

[00:00:06.810]

Welcome to the Making Sense podcast, this is Sam Harris, just a note to say that if you're hearing this, you're not currently on our subscriber feed and will only be hearing the first part of this conversation in order to access full episodes of the Making Sense podcast, you'll need to subscribe at Sam Harris dog. There you'll find our private RSS feed to add to your favorite podcast show, along with other subscriber only content. We don't run ads on the podcast and therefore it's made possible entirely through the support of our subscribers.

[00:00:35.940]

So if you enjoy what we're doing here, please consider becoming one. As always, I never want money to be the reason why someone can't get access to the podcast. So if you can't afford a subscription, there's an option that Sam Harris, Doug, to request a free account and we grant 100 percent of those requests. No questions asked. OK, today I'm speaking with Zeynep Tufekci, Zaineb is an associate professor at the University of North Carolina and an opinion writer for The New York Times and a contributing writer for The Atlantic.

[00:01:14.090]

She has a background in computer science, but she's since become a sociologist and has focused on the interaction between digital technology, artificial intelligence and changes in society. And she was one of the earliest people to sound the alarm about the covid pandemic and as a nonmedical professional, was one of the first people to point out that the CDC and the WHO were making obvious errors in their messaging around wearing masks in particular. But she's published a lot during the pandemic and has also been very incisive about political polarization and the machinations of Trump.

[00:01:56.230]

She has an intellectual toolkit that seems really perfectly designed for the moment we're living in. And in this episode, we cover many intersecting issues here related to the problems of misinformation and groupthink, we discussed the covid-19 pandemic, the early failures of journalists and public health professionals to make sense of it, the sociology of mask wearing the problem of correcting institutional errors. covid is a dress rehearsal for something far worse asymmetric information warfare, the failures of messaging around vaccines, the paradox of scientific authority, the power of incentives, the prospects of reforming social media and other topics.

[00:02:41.570]

And now, without further delay, I bring you Zainab Tufekci. I am here with Zeynep Tufekci Zaynab, thanks for joining me again. Thank you for inviting me.

[00:02:58.310]

So, Zainab, when I think of people who have really hit their stride during the the last year of global derangement, you are if not at the top of the list. I mean, I can't think of anyone who is higher on the list than you are. I mean, you're somebody who has an amazingly relevant collection of talents and interests. You've just been incredibly prescient student of all of these trends that are now intersecting. I mean, we have all of these trends of conspiracy, thinking and social contagion and misinformation and all of it being brought to scale by social media.

[00:03:41.450]

And then this has now coincided with a global health crisis wherein you have become essentially a an amateur epidemiologist among many. But you distinguish yourself as someone who it really has produced good information and where you've been contrarian, it's been extraordinarily useful. It's really great to see. I mean, you and I had a great conversation last time. But, you know, while all of the all of these problems were humming along, you know, the last 12 months has really been the apotheosis of everything you've been worrying about.

[00:04:18.000]

So congratulations on being a woman who's who's met the moment. I am not sure.

[00:04:23.570]

Thank you so much. But I'm not sure it's congratulations as much as oh, you know, this is not a great moment, but yeah, it's kind of like. Pretty much everything I've ever been interested in has kind of merged into a pandemic year, so here we are.

[00:04:44.370]

So how would you how you describe your career or your intellectual academic perch in general now?

[00:04:53.430]

So that's I mean, obviously, as we've discussed before, the thing I study professionally as an academic is the public sphere, misinformation, digital technologies, how they all interact.

[00:05:06.050]

In fact. Just a couple days ago was the first year anniversary of a tweet I had sent in January, I think twenty six or twenty seven months where I said, oh, you know, I essentially was realizing a pandemic was coming. And I said, this is going to take place under conditions of, you know, well oiled machines, of misinformation. What a challenge. And I was just sort of looking at and thinking, yep, that's what happened.

[00:05:32.480]

It's been a year like that. So that's what I professionally study and what I have written on. So the pandemic side is that I teach I used to teach more introduction to sociology and that kind of classes. And one of the things I try to do a lot with both my students and my own writing I've written about this before is to try to talk about interdependent systems, complex systems, risk and sort of.

[00:06:01.290]

Places where things are kind of interacting with another duck, there's a technical component, there's a network component, there's a sociological component, and one of the best examples I had found to try to teach this stuff and to write about and to read about had been pandemics.

[00:06:19.050]

So I had I mean, because they're a perfect example of so many things. Right. If you want to explain globalization, interconnectedness of the planet, if you want to explain how things like justice and. Logistics and sort of the technical scientific side, you know, what kind of a pathogen did you get matter and how exponential growth occurs and all those things I would teach about SARS, I would expect SARS. I would explain the virus. I would explain how we almost had a pandemic.

[00:06:55.010]

I would explain how we got away from having it, because the infectious period coincided with. Having a fever so we could put a femur gun to people's heads and say, OK, now you're infectious and trying to find a way to isolate them.

[00:07:11.590]

So I wasn't, like, completely new to the topic. But as you point out, of course, I'm not a virologist.

[00:07:17.380]

I'm not an epidemiologist, none of those things. But I had a a lot of familiarity because I use these things to teach about and just very deep personal interest because they're such an interesting regular human phenomenon and they kind of have every layer of complexity you want. You know, you have the science and the neurology, you have the human behavior. Plus there's a lot of things that are kind of misunderstood in the fictional versions of it, like the movie Contagion or Outbreak, almost like it was a very good topic for me for years.

[00:07:51.280]

So when in January. Oh, there was there's one more twist I was researching in Hong Kong pretty much all of 2019. I was going back and forth. I was studying the social movement there because, you know, it's an interesting sort of question to think about. We have our own particular digital version here. China has its in Hong Kong was an interface and there's a social movement. So when the

pandemic hit, I was closely connected to Hong Kong.

[00:08:17.110]

And Hong Kong, of course, had been through SARS and had lost a lot of people. So they were on guard plus there close to mainland China. So they kind of were very quick to interpret. The news coming out of China, like they immediately knew what was up, like Taiwan, they had experience.

[00:08:38.250]

So I had the sort of early window into it in January. And since I study sort of authoritarian governments and things like that, too. So as soon as like mid-January, end of January, when we started seeing cases outside of China that had not been to the OHAN seafood market, there was a lady in Thailand, I think January 14th. She'd never been to the open market. And you kind of you know what? This is sustained human to human transmission.

[00:09:07.470]

You kind of we're seeing the Taiwan and Hong Kong, they the those people that are close to the ground, they were masking up and getting ready.

[00:09:17.250]

And then on January 20th, when China shut down Wuhan like authoritarians, you want to sort of look at what they do, not what they say. And you're like, this is big. And then we started seeing the early news that this was spreading before people were symptomatic. And I knew, like at the end of January is completely certain we were going to get hit and it was going to be some sort of pandemic. We didn't really know how bad.

[00:09:42.480]

And I had started, you know, changing my own schedule and travel. So that's kind of how it started for me. And in January, to be honest, my first concern was I wanted to go back to Hong Kong. So I remember like Jan, the first week of January, I started buying masks because I was already seeing like January 7th. I was already ordering masks because I knew, like, we were seeing all the sick viral pneumonia, unexplained viral lemonier in China.

[00:10:12.810]

And you're kind of like, OK, what's going on? And my first concern was I wanted to go back and do more research. And I thought, you know what? I probably won't be able to go back because Hong Kong will be badly hit because they're so close to Wuhan a year later.

[00:10:27.000]

Little did I know they would not take me back because I'm from a country that's just mismanaged so badly.

[00:10:35.020]

So you're from a banana republic. So I can't go back, not because they're badly hit, but because they're doing they're doing so much better than us. So I still can't go back. So that was kind of how January happened for me. And then I spent February in this out of body experience. I like to call it when I if you knew anything about infectious diseases or pandemics and if you're following the news, you knew we were going to get hit.

[00:11:07.290]

And also, like before January 20th, China, the government was not telling the truth, but after that, they unmuzzled their scientists. And there was this outpouring of information. And I think at that point, partly because they knew like this was terrible. And a pandemic is bad for them, too, because it's their early cover up that contributed to this. And so they were actually giving us a lot of information so you could kind of learn about, you know, the pre symptomatic transmission, all of those things.

[00:11:36.330]

And plus, you know, the Chinese scientists, they could start communicating and they were like

warning us. And then you were seeing all the papers. The new Taiwan was giving us information. You know, you were getting information from Hong Kong, other places, HQ, the medical school there is excellent. So I, I was sure we were going to get hit. We were seeing Ohan we started seeing what was happening in Italy.

[00:11:59.280]

And then I would look at the news, I would look at newspapers like and I don't mean this administration like the administration's failings are. So obvious and so in front of everybody's face that I think, like, almost doesn't bear repeating, they were terrible. But also in February I was reading like op heads and pieces in outlets like The New York Times and The Washington Post and other places that had titles like Beware of the Pandemic Panic, kind of implying the panic over pandemic was the problem.

[00:12:35.990]

I read an op ed or a piece in The Washington Post saying the Asians were just superstitious. That's why they wore masks. And this was somebody like an academic, wasn't some random person. I read a Bloomberg piece saying that it was our irrational brain that was making us think about the pandemic. And I'm just sort of looking and thinking, you realize we have to do this thing called flatten the curve. Our hospitals are about to get hit. And you're telling us not to panic, that masks are irrational and there's nothing to do.

[00:13:05.990]

And don't fear there was an op ed in The New York Times from somebody who's like a travel agent saying, don't demonize travel, it's OK to go to China.

[00:13:16.530]

I'm like, what are these people just sort of like, what planet are these people on? We're about like, you feel that tsunami coming at you and you're like, we're going to get to high ground and everybody's acting like you're crazy. That's how I lived through February. And I wasn't planning to write anything about the pandemic because I you know, I would have written about the misinformation part. I would have done all of that. But I was seeing people around me plan conferences like try to they were asking, like on local Facebook groups.

[00:13:48.710]

They'd be like, my elderly parents want to go on this cruise ship and we're hearing about the pandemic. Should they go? And I would be like, no, they should not go, because we already see the data. Like, this is not good. This is they should not. And they will send me this New York Times or Washington Post article saying you're just panicking. They would tell me to worry about the flu. I'm like, yes, yes, please do get your flu shot.

[00:14:08.960]

But you don't understand. We have a novel coronavirus. You got to stop. You've got to get ready. You got to start getting ready to maybe stay home a little bit, you know, fill your prescription medication.

[00:14:21.230]

So I couldn't find an article to send to these people.

[00:14:25.940]

So I wrote one like that, literally how I just like I was like, all right, I'm not an epidemiologist. You know what? There needs to be an article that's practical that just explains people. What is basic concepts like flattening the curve, which it wasn't around at the time. So at the end of February, I wrote an article that basically said, look, if we're going to get hit, you got to get ready. Things like the case fatality rate are not fixed numbers because if our hospitals are overloaded, more people will die.

[00:14:58.520]

The best way is to sort of stay away from other people, try to stay home if you can, which means you have to kind of get ready for it. So I just think it was seen as a Prepon Dumarey thing. And I eye and,

you know, we'll probably talk about this.

[00:15:14.420]

It was one of the most striking years of group think that I live through in twenty twenty like topic after topic.

[00:15:23.090]

And I thought, you know what, we need to have an article so that I can tell people it's not a crazy thing to prepare for what is a regular occurrence in human history. And since this is a virus, we're not going to be able to like pull an antibiotic out of our pocket. We got to get ready. So I wrote one. Just to have something to send to the people who were around me who were like sending their parents, elderly parents on trips and still and I just wanted to tell the conference organizers, no, you've got to you're not going to be able to hold a conference and may just start planning for it.

[00:16:01.590]

So I wrote one and two, my kind of surprise. I just really went viral because people were looking for that kind of level headed advice and I didn't have anything complicated. And it's like if you read it now, it's the kind of stuff you read a million times, you know, just a crazy flattening the curve.

[00:16:21.900]

Where was it, The Atlantic or The New York Times? Scientific American. I owed them a blog post, to be honest. Nobody else really was interested in it. And my editor there just had his first grandchild.

[00:16:36.430]

So it's like, do you want an article on getting ready? It's like, oh, sure.

[00:16:40.500]

And then I sent it and I thought, like, he'd give me some feedback or something, but he had, like, the cute baby bundle that was occupied.

[00:16:48.630]

We just put it up.

[00:16:49.890]

So there were typos and I was like, we were supposed to anyway, just like then we fixed the few typos and it went really, really like I sort shared all over it had millions of views.

[00:17:00.450]

It had all the sort of big share. So I got a lot of sort of feedback from people saying thank you because I was starting to think I'm crazy because, you know, I worried about this. I don't know what to do and nobody's telling me what to do. And I was kind of like, yeah, just now get some food store some, you know, get your prescription medication, just maybe plan for a home office or, you know, maybe your kids won't be able to go to school just as basic stuff.

[00:17:28.650]

So I wrote that and I thought, all right, you know, I've done what I need to do. And I thought that would be the first and last thing I kind of wrote, because, you know, you don't really expect to be doing this. But what happened there was I needed to sort of send people to a list of things to buy that wasn't crazy, like just simple stuff like how do you stay home for a couple of weeks, avoid grocery stores, things like that.

[00:17:56.340]

And it linked to a site that was more focused on, like prepress stuff, which it was my like list. The list wasn't bad, so I can't buy gold. Well, it wasn't that so that's why I like there wasn't a list. So I was like wading through all the lists and they were like, crazy. Yeah, beigel, do this, do that. And I was like, no, no, no, no, no, no.

[00:18:16.160]

So I finally found one that was sensible because I thought I also don't want to, like, draw up my own list. So it was a sensible list, but being quite sensible, it had said you should also buy some ESCs. And as I said, like I had bought some January 7th. That's what the infectious disease specialist had been through, SARS advice, it's kind of a straightforward thing. And then I started hearing from health professionals who got mad at me for linking to a list that said buy masks in my piece.

[00:18:51.070]

I even said, you know, they're kind of Adama's, don't worry about it. But yeah, the list was like, buy mess. You can find them. And then I started this amazing amount of feedback that was mad at me from health professionals who are making claims that masks were harmful, right. That it wasn't that there's a shortage because I knew there was a shortage. So I said there's a shortage. And so you kind of can't worry about it because it is what it is.

[00:19:21.510]

There's a shortage.

[00:19:23.010]

But I was being told that I was endangering people by, you know, letting them think that masks were OK, that they weren't harmful. And I was like I had another, like, second order out of body months there. I'm like, what are we talking about? Like, how are they harmful? Like, I thought maybe there's some weird trick. I don't know about all this. Like maybe there's some, you know, detailed virology about something, something about masks and harm that everybody in Hong Kong and Japan and Taiwan missed.

[00:19:58.350]

And I said, OK, you know, let me see. Like, what are you telling me? Like, I want to understand what you guys are saying.

[00:20:04.680]

So it was really startling. It was I was told and this was like by health professionals, there were like journalists, health journalists writing these articles, doctors making these claims. So this was not some rare fringe claim to make.

[00:20:21.990]

So they were saying things like that, wearing a mask would cause a false sense of security, that people would become very reckless just because they were wearing a mask and do more dangerous things. Now, I may not be a virologist, but I am a sociologist. And false sense of security is something that's been researched a lot.

[00:20:45.120]

And it sounds really clever. It's a little Gladwell, William, like it's the sort of smart contrary any kind of thing. You think you'll be more safe, but you're actually less safe. It's been researched to death and it's kind of like a second order effect, like you've got a safety device and then you're just more reckless and it's just incredibly hard for a second order effect like that to overcome the benefit of the actual safety, the first order effects and in fact, the research.

[00:21:16.710]

You don't see it. You don't see it for things like Helgeland. So you don't see it for seatbelts.

[00:21:22.140]

Yeah, seatbelts. I mean, it's plausible. There's the occasional person who is more reckless, but like maybe I saw like one little study of my alpine skiers. But even there, like the benefit of the helmet was so great that it just didn't overwhelm. If to the degree you can find examples and plus, you know, from the sociology of it, I knew that people who wore the masks would actually almost certainly be more careful because you're just it's a sign something's wrong.

[00:21:56.730]

So instead of being reckless, you would expect them to be more careful and more cautious. Like why rather than being reckless. And also, you would see there was a lot of evidence then that we were having pre symptomatic transmission that people without symptoms were transmitting. And the World Health Organization and the CDC were then saying that people should wear a mask if they are sick. And again, sociologically speaking, there is no way for only the sick to wear masks because of the stigma and we know this from tuberculosis research like tuberculosis is also airborne and people are supposed to wear masks, but they can't wear masks only if they're sick because that's kind of singling you out a stick.

[00:22:43.690]

And this is at a time where, like Asian Americans who wore masks were being attacked and there's just no way. So if you do believe sick people are supposed to wear masks, you have to say everybody's got to wear masks. Plus, we know there's symptomatic transmission. So people who don't know they're sick are transmitting. So you've got to say everybody's got to wear masks.

[00:23:02.580]

But also, more importantly, you can't bemoan the lack of P e for health professionals based on the argument that masks don't work. Right.

[00:23:14.040]

Mean. Yeah, that was another thing. So that was a whole other thing. So that part didn't work. So I was like, no, this ah, this argument doesn't make. So the second argument they made, which is when I lost it, I thought with the sociological part I thought, oh, you know what, doctors don't know a lot of sociology. They have a lot of assumptions about people like they're just wrong. So I was kind of like thinking they were like, we can just correct this misunderstanding.

[00:23:40.570]

Right? I was thinking that they're just missing a false sense of security. This contrarian thing is alluring them intellectually, and we'll just correct this. The other thing they told me was that what if you touch the outside of your mask?

[00:23:55.180]

And I was at that point like as opposed to touching your face without a mask, like, what are we talking about it? So what was happening was they were looking at studies of health care, people self infecting because of improper mask use, but that is compared to less self infection because of proper use. Like there's no comparison to not.

[00:24:20.450]

Right. Yeah, right. I mean, obviously, if I'm going to touch my face or if, like, they would say stuff like what if the outside of your mask is contaminated and you touch it? I'm kind of like if the outside of my mask is contaminated, that's a win. Like, there's just no way you can make me buy this. This is for you.

[00:24:38.980]

And if you're touching your mask, you're not touching the mucous membranes that are beneath your mask. Correct.

[00:24:44.080]

And if the outside of your mask is getting infected, that means you're not breathing that thing in. Right. And plus, there was a lot of so at that point, I thought, this is crazy. There's something else going on here. And further, of course, as the I started like looking at the my for getting in touch with my friends in Hong Kong, getting in touch with infectious disease specialist there. And what I also learned was that for them, masks were really being used to stop transmission to others, not just like protecting the wearer, which is like a medical thing, which is kind of a higher standard.

[00:25:22.150]

It's kind of little harder to keep something out, but it is easier just with a cloth mask even to sort of its respiratory etiquette. Right. That's why you sneeze into your elbow rather than just sort of spread it around. So that was really straightforward. And I got this really strong sense. There was a lot of these threads on social media from really well-meaning doctors saying, well, you can't really wear them. Right, because, you know, they need to be blah, blah, blah, blah.

[00:25:48.580]

And there's all this talk about the shortages, but people were being told there's a shortage, it's harmful. You'll increase your risk like they were like these thousands of thousands of tweets. And I kind of got the sense that it was a combination of not being logical with the outside of your mask, not being up with the infectious disease specialist who knew what they were doing, the ones in Japan and Hong Kong and Taiwan who've been through this. And partly it was not trusting the public.

[00:26:15.850]

Right. There was this fear of having a run on masks, which that was legit, like you had a shortage. But then you just have to level with the public and say, it sucks, we have a shortage. And here's what we got to do. We're going to do cloth masks as a stopgap. You just have to kind of you can't tell people. And I thought this is going to start biting us because we're eventually going to have to tell people that we need to wear masks.

[00:26:40.120]

I started tweeting about this. I basically tweeted out the whole argument saying this doesn't make sense. This doesn't make sense. This part is illogical. False sense of security is baseless. It's not there's no plausible way it can be harmful to where one as opposed to not wearing any at all. So I made all these arguments and I said, this is going to like this kind of messaging against Mass is going to come back and bite us badly in a couple of months.

[00:27:09.650]

And I waited because what I was hoping was that I started like just putting the whole argument there, I think early March I was waiting for somebody else with the right or the right M.D. or infectious disease sort of specialization. To write a piece saying, would the Western nations, you know, us and Europe please come to their senses and like, look at all the expertise and like the idea that the Japanese are just superstitious to Hong Kong, infectious disease experts are just superstitious or so stupid.

[00:27:45.410]

So I just waited because I do already have a platform on Twitter. People already see it. And I'm kind of like, look here, here's the whole argument.

[00:27:54.030]

And I hope somebody writes this, I didn't say that, but I was really like genuinely thinking somebody with the gravitas to make this argument needs to make this argument because you're essentially saying the CDC and the World Health Organization need to change their guidelines.

[00:28:11.530]

And then I waited two weeks with not I start I'm still seeing, like articles go viral saying don't wear a mask, you know, you'll increase your chance of infection. And these things are being published. And, you know, from traditional mainstream health journalists, it wasn't like they were quoting doctors and they were quoting CDC guidelines saying it's actually bad for you.

[00:28:36.340]

So after waiting two weeks for anyone with the right gravitas and the sort of standing to make this argument, and I had like this perch at The New York Times, I just went and said, you guys want a piece on this like that. We're just this is not the this messaging is wrong and it doesn't make sense. And we should change these guidelines. And I really wasn't sure if I wanted them to publish it because I thought, this is crazy.



[00:29:06.070]

Like, I'm I am on the side of science and CDC and WHL and I'm going to like I'm pondering writing an op ed saying that one of the most important recommendations they're making in a pandemic is wrong. So it's not the kind of thing I thought I wanted to do, but. You know, nobody else was doing it, and it is a pandemic, so I thought, all right, you know, a caution to the wind. And partly it's not just caution.

[00:29:33.910]

I really wanted someone who would be more believable than me. Right, because I don't have the correct credentials. Said I wanted it to come from someone like the ex head of CDC or something like that to come and say, look, we got a Maska, there's a shortage. We'll do cloth masks for now. False sense of security doesn't make sense. But of course, don't be reckless. And, you know, don't forget to wash your hands in distance.

[00:30:05.140]

And that's it. Like, it's not very complicated. So I it just wasn't happening. So I said, all right, you know what? It's a pandemic. If nobody else is doing it, I might as well do it because why not? You'll it'll go where it goes. And I just came out pretty much as I said it, like, if you read back now, it's so straightforward, like there's no big controversy over it.

[00:30:28.840]

But of course and I thought maybe this is the end of my public writing career. You know, I'll be seen like an anti Voxer because, you know, CDC saying it might be harmful to our health. Journalists are writing articles like that. And I'm coming out and saying, you know, World Health Organization or CDC wrong in a pandemic. So that's kind of a big deal. And I thought, right, maybe that's the end of my public writing career.

[00:30:51.760]

But like, if you really believe something is true and the stakes are so high and you have a chance to publish, you know, and what is still called a paper record, so it will be read now you've got to do it. So I was like, all right, I do it. I write, I wrote it. And I had a great editor who just kind of let me write it the way I wanted to write it. Like we didn't do the hemming and hawing.

[00:31:17.290]

I was able to like link to things like priest symptomatic transmission is occurring and, you know, just sort of these things that were still being treated like controversial as late as March, when, in fact there was so much data that was showing that that's the preponderance of evidence. Right. Even if you're not 100 percent certain, so clear that it's almost certainly that's what's happening. So I was able to write it the way I wanted to write it, just saying this is what we should be doing.

[00:31:45.440]

And then I thought, all right, OK, let's see what happens.

[00:31:47.830]

You know, maybe, as I said, my career is over, or maybe not. But if it is, it is.

[00:31:55.600]

So then what happened was sociologically fascinating to me is that I got inundated with medical professionals and other infectious disease people who contacted me and said thank you, thank you for writing this. Thank you for saying this.

[00:32:14.350]

I later learned that it caused the firestorm within the CDC to and like help tip their recommendations to, you know, recommending masks.

[00:32:23.650]

So there was this.

[00:32:24.500]

So instead of getting canceled, which I thought, you know, maybe that's what's going to happen, I got all these people like immediately sort of this flood of thank you for saying this. Thank you for saying this. And part of me was like, you're very welcome. And the other part of me was like, why didn't you write? You're all these people who were really highly sort of place that it made me feel good because I, I don't want to sort of stick my neck out if it's wrong.

[00:32:53.720]

Right. I don't mind the pushback, but if it was wrong, I wouldn't want to endanger people. So my first thought was like, great, I didn't do something wrong. I didn't put people in danger. I did say the right things. My second thought was like, wait, if you all knew this, like, affected this, why was it, you know, like a sociology professor to be writing this a fault?

[00:33:18.130]

That part is genuinely strange. And we should step back for a second and acknowledge that this problem is much bigger than the pandemic. I want us to discuss whatever is useful to discuss at this moment about covid. But there's much more to this moment than that. I mean, it seems like we've been living through a dress rehearsal for something far worse on at least two fronts. There's the global health front. And so we have a pandemic here, which just by sheer accident, isn't ten times worse than it is.

[00:33:55.480]

Right. covid could be killing 10 percent of people. And we would we now know how we would perform under those conditions and it would be, you know, to watch our society unravel. I would love your take on why we have failed so catastrophically to to actually get a handle on what is compared to the the real possibilities out there, you know, both manmade and natural, a fairly benign disease. Right. So there's the global health challenge that we have not exactly risen to, but then there's this riding alongside it or on top of it or beneath it.

[00:34:33.460]

There is the political instability that we've lived through and the rise of Trump ism and that, you know, complete derangement of our politics. What you also have weighed in on quite usefully and many of your intuitions here have been informed by your experience of being Turkish and knowing what it's like to live through coups and coup attempts. And so you've seen the writing on the wall in that sense, too. And so the bigger problem is one of misinformation and information siloing and just the fact that there's given that we're largely this is a story of what the Internet is doing to the human mind.

[00:35:13.960]

I mean, we have access to so much information, but simultaneously we have the gatekeepers of information have lost the trust of much of society, in many cases for good reason. I mean, you just pointed to the case where it took you a non expert to push back against, you know, CDC guidance. And so, you know, we find out we can't trust the CDC to on so basic a point as whether or not people should be wearing masks in the middle of an airborne pandemic.

[00:35:48.340]

So trust in public institutions has eroded. And so now we're left with a situation where everyone's got a supercomputer in their pocket with access to the totality of human information, which is probably doubling at this point. I don't know, every year. And we have this kind of stalemate where, you know, one person's groupthink is another person's expert consensus. There's no place to stand where you have authority or perceived authority to rectify the obvious reasoning errors of vast segments of our population.

[00:36:30.610]

Take your pick. We could talk about key went on or at the anti-tax movement or prominent people in our society likening covid to the flu or the craziness is everywhere. And it's very hard when you have a breakdown of of authority and even integrity in major institutions, whether it's the CDC or scientific

journals like Nature and Science and the New England Journal of Medicine. Senator, maybe it's just all of this has gotten so contaminated by politics on both the left and the right that it's really quite deranged.

[00:37:02.740]

So, I mean, I I think we should step back for a second and talk about the role that misinformation and social media and any other variable here bringing this confusion to scale is playing on multiple fronts here. Then we can sort of dive back into anything that you think is useful to say about covid at this moment. Sure.

[00:37:24.530]

So so you hit upon like, that's exactly what we mean when everything I've been interested in kind of came to be at this year.

[00:37:33.850]

So to begin with, I'm on the record calling this a starter pandemic. That's not to make light of the existing tragedy, but like it could have had the fatality rate of something much worse. Right.

[00:37:49.720]

And there's no reason that it could have been terrible in ways that that we can't even imagine right now. It could have been killing a lot more people.

[00:38:00.140]

It is. Mercifully, largely sparing children from severe illness or death, the outcomes are like so it could have been just sort of devastating all the children and every death is tragic, but it could have done something like that is a different kind of situation. It could have been killing 30 percent of the victims. We might not have had vaccines in nine months. There's so many things that could be so much worse about this. You know, the starter pandemic we have and I mean this part, it's already tragic, but that's something that I think about a lot.

[00:38:37.910]

And the other thing is, I mean, this is something I think about all the time is that, you know, yes, I've criticized the CDC and the World Health Organization on this basic point. But on the other hand, of course, like overall, they are right. Like, if you are just sort of thinking about like who do I believe you're always going to choose the CDC. You're always going to choose the World Health Organization compared to the.

[00:39:03.540]

You know, rampant misinformation out there, so even if they have hiccups and get something wrong, they're like, you know, they're full of actual experts and their whatever their failings, they're so much better. And look at like the vaccines and the scientific edifice that can deliver this kind of vaccine with the speed. And yet and yet we're losing the argument to Kinnon. Right? I mean, we have all this like I was just sort of talking, I think, in another interview.

[00:39:35.070]

And I'm just kind of like amazed at how little we're doing with what we have because we haven't figured out how to make these institutions earn public trust the right way, like because all the mistakes they make and the sort of communication errors kind of weaken them.

[00:39:53.880]

But in reality, I'm just thinking like, you know, clinical medicine has all sorts of things I can criticize about everything from the equity to the way they listen to the they don't listen to the patients to they are still in a mind body dualism. As far as like I'm concerned, they have these. So I have all these criticisms. On the other hand, if my 11 year old gets strep throat, the only thing I'm thinking, well, not this year, but previously would have been, oh, he can't go to school for a day.

[00:40:25.800]

Whereas, like, just, you know, if it was 1930's, I'd be thinking, am I planning a funeral? Right. Like within basically a couple of generations we've made so much amazing progress. And as you point out, and we have super computers in our pockets and all of that, and yet we're failing and we're losing the argument to like people we should not be losing these arguments to because we're mismanaging it. We're losing trust. You know, people like Donald Trump are managing to convince enough people and get elected and then also managed to convince enough people that the election was stolen from them.

[00:41:04.650]

And all the things that came from that lie were like, I met a I volunteer at a vaccine clinic. And the it's amazing. Like we're giving all these elderly people the the first shots, but there's no phone capacity to call them for reminders and to four weeks because the phones are overloaded and over. You know, they're just now and I and some of these people were they're just we're just sending them on with a piece of paper, you know, 80 year old, 90 year old people and just hoping they show back up.

[00:41:41.520]

Now, I'm thinking, how could this be like how could we have these amazing vaccines with these results and not have the phone capacity to make sure that we give them a call back to remind them, you know, your appointments tomorrow? Right. That kind of simple stuff. So this is this really weird age, this mismatch age, major achievements of science are on the one hand, amazing. Like we got the vaccines so fast, but we're not putting money into distribution.

[00:42:12.180]

We have medicine. That's amazing. But it doesn't listen to patients all the time and lose this trust. We have, you know, a democracy and we're electing Donald Trump and then nobody's standing up. So I I'm not like it's a transition. And even though the technology that's fueling this, the social media technology is kind of amazing in some ways, and this is something like this was our last conversation, I long thought about this.

[00:42:40.560]

The printing press was amazing, but we didn't just get the printing press and then the Encyclopedia Britannica like there was there was like there was a couple of, you know, the 30 year wars and this and that and then two global wars and World War One and World War Two and near annihilation.

[00:43:01.010]

And we came to our senses a little later on that, on the other hand, like I'm sort of going to go from like it didn't just. Yeah, go from printing press clippings to Britannica. It was a lot of upheaval. But on the other other hand, like after nineteen forty five, after World War Two, he wanted to sort of you're taking bets you'd be like in 20 years Germany is going to attack somebody again, probably France, because that had that was pretty much what had happened for hundreds of years.

[00:43:31.470]

But for a bunch of complicated, lengthy reasons, Europe was scared enough and US was scared enough to build institutions to make sure that never happened.

[00:43:44.970]

And in 20, 30 years, instead of having, you know, one more Germany attacks France story, which is like if you are Baoshan, that's what you said was about to happen again.

[00:43:54.660]

We got, you know, a single currency there. Soon thereafter, we got borderless travel. I mean, I'm not saying the European Union's the perfect.

[00:44:03.550]

But we haven't had another Germany, France, or like the continent is not in pieces again, so it's like we can fix things when in if we fix the institutional part of it.

[00:44:17.170]

Part of the problem here, though, is that because there's been such a breakdown in trust in institutions, many people doubt whether we need institutions, institutions themselves are in disrepute. And I mean even I mean, you and I are visibly part of this trend. I mean, you probably less so than I am. But, you know, I'm you and I are speaking on my podcast, which I have taken great pains to divorce from any kind of institutional pressure because of the kind of intellectual freedom I want to have here.

[00:44:50.710]

You know, like I have actually consciously worked now for years to make myself on cancelable. And, you know, you you write for The Atlantic and The New York Times, but you also have a substandard email, which I certainly recommend people subscribe to. You're part of a trend there that made many very celebrated journalists have jumped entirely to substory because the institutions have proved to be so vulnerable to Passarelli. So, I mean, this shouldn't be the case.

[00:45:20.680]

But, you know, you can get something with a few hundred tweets on Twitter, which brings The New York Times to its knees, at least, you know, behind closed doors. They're treating it like it's an absolute emergency and looking for who to fire next. And so standing outside of all this, you know, we have obviously the people who have been taken in by one or another crazy confabulation like Kuhn and, you know, the larger subset of Trump's preoccupation around that.

[00:45:50.710]

But on the far left, there are analogs of this. And if there's a consensus about anything right now, it seems to be that the experts can't be trusted to the point where expertise itself isn't even a thing anymore. Right. It's like we don't we don't need experts for anything. They've all discredited themselves, the people most worth listening to or simply the people who will say the most provocative thing that proves to be most shareable. And, you know, unhelpfully for any kind, of course, correction back to normalcy here.

[00:46:22.570]

We have one vivid example after the next of people like yourself. And, you know, and there are many other people I could name in this mode who obviously have one foot in institutions and the normal culture of expertise or even both feet there, but occasionally have to step outside of all of that and point out that the institutions, you know, are most prestigious institutions are failing to a degree that is actually just jaw dropping. Right. And this is I'll just add to add to you, I would add to one other data point here on the kind of the and the other side of this, which is I'm sure you saw this at one point.

[00:47:04.330]

I forget what month this landed in. But when we were having all of the the social protests around the murder of George Floyd and the BLM protests that in certain cases devolved into riots and all of that happening on the left, you know, there were open letter signed by literally thousands of doctors and public health professionals in support of these protests as though they posed absolutely no epidemiological concern like this is necessary. This is good. All of the right wing protests against lockdown were murderously irresponsible.

[00:47:43.000]

Right? They had castigated the right over, you know, gathering en masse in public. But then we had protests from the left that were aligned with, you know, the political Prior's of, you know, most people in journalism and most people in academia, which were an order of magnitude larger. And from a you know, apart from, you know, some more mask wearing, definitely looked riskier than anything that was happening on the right. And yet there was not only silence around this, there was absolute support from public health people.

[00:48:16.330]

And, you know, obviously this got noticed by everyone right of center as not just an instance of black comedy level hypocrisy, but it was just a complete breakdown of a commitment to spreading valid

public health information, which and so people you know, the people who were who were who were resisting wearing masks at that point, took notice and said, all right, we can't trust anything you people say. It's all about politics. You've just proved that yet again.

[00:48:46.630]

And it's you can almost hold your breath until the next moment where the worst fears and the most cynical assumptions of any one of these siloed groups of fabulists get confirmed by our institutions. At this point, I mean the most risk. Sensible people behave absolutely irresponsibly, seemingly on command, it's very hard to find a place from which to reboot and to to acknowledge all of these past missteps and to say, OK, now we're going to move forward with, you know, professionals in their right seats and with a renewed commitment to institutional integrity and intellectual honesty and everything else that's going to become a reliable engine of progress here.

[00:49:32.280]

It's amazing to see by literally I see billionaires who are is basically as cynical about anything ever getting done ever again as Kuhn lunatics. So it's it's just a it's a very dark picture of, you know, if we have a consensus about anything, it's that nobody knows how to move forward here.

[00:49:54.690]

So anyway, I just vomited all of my stories on you, and you do with that what you want.

[00:50:01.470]

Interesting thing is that the experts are the ones that are kneecapping themselves despite. I mean, every argument should be on their side. I guess we just discuss this like medicine is doing amazing things. These vaccines are amazing, like the guidelines of the. If you'd like to continue listening to this conversation, you'll need to subscribe and Sam Harris, Doug, once you do, you'll get access to all full length episodes of the Making Sense podcast, along with other subscriber only content, including bonus episodes and Amma's.

[00:50:37.940]

In the conversations I've been having on the Waking Up app, the making says podcast is ad free and relies entirely on listener support. And you can subscribe now at Sam Harris. Doug.