ways to do things. I spent some time with Chef Jose Andres yesterday talking about, among other things, can you open a restaurant safely?" Of course, we're not trying to be risk free. We don't live our lives risk free. We're just trying to take smart risks. If a restaurant opened and had the proper distance and it had its bar closed and had rotated tables in, there's going to be some kind of different types of experiments.

Andy Slavitt:

Now, that versus going to a Vikings game and sitting with a million people screaming and yelling and so forth, different levels of risk. You can be sure that if after that Vikings game, there would be hot spots. It would be spread and you'd be tracking and tracing it for quite a long time, whereas if you did something like you went to a Fourth of July barbecue or you did something that had a little more control and you were being safe about it, there's much less... Again, you don't have to get the risk down to zero. You got to decide your own risk tolerance. Politicians can't decide it for us, but we're going to have to find a balance. We're going to have to find a way to live the best way we can.

Ross Levin:

Can we talk a little bit about the vaccine? I'm just curious about this stuff. Vaccines in general from an economic standpoint haven't been very economical for the drug companies to come up with vaccines often the case. In this situation, I'm just curious what has to happen in order for a vaccine to be created. Who's going to do it? Is it going to be Bill Gates? Who's going to be funding for it? Where is the money going to be coming from? Is it really realistic to assume we're going to have one?



Andy Slavitt:

I don't think that the economics are the issue. I think it's whether one can be done safely and effectively. Look, the good news is we've got a bunch of lines in the water, right?

Andy Slavitt:

We're not trying one approach. We've got a bunch of different drug companies. We've got a bunch of different science going and so there's a whole lot of approaches. There's websites. You can read about all of them. I'm not sure I would advise that, but you can if you'd like. There's sort of three things you've got to do with a vaccine. One of them is, does it work? One of them is it safe? The other is, can you produce it and distribute it? All three of those are hard in different ways. Let's just focus on the is it safe part, because people want to know, why does it take so long? If you're going to inject a couple a couple hundred million Americans with something, you probably want to know that it's not going to be worse than... You kill tens of millions of people or have them take the wrong doses.

Andy Slavitt:

The reason the vaccines often take a long time is you want people to live with them in their body for a while. First one, animals, we skipped that, then you want humans and you want them to live with it for a while. We're rushing through a lot of that, but you don't want to rush it too fast. If someone said, "Hey, Ross, I've got a vaccine tomorrow. Do you want it?" I would tell you, "You know what? Maybe I want to wait a little bit. I may not want to be the first guy to do it." If we're sitting here a few months and we've got a massive second wave and we have a vaccine, we know it's safe, but we're not sure if it works or not, you'd give it to all of your frontline hospital workers and healthcare workers and nursing home folks because, not to sound like the President, but what do you have to lose at that point?

Andy Slavitt:

Then, to manufacture and distribute the thing, it depends if it's a live vaccine, it depends if it's in a shot or a patch or what have you, but it's no easy process. Now, Gates has started thinking about that already in parallel. The Gates Foundation is investing in figuring out how to do the manufacturing and the scaling while all of that's being worked out. I'm not quite sure how he's doing it, but I know he's investing in it. I don't want to... I'd say if things went well and you'd say, "You know what? After someone lives with it for a year, it's safe", and then you start manufacturing it and distributing it and you were getting it to people on the order of risk, that's another six months easy.

Andy Slavitt:

Again, it depends on what you want to believe. I talked to a guy who cured smallpox who told me that there's an angle to do it in four months. I just talked to somebody who is one of the leading public health officials in the country who told me he doesn't think it can be done in five years. That's how science works. It sounds weird to me because I'm not a science person. It sounds weird to a lot of us because you're used to having some confidence intervals, but at this point of time, there's way more variables than there are answers.



Ross Levin:

You know, we're getting a lot of questions about the testing and especially what you said about the vaccine. I'm just curious, if you could give a bottom line, what's the truth about the availability of testing for the infection and testing for the antibodies and the scalability of both of those things?

Andy Slavitt:

Yeah. I'm going to plug this in while we're talking, so if you get dizzy, just close your eyes.

Ross Levin:

Is that the NFL Draft? Or what are you plugging in?

Andy Slavitt:

The laptop is running out.

Ross Levin:

Oh, okay.

Andy Slavitt:

Is the NFL Draft tonight?

Ross Levin:

Yeah. I can't tell you who the Bears are taking.

Andy Slavitt:

Yeah, that'd be good to know. All right, now we're here with my TV background. Yeah, okay. The availability of testing, we're producing about a million tests a week across the country. We need to be producing at least a million a day. There is I think a... I put a couple of people in the White House to work on testing who are really good at this and I think there's like two types of efforts. There's kind of like the blocking and tackling stuff, and I think with the blocking and tackling stuff, I could easily see us getting to two and a half to 3 million tests a week. The White House team did some back of the envelope which said that they thought if we optimized, just to take your football analogy, if we optimized our ground game, we could maybe get to 3.5 million by the end of the summer.

Andy Slavitt:

Then, we need the long passes, which are the CRISPR technology. There's some companies that are making really high-speed machines. There's the home testing kits, which some of which will work and some which won't. Then, they'll need to scale, but here's the context I think I'd want to give people is the lab industry has been historically about one of us going and getting our cholesterol checked once a year.



We never expected labs to do a million of those a week. To some extent, when people are frustrated, apart from their frustrated because the President and the Vice President have not been telling the truth all of the time. If that surprises people, I'm sorry, and if people disagree with me, I'm not trying to say that politically because I've been working with the White House on this and some things they're doing fine and some things they're not. Transparency's not been the strong suit so far.

Andy Slavitt:

That's been confusing. There is an opportunity to do much more testing, but I'll go back and say when this thing started, our goal was to get to three weeks in to get to 10,000 tests a week, then 30, then we were at 50. Getting to a million, which is far short of where we need to be, is in another context if we weren't in the middle of a crisis, is quite an incredible ramp. Me being critical of Mayo and the U for two weeks of squabbling, in a normal world, we're not in the middle of a crisis, then, they move fast. They're all over it, but in a world where everything counts because, again, you've got exponential growth and every day doesn't just come like a normal day, the numbers in Minnesota, they're climbing. They're not heading in the right direction and they're climbing fast.

Andy Slavitt:

When people squabble for two weeks, it's frustrating. On the other hand, in another context, I think people have done quite good work.

Ross Levin:

Is there any amount of money that the government can throw at this in order to either boost the economy or work on the virus?

Andy Slavitt:

My sense is that they can't afford not to. I mean, look, the Fed can buy anything it wants and it'll presumably buy the muni bonds... When Mitch McConnell says that states should declare bankruptcy, that's kind of dangerous talk and hopefully cooler heads will prevail and hopefully that's just sort of negotiating tactics. The states are really in a place where they need significant funds, the hospitals, because of no elective surgeries, and those aren't going to bounce back. People aren't going to be running back in the hospitals just because they start to opening it. There's going to need to be a lot of financial support, and then consumer spending will be down, unemployment high. Businesses won't be investing, their earnings are going to be by and large awful as all of you can expect. Trade will be weird.

Andy Slavitt:

The government's going to need to do that. Here's another plug for In The Bubble Podcast is I had Anthony Scaramucci on on Monday and I asked him that question. "How much can we afford to spend?" He and I were both on TV saying that the stimulus that has been put forward is too light to get Americans through this. We both gotten there in slightly different ways but we've gotten to pretty similar numbers. His view is, and you will have a better view on this and opinion on this, but his view is he's not worried



about inflation. He thinks we can print the money we need and that we've had actually a lot of deflationary pressures, witness oil and everything else around the globe, which should make things easier.

Andy Slavitt:

The fact is we're about 35% of GDP now is government spending. The highest we've ever had it, I think, was World War II, where it was 40%. If GDP goes down by 20% this quarter, which is about what I'm seeing estimates of and if we need to put another two or three trillion on the balance sheet, we're going to have record both from a debt standpoint and from a government spending standpoint. You go, "Wow, that's scary", and for people who are like probably most of us used to seeing those numbers, and not actually controlled but in some range, it's going to look scary, but so is a depression, so is millions of deaths, so are all of the things that would come from us not doing it.

Andy Slavitt:

No one's in a position to say whether we're going to have a U-shaped or V-shaped recovery. I think it's hard for me to imagine this sort of V-shape that Trump talks about that he'd like to see. We'd all love to see it, but given kind of the outlook on the public health side, it seems hard to believe. On the other hand, I can imagine much more domestic manufacturing in the future. A lot of industries that were... Hopefully we don't totally over-tilt from globalization to the other direction. Nobody wants that or, actually, some people want that, but I'm not sure that's healthy. Being more self-sufficient particularly for critical things like medications and the equipment and the kind of things that we need here.

Andy Slavitt:

There'll be things that'll boost the economy. As everyone remembers from 2008 and prior periods, it takes a while, but the underlying resiliency of the workforce, the productivity, the innovation, like all of those ingredients that were there before are going to be there again.

Ross Levin:

Five years from now when you're looking back over this time, in order for us to get out of this the way that you would have liked to have seen, what do you think things would look like? What would have happened? How long would we have been isolated? What would have happened with all of the different factors that come into play?

Andy Slavitt:

That's a great question. I think there are two things really that matter at the bottom line. One is, how many people did we lose? I think the other is it's going to be maybe a different kind of answer than you anticipate when you asked the question, but what did we all do during this time period? There are a lot of instincts that all of us have, including me, that are self-protective and selfish. You want to go behind the guarded gate. You want it to be the other. Those are human reactions when you feel the kind of fear and uncertainty and lack of context that everybody feels. I don't think, thankfully, that's how the country's





been reacting so far. The stories, the heroism, the neighbor supporting neighbor, people supporting their healthcare workers and our scientists.

Andy Slavitt:

That's the kind of stuff that will get us through and we'll look back on this era and say, "You know, it was challenging, it was a sacrifice, a lot like other eras in our history, but we rallied and got through this. I really believe that if people are made to feel like things are being taken from them and they're being forced to stay home and they're scared, information is not shared with them, they won't be able to keep it up and it'll feel terrible. If people feel like they're part of the solution, that by what we're doing we're all contributing to saving lives and we all find a way to contribute in this thing, then the time will pass. The reality is if it's 18 months, you can look at that and go, "Wow, that's forever", unless you look backwards, in which case 18 months seems like no time.

Ross Levin:

Right.

Andy Slavitt:

Right?

Ross Levin:

Well, when you go back to the Great Recession of 2007 to 2009, that was 17 months from top to bottom. It felt like forever when you were in it.

Andy Slavitt:

Right. I mean, an 18-month-old baby doesn't know anything, so what can happen? Right? It's nothing. It's just a lot of that is the perspective. No offense to 18-month-old babies who are on the phone, but it is important that we realize how much of this we can all influence. Whether we are thrilled with our political leaders or disappointed with our political leaders, the good news is they're not the ones who are going to ultimately decide in the outcome here. They can certainly help, they can certainly hurt, and they're imperfect. In fact, even if we loved them they'd screw up because this is really hard and they've got a lot of tough choices to make. In that respect, I think looking back on this and saying, "We made the most of this period. We didn't lose a lot of people to suicide." That's something I look at.

Andy Slavitt:

If I thought, "Here's the things that I looked at that that would make me upset", we lost a lot of people to mental illness and weren't helping. We lost a lot of healthcare workers because we didn't protect them and didn't offer them the help that they needed. There were disproportionate deaths in the poor communities, black community, brown community, nursing homes. I'm going to write this piece that I've



talked about today on this meeting with a bunch of experts which is ultimately my view on this is, will it be like the crack epidemic or the opioid epidemic? Let me tell you what I mean by that.

Andy Slavitt:

The crack epidemic, and people may not agree with me, this is just my perspective, the crack epidemic happened to other people. We felt like a little bit detached from it and our policy response to the crack epidemic reflected that it didn't feel like it was happening to us. It felt like happening to people who made a choice that was bad for them and tough for them and we criminalized and all of that. The opioid epidemic felt like it happened to us, people we know, people in our communities, people in our worlds, and therefore our policy response and our empathy response has been very different.

Andy Slavitt:

At the end of this, if COVID-19 feels like the crack epidemic, i.e., a lot of lower income, older people died but most of us who have any means were able to do it okay, our policy response will be less and I think it will be more of a stain on this period of our history in my opinion. Now, obviously, that's just my opinion and I don't have any monopoly on this at all, but on the other hand, if this feels like the opioid epidemic, and right now 40% of people according to the poll that came out this morning, 40% of the people say they know somebody who's had COVID-19 and 9% of people say they know someone who's died from COVID-19.

Andy Slavitt:

If that 9% number, and who knows what's going to happen, if that 9% number becomes 50%, I think our policy response will be better, sadly, because I think it takes personal experience for a lot of people to move the needle. A good policy response will be, among many other things, that we really invest in public health and infrastructure, we invest in prevention. We take care and fix some of the things that caused certain populations to be hurt by it.

Ross Levin:

Well, Andy, I think need to wrap up here. I think that Becky appeared on the screen. Is Becky there yet? Okay, well-

Becky Krieger:

I'm here.

Ross Levin:

This was terrific, Andy. I really appreciate it. I know there was a lot more questions that people had. I really appreciate your time. You are what is known as a helper. You have done a lot for the country and you're dedicating a lot of your time. I know you're a huge basketball fan. I call you the John Stockton of public



health. He was the all-time leader in assists in the NBA. Let me ask you just one quick question before Becky takes over, and that is, what have you learned about yourself through this?

Andy Slavitt:

You know, it's a good question. First of all on a personal level, we have two boys and I think I know some of you on the phone and some of you know my wife, Lana. If I'm the John Stockton, she's Karl Malone and the rest of the team put together. We have a senior in college, a senior in high school. They were about to go, one off to college, one off into the world, and now they're at home with us. It sucks for them, great for us. I mean, there's a long list of people they'd rather spend their time with than their parents, but when we're the only people on the list, that's great time for us. I say this because we should all look for the good spots. That's a really joyful spot for us. My younger son had the idea for this podcast, so I think there's good times out of any time if you make them.

Andy Slavitt:

A second thing is I'm probably more built for a crisis than I am for other times. I led the turnaround to the Affordable Care Act website. I think so, I think my learning about myself is that and you said the helper thing, which I think is a huge compliment and I really appreciate it. I don't think there's a higher purpose for me than feeling like you help somebody, and I don't think that's unique to me. I think probably every single person on this call knows that feeling and feels that way. It's entirely a selfish feeling. People do it because it feels good for them to feel like they got a purpose.

Andy Slavitt:

I'm certainly there and where something falls into the area where I think I can be helpful, then great, I've got a purpose. If life doesn't need you as much or you feel like the stuff you're doing isn't as helpful to people, it's not as... I'm probably finding a more enriching time. At the same time, Karl Towns lost his Mom. Peggy lost her brother. Elizabeth Warren is a good friend who just lost her brother. These are sad times. They're sad times for so many people, and so I just have to say that they're primarily sad times, and so finding meaning out of it isn't something we should feel bad about. We should find meaning and joy and purpose and like that.

Andy Slavitt:

Look, I'm no self-help person, no guru or anything like that. I could just say that these periods of time have lots of important moments in them and I hope that everybody on the phone finds as many of the good ones as humanly possible and avoids all of the bad ones as much as possible. I wish everybody the best of luck.



Becky Krieger:

Thank you. Well, with that, thank you, Andy. Great insight. Thank you, Ross. We got to a few of our questions tonight. There's a handful that we didn't have time for. Andy, maybe we'll try to connect with you after a little bit and get some insight we can share with a few of our guests. We'd really appreciate that and so thank you.

Andy Slavitt:

Anytime.