

**Adam:** 00:00:00 All right. I'm on with Ben Hunt. Ben, welcome.

**Ben:** 00:00:05 Thank you Adam.

#### Backgrounder

**Adam:** 00:00:05 I feel like it's been a little over a year, I think, since we were together under similar circumstances, more of a one-on-one type of chat. I actually think we had an occasion for you to be in the office. This would have been sort of late February of 2020, right? You were in Toronto for a dinner, I think.

**Ben:** 00:00:29 Yep. And I think I was like the last plane out of Toronto the next day before COVID totally shut everything down. Yeah, that was -- And the scene at the Toronto Airport was pretty striking. It had that *Fall of Saigon* kind of feel to it, not going to lie.

**Adam:** 00:00:52 Yeah. No, that's a really good metaphor, actually. And I remember that week so vividly. And I remember even the weeks leading up to it, I was very unconvinced and then we went to this dinner and stayed afterwards and had some drinks and had a nice, heated discussion about all of the different factors that were at play. And I left there and woke up the next morning feeling very receptive to the fact that this was a much bigger deal than I had given credit to previously.

And then we got together the next day for a more comprehensive chat. And then I think it was either that day or the day after that the NBA shut down the season. Tom Hanks and his wife admitted to having it. And that seemed to set off this chain reaction, which was much more of an awareness or attention type of phenomenon than anything related to the virus itself.

**Ben:** 00:01:49 True story, I was the one, I know this sounds nuts, but it's actually true. I was the one who broke on Twitter the news that the Denver Nuggets player was COVID positive and was shut in. It's crazy anyway. They were playing the Houston Rockets and a good friend of mine is very close to some of the Rockets players and fans. So, for whatever reason, that information got to me. So, I scooped all ... and all the other kind of ESPN reporters, I scooped them by about ten minutes by tweeting out that dude was out and it was because of COVID. And that led to the shutdown of the season. So, I don't know, it was crazy times, right? Crazy times. And it is hard to believe that was only a year ago, or a year and a half ago, year and a half ago.

#### Science vs Policy

**Adam:** 00:02:40 I know. Yeah. Some years contain decades. I would love to sort of start off by setting the table because I reached out to you to have this conversation. It was very, it felt very urgent about needing to have a debriefing. Because you were the one that sort of helped to shepherd in my own awareness of the seriousness of this pandemic early on. And since that time, really up until maybe six weeks, eight weeks ago, I was fully onboard. I was 100% in the camp of let's do

everything we can to flatten the curve, let's do everything we can to roll out as many vaccines as possible, as broadly as possible, as quickly as possible.

You know, I was admiring your sort of Greenfield's efforts to distribute masks and fully in favor of mask protocols and lockdowns, and flight cancellations or banning flights from different regions in order to contain the spread of the virus. And just in the last six to eight weeks, I began to feel frustrated with what I perceive as a lack of progress. Not so much in the science, if you want to dig into that, and I'm trying to use science as like lowercase science as in the pursuit of empirical truth, right.

**Ben:** 00:04:25

Sure, for sure.

**Adam:** 00:04:28

And not the sort of politically loaded because science... The science seems to be continuing. We've got all kinds of really interesting, helpful papers that are coming out. There's a really comprehensive study out of Sweden. They've got really excellent data. I hope you've seen that study or a summary of it or a reference to it. But there's been a variety of really great research that's come out over the last six months to a year that's helped those of us who are inclined to dig into the details to wrap our heads around some of the important dimensions of how to think about the problem.

But what I was noticing is that the media narrative, and the political narrative was getting further and further detached from what I was reading in the better science journals. And policy was therefore getting further and further detached from what seemed like a logical way for the thinking to evolve and for policy to evolve. And I found myself becoming extremely frustrated. Again, as a guy who had really bought into that, let's call it the sort of the institutional narrative for most of the pandemic, embracing lockdown, embracing triple vax. I got that as quickly as possible for me and my family, have always advocated for it. I'm now frustrated and becoming disconnected from that. And so that was why I was feeling very urgently, like I wanted to connect with you.

So, I would love to get your sense of how you feel. Your observation of the actual pandemic has evolved over the last year or so. And maybe, again, sort of over the last three to six months as more research has come in and as we've seen what happened with the Delta variants and with the vaccines and with the new Omicron variant, etc. And then contrast that with what you're observing in terms of the dominant narratives and how policy has evolved in response.

**Ben:** 00:06:57

So, I, first of all, this is kind of my personal response to everything around the virus, which is very similar to yours, Adam. I'd say with the exception of, I'll call it kind of the lockdown piece of this, right. I've never been a lockdown guy, right? With the exception of a true flatten the curve issue, which we absolutely had in the early days, I'll call it wave one, particularly in the northeast. And by being not a lockdown guy, what I mean is I am so for individuals, and that includes

companies saying no, we're locking down, right? You want to come in our store, you're wearing a mask. You want to do this, you're going to do that, right.

And I've always been very, not just wary but actually kind of anti a top down non-emergency directive from government, whether it is for a lockdown, or more recently, in the case of vaccine mandates, I am as pro-vax as they come, right. And I've spent a lot of time on and effort and energy on true PPE and getting that distributed in opposition to again, the other thing that kind of makes me wary and weary, which is the theater around the virus, whether it was the early days of, oh, let's hold up a thermometer to your head, right. Or let's put on a cloth mask underneath your nose -- the theatrics of this have always bugged me a lot.

**Adam:** 00:09:11 The hygiene theatre. I think I stole that term from you, if not from you then, you know.

**Ben:** 00:09:14 Yeah, yeah. Yeah. And while at the same time, I've devoted a big part of my life to sourcing and distributing and real PPE, N95 and N95 equivalents to healthcare professionals, frontline, all that, right. And I still use them myself, and our family. We're big believers in social distancing and masking with true protection with the triple vaxxing and all the like. And my strong view is that it is every person's responsibility as a citizen, as a human being to get vaxxed. And I'm also entirely for any company that wants to say, hey, you want to work here, you got to get vaxxed. Good for you, frankly. Where I am very, and it's hard to kind of hold these two thoughts in your head or to express them publicly for the reasons that I'll describe, I'm also very much opposed to a government mandate that says thou shalt get vaxxed. And by the way you can't do X, Y, or Z if you don't get vaxxed.

I think that what we've seen throughout the pandemic, from every country, starting with China, going to the United States, going to Europe, every country has tried to impose a domestic political narrative and policy on top of this virus, let's say starting with China, right. And continuing to this day. I wrote a series of notes and tweets, they got a big response on how the World Health Organization, my view, has been totally captured by Beijing. And so the World Health Organization's policies are designed primarily for Chinese political interests, rather than global health interests.

A lot of times those interests don't conflict. But when they do, the World Health Organization favors the Chinese political interest over global health interest. My strong view is you can say exactly the same thing about every government, every regime on Earth. You can absolutely say that about the Trump administration. You can absolutely say that about the Biden administration. Again, my personal view is that there are fewer conflicts between the political interests of the Biden administration and national health interests than there were between the

political interests of the Trump administration and national health interests. But for both when those interests collide, the government ...

**Adam:** 00:12:18

The political interests prevail.

**Ben:** 00:12:20

Correct. Correct. And I think that's exactly what we're seeing today. I think that's what gives you and me real pause at the policy pronouncements that are going on. Because when they conflicted with the Trump administration, my view was, they conflicted in a way such that the policy did not do enough for National Health interests. Here, it's different. I think we've got, as you said, the small S science, whether it's vaccines, whether it's therapeutics, whether it's monitoring, whether it's testing. It took too long but we're getting there on the small S science. But the policies I find that are increasingly kind of at odds with, as you said, the small S science and in favor of, I think, however, the political issues are construed, case in point.

I'll say the issue that's caused me the most consternation in terms of this conflict between political interests and health interests is that in this country, unlike most of Europe, unlike certainly Israel, zero, I'll call it credit, in terms of vaccination, whether in terms of protection is given to, oh, yeah, I had COVID, right. I have antibodies because I had COVID. ..., one, you know. Someone who has endured COVID, they say, well that does give me some antibody protection. It's different from a vaccine protection. You know, if I had to characterize the difference, I would say, actually, that the vaccine protection is, I think, better, but it doesn't last as long, roughly speaking, right.

But there is some protection that enduring COVID gives you. And that is not recognized in US policy. It's not recognized at all. And again, that's very different from other countries, both Europe and especially Israel, right? Look, there's a balance, right? It counts for something because it gives you antibodies and those antibodies mean something. And yet we now have a policy, a national policy that says nope, doesn't exist, doesn't happen, when clearly it does.

**Adam:** 00:15:09

Let's start there.

**Ben:** 00:15:10

Yeah, sure. Yeah.

#### Rewarding the Party Not in Power

**Adam:** 00:15:12

What are the political interests, in your opinion, that would motivate this policy, which seems to run in direct contravention to any interpretation, any sensible interpretation of basic immunology?

**Ben:** 00:15:29

My personal view is because it is a stance that in a sense rewards the party that's out of power. Right, right. It gives credit to the people who I think foolishly and mistakenly said, ah no, I'm never going to vax, COVID is nothing, blah, blah, blah. It's just like the flu or the cold. And then they got it. And a lot of people have died, a lot of people still suffer the symptoms. But for a lot of people, it wasn't a

big deal. And those people are primarily on the other side, there in the other tribe. And that's why I say that a domestic political interest to not give credit or anything that rewards the other tribe -- I mean, look, we saw it so much more clearly in the Trump administration. But it's not just the Trump administration, it's this administration too, it's the Biden administration too. So, it bugs the crap out of me, Adam, it really does, it really does.

**Adam:** 00:16:47 So, it's a perfect example of what you were describing about how most of the time, political interests and health interests are aligned, but when they aren't, political interests take precedence.

**Ben:** 00:16:59 Exactly right. And what kills me, and frankly, Adam, what I think kills us as a society is that the constant nudging that we are exposed to, nudging in the sense of, no, no, no it doesn't count. Your natural immunity, it doesn't count. The fact is, of course it counts, it's different. And everyone who I know who says no, I had it, I don't need to get the vaccine, if I encourage them it's no, please look at the small S science. Please look at how if you have endured COVID, and have those naturally forming antibodies, please look at the protection that that plus vaccination gives you.

It basically makes, you know, superhuman, and your ability to avoid getting infected, please look at that. It's not an either/or, but it's become a political either/or. Everything in our world becomes auto tuned into, you're either on one tribe or the other. And there is no common ground, there is no place to meet here. You can't be both pro vax and anti-mandate like I am. That position does not exist politically and so you are auto tuned out of any conversation. The damage this does Adam, for all of us, is so profound, right? It makes comments like *follow the science* meaningless, because neither side does it.

**Adam:** 00:18:36 But the subtext is, follow the guidance of your political allegiance.

**Ben:** 00:18:41 You got it. Exactly. Exactly. And that's what we describe as it's the Widening Gyre. This is not a mean reverting phenomenon, Adam. It's not something that gets better over time. It continues to spiral more and more into, \$10 phrase, a bimodal distribution of preferences. You know, where there is no middle. The middle does not hold. And that doesn't work structurally, for a political system, like in the US, like in most Western nations that is built around the notion of a single peak distribution in the middle, right? That that's where coalitions form...

**Adam:** 00:19:34 Yeah, consensus building.

**Ben:** 00:19:36 Exactly right. Exactly right. Instead, you swing from pillar to post from one tribe being controlled to the other tribe being controlled. It reflects itself structurally in politics. It's just a matter of time before the filibuster goes away in the Senate. And so it's just going to be swinging back and forth for whoever's got 50% plus one. And the result is, I think, frankly disastrous for a nation, not for our country necessarily, but for a nation.

It's my favorite line about *what is a nation*? Well, it's a group that remembers a lot, you know, has that common history and knowledge, but it's also forgotten a lot. You forget the differences. In this world, whatever side you're on, you never forget. You never forget. You never put aside the last thing because it is always a zero sum game of us versus them. Yeah, Trump spoke this out loud. He said basically, he's very clear. *I'm not a president for all*

**Adam:** 00:20:59

That's an astonishing statement.

**Ben:** 00:21:01

How sad is that? How sad is that? And yet, it's true. I just don't like where we're going.

### The Unavailability of Data

**Adam:** 00:21:09

No, I hear you. So, just to, again, sort of relate this back to where we are with the pandemic. One of the things that I've really noticed in the last few weeks as we've gotten really good, high power, large sample data on COVID, and the conditional expected impacts of COVID, based on things like whether you're male or female, based on age, based on vaccination status both type of vaccine and number of vaccinations that you've had. We have really good data on that now on all of the variants with the possible exception of the new Omicron variant. And so it's actually eminently possible for the institutions who gather this data to publish data as a matrix of current cases, hospitalizations, fatalities, conditioned on these variables that we now know are extremely important to how we interpret our own personal risk, and the general community risk within the population, right.

And yet, try as I might, even in the United States, and even in places like Scandinavia and Western Europe, where they have extremely proficient and comprehensive data collection institutions and protocols, *it's still impossible to find stratified data*. So, data that is divided up into sex and age and vaccination status, for example. Do you have any idea why this would be? I mean, either they're hiding this information or for some reason, they're unable to gather information at that level of granularity. Do you have any insight into what's going on there?

**Ben:** 00:23:39

So, I think what is happening here is that, and then I'll give you a specific example of how this plays out. And it played out in the last administration, Trump administration and CDC data about -- *it's a really important question, which is, how many people have had COVID and have antibody protection but weren't reported as a case?* Hugely. It's just such a critical question.

**Adam:** 00:24:19

Agreed. Yep.

**Ben:** 00:24:20

Because you need to know this, because if there's antibody protection, because 10 times as many people have actually had COVID than were reported as a case, were a reported case. Well, that changes the potential trajectory of future infections and the like, dramatically. It changes how you should think about a

vaccination policy, for example, changes everything, changes everything. And what you found was that the CDC, this is under the Trump administration, two things happened.

The first was there were these, pardon my language, bullshit seroprevalence studies that were done kind of early on by the Unitas' and the Scott Atlas' of the world, were looking at this and saying that oh, my God we already have herd immunity. That was the initial notion that oh, no, we already have herd immunity, it's already kind of washed through these huge populations and so it's over. Thank goodness, it's over. **And that was ridiculous.** And the studies themselves were bad. That was that was kind of one-off things that were used then for, again, for political interests of the Trump administration

**Adam:** 00:25:48

With a cost measured in tens to hundreds of thousands of deaths.

**Ben:** 00:25:53

Yes, yes. Yes, absolutely right. But then the CDC said, all right, we're going to, we don't have enough of these seroprevalence studies to make a small S science estimate. So, you know what we're going to do, we're going to make our estimates on case fatality rates and infection fatality rates based on our modeling of how many people have had COVID but weren't reported. And we're going to use that, our data for doing this modeling, I'm not making this up, is the studies we did on influenza in prior years for how many people would get the flu, but didn't go to the doctor and report it and the like.

Which I don't know about you, if I've got COVID, it ain't the flu, right? Our behaviors around COVID are not the same behaviors as we had around flu. And yet, so the CDC use this then to say, oh, based on our models, we think the IFR, the infection fatality rate is like 15 basis points. Meaning that if you are infected, your chances of dying are .15% based on the study. Meaning that they were projecting that like 100 or 130 million Americans had had COVID but didn't report it, was never reported.

**This was the CDC, this was the estimates and real policy was made on the basis of this insanely low IFR number.** My personal view, the IFR number is probably 60 or 70 basis points. It's not the case fatality rate. But it's in that 60, 70-75 basis point range which makes it the most dangerous thing that I will ever do in my life is to catch COVID, most dangerous thing. I'm 57 years old...

**Adam:** 00:27:47

Well, yeah. And the conditional fatality rate...

**Ben:** 00:27:51

To your point -- That's right. To your point, the IFR for me, 57-year-old male, I weigh 220, I'm six feet tall. So, that's not great. You know, I don't have a lot of health issues, thank God, not yet. But I think my chances of my conditional probabilities as you're describing it, probably 1%, 1%. Probably three or 4% if the healthcare in my area is overwhelmed, right. So, that changes my ...

**Adam:** 00:28:24

There's a path dependent element of it too. Yeah, for sure.

- Ben:** 00:28:26 Absolutely right, right. But what we had to do was we had to not only do those kinds of calculations, individually, those conditional calculations that we're describing. But we had to do that individually at the same time that the CDC, the authority in the United States for providing that information, and that data was when you dug into it, it was bullshit what they were reporting, it was absolute bullshit, what they were reporting. So, if your question, are they trying to hide something? No, I don't think they're hiding something. I think it is all what I described as nudge. You find a methodology, you find an approach so that you can publish the numbers that satisfy the political interest of the regime in power?
- So, this is a long answer to your question, but the long answer to my question is I don't trust any of it. I don't trust any of it. And I don't know how anyone can, right. Do you trust the numbers that Beijing puts out about what happened in Wuhan and Hubei? Of course not. I mean, that was the first piece I published on this, that the numbers were clearly made up. They were made up.
- Adam:** 00:29:56 Yeah, I mean you can't replicate that trajectory in nature.
- Ben:** 00:29:58 Exactly, exactly. That was the point of the article, right. But I can tell you exactly what that line looks like, if you had a model that said, okay, I want a 1% decline in acceleration per day. That's what the numbers are. If somebody decides is, we're going to decide what the numbers are. And it's not that extreme in the United States, but I've seen it happen.
- Adam:** 00:30:24 Well, it may be a clear example of, in many jurisdictions, you can give them the benefit of the doubt as actually publishing accurate numbers. But they're not publishing numbers that matter. They're not framing it in a way that allows the public to interpret it effectively.
- Ben:** 00:30:47 No. Absolutely right. And so my favorite example of this, was states that decided we're not going to do the date of death, or we're not going to do an as reported death number. We're going to backtrack and show when the death occurred. And so what that looks like then, on any graph that does this, is that miraculously over the last two weeks, oh, my God, people stop dying. Right? It's getting better. And it's always getting better over the last two weeks when you see it graphically, because the death certificate that you get is from somebody who died two weeks ago.
- You're not reporting the data from the hospital saying, okay, how many people died today from this report. No, you're saying, okay, well, we got the reports collated. Now we're going to go back and we're going to report some prior date of death, or date of infection or what have you. And it creates this visualization that looks like things are getting better. And that is the core domestic political interest to show, that no matter what event is happening, you're showing, it's okay, things are getting better.



**Adam:** 00:32:01 So, let's take your point, that the reason why we're getting data filtered through such an extreme prism, and we're not getting data that is useful, timely or relevant, is because the political interests are dominating the health interests in the United States. I don't think that we can make such an extreme statement everywhere, right? I mean, can we say the same thing about Iceland, or Norway or Sweden, or Brazil or France or Germany? We're observing the same type of phenomena, like I can't even --

If I look at the data coming out of Germany, or France, or Britain or -- Scandinavia seems to be a little bit better in terms of publishing stratified data in a way that you can draw more relevant conclusions. But they often don't publish it in English, or if they do, it's published on a delay, etc. So, I mean, this seems to be an omnipresent phenomenon, where maybe it's top down from the World Health Organization that this is the policy. I mean, what is your take on it?

**Ben:** 00:33:34 So, my take is that this cuts across so many different aspects of how we try to understand this virus and the disease, right? And you see, Cubans naturally trying different reactions to this. And now I'll use ivermectin right, as a ... because what you'll find is that Weinstein will say, oh, no, no, we're going to look at kind of the meta study. We're going to look at all the different studies that have been done on ivermectin, and we're going to put them together into the meta study and we're going to conclude, voila, that ivermectin is this wonderful, essentially, both prophylactic and cure.

There are two issues with this, right. The first is a garbage in garbage out issue, which is that the individual studies when you dig into them, particularly in the ivermectin issue, they are just for shit, to use the technical term

**Adam:** 00:34:47 Yeah, the highest power studies were actually basically fraudulent.

**Ben:** 00:34:53 Correct. Correct. Just outright fraudulent. It's very similar to the seroprevalence studies that Unitas and Atlas we're doing early on out in California. It's just bullshit. The second problem is that doing these kind of meta studies, which is basically kind of what you're talking about doing Adam, right. It's like, okay, we got some information from Iceland, we got this from Israel, we got this from Scandinavia, we've got the raw data here from the United States. And so how do we put that all together?

It's so difficult to put it all together. And what I mean by so difficult is that not that the math is particularly hard or wrong, but that mathematically, they are often incompatible, that our brains, the human-animal will find connections and find patterns here that are as likely or as not, spurious.

#### A Question of Definitions

**Adam:** 00:36:01 Well, and the term sheets are different, right? Like, we don't ...

**Ben:** 00:36:03 A great way to put it, for our audience. The term sheets are different.

**Adam:**           **00:36:08**           How do we define the definition of serious illness, right? How were the tests conducted? I mean, what are the most -- I mean, ironically, funny observations we've had living in, Cayman is that when you go in for a PCR test, they basically take a sample of your lower cerebral cortex. Like, that's how far up into your sinuses they go, right. When you get the test in Miami, you basically go around the outside of the bottom of your nose.

**Ben:**           **00:36:49**           Yeah, exactly right. Exactly right, Adam. So, I think that there are such profound limitations to making these sort of meta studies. And I'll say taking a small S science approach to what we're doing here. And where I come out on this is coming back to kind of where we started, which is that I think that the way to understand this is not in terms of, oh, this is a replicate-able experiment that we are going to do a cost benefit analysis on. I think that is a profound mistake for social policy, profound.

Instead, I think it's important in these situations for all of us and all of us both individually and as a collective, as a government to take a - I'm going to use my -- one of my favorite phrases, a *minimax regret*, to minimize the maximum regret. Because when you're dealing with existential issues, when you're dealing with death, this is not a repeatable experiment. Right? There is no control group. There is no expected utility calculation where you win as a country, if two million people died over there, but only a million and a half died over here over some time period, right.

This is not a game, it's not a contest, it's not an expected utility calculation. It's a tragedy. And that all of us have to show empathy, which is the hardest thing for not just other people in our family in our immediate circle, but for our country and for the world, the freaking world. And that's all I'm asking. I'm not asking you to love your neighbor, I'm just saying have empathy for your neighbor. Because all of us are old, all of us are -- our bodies are decaying, all of us are going to be sick, which we're all there. We're just on different timeframes.

And so what does that mean to have that minimize maximum regret approach, right? It means not auto tuning into camps, to resisting the political imperatives that bleep at us, to respect the decisions of others and to expect for others to respect our decisions and to have that responsibility to get vaccinated because it is your responsibility, not just for yourself, but for others, for others. And we should expect a government that give us that same respect too.

**Adam:**           **00:40:04**           So, I agree. I guess, and I know that your sort of meta point here is, it's complicated. And there are many competing interests. And it's fuzzy, it's hairy, it's ugly. To that point, we operate with our own set of wants and needs and preferences, each one of us. To an extent, those wants and needs are constrained by norms, rules, policy. And those preferences are multi-dimensional. So, I completely agree with you that a minimax regret approach is

probably an optimal approach for a wide array of problems of which our response to pandemics is a great example.

At the same time, and not to get too technical, this is not a one dimensional problem, right? There's a Pareto frontier of different objectives. For example, one thing that I have just really discovered a profound desire for, I'm not going to go so far as to say need, but that's how it feels to see my family, all right, is to see my friends is to be able to travel and spend quality time and have experiences with my children before they leave home. For my daughter when she wants to go off to university, we're able to go see the university and have a full experience seeing each of the different schools she might want to go to so that she can make an informed decision. When she gets there, she can have a fulfilling university experience.

**Ben:** 00:42:28 Yep. Adam, what's your maximum regret? And the reason I'm asking is not to put you on the spot. What you just described, what you've elucidated is a maximum regret, that you would lose that. So, you know what I say, minimize that, and you should have the ability to minimize that. Maximum regret doesn't necessarily mean oh, my maximum regret is getting sick from COVID.

**Adam:** 00:42:52 Oh, yeah. No, I hear you. Yeah. But what I'm saying is, from a policy standpoint, it seems like the only objective function that we are, and I'll grant the US actually has, in a weird way, maybe sought to maximize different objectives to too much of an extent, actually. But then other countries have taken the exact opposite view. And it seems like policy response and the communication around the pandemic, is such that all anybody seems to prioritize from a political standpoint is minimizing maximum regret for those whom the thing that they would maximally regret is getting COVID.

**Ben:** 00:43:47 So, you're right, and that's exactly why I am against, I am anti-government vax mandate, I am profoundly pro vax and I'm anti the vax mandate. This is exactly what I'm talking about, right.

**Adam:** 00:44:04 But this complicates that too, right? Because I wanted to sort of poke at this as you were talking about it because my initial instinct would be similar, I think. People have to make their own choices and weigh their own priorities and preferences. The challenge I see is that when people decide that they are not going to get the vaccine, it then increases the risks that everybody else faces and it increases stuff like the potential for hospitals being overrun.

Which means that now people that are vaccinated and have other health problems are unable to get those health problems treated, or the prevalence rates in communities are so high that that governments will feel forced to enact greater restrictions or travel restrictions or et cetera, right. We're now in a multi-dimensional game where the actions of each other profoundly affect one another. And so I don't know how you weigh off this libertarian view, which

maybe I'm being overly -- maybe I'm overstating that a little bit, and I don't mean to tribalize it or recharacterize it.

**Ben:** 00:45:29 No. I mean the problem's the libertarians become this ridiculous word, right. Yeah. I mean, it's like say, you're a communist. And it becomes a ridiculous word. This is exactly why I care so much about providing protection, real protection to healthcare workers to anyone who does not have a choice but to be exposed, right. And I'll be clear, what really bugs the crap out of me is when you layer on the political interests of basically resisting vaccination as a political statement, which is why, look, I would say 99% of the people who I know, who are not vaccinated are not vaccinated as a political statement because of politics, purely because of politics. And that's just like, God, how sad is that? How sad is that? And yet, I believe very strongly that the alternative, right for the government to take up the hyper paternalistic approach, let's say of a France, right or a place that says, nope, you must get the vaccine. I think that is worse. I do.

**Adam:** 00:47:04 What about a carrot and stick type approach? Or is that too nudging?

**Ben:** 00:47:07 Way too nudging. I mean, to your point earlier, the S. The little S science. I mean, it's there. And I think you are a bad citizen, I really mean this, if you don't get vaccinated. I think you are a foolish human being if you don't do the vaccine. And yet, I am not going to think you're a bad person if you get the vaccine. And I don't believe that X some urgency, X that the hospital system is overwhelmed, right. That there's a fire burning right around this, that it is, that a centrist non-bimodal government, of the people, for the people, and by the people can persist if the endemic, not disease, but the endemic policy is to say thou must do X, right. That we are going to impose on you what your preferences are.

**Adam:** 00:48:43 So, how do you square that with the fact that we obviously already have mandatory vaccine mandates for stuff like polio and mumps and rubella and measles, and, etc. 99.9% of all children who go through the school system have been vaccinated with these ...

**Ben:** 00:49:05 These sterilizing vaccines? That's a big difference right there, there's going to be a difference, right? I mean, we don't have, to my knowledge, a requirement anywhere that you get a flu vaccine every year. Right? You can have private employers that may require that and encourage that and the like. But to the best of my knowledge, you're not required to get that annual flu vaccine, a non-sterilizing vaccine for flu.

**Adam:** 00:49:36 Well, okay, so maybe unpack that. I think you are right, but maybe unpack that, what you mean by that, like a sterilizing versus non-sterilizing vaccine.

**Ben:** 00:49:45 Just that definition, that the vaccine again, I am the most pro vaccine person you'll need, for COVID. It demonstrably improves both my ability to not acquire it in the first place, but then the outcomes I will suffer if I do acquire it, are going to be muted because of experiencing the vaccine. That said, it does not eliminate

the -- I could still get it. It's improving my odds, it improves my chances, in the same way that a flu vaccine improves your chances. And I'll keep getting boosters, and I'll keep getting variant shots, I've got zero problem with that, zero problem at all.

But what I do have a problem with and it's not necessarily even a slippery slope argument. What I do have a problem with is for the government in the absence of a fire, because I understand. I am not making this "libertarian argument", where there are no competing interests here. Of course, there are competing interests, and the state has a compelling interest in preventing plague. And I've got such wide latitude for this. And yet, I also think that we are being both nudged and required to do things that I think crossed that line.

And I don't know how else to say it other than that, other than that, I think there is an alternative. I really do think there is an alternative, an alternative based on principles of individual autonomy and individual responsibility. And if people don't live up to those responsibilities, which again, include in my book getting vaccinated, if people don't live up to their responsibilities, well, shame on you. Shame on you. And I'm going to continue to try to protect myself and my family as best I can. And I'm going to do everything I can to protect the people who have no choice in the matter.

See, what I'm most interested in, is in terms of policy, is the policy that oh, well, are you an essential worker? Well, no, you should really get back to driving that truck. You should really get back to driving that truck. Right? Yeah, yeah, I mean, it's all good. But no, you can't quit. No, no. Or if you do quit, we're going to come after your unemployment benefits, right? No, no, you need to get back out there. Get back out there, soldier, on the front line.

- Adam:** 00:52:56 So, how do you manage that dynamic from a policy perspective?
- Ben:** 00:53:00 From a policy perspective, it again, is the notion that everyone should have the ability to exercise that choice. Right, that choice is going to come with some real consequences.
- Adam:** 00:53:11 Well, in theory, that trucker can exercise that choice, but it means that the employer is allowed to let him go and replace him with somebody who makes a different choice.
- Ben:** 00:53:24 Correct. And the answer to that then is that I'm going to call it a safe harbor, a federal safe harbor for unemployment benefits because of COVID concerns, right. And if you're fired, that's why we had to have these federal unemployment benefits, right? Because the state benefits A, ran out and B, if you quit your job, if you're fired, yeah, you get your unemployment. But if you just quit, there are real issues with whether you qualify for unemployment benefits, real issues here.

So, I wrote a long note about this, right? It's that, what do you do when rights collide? The government absolutely is an arbiter of those rights, absolutely should be, right. And my view is, you have to protect the people who have no choice. Like health care workers. You have to provide the safe harbor for benefits for people who make the decision. No, I can't be out there and expose myself and my family to what's going on. You need to support that, you need to protect that. But at the same time, it works both ways. Yeah.

**Adam:** 00:54:45

Sorry, go ahead.

**Ben:** 00:54:46

No, no, no, just requiring either -- It works both ways, either, mandating that private employers can't impose a shutdown or the like, you have to keep going. That's a government decision too, which I think is just as hostile to being a free autonomous person than saying, oh, thou must get your vaccine. I think both of these approaches is wrong. I don't think that either approach is required. I think there really is a principled, frankly middle here, that supports autonomy of individual choices, rather than seeking at every point to squash it.

## Solutions and Autonomy

**Adam:** 00:55:33

Okay. So, maybe I'm not giving this -- You said this a couple times now and I've kind of bowled over you so I apologize for that. Can you dig into that in a little bit more detail what exactly, or just flesh it out a little bit more even if you can't be exact. Like, what exactly do you mean by there is a solution, based on individual autonomy? How might that work?

**Ben:** 00:56:01

I think it's what you see today, right? So, that when there is a terrible outbreak, of this disease or any other, you know, we're not stupid. We're smart enough to make our own decisions and you know, we stay at home, businesses shut their doors. And it is not because government said you must close. It's because no, this isn't right. And I think that employees should have that same ability to make that decision for themselves. You have the ability to say you know what, my employer wants me to come in. I don't think it's safe.

Meatpacking plants in Iowa, for example, for an example of this, the government said no, no, you got to come in, you got to come into the meatpacking plant. And of course, the meat packers say no. You got to come in, unsafe, dangerous. I want those individual employees of those meatpacking plants, to say you know what, this doesn't work for me and my family. I'm not going to come into work. The meat packer says you're fired. The government says you don't get unemployment benefits. You know what I'm saying? There's a federal safe harbor that says, you know what, you get unemployment benefits for making that decision. As an employee, I don't think it's safe for me or for my family, right?

But by the same token, I don't want the government coming in and saying, I want to work, right? I want to open up my restaurant. And you're going to shut me down. You're going to say I can't open my door. Look, I know the risks, I'm going to take those risks. My maximum regret is not being able to provide for my family and not continue with this. I don't think the government should shut that down either. Right? This is what I mean by there's that middle ground between lockdown. Oh my God, we're going to lock everything down, ordered by the government, and some death cult saying no, no, no, you can't lock anything down. You can't stay at home. Get out there. Get out there. You know, some things are worth dying for, especially if you're dying for me. And both, these are false extremes. They really are. They really are.

You couple that with providing real protection, actual PPE for people, not theatrics. This is what I still can't wrap my head around. You know, we're a year and nine months into this. And we still don't have PPE in the form of effective, truly effective, just simple masks available for everyone. We don't have that. And I'll never get over that. I'll never get over that, Adam. Never in a million years will I get over that. This is what I mean by how policy becomes dominated by political interests.

Because I can tell you why we don't have masks available for everyone, who wins with that. Right? What political narrative or tribe does that satisfy? No one. But is it our interest, right? So, it doesn't happen because it's not in the interest of one of the political tribes to see it through it. This is the kind of stuff that drives me nuts, but I don't think the answer is to give ourselves over to one of the political tribes.

- Adam:** 00:59:33 No, no. I obviously agree with that. Is it your sense that we could, for the most part, return to normal work operations with proper PPE, like in the vast majority of cases?
- Ben:** 00:59:55 Yeah. Yeah. Yeah, I think this is the sort of thing that can make an enormous difference that's not theater. Because look, we don't -- you don't have to get that down to zero, right? What we're trying to do is to find a way to live with this so that we can pursue -- so that we can go forward, and seek our life, liberty and pursuit of happiness as best we can.
- Adam:** 01:00:39 If everybody was that -- or if 90-95% of people were double or triple vaxxed, would we need PPE, would everyone need to wear PPE?
- Ben:** 01:00:57 No, no, no, but wait Adam, this is the critical thing here, right? I would rather achieve my vision of living with this as best we can and pursuing our hopes and dreams. I would rather achieve that through voluntary vaccination plus availability of wearing true PPE than a government that says, lineup, we're giving you a shot so we can get the 95% done. There is another way, which is the voluntary vaccination and wearing true PPE. I think this works. And yet, it

doesn't satisfy anyone's political interests. Either you're a fucking slave if you're going to wear the mask, right? So, it becomes this shibboleth, this object on the other side, and it becomes this theatrical thing for the other side.

And what's lost here is what we started this conversation about, which is the little S. There's a reason why doctors and nurses wear N95s in the hospital. There's an actual reason why they do that? Because they work, because they work. And so the vaccines, why do people get vaccines? Because they work, they actually really work. And there is a path here, but it's not a path that works for political interests. So, it's a path we don't even consider. That's the thing, Adam, is that this is not even an option that is discussed. It's nowhere in any narrative or any discussion. Nowhere, and so it doesn't exist.

**Adam:**           **01:03:04**       Yeah. No, I mean, I think that's an important point. And I mean, what's interesting to me because in Cayman, it's an interesting microcosm. We have a minority of residents, but perhaps a small majority of voting citizens who are anti-vaccination for a variety of reasons. My children, of whom I have three, I know you have, is it three as well or four?

**Ben:**             **01:03:52**       Four. Yeah, yeah.

**Adam:**           **01:03:53**       So, my children are wearing, now among non-voting citizens, there's a 97% vaccination rate for those who are eligible for vaccines. But because there is a small minority of citizens, of voters who are anti-vaccine, my children still need to wear masks all day at school. So, my 11-year-old daughter who, and you know, if this is like, two weeks, a month, there was an expiration date on this and we're all in this together and fighting the good fight, I'm all for it. Okay. I might be a little frustrated, but in the end, I'm all for it.

But there's now this open-ended expectation that my 11-year-old who personally has no material risk of serious illness, or something more serious or hospitalization from getting this or my 14-year-old, or my 16-year-old, is effectively held hostage to the voting preferences of a very small minority. But I don't think that this is -- I think this microcosm translates very directly to the situation experienced in most countries where you have some portion of the population who is preferring not to get vaccinated and is subjecting the rest of us to a set of protocols which if extended ad infinitum, represent a substantial curtailment to quality of life.

**Ben:**             **01:05:35**       Inconvenience.

**Adam:**           **01:05:36**       ...

**Ben:**             **01:05:46**       Yeah. And a couple of responses, right, and I don't mean this to come across as being, I'll use the word harsh or difficult. I do think this is the price that all of us as citizens pay for taking the preferences of that minority that you're describing, seriously. Meaning that their preferences are as valid as your or my preferences.



And that the inconvenience that we all, because I think you're right, there's a microcosm there. What you're describing as an example, not a metaphor, but a concrete example of something that we all endure in many ways. I think it is something we must endure, if we're going to take the preferences and the opinions of people who we think are wrong, seriously.

So, I think the response to that should be not to deny them the expression of their preferences. I think the expression of that should be I'll say, a structure by which a majority preferences can be more widely expressed in places of the commons, meaning like schools, right, like public schools, like, public meeting places and the like. I absolutely think that a government has the right and the responsibility to protect the people who live in these commons as best they can.

At the same time, a lot of, I think, the appropriate response to, I'll say, a significant inconvenience is to remove yourself and or your children from that. It really is to find an alternative for schooling. And I don't say that lightly because I know how burdensome that is, and how difficult that choice is. I know you do. And how weighty and expensive and time consuming and on and on that kind of decision is. And yet I think that living in a society that does not treat the preferences and the views of that minority as benighted and as wrongheaded as we may think they are, if we deny that if we run roughshod over that, I promise you that is a worse world for our children. I promise you it is.

- Adam:** 01:09:27 In many ways I agree. And yet, I worry
- Ben:** 01:09:33 It's a real inconvenience. It's awful. Yeah.
- Adam:** 01:09:36 Well, no, I mean, aside from the fact that it is an inconvenience, I worry. I worry that the weight of those, of the impositions of the minority on the majority is unsustainable. I worry that there will be a far more violent backlash against one group or the other. And I'm not talking about locally. This is very isolated, but I think in several countries, there will be a critical moment where people get fed up and one side or the other begins to physically persecute the other side, because the impositions are so large. And I will grant the size of the imposition of mandating vaccines is just as large as the imposition that the unvaccinated are imposing on the vaccinated. So, trying to back away and be as impartial as possible, those inconveniences will add up to...
- Ben:** 01:11:10 Yeah. And I use that term intentionally, right? Because that term, inconvenience, you could use the word harm, which has a very different impact and a meaning.
- Adam:** 01:11:23 No, I think it's responsible to use the word inconvenience, I think, yeah. I mean, that ...
- Ben:** 01:11:28 Yeah, yeah. But it's a word that I used intentionally to try to trivialize frankly, the real pain and suffering. And I appreciate you continuing to use the word but you

don't have to. Because what you're describing is, it is hurt. It is harm. And all sides are feeling like it is harm that is being imposed on them.

**Adam:** 01:12:03

I agree. Yeah.

**Ben:** 01:05:36

And what we hear is then that siren call of a political entrepreneur saying they - it's always that they are harming us. Right? And we're going to do whatever it takes to stop them, the other from harming us. And then it turns us to thinking again, of our nation.

**Adam:** 01:12:38

The gyre widens even further.

**Ben:** 01:12:41

Exactly right. It becomes not a nation of us, it becomes a physical territory, where some of them live and some of us live. And that, your forecast here, where like I say this is not a mean reverting phenomenon. We don't forget it. The gyre widens still further than the center does not hold. My goal here is trying to describe an approach to community of nation that is built on these principles, that even though they are inconvenient to live by, we do, because I promise you the alternative is worse.

But it's hard to do because it's so easy to say they are harming us so they are not us. And I don't want a president of all of -- I want my president. And that is increasingly what we're getting. And so that's what we're going to get. So, the question then I think for us, Adam, is well, all right, Ben, if that's the way the world is going, how do you react to that?

**Adam:** 01:14:00

Yes. So, how do you?

**Ben:** 01:14:03

We find our own communities and we reject, I'll say, participation in the warring two tribes. And it's really hard because we're all tied to our little dopamine machines. You know, our little smartphones here, that's my dopamine machine, right? And I'm addicted to it just like everyone else is. But we find our own community where we treat them as full-hearted, autonomous human beings. You ever seen the show, it's an old show called *The Prisoner* with Patrick McGoochan, right? He's a spy, a British spy who's captured. He's sent off to an island where they tried to break his spirit and you know.

But the catch phrase here is that I'm not a number. I am a free man. And we are all free people. And we have to identify other free people who we treat as people not as a means to an end. The government, a politician, a corporation treat you as a means to an end, you're a number. And they will find the numbers to show you that you are being harmed by them, by the other. And the reaction to it is not to try to fix it, I really believe we're beyond fixing at that kind of top down level. I think that all we can hope for is to make the dark age that is to come shorter, and to preserve these principles of human autonomy, and small L, liberalism. That's the fight of our lives, at least the fight of my life.

**Adam:** 01:16:00

Says the psycho-historian.

**Ben:** 01:16:01

Exactly. That's why we call our company Second Foundation Partners. That's what it is. It's a psycho history. It's happening, Adam, it's happening. And we've got to keep the flame alive. And, yeah.

Getting Through It

**Adam:** 01:16:16

So, for people who want to find a way to get on with their lives, you know, I'll give an example. I haven't seen my family in -- going on two years, my mom and dad and my in-laws, my brother and sister, and etc., and their families. I need to get on a plane to go do that. To get on a plane, I need a PCR test. Now I might, despite being triple vaxxed, I might test positive on a PCR test and be unable to fly.

Now, as I go out to talk and again, notwithstanding sample bias etc. As I go out to talk to people, it is this warped reality where nobody cares about having the virus anymore. People are not -- there's not one ounce of fear of the actual virus that all these policies are set up to manage. But everybody is terrified of testing positive on the PCR test because they aren't able to travel.

**Ben:** 01:17:38

I mean, I don't -- scared is another loaded word. But yeah, I'm scared of the virus still. Right? I find it odd when I go into New York these days, where to your point, nobody cares. The restaurants are packed, there's no distance, there's no social behaviors. No one cares. And that worries the crap out of me. It does, I don't want to be around it. So, I can remove myself from it. So, I'll grant you what you're saying, no one cares. And they won't care until everyone starts getting sick again, in which case they'll care again.

But the more important thing is what you were talking about earlier, Adam, about needing to get on a plane and go see your parents and having not seen people in a couple years and tick tock, Adam. tick tock. I'd give everything to be able to see my dad again, everything. It's a great line Omar Khayyam, *the moving finger writes and having writ, moves on*. Meaning, you'll never get these two years back Adam. You won't. So, yeah, get on that f'ing plane and go see your parents. And if you get the PCR test, and it keeps you from traveling, and it throws off the plans and it costs you a lot of money, you know what you do? Then as soon as it's done, you book another ticket and you go and that's what you do.

And it's not fair. It's not fair. It's not right. It's all inconvenient, but none of this is fair and none of this is right or normal or fun, right? It's a plague visited upon the world. And we can't -- we must not give into either our baser desires, nor must we give into just lethargy and or it doesn't matter. It matters. It matters how we live our lives now and it matters that you go see your parents, right? And we've got to buckle up and we got to do all of that. And it's no fun and I come across like a grumpy old grandpa saying, eat your beans, young people. But yeah, you know what, we have to live our lives, and we should be scared of the plague, and we should help our neighbor and that's how we get through it.

- Adam:** **01:20:28** Okay. But what does normal look like a year from now or two years from now or five years from now, Ben, if -- Well, actually, let me back it up one step. You said, you're still profoundly -- Actually, I'm putting words in your mouth. You said you're still very concerned, I think, correct me if I'm overstating but ...
- Ben:** **01:20:48** I'm scared of this virus, and I'm scared of it for my children. I'm scared that I will die. Right? I'm scared that I will have long COVID. That's a particular concern for my kids that have a lot longer to live than I do. Right? This virus still scares the crap out of me. And -- Yeah.
- Adam:** **01:21:14** Without getting -- this could get contentious quickly so I want to make sure that we're able to still sort of maintain some ... But I just want to, really, I've been thinking about it, let me put it this way is, and why I keep being very interested in getting this sort of stratified data is because it allows me to think about risk relative to other things, other risks that I take every day, right? So, I get in a car and I drive. I know that there are two road fatalities a week here in Cayman out of let's call it 30 or 35,000 drivers, right? I let my kids go to the beach. When they're in the water, I don't watch them 100% of the time. I take risks for myself and I take risks for my family and for those that I care about every day in a mosaic, a constellation of ways.
- And when I look at the conditional probability of harm for myself and my children, and even I think for my parents who are now triple vaxxed, lots of things matter. No comorbidities, age, the brand of vaccine you got. The Swedish study actually makes clear that that has actually a very large impact on how quickly the effects of the vaccine wane. Right? So, taking into account all these things, and again, giving due to your point about there's science, but there's also lots of fuzziness around even those studies, right? But we know more than nothing, right? And it seems like we can have reasonable confidence that my conditional probability of harm and the probability of harm for those in my immediate environs are now on par with other risks that we knowingly take every day. Would you say that that's a fair characterization?
- Ben:** **01:23:34** Absolutely. So, what do you want of me, Adam? My answer is, yes, I get it. So, you want government policy that allows you to live your life? I do too. I think that's what I've been saying. Do I want a government policy that requires everyone else in your community to get the vaccine and to do that? No, I don't.
- Adam:** **01:24:02** No, that's okay. I think you've established that and I'm still ruminating on that but I don't outright disagree. But things like forcing PCR tests to get on planes, I guess what you're saying is that because some of the people on that plane may have made different choices about their vaccination status, in order to preserve life, liberty, and the pursuit of happiness, these are the consequences that we need to put up with.
- Ben:** **01:24:41** Yes.

- Adam:** 01:24:42 That's sort of the general ...
- Ben:** 01:24:44 Yes. I don't like taking off my shoes when I go into a plane. I think that so much of air travel and security and the like, I think it's totally theatrical. And at the same time, I think there are some other really easily done safety steps that could be taken that would save enormous lives. Let's put seat belts on school buses.
- Adam:** 01:25:06 Right. For sure.
- Ben:** 01:25:07 Let's put seat belts on school buses for God's sake. Yeah. But, hey, there's too much inconvenience, blah, blah, blah.
- Adam:** 01:25:15 Oh, please. Let's provide school lunches, let's provide single payer health care. There's lots of ways that we could invest in saving lives.
- Ben:** 01:25:24 Absolutely. So, I guess I'm asking, what do you want of me Adam? So, you answered the question, right, the PCR test exists part out of theatricality in the same way that so much of travel security exists for theater and as a political response of doing something, right, as opposed to being an actual effective way at containing spread of this virus. So, there's that. And many people have not made the same decisions you've made. And if nothing else, giving those people have not made the same decisions you've made that kind of, oh, I wonder if I'm going to pass this PCR test? Or oh, crap, I didn't. And I do need to quarantine and the like. You know, I don't think that's an unreasonable imposition. What I think is an unreasonable imposition is to line up everyone who lives in your community and say you get a vaccine.
- Adam:** 01:26:32 Okay. So, let me move forward then with that sort of what I think maybe is sort of the final question since you've generously gifted me 90 minutes of your time.
- Ben:** 01:26:43 Oh, I love it. It's great.
- What the Future Holds**
- Adam:** 01:26:46 What does this look like in a year or two or three or five, assuming that and I -- without forcing you to make sort of any sort of specific prognostications. But just maybe paint a picture of some possibilities of what this might look like, going forward over the next few years if we can't find a way to connect as a community in a way where everybody or where a sufficient proportion of people are motivated by their -- of their own volition and sense of community to act in a pro social way, in order so that all of us can kind of move forward with our lives.
- Ben:** 01:27:33 We'll end up in a situation where people are either vaccinated or have gotten, have had it and got some protections from that, natural immunity or they're dead. That's where you end up. I mean, you'll end up with those three conditions. Right? We will achieve herd immunity one way or another, Adam. That's the thing about if herd immunity is possible, you will achieve it one way or another. The bigger issue for me is if herd immunity is not possible, right? If

you get an endemic virus that mutates in a way, consistently mutates in a way such that it evades either the vaccination or the natural immunity.

Either way we go, whichever one of those paths occurs, normal, two years, five years from now, it won't be as good or nice as the normal we enjoyed pre-COVID. I don't know what to tell you except that we have to grow up and accept that. That life, either as individuals, or as a community is not always an arrow that goes up and to the right. You know, it just ain't. And bad things happen to our world. And so going back to normal that always, well, you know what, **we ain't going back to normal**. So, what do you want to do about it? Right? You're going to cry about it? Or you're going to say, oh, we have to go back to normal. Well, you know what, that ain't an option. The options are, where do we go from here?

And where we're going from here is a shit show of politics next year in the United States, and then the mother of all shit shows and in '24. And the virus creates its own normal, and it's a worse world than it was before the virus. If we go down this political road that we are clearly going down, that leads to a much worse world than any bad world this virus could ever create. And that's what I want to try to mitigate. I don't think I can stop it but I'm going to do everything I can to try to shorten its impact and mitigate its impact. Because that's a worse world than anything COVID could ever deliver to us.

**Adam:**           **01:30:14**       Yeah, well said. I'm sensing that there may have been a path or a theme that you had kind of hoped we would explore a little bit more but that we didn't get to, or it didn't naturally stem from the line of the conversation. Is there anything that -- is there a question I failed to ask, but you think is really important.

**Ben:**           **01:30:44**       Adam, this has been the best conversation and the conversation I've been wanting to have for a long time. And there's nothing left out. I'll tell you that at **Epsilon Theory**, the place where I do all my writing. **I've stopped writing about COVID, stopped writing about it**. Because I -- **doesn't do any good**. And so I am so happy, I'm so delighted to have this conversation and to be able to talk about this again. And I keep hoping against hope that these sorts of conversations will pierce through the auto tuning that I think almost always happens. I think you've got a wonderful voice and venue for trying to do that. So, nothing's been missed here. It's just that an enormous amount for me personally has been gained. So, thank you very much for having me.

**Adam:**           **01:31:47**       For me as well, Ben. And I really appreciate your generosity and your clarity, like your clear eyes. Because I can tell you, I don't know if you subscribe to the *affect theory of decision making* where you -- so, most people think that you perceive, you think, and then you act, right. And in reality, a lot of the evidence from both psychology and neurology suggests in fact, what happens is we perceive, we feel or maybe we feel, we perceive, we feel, and then we act and then the cerebral cortex is really just there to provide justification for our actions. Exactly, right.

And I have found that I was for most of the last 18 months, seeking out information that was consistent with my belief that we were doing the right thing in trying to contain this thing and flattening the curve and getting as many people vaccinated as possible, etc. And now there's this creeping frustration and resentment and anger, and I was beginning to be -- my attention was turning to different sources of information that are more sort of feeding that set of feelings instead of the other.

And just in noticing that, I thought it's really important at this moment for me to get a gut check. And I feel like the big takeaway, and there were many, but the sort of overarching takeaway from this conversation for me is, if we want to preserve what's most important about open society and liberal democracies, then the thing that is causing us the most frustration ends up sort of needing to be the thing we love most about where we live and who we are.

- Ben:** 01:34:03 Yep. You got it, man.
- Adam:** 01:34:05 Because if you lose that, all of the other paths that you might go down are way worse. So, that's a really critical takeaway, and I feel more centered in my perspective on this as a result, so thank you.
- Ben:** 01:34:24 Thank you, Adam. We've already lost a lot with this modern plague. Let's try not to lose ourselves in addition to what we've already lost.
- Adam:** 01:34:37 Yep, yep. Once again, I'm a proud member of the pack.
- Ben:** 01:34:40 Right on. Love it. Thank you, Adam.
- Adam:** 01:34:42 Thanks so much for your time and your insights and wisdom and I look forward to the next time we can maybe get together in-person again and share a beer or glass of wine.
- Ben:** 01:34:52 That would be nice. Yeah, yeah. The first bottle's on me.
- Adam:** 01:34:58 Love it.
- Ben:** 01:34:58 Thanks, Adam.
- Adam:** 01:34:59 Thanks you. Bye now.
- Ben:** 01:35:01 Bye.