

@Risk: The White Space, Brought to You by Risk

[Music]

Jodi: Hey, I'm Jodi Butts. Welcome to @Risk, brought to you by Interac.

In this year of contagion, it's easy to feel as if all you ever think about is risk. Spend some time with Mark Kingwell and you'll discover that beyond our daily COVID calculations lies a white space of endless possibility.

Mark is the author of *On Risk, Or If You Play You Pay: The Politics Of Chance In A Plague Year*. Mark is a professor of philosophy at the University of Toronto, a national best-selling author, a contributing editor of Harper's Magazine, and has written for publications ranging from Ad Busters and the New York Times to The Journal Of Philosophy and Auto Racing Digest. Please enjoy our discussion and perhaps discover your own reasons for calloused hope during these challenging times.

Thank you for joining me Mark, and welcome to @Risk.

Mark: Thanks Jodi, good to be with you.

Jodi: So at its heart, On Risk is an argument for greater fairness. Why choose risk as your entry point?

Mark: Well it's in many ways an extension of a long-standing debate in political theory which goes back a long way but got new energy in the 1970s when a great Harvard political theorist John Rawls formulated a theory he called justice as fairness. And the main idea is that if we did not know who in particular we were, if we didn't know our own actual circumstances, how would we choose to construct the basic tenets and institutions of society?

And in a nutshell the argument that Rawls offered was that we would be a lot more egalitarian than we are in fact. And we would try to, when we couldn't eliminate risks, control them. And by means of that deploy a distinction between a misfortune, which is something that can't be controlled, and an injustice, which might demand political intervention.

And so risk is the occasion for this, but it's actually a lot of political philosophers in the sub tradition that's called luck egalitarianism have been writing about risks, especially unchosen risks for a long time. So I was writing about that well before the pandemic hit. But of course there was a quick pivot given all the new factors and of course the new awareness of risk in everyday life.

Jodi: Yeah, you're kind of meeting people where they are, I guess.

Mark: Yeah, I mean we tend to, as humans, we tend to shunt risk away unless we're deliberately choosing it. If we're gamblers or entrepreneurs or extreme sports

enthusiasts, those are accepted chosen risks. For the most part we tend to rationalize or marginalize risks even when we know they're there. And we do that for our own sanity because the cliché is somebody who actually rationally thinks about all of his or her risks at every moment is paralyzed. You can't get out of bed. And even lying in bed has risks.

So in order to act and decide anything, we have to work around risk. But I guess part of the point I wanted to make was we're not very good at acknowledging proximate risks, and we're certainly not very good at trying to help to even out some of the bad distributions of risk across populations.

Jodi: Yeah you describe risk management as sort of death management. And I guess we don't like to think about ends.

Mark: No, I mean this is one of philosophy's eternal burdens is that you have to keep reminding people that mortality is the horizon of life. And as I say at one point in the book, Socrates, Socratic philosophy, is sometimes described as a matter of learning how to die, which sounds kind of morbid. But learning how to die is also learning how to live, because that knowledge of our own mortality is inescapable. And what becomes urgent and meaningful is how we negotiate a world where we know that our own individual existence will cease at some point. But we try to make the best of the time that we're here with others and with the communities that we're part of.

Jodi: At the start of this podcast I spoke with Chris Hadfield, the astronaut, and we had a great chat about risk. And I asked him about his optimism. That some people might think thinking about risks and all the things that could kill you would turn you into a pessimist, but he saw it as a great enabler.

Mark: Yeah, well it's the one reason why he's a high percentile achiever. I mean this is another interesting factor in the distribution of these issues. Some people have higher tolerance of risk than others. And to take Hadfield's reaction, some people have more positive reactions to risk than others. So there's not just one metric and there's not just one place where we all end up.

But I think what's interesting about hearing that from an astronaut, and I write about this not about astronauts but about aviation. And aviation as an industry, aviators as a class are very good at understanding the nature of risk because they have to be. And when something goes badly wrong, there's always a takeaway that improves the overall discourse of safety for future flights.

You're never going to eliminate crashes. Crashes are going to happen. But there are all kinds of crashes that might have happened that didn't happen precisely because of that kind of folding in of knowledge. And I think that's what leads to optimism for people who are in that kind of walk of life.

Most of us don't have that, right, we don't have investigators to come and tell us exactly what we did wrong when something goes badly. But we can all learn from our mistakes. And some things, like I said, some things are just out of the blue. Literally out of the blue, you can't have prepared anything. But we can prepare. And even though we know preparations are always themselves limited, and we can also learn. So going in and going out of high risk events, there is something to add to our sense of how to negotiate our own limited futures and to share that knowledge with others if we have that opportunity.

Jodi: Yeah, thinking about COVID there were a lot of reports that followed SARS and by prepared and written by very learned people. Yet you observe in the book maybe we weren't so well prepared for this pandemic. And you have some things to say about planning in general.

Mark: Yeah, I think it's a point that many people have made. We ought to have done better when it became obvious that the novel coronavirus, COVID-19, was upon us. Even though some things were unexpected about it, I mean it was a novel strain. And it moved much more quickly and much more unpredictably than anyone could have predicted. But there were a lot of things that could have been predicted and the action was very slow.

And I think this is a kind of large-scale version of something you see in individuals too. It's sort of the bad side of optimism, it's the exceptional. That's not going to happen to us, or that's not going to happen to me. Current procedures are fine. And so we didn't learn in that case or we didn't learn nearly enough. And then once the consequences start to pile on, you're into a lot of trouble because now you're playing catch up.

And the general planning point, I use a lot of military metaphors in the book because it seems to me that's a real crucible for the issue of planning and consequence. So the famous quotation from Helmuth von Moltke, no battle plan survives contact with the enemy. So the best laid plan is going to go awry, aglay if you want to be Scots about it, and you kind of have to figure that in even though you plan for everything you can't control all contingencies.

So it's really this balancing act between being the best possible planner you can with the knowledge at hand, and also preparing yourself for what you can't plan for. But I think we failed on the first there. I think most people would agree that there were precautions and measures that could have been taken that weren't. Based on very... I mean, SARS isn't that long ago in Canada. And I think we should have done better.

Jodi: I think there was some anchoring bias in play as well. I think we prepared for the flu, that when we think about infectious diseases, we get grounded in the preparations of what good flu pandemic preparation looks like. And with SARS, it was a hospital-based pandemic. So it was about keeping it inside hospitals and not letting it spill out

in the community. Whereas this is very much a community-based outbreak, and for that reason we just didn't have enough resources.

Mark: Yeah, I think that's quite right. And again, the speed was not predictable. And we're still struggling with the science. I'm the kind of person who has confidence in science as a self-correcting discourse, but that that entails that there are going to be mistakes.

So people have often criticized public health officials for not being more proactive about mask wearing at the very early weeks of the outbreak pandemic, but now we know that that is an effective measure in at least curbing some transmission. Nevertheless there's the other part of that is that people, I mean this I suppose is different kind of anchoring bias, people don't like to alter their behavior. And then it got deeply politicized which was extremely unfortunate and continues to be.

And I like to think that maybe with recent political changes in the United States this may change, but I don't know. Because I think there's a part of people which simply doesn't want to alter routine or a sense of freedom for the sake of something that's characterized as a public responsibility. There's a resistance there, and that is frankly rooted in 400 years of individualism in the western tradition, the western political tradition.

So that is a very bad combination actually, because when science has to reverse itself, acknowledging an error, which it does, then people say, oh you were wrong. So why are you right now? And that's a real problem because that then eventually tends to undermine people's faith in the measures that they're being asked to abide by, plus their own natural resistance based on this individualistic desire to stay the same.

Jodi: Yeah, this brings up a part of your book where you talk about risk and community and it really challenged my thoughts on these things. And just give me two seconds to kind of break that down. So you enter the topic and you reference Malthus, so the person who thought maybe the earth might collapse from too many people and was very concerned about exponential population growth versus linear food growth and what kind of disaster or crises that may lead to.

And so there's that on the one hand, on the other hand there's a lot of research that demonstrates that in times of emergencies and crises, people don't panic. That they actually come together and will sacrifice themselves to a certain extent to help people out. And we saw that following 9/11, you see that in the context of plane crashes.

Now having sort of put those two poles in the ground, we're kind of somewhere in the middle with this crisis. Right? Like there's a lot of people banging pots for healthcare workers and bringing neighbors food, but there is resistance to mask wearing and restaurants refusing to close. I must say, I'm very kind of challenged by all this.

Mark: Yeah, I agree. I don't know, I'm not sure what the middle is there. But we've certainly got both of those kinds of things going on quite visibly. I suppose I think it depends a lot on your sense of how you mesh with a larger community, whether you feel connected to other people. Especially if the other people are strangers. It's easy to be connected to your family and your close friends and even your neighbors, you see them all the time. But public goods, public health goods in particular, depend upon distant strangers being someone who matters to you to alter your behavior.

So it's not just helping the person who's right beside you who's in need, you have to alter your behavior in a kind of non-immediate way, non-proximate way. And I think that's what people struggle with that.

I think that struggle, I understand that. I think that there is a lot of moral psychological research to show how difficult it is for us to concretely imagine the suffering of others, especially if it hasn't happened yet but it might happen. But then the other, you mentioned the restaurants and things. Speaking of bad risk assessment, I read a piece recently where some people who were dining indoors in Virginia were interviewed outside after they had their dinner and were asked why they thought that was okay. And the variety of answers is a kind of object lesson in bad reasoning and bad risk management. Because people said, well the restaurant was open so I guess it was okay. Or I saw other people in there so I guess it was okay. Or I know this restaurant and I come here often so I guess it's okay.

And all of those are completely bad arguments. I mean the restaurant owners, we understand their motivation to resist a lockdown measure because it's their livelihood. And restaurants in particular, that's already in the best of times a risky proposition. I mean more than half of restaurants fail within two years. So you get that. On the other hand, or maybe we're on the third hand or fourth one, I don't know. Is it really okay to create those kinds of risks when there are other alternatives, and I think we've seen that with things like prepared food. Some places, some establishments have been very nimble in transitioning to other ways of keeping their profit margins at least existent, if not as wide as before. And that's to be applauded, because these are the conditions for the foreseeable future. And we hope that that future isn't that long, but it's still with us right now, that's for sure.

Jodi: Now, you also go into a lot of detail about how we don't share a common COVID risk. Who you are, where you come from, the nature of your upbringing, your access to income, all of these things influence your COVID risk.

Mark: Yeah, in a way this for me was the biggest COVID related takeaway and it actually related back to the work I was doing on risk beforehand, which was specifically about the geography of risk. So part of it is the birthright lottery, where you happen to be born and to whom and when. These are massive factors on your life chances and life outcomes over which you as an individual have no control. So

countries, continents, regions, even cities and neighborhoods have a huge differential effect in the distribution of risk. And you can't control some of that or maybe even much of it. But to pretend it's not there I think is the conceptual error.

What COVID showed us was just how devastating that unevenness that differential can be. Because we know that the effects have been much more widely felt in certain populations. Black people in the United States, Indigenous people in Canada, poor people, elderly people everywhere. There are reasons for this, but if we're starting from a premise that every person is equally worthy, ethically and politically, well then we have to pay close attention to that.

And I guess just to add to the last a little bit of our discussion, the focus on people, probably comfortable if not wealthy people who are eating in restaurants, I think sometimes takes away from these larger structural issues which people find hard to think about. Because they're first of all, they're broad and somewhat abstract, and they're also very uncomfortable. Nobody wants to be reminded that the condition of most black people in the United States is much worse than the condition of most white people. And because it's a minority population there's, and there's all kinds of other politicized elements. I think it's likewise true here with Indigenous people. And again, geography. The north has been okay with COVID, but their medical facilities are proportionately not very capacious compared to big cities.

So these kinds of issues I think are difficult to talk about, but they're really important when we think about the politics of risk. And I put that phrase in in my subtitle because I really think all of this is political.

Jodi: Absolutely. In Canada's far north, northern Indigenous peoples continue to battle TB. So the burden of infectious diseases is nothing new to them.

Mark: Yeah, I know. I mean this is, again, you have to do some slicing. Because if you said to, I don't know, some international panel, is it lucky or unlucky to be born in Canada, most people would say it's extremely lucky. But there isn't just one Canada. And being Canadian is a lot of different things depending on where you live, who you are, what your identity is. So this is what political theory, especially justice theory, is all about, is trying to keep these questions in the foreground so that we can, at the very least, think about them critically and at the very most maybe adopt principles and policies that actually alleviate some of the suffering that is in fact unnecessary.

Jodi: I had the opportunity to speak with Emily St. John Mandel, and her latest book is the *Glass Hotel* and it centers on a Ponzi scheme very much modeled after Bernie Madoff's. She said the inspiration for that book was really to try and show or invite you into the kingdom of money. That there is this world that defies geographic and international boundaries that a certain class of people live in their entire lives, one private jet ride to the next.

Mark: Yeah, I should say I haven't read that book yet. I want to. I did read *Station Eleven*, and actually just recently taught it to a first year class here at the University of Toronto. And the students loved it, she's a great writer, I think.

But the money thing is interesting because I forget who the writer was, but somebody coined the phrase air people to describe people who are so cocooned and wealthy that they don't even have to put overcoats on because you go straight from the house to the limo, straight from the limo to the airport to the private jet. And of course we've seen fictional depictions of this before. I think they're all really interesting, *Succession*, the television show is one such with the Canadian connection as it happens. Jonathan Dee's novel *The Privileges*, I think, is a brilliant depiction of the super wealthy, it's amazing.

So yeah, this actually goes back to an early point that I was making about distribution of risk tolerance and risk aversion. That's not just a baseline natural quality. You're much more able to be risk tolerant if that you have these layers of protection around you. So that's why wealthy people still build homes on earthquake prone zones. Because they know if the earthquake strikes, they can just buy another house somewhere else, or they have massively insured policies.

So you can be sort of propelled into a risk tolerant state which is really the basis of your own luck. And I don't mean to say that that people who earn money didn't do it fairly, some did and some didn't. But what it comes down to, even for those of us who are only comfortable or modestly well-off, we can tolerate more risks because we have that safety net that is personal rather than social.

Jodi: Did you happen to watch *Last Dance*, the Chicago Bulls documentary?

Mark: I did, yeah.

Jodi: So to me, Scotty Pippen is the perfect example or illustration of your point about the context in which you are born and raised influences your risk tolerance and risk aversion. Now as a young child his passion was basketball, and he stayed with that passion. But when he was presented with his first contract, he accepted it without a lot of negotiation. And he mentioned in the documentary, right, he had a father who was living in a wheelchair due to a devastating stroke, and he also had a brother who was with a wheelchair due to a gym accident. And he just thought about his family and he took the contract.

Mark: Yeah, I thought all of that stuff was very moving. I didn't know any of that to be honest, I always liked Scottie Pippen as a player. And I think like most people felt that his talent was overshadowed by the genius of Michael Jordan. But when you put people and you see them on the court or on the football field or the baseball diamond, you sometimes can't always know much about where they come from and how they got there.

And it does make a big difference that they're switching into a different field. I've been talking to some other students of mine about who becomes a famous artist or not, and there there's really interesting evidence that shows predictors for that that have almost nothing to do with aesthetic ability, but a lot more to do with circumstance, with lineage, with whether you happen to be in a city or able to be in a city that has a thriving art community art world.

So I think in every walk of life there are these elements of contingency I guess is the best single word for it. And what becomes meaningful is the narrative. So this is the upside of individualism it seems to me, it has always seemed to me. Yeah, there's, what is it, seven and a half billion of us on the planet now, something like that, maybe more. But each one of those many billions of people is an individual story. It's coming from somewhere, trying to get somewhere else, trying to achieve something. That's the human drama and that's what makes it so fascinating.

Risk is interesting for this because it's inescapable, it is omnipresent, and you can distinguish it from danger. This is a distinction that a philosopher called Stefano Maso makes, danger is just sort of whatever the environment presents. Risk is how danger is presented to the individual or the community. So risk is a human thing, danger is an environmental thing.

And I think that's a really interesting way to think about these questions because it focuses our attention on how we can think more clearly about the nature of risk and how we face it.

Jodi: I was very much struck by your writing on the way we perceive chosen risks versus those risks that are fostered upon people. Can you talk a little bit about that?

Mark: Yeah, I referred to it briefly before. A chosen risk, the classic example is making a bet in a casino. And it's one reason I talk about gambling a little bit in the book, because gambling is a really interesting human activity because you know that you're taking a risk, you may know what the odds, are but if you know what the odds are, that they're almost always against you, and yet you take the risk anyway. So that's an interesting kind of psychological dance step that you're doing there, especially when whatever you're gambling, it's usually money but it could be gambling anything, the whole point of gambling is you don't know the outcome.

So other kinds of chosen risks are likewise interesting. So I mentioned entrepreneurs, somebody who bets their life savings on starting up a business is taking a huge risk. And they don't have to. They could continue to work at a wage job, say, but they want to. They want to test their ability to win.

And again, extreme sports or some kinds of outdoor activities. These are chosen risks because you go out there knowing that the environment can be hostile and you do it

for the thrill. So unchosen risks are those ones that come at you like it or not. And especially the unchosen ones that you don't like.

I didn't distinguish, but now that I'm thinking about it there must be unchosen risks that are enjoyable. It's a bit like positive externalities in the economic sense, I don't know. I meet a stranger who I fall in love with. That's a risk in a way because who knows what's gonna happen, but it's an enjoyable unchosen risk. I didn't go seeking that person. That one, just that example just springs to mind, I don't know.

But for the most part we want to be, when we think about risk, choosing the ones that that we encounter and avoiding the ones that we don't want to choose. And it's not always possible of course.

Jodi: Yes, so I used to work in healthcare and spent a lot of time doing that. And when we went and spoke to people about the risk environment inside of a hospital, and this was just after SARS and during H1N1, we used to frame it as healthcare is a high risk activity. Our goal is not to avoid risk, our goal is to know all the risks we're taking on because that gives us the best chance of managing through them.

Mark: Yeah, so that that's a great point and of course it's extremely relevant to our current situation. I think you can add certain professions to that. So firefighters, police officers, service people in the military. These are people whose careers involve risk, sometimes on a daily basis. And the profession itself includes an awareness of those risks.

So like I said earlier in the military context, but it applies to all of them, things will go wrong. You can't control everything and you can't plan for everything. But those are interesting professions and I think we know that they attract a certain kind of person. In the case of health, people who want to help people. All of those professions in their own way want to help people.

And so that's an interesting aspect of this, that these aren't necessarily strictly individual choices. The choice to enter the profession is individual, but the profession itself is a choice to meet that kind of risk as knowledgeably as possible, to pick up on your point.

Jodi: And you also discuss, so as observers of people who have taken on a risk, we think very differently about those people who have chosen a risk versus those who have had it foisted upon them.

Mark: Yeah, and this is also complicated psychology. Because participant and spectator put you in very different positions, obviously, with respect to this. So in many cases we as spectators might tend to think, well, if you chose the risk then the possible bad outcome is just your responsibility. And I guess you could say that about certain things like, oh, I don't know, mixed martial arts fights or something like that. If you step into the octagon, you're basically asking for trouble. And you might win, but you also

might lose. That's the whole point. And I don't myself find that sport tolerable, but the interest that spectators have in it is precisely that. That each athlete takes responsibility, but there can be blame as well.

So in that case we're celebrating the taking of responsibility, but sometimes we blame people for taking risks because we think they were being dumb and they shouldn't have taken the risk. And so there's a kind of sensoriousness that can creep in. And so it's actually very, very hard to separate the strands between responsibility and blame, because sometimes the outcome wasn't a direct result of your own choices.

This interesting point about how we view somebody who takes a risk, so as we're spectators of someone choosing a risk. I was thinking there are cases... This actually is COVID related. In the beginning people were comparing not wearing a mask to, say, cycling or riding a motorbike without a helmet. And that it was just well, it's your choice. It's a dumb choice, but it's your choice and you will have to shoulder the consequences.

But then people realize that it's much more accurate to see this as more like drunk driving, which is also a choice and it puts you at risk as the drunk driver but also puts other people at risk. And that's when it creeps into justified disapproval. And I was thinking again about the novel about the Ponzi scheme. If somebody makes a bad investment, we look at them askance if they lose because we say, well that was a bad investment. But if they win, then we might think oh, well maybe I should have taken that risk.

So a lot depends on outcomes, but not all of it. Because part of it is just what exactly is at risk. Is it just the individual who makes a choice, or are there other members of the community, other, say, it could be environmental issues that are part of the risk that is not purely individual.

Jodi: Well, and you also make this very interesting point that while our sympathies may be for the people who have had to carry the burden of unchosen risk, but will still often help even the actors like the big company that ends up becoming insolvent even though they have chosen that risk. So there's this kind of emotion versus action gap.

Mark: Yeah, I think that's true. And there are complicated motives for that. It seems to me sometimes we have our own interest in not seeing things fail. Or there's an institutional interest. I mean the bank bailout in the United States was partly based on the idea that they were too big to fail, that if there was actual accountability for bad risks that were taken by choice, there would actually be more widespread suffering than simply propping them up. And that's a complicated kind of late capitalist move which many people found distasteful. But nevertheless you can see the reasoning there.

I also think that it may be more basic human psychology that nobody likes to see somebody lose. Like again with certain exceptions like sporting events where you go precisely because there's going to be a winner and a loser, I think many of us, at least I hope, have a kind of empathetic baseline where we want everyone to succeed. It is a competitive world. We're privates so we're hierarchical, we're status driven. But I think most of us would like to see something like a rising tide that floats all boats, that if one person is better off than before then maybe everyone is better off than before.

That goes back to John Rawls by the way, his idea of what he calls the difference principle. Is that inequalities in outcome of goods are tolerable only in so far as they make everyone better off, they make the worst off better off. And I think that's a really nice way to leverage this point. We don't want to be levelers, we don't want to say everybody has to be the same, have the same life, have the same degree of wealth. But the inequalities should redound to the benefit of the least well-off. That seems to me is a basic justice principle.

Jodi: Yeah, to ground it in COVID, the way that I think about it is have you seen that swiss cheese model that illustrates all of the different layers of protection, starting with personal responsibilities like hand washing, wearing a mask. And then the further right you go in the diagram, it also talks about sort of shared responsibilities. So government's putting in testing and tracing.

But the point of that diagram is really to show all of these things have holes. But when you stack them up in front of each other, that's how you create a good barrier.

Mark: Yeah, I think that's a nice visual. Because one thing that I found frustrating like many people is people, the critics who choose one thing, especially mask wearing, and say, well look. It's not 100 percent effective, so why should I do it at all? And that adds to that earlier point that I made about, well, you were wrong then, why are you right now? And it's just such a reductive way to think about public health and frankly to think about risk more generally.

There's a reason why... I quote this scene from the Deer Hunter where they go hunting, deer hunting. and Robert de Niro has packed an extra pair of boots, and one of his buddies has come just wearing street shoes and he wants to borrow the extra pair of boots. And the Robert de Niro character won't give them to him because he's there prepared, he's prepared for the fact that he might need a second pair of boots. And the other person just hasn't kind of clocked the way that risk works. And I think that is kind of a compelling cinematic analogy to this. Like you have to have multiple layers of preparation to have the best possible chance of avoiding disaster.

Jodi: Absolutely. And the challenge that I think your book gets at is if you are from a low income community, if you are from a racialized community, or if you are elderly, the holes in each slice of swiss cheese are a little bit bigger for you.

Mark: Yeah, and they probably align more so that there is a direct way through. And that's where you mentioned past the individual choice, individual responsibility, the state does have a role here, a huge role in making sure that the most vulnerable are the most protected. And it frustrates me too that I see a lot of commentators saying, well, government has let us down. It's given us contradictory advice, it hasn't protected us.

Often those people are the ones who should be saying something like, well, don't depend on the government if you have the means to be personally responsible yourself. If you don't have those means, then yeah, that's where the role of government is fully justified. And I think when you push people on this point, get them upstream a bit back to kind of basic social contract thinking, I think they agree.

I think in in Canada we have a tradition of this kind of social welfare and social justice that people broadly speaking accept. And they think that is a justifiable role of government. Some of us, we can largely fend for ourselves as long as we make smart choices. But there are many people who don't even have the chance to make those choices.

Jodi: You discuss in the book that that you're quite challenged by the parsing of health as a public good. Because once it actually gets to a bedside, it's a very distributed thing and it's much more transactional than it is a public good. The interesting thing for me, having worked in health policy for so long, health is a public good. But illness treatment, even with a single payer system, is much more susceptible to health inequities.

Mark: Yeah, I think that's an important distinction. And I don't know that I drew it as sharply as you just did. But yes, that is the point that I think we're seeing. Health is a public trust, a public good. And in economic terms a public good is something that's non-rival and non-excludable, it means my enjoying it doesn't prevent you from enjoying it, and you're not excluded from being there in the first place. And it also means we all have a stake in it.

So the opposite is if we pursue our purely private interests in terms of health, it would be probably a version of the tragedy of the commons. But then, yeah, when the rubber meets the road, when we're talking about hard distributions of available resources like hospital beds. And in the beginning, there was a lot of talk about respirators, and you've got scarcity. Then it becomes very, very difficult, and they're now talking about what they call parking lot triage. It used to be the cynical phrase for the sort of warped American health system, it was pocketbook or wallet triage.

But now we're talking about having to make these really bad choices, I mean they're difficult, nasty choices between who gets treated and how. And I think frequently of people who have severe illnesses right now that are not COVID related and how they are therefore competing for scarce resources for treatment.

Jodi: They absolutely are, and we're gonna see this play out when it when it comes time to develop that priority list for vaccine distribution.

Mark: Yeah, absolutely. Right. I mean this is something I think nobody wants to think about for very long because it is potentially quite scary. And now we just recently heard the Prime Minister say that because there's no production facilities in Canada to manufacture doses, we may be down the list even to get the doses into the country, let alone distribute them to the most necessary people.

And so yeah, I think that's actually probably... The upside of that would be let's just accept that we're settling in for a fairly long haul. And everybody will get a dose if they want one eventually, but we don't know how long that eventually is going to be.

Jodi: Yes. And so long as we're efficient once they start rolling out and we have our clear priorities, the number that really matters is when you complete your vaccination program, it's actually not when you start. So it's entirely possible that a country like the United States that is so freedom focused, individual liberty focused, that it still may take, even if you correct for the differences in population, it still may take them a much longer time to actually vaccinate everybody. And we won't truly have herd immunity until you till you reach that last shot. So that's the other kind of thing that I'm trying to kind of calm myself down about, it's okay, it's not about when you start the race, it's about when you finish.

Mark: Yeah, I think that's a good point. And it again emphasizes the community dimension of this. I mean they called it Operation Warp Speed, and immunologists and other medical professionals complained about the idea that that they were going too fast to develop effective vaccines. It now seems as though some vaccines might be quite effective, but yeah, you're right. It's not when... Before the end of the year the vaccine will be available. Well that's kind of a meaningless statement if you're talking about, in that case, a country of whatever it is, 375 million people, you know, 35 to 37 million people in Canada. It's going to take a while.

And I should just say, by the way, we talked about flu earlier. I always get my flu shot, but this year my local pharmacy didn't have any doses so I had to go and find a pharmacy that did, and I got the last one that they had in the store. And that that's kind of frightening, because it just felt like, it was probably unrelated to anything to do with COVID, but it felt like a kind of vision of the future where we might be waiting in long lines to get vaccinated.

We've been waiting in a lot of long lines in the past eight or nine months. It's not a nice prospect.

Jodi: Well, I can share my positive experience. I booked an appointment with Ottawa Public Health, and I showed up at the time and I was in and out very efficiently and did get my flu shot. But I must say, so as I'm getting the flu shot, I'm, because I'm chatty,

I'm chatting with the person who's delivering my vaccination. And I ask him so what do you normally do, do you work for public health, are you a volunteer, what's your situation?

And he explains that yes, he works for public health but that normally he does the school immunizations. And I'm like oh, well, boy, you're just the person I want to talk to, because my daughter was in school and then like everyone else, schools shut down in March. And she actually missed the second phase of her grade seven immunizations. And I was like, when are we gonna get those?

And he was like well, I much prefer, first of all he made it clear, I much prefer to be doing being in schools and vaccinating young kids. He said that it's a much better job and he said he really missed the kids which I thought was quite sweet. And the second thing he said was well that they thought they might be able to get back to that in January, but it also depends on when the COVID vaccine becomes available, because he may also then be redeployed to do COVID vaccinations.

So my daughter still might not get her second suite of vaccinations. And there's a lot of research into how many infants aren't getting measles shots, and their MMRs on schedule because of a fear of going to a physician's office to receive it.

So all this to say in my more morose times, I think about really obviously each COVID death is terrible for the person and the family. It's horrible because it also seems quite unavoidable if in a perfect world. But it's also really scary because I think overall, like our mortality is going to be impacted by this. For the people who had other diseases that didn't get diagnosed later on, or people who never got to receive a timely treatment, for the other vaccines that children didn't get in time or got delayed. All of this is going to have a material impact on us as a human race.

Mark: Yeah, I couldn't agree more. You can sort of identify different aspects of this, so the ripple effects where attention to one problem pulls attention away from our resources, away from another secondary and tertiary effects. So it's not a binary, much as it's been posed as such by many people, by economic costs as against public health costs, and on and on.

And not to mention long-term effects. So some people, my stepdaughter had, early on, had a pretty severe case of COVID and was isolated, quarantined for a while. She recovered and she's feeling fine now, but we simply don't know what the long-term effects might be even in young healthy people who are able to the virus. So yeah. I mean, I don't think we're ever going to be able to say, well, here's the line that we draw and underneath it's over.

And frankly when you think about public health and especially immunology, it's never over. I mean there's a reason we have a flu shot every year, there's a reason that children get those vaccinations, because we know that that they work from hard

experience. And we have to keep on doing it. The environment, the earth is a beautiful planet, but it's also hostile sometimes. And we can't ever forget that.

Jodi: Yes, absolutely. It's not our playground by any stretch. One of the things I was also thinking about was circumstance and what it all means and how it plays out in terms of how you think about risk. And I often tell people I feel very grateful to come from a very large family, because there's two family stories I guess that I feel very well served by in these circumstances. And then it goes to the points made in your book.

One is on my father's side of the family there was a seventh son of a seventh son, which is supposed to be like the luckiest thing to be, double sevens, right? And he got bit by a rabid dog and he died. So we often tell that story in our family, there's no such thing as luck.

And the second story is not so much a story, just a person in in our family. I had an uncle and he had limp and it was because of polio. So this specter of infectious disease, and then I would later go to work and stand outside of hospital. I've been thinking about infectious disease for a really long time, and they've been quite present in my life. And in some ways that's a good thing because I think it's less scary for me to make some of the changes, right? Like to wear a mask, it's like sure. I'd much rather have a mask than a limp, or die, or worse. Right?

Mark: Yeah, and I think that's a really good point to keep making. The level of, again, for most of us. For some people the disruption in their everyday wage jobs is a real problem, making rent is a real problem. But for most of us who are relatively comfortable, the costs are pretty minimal frankly in the large scheme of things. Wearing a mask is nothing, it really is nothing. And I just can't understand why that seems to be such a big deal. I don't know.

And not going to restaurants. Going to restaurants is a privilege, it's a celebration. I think we got too comfortable with the degree of wealth that many of us enjoy and started to take these comforts and luxuries for granted. So it's no bad thing to be reflecting on that.

I have a quick polio story myself which is in my high school, which was a very pro football high school, they won all these city championships over many decades. And all the championship teams were in this trophy case. And on one of the plaques it said, and I forget which year it was, no football, polio. And that was the only entry for that whole year. And I always was fascinated by that because I didn't really understand what polio was and how you couldn't have a shared locker room, say, or showers, or even be on the football field together.

And then I don't know if John O'Hara's novel *A Rage to Live*, which features polio as a kind of background condition of life in this small city in Pennsylvania. And it's fascinating to think about that, that people have lived through things like this before.

We're living through it now. It's not unprecedented. And that these relatively small sacrifices that we have to make, if they even count them as sacrifices. I just think of them as precautions and the way life is. They really do not puncture any of the big things that matter. If anything, I know people have said this, I hope it's true, they make us reflect on what those big things really are.

Jodi: You employ readers to have hope, but calloused hope. Explain what you mean by that.

Mark: I can't take credit for that phrase, the callous part. That came from a New York Times writer but I endorsed it because I've been thinking about hope in political terms for a while. It's rooted in... There's a great German philosopher called Ernst Bloch who wrote a massive book called the *Principle Of Hope*, and his argument was that hope is essential to thinking because thinking is always about what might be. And if we don't have hope then we have just given up on thinking and vice versa. That's a very small nutshell of a very large book, but that's it.

And then another book by a former teacher of mine, Jonathan Lear, called *Radical Hope* where he talked about the Crow Nation First Indigenous Nation in the prairies, American prairies, and how they were basically wiped out through depredations of colonialism in United States. And yet the members of the nation who survived physically had a kind of what Lear calls radical hope that though nothing was happening to the nation, that the nation would nevertheless somehow persist.

And that's really interesting to me because it, for one thing, it gives us a new way of thinking about temporality. So obviously memory and tradition are bolsters to move from the present to the future. But I think we fear the future too much sometimes, or we give it too much power. And we also see it as monolithic. We see it as just one big thing.

It's the same way that we think about normal, people are often talking these days about the return to normal. No, the future is something that is created piece by piece by individual choices, decisions, and actions. And it's not monolith, it's an open book. And I think that's the idea of hope that I would like to see people keep close.

The calloused part is of course you have to be tough. And I mean a callus, it's a very nice image because a callous, what does it show, it shows that you have been working. It's not a wound, it's a hard-won mark on the body of your own toil or practice from tools or musical instrument or something like that. It shows that you're actively engaged in creating the world, and I can't think of anything better to say about our current situation than that hope is the thing.

It's not empty, it's not mere optimism. It's not a kind of simple-minded everything will work out. In fact I'm quite nasty about some of those stock phrases about it's all good, and everything happens for a reason. I think those are exactly the wrong kinds of

versions of future orientation. No, everything will be good only if we make it good. And that's what I think hope is.

Jodi: Mark, well thank you so much for joining me and for this really enjoyable and enriching conversation.

Mark: Thank you Jodi. It's been a real pleasure.