

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak; Richard Horton, Editor-in-Chief, The Lancet, is Interviewed About Boris Johnson; "The End of October," a Medical Thriller Author Lawrence Wright is Interviewed About His New Book, and The Importance of Science, Data and Contract Tracing; Interview With Kevin Bacon; Interview With Former Senate Majority Leader Bill Frist. Aired 2-3p ET

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Highlight: Prime Minister Boris Johnson back at work after battling coronavirus tells Britain to stay in lockdown. I speak to the editor-in-chief of "The Lancet," the renowned medical journal that first published corona news back in January. Then the book that saw a pandemic coming. Pulitzer winning journalist, Lawrence Wright, talks to me about "The End of November."; Former Senate Majority Leader Bill Frist discusses President Trump's handling of the coronavirus pandemic. Actor Kevin Bacon discusses charity efforts during the pandemic.

Body

[14:00:00]

CHRISTIANE AMANPOUR, CHIEF INTERNATIONAL CORRESPONDENT: Hello, everyone, and welcome to "Amanpour." Here's what's coming up.

(BEGIN VIDEO CLIP)

BORIS JOHNSON, BRITISH PRIME MINISTER: To everyone on whom our economy depends, I understand your impatience. I share your anxiety.

(END VIDEO CLIP)

AMANPOUR: Prime Minister Boris Johnson back at work after battling coronavirus tells Britain to stay in lockdown. I speak to the editor-in- chief of "The Lancet," the renowned medical journal that first published corona news back in January.

Then the book that saw a pandemic coming. Pulitzer winning journalist, Lawrence Wright, talks to me about "The End of November."

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
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Plus --

(BEGIN VIDEO CLIP)

BILL FRIST, FORMER U.S. SENATE MAJORITY LEADER: The only thing that's going to bring this pandemic to an end is medical science.

(END VIDEO CLIP)

AMANPOUR: Former Republican Senate majority leader and retired surgeon, Bill Frist, speaks up for science with our Michel Martin.

And --

(BEGIN VIDEO CLIP)

KEVIN BACON, ACTOR: We can work together to stay home and keep each other safe and spread the word.

(END VIDEO CLIP)

AMANPOUR: Hollywood star, Kevin Bacon, on his stay-at-home challenge and feeding health care workers on the front lines.

Welcome to the program, everyone. I'm Christiane Amanpour working from home in London.

Stick with the lockdown, that is Prime Minister Boris Johnson's message to the British people. On his first day back at number 10 Downing Street since being rushed to hospital three weeks ago, being the first world leader known to have had coronavirus, says this country is beginning to turn the tide on the disease and now is not the time to lift restrictions. Take a listen.

(BEGIN VIDEO CLIP)

JOHNSON: I know it is tough. And I want to get this economy moving as fast as I can, but I refuse to throw away all the effort and the sacrifice of the British people and to risk a second major outbreak and huge loss of life and the overwhelming of the NHS. And I ask you to contain your impatience because I believe we are coming now to the end of the first phase of this conflict. And in spite of all the suffering, we have so nearly succeeded. We defied so many predictions. We did not run out of ventilators or ICU beds. We did allow our NHS to collapse.

(END VIDEO CLIP)

AMANPOUR: But more than 20,000 people in the U.K. died of coronavirus which puts it among the worst death rates in Europe.

The government is facing mounting pressure now to explain the slow initial response as well as the need to expand testing and protective equipment for health care workers. All this as European neighbors like Switzerland and Germany and also further afield, New Zealand, become the latest to slowly lift their lockdowns.

Joining me now from London to discuss this is Dr. Richard Horton. He is the editor-in-chief of "The Lancet," the renowned British medical journal that published the first paper on coronavirus back in January.

Dr. Horton, welcome to the program.

Let me ask you because we have set you up to, you know, really to know what is going on. You have been on this from the very beginning before others were. What do you make just in the first instance of what the prime minister said today, contain your impatience, I'm not going to lift the lockdown now, we cannot afford a second wave?

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

RICHARD HORTON, EDITOR-IN-CHIEF, THE LANCET: I was mostly relieved that he's going to go the whole distance. The lesson we have learned from Wuhan is that you need lockdown in place for around 10 weeks to be sure that you cut the lives of transmission for the virus. We are at week six. We need to keep the lockdown going pretty much 100 percent until the very end of May. So, that's what he seems to be committing to today and I was very, very relieved.

AMANPOUR: So -- and you did tweet about that before he came out. You said he must manage expectations and you were hoping that precisely this kind of message would be sent. Do you think -- did you notice a different Boris Johnson? You have been watching him for a long time and you have been quite critical, we'll get to that, about the early response. But do you think his experience has changed him?

HORTON: I do. I think it came across very clearly in the way he spoke. His behavior before he fell ill suggested to me that he didn't fully understand the seriousness of the pandemic, the signals that were coming in from China and the rest of Asia.

[14:05:00]

And I think now he fully does understand that and he's been understandably very frightened by the impact of this illness and that (INAUDIBLE) came across in his speech today was somebody who is thoroughly committed to making sure that this epidemic is squashed, it does not come back in a second wave and that we do the very best we can to save as many lives as possible. This epidemic right now is extremely dangerous still and we have to go the whole way until the end of May, beginning of June.

AMANPOUR: OK. So, I'm just going to, you know, read what you said. I mean, you basically tweeted, you said, we must use May to build the capacity to end lockdown, as you say, on June 1st. We must use May to see new infections and deaths continue to fall. We must use May to plan a recovery plan for the nation. And we must use May to think about what kind of future we want.

It's interesting that you put it that way because Boris Johnson himself, in what he said, I'm just going to play this, as well. To suggest that he himself has put benchmarks. Let's play it and then see if it matches with what you urged.

(BEGIN VIDEO CLIP)

JOHNSON: We collectively flattened the peak. And so, when we're sure that this first phase is over and that we're meeting our five tests, deaths falling, NHS protected, rate of infection down, rarely sorting out the challenges of testing and PPE, avoiding a second peak, then that will be the time to move on to the second phase.

(END VIDEO CLIP)

AMANPOUR: So, I wonder again what you thought about that particular part of it because some have criticized it for being vague, others have said, well, it's very specific, and how are you going to assess and get to those markers? So, five tests. Deaths falling. NHS protected. Rate of inflection down. OK. You can measure those but really sorting out the challenges of testing and PPE, I mean, they haven't got there yet. Just analyze those five tests for me.

HORTON: Well, first of all, when we push down the -- what's become this famous reproductive rate that the virus that everybody knows about now, be at zero (ph), when we push that below one, that means that the epidemic is not going to be increasing. Indeed, it is going to be getting smaller and then we got it under control.

But we need to be able to compare and contract trace and isolate any new cases that might come up when we start to lift the lockdown. And to do that, we need the laboratories, we need the testing kits and we need the people to go out there and be able to do that contact tracing. And at the moment, we have none of those in place.

We need to be building that capacity up during the month of May so that we can gradually release the lock at the end of May, the beginning of June, and then make sure that we don't see the epidemic come back by jumping on

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

every single new case and isolate the persons so that they can't spread the disease any further. So, this is going to make time to build up.

But we are seeing the number of deaths coming down slowly. We are at -- it is a terrible, terrible numbers. But compared to what we were, we are now at 400 or so deaths every day. We need to see those deaths come down further to 300 to 200, and that's going to tell us then that we not only got the epidemic under control, we've got the disease under control as well and I think that is going to take another four weeks of really hard work.

And what came across to me today with Boris Johnson, he is a different man. He is changed. He is committed. He is going to see this through. I feel confident about that and I didn't before.

AMANPOUR: So, do you think then, because before he made this speech this morning there was a lot of talk about the immense amount of pressure that he was coming under from members of his own party, from business probably, people who want to get the economy going again, but also people who are looking at other countries that have managed to start doing that slowly, slowly, turning the dial, so to speak, in the new jargon rather than flipping a switch.

I mean, there's a lot we still don't know about the virus. But can you hazard an educated medical guess as to why Germany, for instance, was not hit as hard as Italy? Very close to Italy. Why Germany was definitely not hit as hard as the U.K.? What did they do that's different?

[14:10:00]

HORTON: Yes. These are some of the mysteries of this disease. One of the reasons that we think that it may have hit so hard in Italy is that in the Lombardy region and in the Veneto region, the population is older and we know that older age can predispose you to a worst outcome. There's a different policy being used in Sweden and one reason that we think that that might be working is the policy that we definitely shouldn't pursue here, but in Sweden it might be working more successfully because there are more people living on their own at home and we know there's a lot of transmission is taking within families.

The situation in Germany is very mysterious. And we're not fully sure exactly why that is the case. They had a -- they locked down and they have tested. They have a larger diagnostic capacity than we do and they use testing contact trace and isolate more assertively than we have and that may be the explanation. The U.K. was late. The U.K. was late to lockdown. It's one of the latest countries across the continent of Europe to lockdown on March 23rd. And that means we are one, two or three weeks behind some other European countries such as Italy which has announced today that it is thinking -- talking about how it is going to release the lockdown later in May.

AMANPOUR: Dr. Horton, you, as I said, published the first paper on this, on the Wuhan virus on January 24th. Then, one week later, you published another paper that suggested, if I'm not mistaken, that it was moving out of China and, therefore, was likely to be transmissible around and the paper called for real proper planning.

It clearly didn't happen in enough countries and we know that Dr. Ian Lipkin who is the U.S. virologist at Columbia University, he was, you know, behind the film "Contagion." He has said both the U.K. and the U.S. was slow and it's about being slow and not having the adequate or sufficient capacity for testing and tracing.

Do they yet have that? I mean, I was stunned to hear -- I mean, also stunned to hear you say at this late day we have to use May to get that up. I mean, what is going on?

HORTON: Well, this is one of the tragedies of the way the United Kingdom has responded and I'm afraid also the United States. We actually published five papers in the last week of January which set out very clearly what this pandemic was going to be about. A brand-new virus with no treatment, with rising deaths, large numbers of people having to be admitted to intensive care, requiring ventilation, the risk of a global pandemic, the need for testing and contact tracing and isolation, the need for personal protection equipment, and it was a real call. Each one of these papers we published was a call to countries around the world to get prepared.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

And the reasons that we can speculate on, and I think we are now understanding the reasons why, we wasted the entire month of February and early March, four or five weeks, when we should have been getting the personal protection equipment ready, when we should have been ramping up testing capacity, we did none of that. We pursued a policy of herd immunity, the idea that we could let the virus rip through the country, we would all get infected and then we would be immune.

Well, that's a policy that might work for a relatively mild viral infection, for example, a relatively benign influenza virus. But something like this, that is absolutely the wrong policy and we made the wrong choice.

My -- the reason why I'm upset, indeed, angry about our response is that all of those signals were there in the last week of January. And remember, please remember, the director-general of the World Health Organization called a public health emergency of international concern on January the 30th. On January the 30th, those W.H.O.s sending us, to every single country in the world they get ready and we ignored it and so did the United States, and that is unforgivable.

AMANPOUR: So, of course, as you know, the W.H.O. is now the butt of the United States, certainly the Trump administration's anger, you know, they say it's the W.H.O.'s fault that it wasn't, you know -- you know, the news wasn't transmitted urgently enough. I know, obviously, you disagree with that.

You know that the British government has come out unusually and done a point by point rejection of most of the articles, at least a big one, that really sort of criticized its response. What do you think needs to happen? And this may sound churlish at this point, but does there need to be a public inquiry into how this happened so it doesn't happen again?

[14:15:00]

HORTON: Well, I think we need to get through the current phase. We need to beat this first wave of the pandemic down. And then we need to pause and we need to reflect and learn the lessons. And I do believe that the public inquiry is needed so that we can understand those lessons.

That was why China responded the way China did in Wuhan. They went through the SARS outbreak in 2002 and 2003, and it was a national humiliation for China. They were paraded on the world stage as not telling the truth about what was taking place, and they were never going to allow that to happen again. And as soon as they got the first signal, in Beijing, they knew in Beijing that this was a potentially new SARS virus, they immediately informed the World Health Organization on December 31st because they recognized the threat.

So, my view, actually, is that we should be grateful to the authorities in China, additionally greatly to the World Health Organization, because they did all they could to alert the world as to the seriousness of this pandemic. Unfortunately, it was many western democracies that didn't take those signals seriously enough. That is not the narrative that we're hearing played out at the moment, but I do believe that's closer to the truth than what we're hearing currently.

AMANPOUR: Well, that's really interesting and we will dive deeper into that at another time because clearly, that is major, major stumbling block, what China said, when it said it, how it said it, et cetera. But for now, Dr. Richard Horton, thank you so much indeed for joining us.

And now, imagine writing a novel about a deadly new virus that emerges in Asia and spreads worldwide only to watch it all come true. That is what happened to my next guest, Lawrence Wright, author of the definitive work on Al-Qaeda, the Pulitzer prize-winning "Looming Tower." His new medical thriller "The End of October" follows an epidemiologist for World Health Organization in his quest to stop, yes, a pandemic.

Lawrence Wright is joining me from his home in Austin, Texas.

Welcome back to the program, Lawrence Wright.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

And I hate to say but many people have called you a Cassandra for all sorts of things you have written just as they become massive in the real world. How did you do it? What led to this novel?

LAWRENCE WRIGHT, AUTHOR, "THE END OF OCTOBER": Well, what led to it, a decade ago, the filmmaker, Ridley Scott, asked me to write a screenplay. He had read the Cormac McCarthy novel, "The Road," this post-apocalyptic story of a father and son wandering through the ruins of civilization. And his question was, what happened? You know, what force or event was so powerful that it brought civilization down?

And I had done some stories about medical things out of the Center for Disease Control when I was a young reporter. And I just thought, a pandemic would be the most logical cause for a civilization to really crack. You know, something like the 1918 flu. Something we have already experienced in our history but it would kill between 50 million and 100 million people at that time.

What would happen now if it came in this world where people are so densely packed together and transportation is instant? How would we handle it? Would we do any better than our ancestors? So, that was a question I had on my mind.

AMANPOUR: So, look. To be fair, I mean, you are a journalist and you had been reporting on this stuff and looking your nose to the ground on all the, you know, threats around. We know that the Obama administration knew about the possibility of such a thing because they had gone through Ebola and we know that there were pandemic playbooks all over the Western world, in the United States, here, that were not used and not taken off the shelf. So, we know that.

So, when they all say, who knew, who could have been, you know, prepared for this? No one. We know that that's not the case. But did you know when you published and were writing that this might happen now?

WRIGHT: No. Not now. I didn't know when it would happen. But after talking to all of these experts, I took their caution. They all knew it was going to happen. They just didn't know when. The fact that it happened to coincide with the publication of my novel is a total coincidence. But the fact that it parallel so many of the events we are living through is not. It's exactly what the experts told me would happen.

AMANPOUR: So, you know, your novel actually does involve a sort of, you know, collapse of civilization in a much, much, much more dramatic way than the current crisis. What do you -- when you see this crisis and you know that you have written that book, how do you compare the two?

[14:20:00]

WRIGHT: Well, my -- the virus I concocted is more fatal but it's less contagious than COVID. It's more like the 1918 flu. It's also somewhat more like SARS or something like that that has a really high mortality rate. And, you know, when I think about these two things, honestly, this may -- we may look back at this contagion as a warning or even a blessing that we were alerted at this time to the danger that we face.

I mean, just look at all of the viruses that have come at us in the last 20 years. SARS and MERS and Ebola and Zika and West Nile and avian influenza, this is all, you know, in the last 20 years. It -- you know, we're going to be facing pandemics, novel pandemics for as long as we can imagine and we have to be ready for the big one.

AMANPOUR: You know, you talk about the CDC, your hero, your protagonist worked -- works for the CDC. He's been sent off to find out about this virus in Indonesia. And for the W.H.O. you know, all these things that are happening right now, W.H.O. is involved. CDC is involved. And you also talk about the worry, in your novel, of a second wave, more virulent second wave, which is where we are right now amid, you know, the questions about how should governments open up and get back to business.

Talk us through how it -- you know, how the second wave shaped up in your novel.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

WRIGHT: Well, Christiane, I modeled my influenza on the 1918 flu, and it's called "The End of October" because October was the most highest death rate in American history. And it was a second wave of the 1918 flu. It had mutated at some point. In the spring, it was a lethal virus but it wasn't the extraordinary killer that turned out to be in the second wave.

I'm not -- I am not forecasting that that's what's going to happen with COVID-19. We don't know what's going to happen. We assume that if it's like the influenza, it will probably return and will probably come back in the fall. But, you know, that's -- that would certainly be the case if it were influenza, but it is not.

So, SARS was, you know, contained by the public health authorities. MERS was not as contagious. Those are the two previous coronavirus outbreaks that we faced. And what we're going to face here, we really don't know.

AMANPOUR: I don't want to spoil the plot, but you also have a big climate change component to your book. Can you -- do you mind telling us about it?

WRIGHT: I do mind a little bit but I will -- I'll skirt around the -- you know, we have -- you know, viruses -- I've been so fascinated by learning so much about viruses. There are trillions of them. We have no idea what -- you know, there are only like six or seven that are actually really dangerous to humans so far. But, you know, bats alone have hundreds of coronaviruses. And some say that, you know, there may be more viruses than -- you know, many more times than the number of stars in the universe.

So, we are just beginning to learn a little bit about them. And some of them are going to arrive in the future, but some may surface from our past.

AMANPOUR: So, look. You talk about -- I mean, and you have in your writing, not necessarily in this book, but in the writing about it, your op-eds, et cetera, you've talked about the catastrophes of the black death, you've talked about -- which was, you know, I think it was in the 1400s. The plague in the 6th century, you know, 50 million people died then. Many, many millions -- hundred million over the black death. Smallpox, of course, one of the most infectious diseases killed about 400,000 people until there was a vaccine.

So, you talk about those which are pretty amazing, but you actually -- you know, you have, as a case study, an Italian doctor who raised the red flag, so to speak, about SARS in Vietnam. Tell us about what he did and the effect of him breaking the news.

WRIGHT: This was Dr. Carlo Urbani. He was an extraordinary man. Great physician. But also, just a beloved figure. And he's the one that accepted the Nobel prize for Doctors Without Borders. And after that, he went to Vietnam to help, you know, the children with infectious diseases.

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And in 2003, a passenger flew in from Hong Kong, a Chinese-American who was ill, and he was in the hospital in Saigon. And suddenly, nurses and doctors were infected with this very dangerous disease. Urbani was called in. They begged him to take over the hospital, and he did. And he also counseled with the city authorities to shut the city down.

And he personally took tissue samples and blood samples on his moped across in the city to the one lab that was still open, and he diagnosed it and labeled it. It was SARS. And it's one of the greatest triumphs of public health that they were able to contain this very dangerous disease within 100 days. But unfortunately, one of the victims is Dr. Carlo Urbani. As is so often the case. It's the frontline health care workers that are -- that die far more than the general population.

AMANPOUR: Yes. And let's not forget, all of them who are dying now and also, of course, the first doctor in Wuhan to whistle-blow, so to speak, he sadly died, as well.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

I want to ask you about the politics, though, because this has all got to do with the pressure of balancing public health with the economy and the survival of states, governments, et cetera, people need to earn money to live, to eat, to pay their rent.

Your own governor, Greg Abbott, in Texas is talking about his -- you know, right now, trying to balance this and he wants to be careful about it. But he's got pressure on the right flank. The lieutenant governor is obviously, you know, well known for a comment he made earlier on suggesting that a portion of the public is expendable. Let's just play that soundbite.

(BEGIN VIDEO CLIP)

DAN PATRICK, TEXAS LIEUTENANT GOVERNOR: If there are more important things than living. And that's saving this country for my children and grandchildren and saving this country for all of us. And I don't want to die. Nobody wants to die. But, man, we got to take some risk and get back in the game and get this country back up and running.

(END VIDEO CLIP)

AMANPOUR: What do you make of that and who is going to win the day, do you think? Because there's a huge amount of pressure and conflicting pressure, frankly, certainly from the White House and elsewhere on governors, one way or the other. What do you think is going to happen in Texas in terms of opening up?

WRIGHT: Well, I appreciate the dilemma that our political leaders face. And I approve of the idea of, you know, limited retail openings. You know, they're doing -- just as with restaurants, you know, retails can do curbside sales and so on. That's fine. I think we can probably handle that. There's an element of risk, no matter what -- when or what we do about going back to work.

But to diminish that risk, we need testing. In order for people to know that it's safe to go to a restaurant or to a movie theater, something like that, they have to know that they're either immune or they have to know that the herd immunity has pretty much taken place. Texas is near the bottom in testing. So, if they're really serious about opening up the state, they're putting us all at risk because we don't know what the situation truly is.

AMANPOUR: And just important to remind that the majority of Texans polled agree with the more cautious approach than Governor Abbott is taking. So, I think that's interesting. We are out of time but just to say also, in 1998 you wrote "The Siege," about an attack of Islamic terrorism in the United States. I'm not sure what you've got on your -- you know, on your slate for the next book, but we'll be watching very closely.

Lawrence Wright, thank you very much indeed.

WRIGHT: My pleasure.

AMANPOUR: Our next guest, a surgeon and former Senate majority leader from Tennessee, doctor senator, Bill Frist, raised the alarm about preparing for pandemics 15 years ago. As majority leader, he helped pass the Bush administration's landmark emergency plan for AIDS relief, which is called PEPFAR. The 2003 scheme provided more than \$80 billion in funding for HIV treatment. And he spoke to our Michel Martin from his farm in Virginia about President Trump's handling of coronavirus and the vital importance of science, data and contact tracing.

(BEGIN VIDEOTAPE)

MICHEL MARTIN, CONTRIBUTOR: Dr. Frist, thank you so much for joining us.

BILL FRIST (R), FORMER SENATE MAJORITY LEADER: Thank you, Michel. Good to be with you.

MARTIN: I read a speech by you that you delivered in 2005 talking about this. I've also seen it's an unclassified report by the intelligence services that was delivered to the administration in January of this year outlining with

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

alarming detail exactly what we're going through now. It identified exactly there's likely to be a coronavirus pandemic, that it is likely to result in key shortages of, you know, ventilators and personal protection equipment.

[14:30:00]

Why is our country, the richest in the world, so poorly prepared for this?

FRIST: Well, I think they're -- the two main reasons, one is just a lack of appreciation for science and a real understanding.

When -- you will remember, when I came to the United States Senate, which wasn't that long ago, I was the first physician, doctor in the United States Senate, a representative government, in 70 years, over 70 years.

And I think, even today, there's not a full appreciation by our legislators and executive branch for the power of science and the necessity of understanding science, because these viruses, bacteria are going to continue to outrun us over time.

The second is just a lack of long-term thinking and that the way our politics is set up, with the immediacy and capturing the whims of the American people and our democracy and our elections, it does mean that people are voting more for short-term solutions, with two-year cycles and campaign cycles.

And these viruses and pandemics will emerge every 10 years, every 15 years and every 20 years, and that lack of long-term thinking. And all that really comes back to basic solutions. And that is -- maybe this is helped by the pandemic and appreciation that the only thing, the only thing that's going to bring this pandemic to an end is medical science, and then, also, that people need to get out and vote.

They need to vote for people who, in this country, indeed, around the world, who demonstrate an understanding for science, but probably even more important than that, an understanding of being truthful, direct to the American people, with some humility and that long-term thinking that is absolutely necessary.

MARTIN: We talked to a former -- a prominent Republican strategist, Stuart Stevens, on this program just a couple of weeks ago.

And part of what he had to say is, blame people like him. I mean, he said that people like him, who had taken advantage of this kind of populist movement, which, in some cases, acted as if earned authority was somehow the enemy, that all knowledge is sort of self-contained, that is basically built on anger, inchoate anger, he said, blame people like him.

Now, what about you? Who do you blame for this?

FRIST: Yes.

No, well, it's interesting. I kind of blamed myself in that same speech. And I gave the same speech. And people can get it online through The American Mind, which republished it.

But, at that time, I said, it is our leadership. And if we don't act, blame me. At that time, I was majority leader. And I tried hard. And, indeed, the year after I left the Senate, in 2006, a major pandemic bill passed, but it wasn't the Manhattan Project, which I knew it would be required, in order to have this vaccine discovery and the modeling of the virus.

So I think it is right. You have to sort of blame ourselves.

But I thought back then, because we had just come off the HIV/AIDS in 2003, the PEPFAR, the greatest investment and most successful investment, I would argue, over the last 30 or 40 years in public health, with a very successful leadership by the United States Senate, House and president the United States, with the world.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
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Today, I worry about U.S. leadership, because we're retracting, our leaders are retracting from groups like the World Health Organization, not perfect, but how they made mistakes, maybe not fully transparent, but it is the only organization in the world today that has people on the ground that is in most countries throughout the world, that is on six of seven continents on the front line.

So I have to blame leadership in part. But the teachable moment that we have -- and this is where I'm hugely optimistic -- is that we're coming together today with the greatest scientists in America. The NIH is organizing it. Universities are coming together. Global scientists are coming together for the first time to address this issue.

And now that we have, in America, which I think does need to be the world leader here, we have 300 million people who are being affected, who are locked down, who are scared, who are falling into poverty, who aren't going to be able to put food on the table, and now they understand that we need to act, we need to act long-term.

MARTIN: Dr. Frist, one cannot help but notice that the political speakers that are pushing most aggressively for the states to reopen, in some cases, have declined to even issue stay-at-home orders, are Republican governors.

And some of these states are states where the numbers of infections are increasing, the death -- the number numbers of deaths are increasing, not decreasing.

[14:35:03]

And, Dr. Frist, I can't help but notice that some of these states are also the states that have some of the most restrictive abortion policies in the country, the argument there being that this is their duty to protect vulnerable life.

How is this pro-life? How is this consonant with those principles to be opening states, when people are still dying?

FRIST: Michel, I think a couple of things. I don't throw this straight to the political world.

And I'm part of the political world. And, as you know, I have run the Republican Senatorial Committee, have been at it a long time. And so I do not go straight to the issues like abortion when we're talking about this.

So, let me tell you the way I look at it, and then we can come back and answer your question.

It's a huge oversimplification that plays well, I guess, on TV and maybe even in politics, to put doctors and public health vs. governors or people who are interested in getting back to work and the economy.

It's sort of a false choice. It's an oversimplification. And I think a smarter way to look at it is that we have to have containment. Containment is the only way to prevent death and destruction.

But is it excessive and costly containment? Or is it more of an affordable containment. Poverty, job loss 30 percent of unemployment has a huge human cost that is -- goes beyond just having money to put food on the table, but actually leads to death and leads to depression and leads to suicide.

So that's the pressure that some of these, not just governors, but every small business person listening to us now who says, I don't know if I can keep my business going for weeks and months, and now you're talking about six months and a year.

So the debate needs to be held.

MARTIN: So, Dr. Frist, the question I have for you, as a person who's so well acquainted with these facts, are you talking to these governors about this?

FRIST: Yes, I am. I'm talking to the governors.

And I'm involved with the mayor just in the end of last week in Nashville, Tennessee, a metropolitan area of about 800,000 people, intimately involved in how you open up a community of 700,000 people based on science, based

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Richard Horton, Editor-in-Chief, The Lancet, is

on metrics, the measurements of not just who dies -- that's way too late -- but what the tests can show, can predict, to look at doubling rate of the virus, to look at number of new cases per 100,000 people, and open in a city, in a region, and maybe even in a state, according to data, hard data and metrics.

And that's why we need more tests, to know what that denominator is. And, yes, I have talked to directly to our governor, Governor Lee, one of the first three states talking about opening. And I know it's thrown in with the media that they're opening next week.

Well, in truth, the governor is saying, the six metropolitan cities in a rural state like Tennessee, I'm not going to govern them. I'm going to have them decide, based on data, hard metrics, as to when to reopen.

For the other 84 rural counties where COVID is not increasing for two weeks, yes, I'm going to tell you say, take that shutter off the restaurant, but don't do it all at once. Have a few people go in with six- foot distancing. Don't open the bars, have reusable menus.

So, this lumping of all the governors to sort of Republican governors of the South together, I think, is not quite as fair as it should be. You need to come and actually look at what is being done.

MARTIN: But the reality of it is, in some places, political figures, state lawmakers, political activists are, in fact, organizing these protests demanding that the states reopen.

I mean, the fact is, politics is the means by which government happens. And government is obviously a significant presence in all of our lives. Why is this happening? Why is it that people who otherwise consider themselves, as I understand it, pro-life are pushing to reopen states, when vulnerable people could die as a consequence?

You tell me, why is that happening?

FRIST: Michel, you can ask the question, and you can frame it politically.

I'm just going to come back and say, I'm a Republican. I'm from a Southern state. I'm from a Southern city. I believe in data. I want to protect lives. I do think the end point is, as you come back to life and life issues, I don't think -- to go to abortion and talking about it to make it political, I'm not going to go there.

You can try to force it there. But I will say loss of life is important. It's absolutely critical. It is ultimately the most important thing to me. And we should not reopen if we're going to predict loss of life.

And that's where the science and where the data is being gathered, has been gathered. And any sort of reopening needs to be based on wisdom and knowledge and science. And you don't reopen.

And if you do go too far reopening just so people can get back to jobs, again, to get back to putting some money out there, but, if you do reopen, you need to be able to close it right back down if you have made a mistake, if you have gone too far.

[14:40:03]

You can't stay closed. Right now, we're going into a great recession right now because of this virus, a great -- probably the greatest recession since the Depression that we're going into it. And it's not just the United States. It's global.

Three -- the global economy is going to fall by 3 percent this year and probably 3 percent next year. So it's not just the United States. Science means we're not going to have vaccine for another year. And if you propose to keep everything closed totally, nobody at work for a year, the loss of life will be 1,000 times, 1,000 times what this virus is.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

So let's come back to science. Let's see what works. Let's get the answers to those known unknowns. And if we do it smartly and wisely, we will win this battle, absolutely. But it's going to take everybody coming together.

MARTIN: And you have highly relevant experience. You're a former majority leader of the Senate, a prominent figure in the party.

Have you talked to President Trump? Have you had the opportunity to share your experience from those days with him?

FRIST: No, I have not.

But I will say, I have talked to most of the other leadership, all -- basically all the other leadership that is working with him. I have not directly talked to him, but I have talked to people that are working with him and that you see on the stage every night with him.

MARTIN: How is he doing, you think? How is President Trump doing, in your view?

FRIST: Well, you know, I think two things.

First of all, it is good to have a president who is every day on the issue. And he is on the issue. He is out there communicating.

I think he has got other people up on the stage with him for the science, for the accuracy, and he is turning to them. So, I think that is all very good, very positive.

I think, when statements are made not based on science, when there's specific treatments being proposed to people who are dying or who are scared or who are vulnerable, treatments which are dangerous to them, but they're -- they want to reach out for anything, that that is incorrect and it is wrong.

And I encourage people who are on the stage with him to slow that down, to talk to us, hey, don't do that. I think -- so, I think the communication is good and that everybody knows that for an hour, maybe too long, two hours, sometimes three hours, there are people up there talking about it, but I worry about the accuracy of the information.

MARTIN: People who've been following the story may be aware that one reason that South Korea, for example, hasn't had to shut down as thoroughly as other parts of the world have is that they have done aggressive contact tracing.

Could you explain what contact tracing is, and why that matters?

FRIST: To fight this enemy that is the virus, we need to know who has the disease, who's been infected.

If we don't have tests, which we don't -- we don't know who's infected, so we're not really able to fight the enemy. So the lack of testing has been our number one failure. And, as we speak, we still don't have enough testing. We don't know who -- if you are well today, if you don't have any disease, oh, you can't get a test today.

And you can't get an antibody test to say you have had it in the past. And that's inexcusable. And that, to me, is our number one priority.

What we need to do two -- we need to do two things. We need as many as 30 million tests a week. We're only doing about a million tests a week. And coupled with that, we need to do contact testing, contact tracing. And all that means is, if you test positive for the COVID virus, that is, you have the virus now, you need to tell the last 10 people or 10 people who -- or 15 people who you have had more than 15 minutes of contact with over the preceding two weeks.

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Richard Horton, Editor-in-Chief, The Lancet, is

That list, you generate. You give it to a person, or technology can be used. Those people need to be contacted, and contacted right now, told that they were in contact and could be infected. They need to get tested. So we need to test, A, and then they need to be quarantined for 14 days if they cannot be tested.

That absolutely has to be done.

MARTIN: Americans feel strongly about their privacy. Americans don't like -- A, we don't like people telling us what to do. And we surely don't like people telling us who we can associate with and having to report on who we have associated with and so forth.

And you know this for a fact, that certain groups are particularly suspicious of people investigating who they have been associating with. I mean, can we conduct this in a way that meets American sensibilities around privacy?

FRIST: The privacy issue is a big issue. But we're in an emergency.

We're in a life-or-death situation. And we have seen people willing today to sacrifice a little bit of the privacy and their comfort with telemedicine, telehealth, of getting out, of getting -- using the Internet to give access to health care is a demonstration of that.

But eight weeks ago, they'd say, I'm not going to trust the Internet. I'm not going to trust the Web for that. But now that it's life or death, they're trusting it.

So, people, A, are willing to give the privacy issues and the privacy hawks who say we can't do anything a little bit of leeway there.

[14:45:07]

With regard to the testing, because it is so local, right now, if I tell you there's a 5 percent chance you're going to die if you're positive, but I don't have a test to tell you whether you're positive, all of a sudden, you start saying, well, privacy is important, but it's not all that important right now. Go ahead and test me.

Put it into a database if you think it'll help for my mom or my dad or my children, and let's go for it.

After the COVID pandemic settles down, I think we will have to come back and relook at all the privacy regulation for virtual care, for telemedicine, for telehealth, for laboratory data.

But we're in this emergency mode now. I think people will be pretty lenient, because it will be more testing, and contact tracing will be lifesaving, for sure.

MARTIN: All right, I'm going to ask you to put your doctor hat back on. You have never really take it off, but are we going to be OK?

FRIST: Yes, yes.

The human body is unbelievable in terms of the biological plasticity of responding and abiding. And that's why we have this fight-or-flight response. It's why our immune system has developed as strong as it is.

Now, so if we couple that with the very best science in the world -- it's not all here in the United States. The vaccines -- as many vaccines are being developed overseas, if we put all of that together, with science -- and science will provide the endpoint, the vaccine, the antiviral treatments, coupled with the plasticity and the nimbleness of the human body and the biology, we put that together with what we just talked about, the human spirit and the plasticity of the human spirit, we definitely are going to be OK.

It's going to require patience. It's going to require humility. It's going to require honesty. But, with that, we will get through this, and we will win this battle.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

MARTIN: Dr. Bill Frist, a former senator from Tennessee, a former Senate majority leader, thank you so much for talking to us.

I hope you're right.

FRIST: Thank you.

(END VIDEOTAPE)

AMANPOUR: Such an important conversation.

And, finally, we all know Kevin Bacon from his popular roles in Hollywood hits like "Footloose," "A Few Good Men" and "Apollo 13."

But now he's using his platform to help the hardworking health care forces through his charities SixDegrees.org. And he's also using his name and his fame to spread the main message of the moment. Take a listen.

(BEGIN VIDEO CLIP)

KEVIN BACON, ACTOR: Folks, you know me, right? I'm technically only six degrees away from you.

Right now, like people around the world, I'm staying home, because it saves lives, and is the only way we're going to slow down the spread of this coronavirus, because the contact that you make with someone who makes contact with someone else, that may be what makes somebody's mom or grandpa or wife sick.

Every one of us has someone who is worth staying home for. And I am staying home for Kyra Sedgwick.

(END VIDEO CLIP)

AMANPOUR: And Kevin Bacon joins me from Los Angeles.

Of course, Kyra is his wife. So, that's a really good, simple message that everybody gets.

Kevin Bacon, welcome. Welcome to the program.

And I just wonder if you could explain, because I know a lot of people know, but that may not be -- there may be some who don't know the six degree kind of -- kind of joke that has ballooned over the years.

BACON: Quite a few years ago, a couple of guys in -- college students kind of came up with this idea that you could play a game where you try to connect me to any other actor in the acting universe in six degrees or less.

And I kind of thought it was a joke at my expense. My first reaction was, oh, they're just talking about, how can this loser be connected to Laurence Olivier, like one of the greats?

(LAUGHTER)

BACON: But it just kind of hung in there for so many years.

And I couldn't -- I couldn't dodge it. It just had this kind of hang time.

And now I have sort of embraced it, because it just doesn't seem to go away.

AMANPOUR: And not only that. I mean, you made the charity in that name, and you're using it at a time when everybody is yearning for connection, needs to be connected, even if it's not physically, and needs to feel that kind of help.

So -- so, I mean, you must have felt kind of good about your charity,, the name, and what you're able to do.

Boris Johnson Tells Britain to Stay in Lockdown; Britain in Pressure for Slow Initial Response During Outbreak;
Richard Horton, Editor-in-Chief, The Lancet, is

BACON: Well, I, from the very beginning, have thought to myself, the game has never really been about me.

It's really about the fact, as you point out, that people have a lot of -- we do have connections to each other. You need to take me out of the game.

[14:50:00]

The virus is a sort of tragic example of how those connections work, right? We -- you go into a crowd, and it comes all over the world, and we're all very, very aware right now that we are in a global kind of situation.

On the flip side, on the positive side, as you see, everyone is trying to connect. We're connecting with our families. We're connecting with our friends, with -- I think that this kind of isolation has made us realize how important human connection is.

And the truth is, is that I was feeling as though people were just kind of escaping in our society into our computers and into our phones and not really -- there's a lot -- a lot was written about how we were kind of losing this desire to actually engage with each other.

But I think this has really shown us that that is -- still burns pretty hot for human beings.

AMANPOUR: Yes. And what you have done is used part of your platform to help provide meals to the health care providers, who we all know now are the true serious foot soldiers of this battle, and who every night all over the world, people go out and clap and cheer them.

What are you able to do, how many meals, who to? Where is that reaching?

BACON: Well, it's called I Feed the Front.

And it is focused through SixDegrees.org on two organizations right now. One is called Feed the Fight and one is called Frontline Foods.

And they just came up with a really kind of interesting idea, which is that restaurants are struggling, health care workers are overworked and emotionally overwhelmed. And we all know that we need fuel to get through our days.

I mean, I have a tremendous amount of gratitude for the fact that I'm here with my wife, I'm not having to go and put my life at risk every day, and that we have plenty food.

And so what we do is, if you make a donation, even a small donation, that goes to a restaurant that creates this food, and then drops it off at a hospital or an emergency care unit or wherever it is, and feeds health care workers.

So, it's kind of -- it's kind of like a -- it's a double good in a way, because the employees that are working at the restaurants are able to keep their jobs and have something to do.

And it's a tough -- it's a tough time to ask anybody to give anything. And I 100 percent get that people are really, really strapped right now, and really having a tremendous amount of fear about what the future is going to hold for them financially.

So, I think that it's a personal choice. But I can tell you that 100 percent of the money that you give will go to feeding health care workers. So our idea was to kind of take this beautiful idea that you have seen happening all over the world, where people at 7:00 during the shift change are going out and clapping, and kind of turning it into something that you can eat.

So, the way it works is, the hashtag is #lfeedthefront. And at 7:00, you can do some kind of clapping, whatever kind of goofy clapping you want to do, and then put the link to SixDegrees.org, make a donation or do whatever you can do.

AMANPOUR: Yes.

So, what is it like for you, as an actor, not to be out there plying your trade? Obviously, it applies to many, many people. But you have also said that you think that, potentially, out of this darkness could come great art, great creativity.

I wonder what exactly you mean by that and what you might be thinking of in that -- in that space.

BACON: Well, listen, as an actor, to be out of work, it's -- sure, it's difficult, but I don't want to pretend that I am struggling worse than someone who really lives hand to mouth.

I mean, I'm good. I have nothing but gratitude for the situation that I'm in.

And, as actors, we often take months and months and months between gigs. We're always kind of trying to find something to do.

I am someone who wakes up every day when I'm not working, and I work. I work at songwriting. I work at fixing things around the house. I work at creating meals. So a lot of what I'm doing now, I work -- I do housework. I mean, a lot of what I'm doing now is very similar to what I do in a normal life.

The one thing I will say about the creativity is that I think, when this first hit, a lot of really creative people went, OK, I got to create now, because I have this time to create. And they're making music, and there's a lot of great stuff. I'm sure there's some beautiful art that's going to come out of it and songs and et cetera.

I also think that you can't put too much pressure on yourself to create every day, because we have to realize that we're living with a tremendous amount of stress, which is not something that we necessarily live with all the time.

[14:55:08]

So, I find myself, as a -- I think I think of myself as a pretty creative person in the course of my day. Sometimes, I will just be staring at the floor, and thinking, I'm incapacitated.

AMANPOUR: OK.

BACON: And I think that you have to really let yourself off the hook about that and feel your feelings around this distress.

AMANPOUR: Yes.

Well, you have really -- you have really made a difference, and you have used the messaging very successfully. I stay at home for, that is pretty succinct, and people can get it.

Kevin Bacon, thank you very much, indeed, for joining us.

And that is it for now. You can always catch us online and all over social media and our podcast.

Thank you for watching, and goodbye from London.

Load-Date: April 28, 2020