Drug Overdoses and Government Stimulus Checks, Long COVID, and Gerrymandering
What Happens Next – 02.13.2022

Larry Bernstein:
Welcome to What Happens Next. My name is Larry Bernstein. What Happens Next is a podcast where the speaker gets to present his argument in just Six Minutes and that is followed by a question-and-answer session for deeper engagement.

Today's discussion will be on three topics: How the Government stimulus checks increased drug overdose mortality, what is new with COVID treatments and mask efficacy, and the US House elections and the Gerrymandering.

Our first speaker is the University of Chicago Labor Economics professor Casey Mulligan. Casey was the Chief Economist in the Trump Administration. He has just written a paper showing that there have been increased drug and alcohol related deaths that can be directly linked to the supplemental government stimulus checks.

Casey has spoken three times previously on What Happens Next and the last time, he mentioned this link between cash and drugs. I got a lot of push back from my audience, and I told Casey so, and then he went to work to look at the real data to prove the point. I think you will find Casey's analysis to be quite provocative.

Our second speaker today is Dr. Ari Ciment who is a pulmonologist and works in the COVID ward at Mt. Sinai Hospital in Miami Beach. Ari is a regular speaker on the podcast and is back because of popular demand. Here are my topics for Ari this week:

Who should take the antivirals, and are they even available?
Does Omicron cause bacterial infections and should you take antibiotics to preempt the infection?
How do you treat Long Covid symptoms?
Will steroids have a renaissance to combat viruses?
Under what conditions should I wear my mask as Omicron caseloads decline?
Do these masks even work?

Our third speaker is Kyle Kondik who is the managing editor of Sabato's Crystal Ball at the University of Virginia's University Center of Politics. He will be discussing his new book The Long Red Thread: How Democratic Dominance Gave Way to Republican Advantage in the US House Elections. Our discussion will focus on gerrymandering and the likelihood of a Republican takeover of the House.

Every month since the outset of COVID, I have spoken about the BLS employment report. Well, it looks like we have to expand our analysis to the CPI report, because inflation is taking off and we need to understand what is going on here. For the past 20 years, inflation has been under control and incredibly low and stable despite aggressive monetary policy, well no more.

Let's look under the hood at some of the detail of the CPI report.

Here are the headlines: CPI for the last 12 months was up 7.5%. I want that to sink in. 7.5% that is mindboggling high. This compares with the Fed's inflation target for 2020 of 2.0%, oops. And during the past 12 months, the Fed kept the Fed Funds rate at zero. I think everyone including the biggest monetary doves would say the Fed is way behind the curve.

Energy is up 27%, Gasoline 40%, electricity 13.6% and this is even before a Russian invasion of the Ukraine. Used cars are up 40%, new cars are up 12% if you can get one.

Shelter makes up a third of the consumer basket. The government statistic for shelter includes a proxy for rent and housing. Shelter inflation was 4% year-on-year. But the increase in the median home price was 14% and that is an enormous discrepancy. Think about it, if we had used median home price instead, CPI would have been 11%.

We hear arguments that inflation will be transitory, but we are seeing inflation across services, goods, and labor. I am not sure that this is a supply chain problem that can be corrected at the LA Ports. My expectation is that interest rates will need to go up and that fiscal policy will need to be tamed. After the CPI release, the interest rate on US Treasury 2-year notes moved 20 basis points higher on the economic release. The Fed is considering a 50-basis point increase at their next meeting.

I am short long-term bonds as I think that rates are still too low. The market has a 10 year real interest rate of negative 54 basis points and a 10 year inflation forecast of 2.5%; I think both are too low.

Let's change topics and let me welcome back University of Chicago economist Casey Mulligan.

Casey Mulligan:
It is becoming clearer that the pandemic produced an abnormal number of deaths of people who did not have the virus. Today, I share results using especially the Center for Disease Control's online tool for tabulating death certificates through June 2021. Although we know from other sources that feelings of depression and loneliness were elevated during the pandemic, the good news is that suicide deaths during the pandemic were a bit less than before. This is also confirmed by some of the emergency department data on treatment for self-harm.

But deaths from drugs or alcohol are way up. Through the first 15 months of the pandemic, they were almost 50,000 above what they were before. A bit of this is a continuation of prior trends, but we are still 40,000 above that. Drug and alcohol deaths have never increased so much over such a timeframe. The people who died in this way are a lot younger than people dying from COVID. One measure is life years with more 7,000,000 life years lost from drug and alcohol during this time. For men, they're part of the 7,000,000 is more than the life years they lost from COVID.

For every drug or alcohol death, there are more than 100 people with ongoing substance use disorder, which is modern parlance for drug or alcohol addiction. For the substance, alcohol, narcotics, and meth, I estimate that 47,000,000 Americans have substance use disorder, 8,000,000 of which are above the previous trend. They will show up in a lot of metrics of economic and social activity on an ongoing basis, and employment and labor force participation are likely among them. The economics toolkit readily explains what happened.

Our federal government was spending- sending people massive amounts of cash, on average, $30.00 per household per day. Normally, incomes go down during a recession, but in the pandemic, personal incomes increased record amounts. It would be wishful thinking to suppose that exactly zero of that money went to drugs or alcohol. It's true that national savings rates went up a lot, meaning that, on average, households spent little of the money on anything. But we know from prior research that people with potential for drug and alcohol abuse are not average. I guess that they saved too, but still not as much as the average.

We know from prior research that liquidity is quickly followed by somewhat elevated mortality from alcohol and drugs. This effect is especially strong when the liquidity is not coming with any incentive to invest in job related human capital. Indeed, the pandemic payments were big disincentives to be working. To quantify the income or liquidity effect as well as price effects, I consider alcohol, narcotics, and psychotropics separately. Alcohol induced causes include acute alcohol poisoning, but also deaths from chronic alcohol related liver disease. By the CDC's convention, it does not include drunk driving accidents.

Narcotics deaths are almost all involving opioids of one type or another. Deaths involving psychotropic drugs are primarily crystal meth. Alcohol has its own price changes which I relate to the shift of drinking from bars and restaurants, where alcohol is expensive, to home, where alcohol is much cheaper on a per gallon basis. As a quantitative matter, we know from historical data how much each percentage reduction in alcohol prices translates into additional alcohol deaths. The restaurant to home shift is much less relevant for illegal drugs. For them, I focus on the full price, which is the sum of a money price and an opportunity cost.

Consuming dangerous drugs requires time to acquire, administer, and especially recover from them. So, the full price involves the value of time, which is where the unemployment bonuses come in. Unemployment benefits have always been around, but what was novel in the last two years was very large bonuses. These are policy induced shocks to the value of time, in addition to changes to the value time coming from other sources. One prediction from this economic approach is that organic opioid deaths would not increase and may decrease, and this actually happened.

Another prediction is that opioid deaths overall would increase proportionally more than meth deaths, even though opioids include some of those categories with reduced deaths. Again, that happened. Another prediction is the combined deaths from alcohol and drugs, which were about 130,000 at an annual rate in 2019, would peak at about 180,000 in summer of 2020, which is exactly what happened.

The economics predicts that 25,000 drop when the bonuses stop. Again, this happened. The economics says that when the bonuses come back on in January 2021, the death rate would go back up to 180,000. Again, that's what happened.

The economic approach accurately predicts patterns by substance, demographic group, and time. For example, the double peak time series I described for drug mortality should vary across age groups because they have different rates of contact with the unemployment system. This actually happened. Throughout the pandemic, I warned, including on this show, that fiscal policy was wildly disproportionate and disruptive. Audiences were always upset that I even suggest that well-intentioned fiscal policies might have lethal consequences for thousands of people.

Perhaps all this happened as a coincidence. All I can say is good luck trying to understand the very real and serious substance abuse problems without touching the economics toolkit. This didn't have to be a postmortem analysis.

Larry Bernstein:
Should we have raised taxes on alcohol when the government gave these cash payments during this COVID crisis to minimize the damage?

Casey Mulligan:
Other countries, and I use their experience with alcohol taxes. Gorbachev had increased the alcohol tax and Yeltsin had cut it, and the deaths moved right along with that. Finland had also cut their alcohol tax and they had a bunch of deaths come on. So, it's something to consider. My job is just to say what the consequences are of ... are of these things and it's our elected leaders who need to weigh the choices, but they need to know what the consequences of different choices are and that's my job.

Larry Bernstein:
Alcohol use increased during the pandemic and likely changed behavior for the short and long-term. It will have consequences in the years ahead as well. How do you think about a broad increase in alcohol use as one of the problems of a lockdown and social isolation?

Casey Mulligan:
This is a human capital type of issue and being addicted to a harmful substance; it's a loss of human capital and it's one of those legacies of the pandemic that we'll have. Now, one could make the argument, "Well, it was worth sacrificing human capital to make ourselves feel better," or, or whatever that may be. But still, as an economist, I can say there will be that learned long-term consequence, whether it was a good choice or a bad one. That's the way life works. Choices have consequences, even if they were justified choices.

Larry Bernstein:
When the government bonus checks were first proposed, you stated that these payments would result in a surge in alcohol and drug deaths and as a result you were attacked for making these predictions. What was the essence of these attacks?

Casey Mulligan:
Well, (laughs) I, I, I'm not a, a psychologist. I, I, I can guess. You know, knowing some of the people, uh, they, they felt, and I agree, that these policies were well-intentioned, and so any time you have good intentions and harmful unintended consequences, it can be upsetting. And you'd rather imagine a world that those aren't happening. The sort of people I talk to are not accountable, so if they're wrong, as long as they don't notice, it all, all feels okay.

Larry Bernstein:
Some economists and politicians advocate a negative income tax. Individuals would receive periodic payments from the Federal Government independent of work effort. One of the consequences of your research is that these proposals will lead to greater access to alcohol and drugs leading to more deaths. Why don't people worry about the negative consequences of government payments replacing work?

Casey Mulligan:
Yes. And it doesn't get talked about a lot.

Before this pandemic we had studies. And it was found, the key issue was none of these programs happen in isolation. When the government's cutting the checks for the people, what are kind of the strings attached? Are they encouraged to get, engage with work or, or the opposite? A lot of the programs that have happened historically were encouraging people to engage with work so you didn't see these kinds of effects.

Another issue would be that the United States is different in terms of especially drug problems, and the prevalence of them. And something then that might work in, in Norway might have a very different effect here because the dangerous drugs are a very real option over here.

Larry Bernstein:
America has some of the lowest employment participation rates in modern times and that was true even before COVID. And it was a function potentially of government programs that allowed or encouraged people not to work, but to choose leisure that included availability to both alcohol, opioids and other drugs. Should we consider the consequences of the benefits associated with work and the negative consequences associated with certain elements of not working?

Casey Mulligan:
We want to recognize that there are, there are complements, as we say. They go together, being not work and, and the substance use. Not every person but on an average basis, and the causality therefore goes in both directions because they are kind of joined like that. And drugs have gotten a lot cheaper

and a lot more available and that can discourage people from working without any other, any change in fiscal policy. Is that a benefit or a cost? I mean, there's a certain libertarian point of view that would celebrate somebody's opportunity to take these drugs, even if it's they're risking their lives.

But certainly, there are family members and a lot of people upset. I mean, that's part of where 2016 came from, a lot of people upset at attending these funerals and they would say, "Please consider these unintended consequences, we really want them to go away."

Larry Bernstein:
Your recently published paper linking Covid checks with alcohol and opioid deaths using novel econometric methods. Can you explain how you proved your thesis?

Casey Mulligan:
Well, I have a model. (laughs) And now, in, in the alcohol case it's a fairly straightforward demand model, and there we have historical estimates that I mentioned earlier. Finland, Yeltsin, Gorbachev, places in the United States. We have an idea how price translates into alcohol deaths. Alcohol consumption measured in gallons, but today we're talking about the deaths.

There's also an income piece which I looked at the amount of income and said, "Well, let me just suppose that people get all this money and they spend some of it and they spend it on a lot of things, not just alcohol and not just drugs." Kind of according to how they bought things before, but they've got more money to buy the things that they bought before.

Meth is similar except all the drugs I have this employment connection. And there, we knew a lot about how money prices affect drugs that's been studied a lot. And then I said, "Well, the opportunity costs of not working, that's in addition to the money pro- costs. Not only you have to spend money but you hurt your ability to make money." So, I just translate it, and that's a standard tool, at least since Gary Becker, in economics to think about prices as having these two parts, a money part and a time-part.

Once I take that step it's fairly easy because I know how much the bonuses are. I mean, they were $300 and $600 pretty easy to measure in the world of illegal drugs where the money prices actually can be quite hard to measure.

Now what's most novel it's work that I had done before the pandemic is the opioids have these two organic and synthetic products that are coexisting. A shock to the market we had seen before and I expected we would see it again, can cause people to switch from the expensive prescriptions or even heroin by comparison being expensive, to something cheaper like fentanyl. Especially fentanyl, and so their stocks kind of get amplified compared to the alcohol and meth cases.

We had seen that before. We had seen various policy changes around prescriptions and then we were surprised. Like, "Oh, gee, these people switched to fentanyl and they ended up dying more than they

were dying on the prescriptions." I had a numerical estimate of that from before the pandemic so I used that number as well to apply.

This is not an exact science. I'm not using a scalpel here. There's a lot of sensitivity analysis in the paper and if somebody tells me, "Casey, you were off by 20% or on this effect or that effect," it's hard to argue in a number of these elements. While we have five or six different pieces and some are maybe over-estimated and some are under-estimated and maybe the totals not so bad.

Larry Bernstein:
Deaths in the US are up year over year. Our natural tendency is to assume that the increase in deaths relate to Covid. But you are saying that the increase in mortality relates to changes in behavior caused by lockdowns or bad government policies.

Casey Mulligan:
There's two parts to that. A lot of the movement to being at home would've happened anyway. Certainly, we had state governors and counties putting down rules, but a lot of people would've done that anyway. And there would've been deaths, especially alcohol deaths from that anyway. And maybe also the drug deaths, too. So, I blame it on the pandemic. The government can make it better, maybe could warn people, maybe not over-hype the danger so that they're running home in cases when they don't really need to run home. Like 20, 25-year-olds maybe didn't need to run home.

I would blame that on the pandemic, and one of the things I want to look for in the data going forward is the other countries that didn't have our policies but obviously had the pandemic, what on, what, what happened with them? And I think you're going to see alcohol deaths in an awful lot of countries.

The drug deaths are in my view, much more tied to the fiscal policy. Now you could say, well we had to have that fiscal policy because of the pandemic. But other countries didn't have that fiscal policy, so we didn't have to. Maybe you decide it's a good choice, and this was just a unfortunate byproduct of a, ultimately a good choice. But it's a choice that other countries did not make. So I'm not expecting to see elevated drug deaths nearly to the degree, even in percentage terms. I mean, we were already starting from a high base, but in percentage terms I don't expect 30, 40% increases in drug deaths in, in other countries.

Other countries do have drug deaths, but at a lower level. And I don't expect they increased so much in the pandemic.

Larry Bernstein:
Your paper uses loss of years of life as a metric. If a 90-year-old dies of COVID the expected loss of life might be one year. If a 20-year-old dies from a drug overdose, then the loss of life might be 70 years or 70x more. How should we think about loss of life years in public policy terms?

Casey Mulligan:
I mean, it's a tricky issue. It happens on both sides, so... and it's not really 20-year-olds that are dying. I, think the third, I estimated 33 life years left from the drug deaths, compared to the COVID deaths which were maybe, like, eight years, it's in the paper.

Now Somebody who's 45 who dies from drugs, maybe they weren't going to live to 75. Maybe they were just going to live to 65, I can see that. But also the 75 year old who died from COVID, maybe they weren't going to live to 82, they were going to live to 76. So, it goes on both sides.

I think people have the perception that these dangerous drugs are like instant death, and they are not. There's over a hundred people who have a substance disorder. And that's the flip side, I mean the chances of dying in a year are less than one in 100.

So, the life expectancy of somebody using these dangerous drugs is, is pretty long. The drug's probably not going to kill them in the next 20 years, it's just that there's so many people using these drugs, and one out of 200 chance of dying is still, is not a chance I want my children taking, or I want to take for myself. That as occupations go, that's probably a bit more dangerous than being a commercial fisherman. But still, it's not an instant death. You hear stories like, oh, so and so took drugs for their first time in their life and they dropped dead. I mean that, there's enough people taking drugs that that happens every once in a while, enough to make it in the newspaper, but that's not, I don't think, what the data show us.

Larry Bernstein:
How have other economists reacted to your COVID and Drugs paper?

Casey Mulligan:
Well, I was kind of pessimistic, although the president of the NBR had me make a video yesterday about it, he's very excited about the paper, which very much surprised me. Because a lot of them were cheering for their bonuses and were upset with me when I said that this might be a side effect of it. My profession is very much moved, become what I call causality police. They don't want to talk about something, and, unless it's a postmortem, and in this case, literally. They, they want to see a smoking gun that, that proves that whatever hypothesis is actually guilty. Or, or, or the real cause.

And that's going to take decades. I think the circumstantial evidence is strong. I think we're all are Bayesian when we really want to make a decision in life, but the Bayesian approach is not the, the vogue in my profession.

Larry Bernstein:
And why is that?

Casey Mulligan:
I mean, we've made some technological advances that people are excited about and they're kind of, that's... their vision is a little bit narrow, because that's what, where the progress is. And then progress is a good thing. But sometimes you lose sight of the rest of the landscape.

Larry Bernstein:
Let me explain what Casey meant by we are all Bayesians. Thomas Bayes in the 1700s was a mathematician who created a formula that incorporated your predictions in the model. You had your own predicative value, and then after seeing some results, you would then adjust your probability estimate. So, if you live in Miami Beach and you wanted to estimate the high temperature tomorrow, and your guess was 80 degrees and then the high temperature was in fact 68, you would adjust your guess for tomorrow's high to be 77 degrees.

And the relevance of Bayes to this discussion is that Casey made a prediction that if you give money to someone who just left their job and is an occasional drug user, he expected them to buy more drugs and that some would die. In contrast, other economists in his field would be agnostic about the relationship and they would want to set up experiments to figure out if there were any relationship between having more money and mortality due to increased drug use. It makes a big difference in experimental design and analysis if you start with a working assumption about how the world works. The reality is that is exactly how all of us interact with the world.

My next question is causality, how can we be sure that there wasn't something else going on that caused the increase in Fentanyl deaths. Like let's say the police were too scared to bust drug dealers because of COVID and that was the true factor.

Casey Mulligan:
I mean, it's a great question, certainly if there was just one spike in April, it'd be like, well, a lot of things happened in April. When you get the second spike in January, now we're starting to wonder. And, we had the red and blue states change their unemployment benefits at different times, it'd be interesting to see how that plays out. Now, the data I only have is through June 2021, so we can't do that. But in six months or a year, we can make that sort of comparison and principle.

Larry Bernstein:
The psychologist Jeremy Clorfene was on What Happens Next and he highlighted that during COVID that in person therapy for drugs and AA were closed, and that this loss of in-person therapy caused lapses and drug deaths.

Casey Mulligan:
I mean that's a thing I would take seriously. I had a paper over a year ago where I said a lot's changed with supply and demand, and we're going to need to be worried, and one of the things is people being alone. It could be just simply they're not there to call 911, because again, these things aren't instant death. You have some kind of acute situation, you're not dead immediately. And if you're with

somebody you might be saved. People are trying to kick the habit, and, it helps to have companionship to be successful there. So, it could've been a very big factor. I don't know quite how to measure it yet, um, you know maybe different states would've been different in terms of allowing people in that profession to, to engage with each other again.

Larry Bernstein:
Casey, you have presented on What Happens Next four times. One of the reasons that I keep having you back on the program is that you are a very creative economist; you choose very important and controversial topics and then apply innovative methods to under-utilized datasets. Tell us the interesting things that you did in this paper.

Casey Mulligan:
For each one that dies, there's over 100 who are using, and so there's a potential for a lot more, and sharper, data on the consumption. Now, when it's illegal can be tough. Although, law enforcement data can be helpful there. I like to have data on law enforcement activities.

I mean, I live in a county where they don't put people in jail anymore, or prison, and it has that been a factor? That's pretty different story than I told in the paper, but we know, for example, in these data, that the increase, and this was coming before the pandemic. The increase for blacks is very different than for whites. Is that because they're in cities that don't really put people in prison anymore, and drugs are much cheaper and more available? I don't know, but these are the sort of things to investigate.

I do know some MDs who are looking at data on prescriptions. That's a legal market, and they told me they're finding quite a bit more prescriptions for opioids. Was it opioids or benzodiazepines? Which are often used with opioids. I don't remember which they were finding, but that's an example of the type of study that can be done, and then you can get some pretty reliable numbers in this sort of area. I mean, as you can sense that pay a lot of attention to the measurement here, because when you're dealing with it- potentially illegal products, it's a big concern. Often, what we do is driven by our ability to measure.

Larry Bernstein:
Were there differences across races related to drug deaths for Covid checks?

Casey Mulligan:
I haven't looked at that super thoroughly. It was pretty similar. It's just that the blacks had this higher trend, especially on opioids? Blacks were not having opioid deaths for many years.

People say, "Well, that's because they didn't have prescriptions," and they talk about why don't blacks have prescriptions. Interesting topic, but once fentanyl came into the markets in its permanent way, which is more or less 2015, 2014, the narcotics death among blacks started growing like crazy, and it passed the whites in 2019, and it's continued at a faster pace, dynamics and differences by gender and stuff, I don't see that much difference, but it's not something I studied exhaustively, and it's a little

tricky, because blacks are,, 13 or 14% of the population. So, there's that much less data for them. Tends to be a little noisy for some of these questions.

Larry Bernstein:
Angus Deaton won the Noble Prize n Economics for his work related to the declining life expectancy of white men in particular related to drug deaths caused by Opioids, and now you are saying that these drugs are hurting African Americans in a bigger way. What is going on?

Casey Mulligan:
I mean, it already happened when they were put that book in process- Like I said, they were- from between 20- let's say 15 and 2019. Lot more deaths among blacks. They had reached par with the whites by that point, and then, it's gone passed, so that was maybe not good timing on their part. It was a nice story for many years, but not anymore.

Larry Bernstein:
What government policies can reduce drug deaths?

Casey Mulligan:
One thing I was urging for in the White House. I had a lot of trouble, I'm afraid, was just for the government to think about, "Well, what is it doing to add to the problem?" Because you think, in principle, the government could control itself, but neither Democrats or Republicans are all that interested, (laughs) and that they would rather blame pharma companies. Maybe a political entrepreneur could figure out how to do it because we still subsidize prescriptions.

The doctors and hospitals realized if they sent home a nice, big bottle of Oxycontin (laughs), and that they would get a bigger bonus from the federal government, and they obliged and did it, and we only got rid of that in 2019, and CMS, the agency in charge of that went kicking and screaming. Trump has to force them to do that, and they said, "No, we don't need to do this. there's no reason to think that prescribing blah, blah, blah."

So, we subsidized benzodiazepines, which people like them with opioids. In fact, anesthesiologists, they- if you have a surgery, a totally legitimate (laughs) surgery in a legitimate hospital, probably they're going to give you fentanyl, and a benzodiazepine, because it- it makes the fentanyl work better, and, the recreational users know this, and Obamacare, for the first time in our history, began subsidizing benzodiazepines.

Medicaid, they knew that they were abusive, and abuse potential there, and they refused to cover them, but not Obamacare, we have to cover everything. So, they covered that can be reversed. Obamacare could be repealed all together. If it did, that would go with it, but certainly, that part of Obamacare should be considered, because there, you're subsidizing fentanyl, (laughs) but- because it's something people use with fentanyl.

Emptying the prisons has consequences. Again, it's not for me to weigh, but I think we'll want to recognize that maybe the reason we have so much fentanyl is because- is it just a coincidence that, within months of ending the federal war on drugs, as Obama and Holder put it, that fentanyl came into our country to stay? It had been in our country dozens of times before, going back to the 70s, and the DEA always found it, and beat it back, put the people in prison.

Then, they changed the sentencing policy, and within month, we have fentanyl in our country in a very big way, and actually, at the same time in 2014, Sweden got fentanyl in their country, and they escalated their way on drugs, and they beat it out.

So, this is- Again, (laughs) there's more questions than answers, but the questions need to be raised, and I haven't heard anybody raise the question of, you know, it's a drug problem, one of the unintended side effects of incarceration justice, or whatever- (laughs) whatever they call it criminal justice.

Larry Bernstein:
How can we improve the war on drugs?

Casey Mulligan:
I'm a big fan of innovation, (laughs) and trying things, and some of the states out West are trying safe injections sites, and I'm very skeptical, but I believe you've got to try, (laughs) even if you have an idea that seems bad. I mean, innovation is needed here.

Larry Bernstein:
Casey, I end each episode on a note of optimism. What are you optimistic about?

Casey Mulligan:
Innovation- we've had a lot of health problems, historically. Water borne diseases, polio, COVID itself, AIDS, and they seemed pretty intimidating at the time, and innovation maybe didn't totally solve the problem, but they made the problem a lot more manageable, and so, I'm optimistic that medical innovation will help in this area, too.

Larry Bernstein:
Casey, thank you so much for your remarks. Alright, let’s shift gears and go to our next speaker, Ari Ciment. Ari, welcome back to the show. What are you seeing this week in the hospital?

Ari Ciment:
The hospital numbers are coming down as the percent positivity of cases locally are coming down. The oral antivirals are not really accessible in any hospital. They're only for outpatients. it's now widely available to get Paxlovid and Molnupiravir. And it's still very available even to get outpatient monoclonal antibody. Ironically, it's easier to get monoclonal antibody sotrovimab through concierge practices than it is through hospitals.

Larry Bernstein:
Omicron has been the dominant variant for a while now. What would you recommend as the treatment for a Covid positive patient who is 55 years old without comorbidities?

Ari Ciment:
Part of your question should also be, vaccinated or unvaccinated? Or double vaccinated, or triple vaccinated?

So, we'll go through your scenarios. If you're not vaccinated, you're going to need to be so aggressive. In fact, I got a call yesterday about a 25-year-old, unvaccinated. That patient needs to be very aggressive, and needs to get sotrovimab. You need to look for a reason to qualify if you're unvaccinated.

If you're double vaccinated and you're 55 years old, I would also recommend trying to be as aggressive, either the monoclonal antibody or the Paxlovid. I still don't think that there's a need to get Molnupiravir, if you have a better medicine out there, Paxlovid. So, I would use either Paxlovid or the monoclonal. If you're triple-vaccinated, then it's case-by-case. But the likelihood of being hospitalized, triple vaxxed, is very, very low. I think the number is something like five in a million.

Larry Bernstein:
So, forget about it.

Ari Ciment:
I wouldn't say forget about it. I would still offer the Paxlovid, for anybody over 55, and offer the sotrovimab. If there are any risk factors that give you a higher risk: diabetes, obesity, hypertension, then the risk/benefit ratio then shifts in favor of taking something like Paxlovid, and then you can see how you can have symptoms with the medicine, then you can stop it.

Larry Bernstein:
How should you incorporate having had COVID in that calculus?

Ari Ciment:
The data keeps on switching back and forth. It looked like before delta came along, natural immunity wasn't as good as double vaccine. And then after delta, natural immunity was better than the vaccine. So now with omicron, maybe the vaccines are actually better, if you have triple. I would say a general rule of thumb, it seems to me that natural immunity is equivalent to two vaccines.

I think the takeaway message is if you had COVID before, and I'm not talking about COVID, like, in the last month, I'm talking about COVID, like, back in 2020, I would get one more shot, even if it's the baby booster Moderna, just to cover yourself.

Larry Bernstein:
Does having COVID symptoms change the dynamic?

Ari Ciment:
Another great question. With the other variants, we were so fixated, rightly so, not on the actual illness itself, but on the cytokine storm. And even if you were asymptomatic you would be pushing the monoclonal ASAP. It seems that omicron is really a completely different bug. And the way we've been practicing, and it's turned out if you get over the omicron, there doesn't seem to be a secondary phase, like there was before. Do you're feeling better, we don't have to give you the Paxlovid. We don't have to give you the sotrovimab.

One caveat is that we do see secondary bacterial infections that have developed shortly after the omicron infection. And, getting the immune system a little boosted might help prevent that. That's speculation. But it might have prevented some of those secondary bacterial infections we saw in some of those patients. And the flip side is, people who have post-COVID syndrome, should we be more aggressive treating those asymptomatic, or lower symptomatic patients early on, to prevent that post-COVID syndrome? No one knows the real answer to that. The way we've been practicing is, you're asymptomatic, or low symptoms, then we're not really pushing those medicines.

Larry Bernstein:
My dad was a cardiologist. And he got really frustrated when patients would take antibiotics when they had a virus. But what you're describing to me is that post-omicron you have a bacterial infection. How do you feel about antibiotics in lieu of monoclonals, how would you feel about going with a Z-Pak or other antibiotic to reduce the chance of getting a post-bacterial infection?

Ari Ciment:
A lot of the concierge practices are sending home patients with a Z-Pak and, and Paxlovid together. There is no clear evidence to do that. In fact, you might make things worse by giving an antibiotic too early, because that patient can now develop some resistant bug later on. If I am going to use an antibiotic, it does make sense to give them macrolide antibiotic, doxycycline has some at least in-vitro activity antiviral effect. But it has no clear, documented anti-COVID in vivo evidence. There's a risk of giving antibiotics for a viral infection. Potentially, you're going to provoke further resistance later on. Just, the point is that you should be on the lookout, because you are immunosuppressed after a virus.

Larry Bernstein:
How does the cytokine storm, the pneumonia and the bacterial infection interrelate?

Ari Ciment:
The cytokine storm that we were seeing with the other variants was not necessarily a bacterial super-infection. The markers didn't demonstrate that there was another infection going on. It was just a heightened inflammatory response causing inflammation in the lungs. We would treat it with anti-inflammatories and not antibiotics. The vast majority of people with omicron will just get better afterwards. But there are some people that have immunosuppression develop some sort of bacterial

superinfection, which is different than the cytokine storm that we were seeing before, where it's just a pure inflammatory response.

Larry Bernstein:
Can you recommend treatments for long COVID?

Ari Ciment:
There aren't any specific treatments for "Diagnosis: long COVID syndrome."
Long COVID covers everything. It's either fatigue. It could be shortness of breath if there's actually lung involvement. It could like persistent brain fog or word recall problems.

You're gonna see different treatments based on who you see. So if you see a neurologist because you're thinking slow and inkinetic, Dexedrine and Adderal and Ritalin. But if you see a pulmonologist like myself because you're short of breath, you might get an inhaler with inhaled steroids and an albuterol, breathing exercises.

There are some antioxidants people use, like atecylcystein. There is no FDA-approved medicine currently for long COVID syndrome other than off-label drugs that we use for other things. So, for instance pirfenidon is a drug that we use for idiopathic pulmonary fibrosis. They are currently in Phase 2 trials looking at a form of pirfenidon for long COVID pulmonary issues.

If you do have long COVID syndrome and try to enroll in one of these trials. A lot of these medicines have very few side effects. So there's one trial in vitamin C and a slew of vitamins. I have to admit that I have used concoctions of vitamins for patients to see if it helps their long COVID syndrome.
Vortioxytine is an SSRI that being studied for cognitive effects. There is a trial with medical cannabis.

Larry Bernstein:
I had long Covid after I left the hospital in December 2020. I had poor balance and couldn't walk a block. I got a physical trainer and got my strength back in six months. My pneumonia was pretty bad and got easily winded and had poor aerobic capability, but over 6-12 months I got my conditioning back. I had brain fog but that went away after a year. Does exercise and the benefit of time the answer or does a patient need a pharmaceutical solution?

Ari Ciment:
Certain patients like yourself had a pulmonary condition. You really had some damage done, and it takes time for the lung cells to regenerate. And, in your case specifically, you want to buy time and try to limit the amount of pharmacologic interventions, which all have some certain side effects. Sunlight, PT/OT, increase your stamina, that's much better than taking Adderal and Dexedrine, and you just needed time. But it was clear in your case that you had pulmonary involvement.

There are other patients that have cognitive defects and they don't have those infiltrates ever on their CT scans and their x-rays. Those are the ones that explore pharmacologic options. A patient with severe

brain fog was also desaturating while walking. I actually put him on steroids, even though it's late. And he immediately got better. If you go to some rheumatologist, they give crazy high doses, that will give IV a gram a day for three days. I've seen that used for long COVID. I personally think that's very, very high.

The vast majority of people do get better over time. So, if you could do natural things like increasing physical activity, going outside, getting sun, that is (laughs) definitely the best.

Larry Bernstein:
Let's talk about steroids next. You gave me old-time generic steroids when I was in the hospital with COVID and it worked like a charm. What do you think of using steroids for long COVID?

Ari Ciment:
I think we learned a lesson about steroids themselves. We are sometimes our own enemies: We're over-combatting the illness; we're causing this inflammatory response and that's what the steroids are doing. We're gonna slow it down."

For years we always have said, "if you have influenza and you have a viral illness, don't give steroids." That's why it was very difficult early on to adopt steroid usage when it came to coronavirus, because people were really scared that you were going to cause the virus to blow out of control.

But once we saw a lot of the cases were actually dramatically improved, then we started employing it as on outpatient therapy too. And reluctantly would first wait a few days. If the oxygen levels dropped, then you would get the steroid and then miraculous things happen.

I think we are going to be using steroids more frequently for viral infections whatever it may be.

Larry Bernstein
Let's say, post-COVID you have this nagging cough. Anything to be concerned about there?

Ari Ciment:
it's very common after any viral illness that your whole body is out of whack and the same things that cause cough before are likely what's causing it now, post-nasal drip, reflux. So, before somebody starts to think that they have a recurrence or they have a severe pneumonia, it might be worthwhile to see regular treatments over the counter like internasal Fluticasone. Or nasal sinus rinses, neti pot, Pepcid, oromeprazole treatments, stuff over the counter.

Larry Bernstein:
Next topic is Masks. Cities like NYC have announced an end to the mask mandate. But each individual can make their own decision based on their own health risk profile and the situational risk. Are there situations where you would suggest mask wearing or social distancing?

Ari Ciment:
Right now, our percentage rate is 13% local positivity We're still considered high risk because we're above 10%. But we're not wearing masks because Omicron is basically a cold if you have three vaccines. So, at this point, even from a sense of responsibility to another person, it's okay to go mask-free.

Unfortunately, the people that are immunosuppressed are at higher risk. They, unfortunately, will have to wear a N95 mask. That's my opinion. So, at this point in the game, we should wear it around somebody that is having symptoms and if you're having symptoms.

But not have to go out wearing the mask everywhere. Again, that's my opinion.

Larry Bernstein:
Let me give you some hypotheticals.

Would you go to a Miami Heat game, 15,000 people in an indoor stadium? And if you do attend, wear a mask or not?

Ari Ciment:
I would bring my mask. And I wouldn't wear it because I am triple vaccinated. The variant that's around here locally is Omicron. And I am going to bring it with me because if the guy next door to me is coughing up and looks pretty sick, I'm going to put on.

Larry Bernstein:
Why not just go home?

Ari Ciment:
(Laughs) Or I'll go home. Depends how good they play.

Larry Bernstein:
(Laughs)

Ari Ciment:
Larry, that's a very important point because whether or not you believe or don't believe in masks, the very basic idea is that even if you're wearing a mask, you're not protected if somebody is highly infected blowing virions your way for two hours.

It's like you're wearing a raincoat and somebody is blowing a hose at you. Eventually you're going to get wet.

Don't let it get in the way of your life and other people's lives, you also have to be mindful.

Larry Bernstein:
I think you're making a statistical argument that if the mask protects you from 90% of the virus, if you get a very large viral load, 10% of a lot is a problem.

Ari Ciment:
To follow that point, that's why it's called an N95. It's not an N100. N95 filters out 95% of particles. But there's five percent that come in.

Do you know what the N stands for in N95?

Larry Bernstein:
No.

Ari Ciment:
Not for oil.

Larry Bernstein:
(Laughs)

Larry Bernstein:
That's funny. I don't wear N95's. I wear these paper and cloth masks that I buy on Amazon, does it do any good? I like it because it doesn't interfere with my breathing or get me too warm. Does it materially reduce the likelihood of infection?

Ari Ciment:
Yes that just came out in a case-controlled test negative study. It was done by MMWR. You can look at in February 4th. They tried to look at whether or not masks work. And which mask is the best to use. What they did is they tested people. If you're positive or negative, either way they would call two days later. And, the people that were positive were then matched with people that are negative the same age and sex.

That's what the case-control was and it's a test negative study. And what they found was that if you were positive, they ask you questions. You were wearing the mask, all of the time. 60% of those patients said they were.

If they were negative, 70% said that they were wearing it all the time. So, basically, what they were saying is that shows that you were much likelier to be wearing a mask, be negative.

You have an 83% less likelihood of getting of testing positive for a N95, you're 66% less likely if you wear a surgical mask.

And then in their diagram they even wrote, "You have a 56% lower risk, if you wear a cloth mask." But if you look closely at the article, for cloth mask it crosses one, the P values so it's not even statistically significant. So that's a little misleading there.

There's a lot of criticism of this article, if you want to hear a very good rebuttal you could watch Vinay Prasad who's a very brilliant guy. He's a MPH, MD MPH. But he wrote a paper in November of 2021 at Cato Institute and it was very anti-mask, he's looking for flaws, be mindful for it.

Larry Bernstein:
Let's have some fun and learn about your mask decision making process. You get into an UBER with a driver who is a stranger, mask or no mask?

Ari Ciment:
If there was a low threshold of pain, I would personally wear a mask.

Larry Bernstein:
You go to your local synagogue and its packed?

Ari Ciment:
I would say now is the time to come off with the mask and show that it's safe to be with people.

Larry Bernstein:
Give me some examples where you would wear your mask?
Ari Ciment:
Somebody had recent COVID and he's day five. I'll bring a mask for that interaction.

Larry Bernstein:
You are on a flight from Miami to NYC for 3 hours.

Ari Ciment:
If it's not mandated, I would say, how I acted pre-pandemic....

Larry Bernstein:
Put a fork in it. You're done.

Ari Ciment:
Yeah, pretty much done for the time being with an open mind, that if we have another variant that's scarier, do it again.

Larry Bernstein:
This is the part of the show where I end in a note of optimism. What are you optimistic about?

Ari Ciment:
I'm optimistic numbers keep on going down and I'm hopeful that this is it.

Larry Bernstein:
Thanks Ari for joining us again. Alright, let's move on to our next speaker, Kyle Kondik.

I've asked Kyle Kondik on today's podcast to discuss four topics:

Why did the Democrats have a majority of the House from the 1930s to the 1990s?
Why does the House change majorities so frequently now, and is there a bias or advantage to one of the political parties?

After the 2020 census, the redistricting process is now in full motion. Will some states choose aggressive gerrymandering and will that be determinative as to who will win the House for the next decade?

What is his near-term political predictions for the mid-term elections?

Kyle, please begin your six-minute presentation.

Kyle Kondik:
The Long Thread tells the story of US House elections from the early 1960's, why the House went from dominated by Democrats from the New Deal through the early 90's to one isn't dominated by either side. Since the early 90's the Republicans have an advantage.

There are three big takeaways.

First one is the nationalization of election results.

For many decades, the Democrats were able to win districts that had become Republican at the presidential level, and voters split their tickets. Vote Republican for president but vote Democratic for house or vice versa. Like 1976, the Jimmy Carter, Gerald Ford that race that Carter won by only two points over Ford. It was very competitive all across the country.

You had about 30% of the House districts in 1976 voted for Carter but then voted for Republican House, or they voted for Ford for president and voted for a Democrat for the House. In 2020 there were only 16 districts out of 435 that voted for one party for president, one party for house.

Presidential results in a district are likely to reflect the House results, and the median House district typically is a little bit more Republican than the nation as a whole.

A second thing is political realignment. The South is the most populous region in the United States, it has 30% of all the House seats in the 60's, it's up to about 35% now. The South used to be really Democratic. Democrats would routinely win 75% or more of the seats in that region. Now, Republicans control almost 70% of all the seats in the House.

Democrats dominate the West Coast and the Northeast. The Republicans dominate in the Midwest, interior west and Great Plains. But the realignment in the South has been very important for Republicans.

Democrats used to have a lot more control of the State government. Therefore, they would dominate the redistricting process. If you look in the 70's and 80's, you have many more instances of Democratic gerrymanders, districts drawn to benefit Democrats over Republicans. But over the course of the 90's into the 2020's, the Republicans exercise more control over redistricting.

Republicans started to control the drawing of more district lines than Democrats did, and that is helpful to them.

So, those are the three big factors that contribute to what I see as a small Republican advantage in House elections now where Democrats used to dominate.

Larry Bernstein:
The Chicago and near suburbs are very blue, and elsewhere in the state is very red. And the voters in the red region can't believe they have little to no representation in the congressional delegations. Now under Governor Pritzker's 2020 Illinois redistricting plan, the Democrats will gerrymander down state eliminating many of the Republican seats.

The redistricting uses the latest technology going neighborhood by neighborhood to get just enough Democratic votes to knock out the Republican congressman. Will downstate Republicans revolt because they are denied representation?

Kyle Kondik:
Illinois is a great example of a state that's been gerrymandered by Democrats. And New York. Then you also have Republican gerrymanders in places like Texas, North Carolina, Ohio and Florida.

Some of these states is that statewide ballot measures to enact some prohibition on gerrymandering. And Democrats have proposed trying to do that at a federal level. The Democratic voting bill would set standards in place that would knock out districts that went off course.

If you're a Republican in Illinois or a Democrat in Texas, you probably feel like the deck is stacked against you.

You mentioned Illinois, there's one that goes from east St. Louis all the way to Champaign-Urbana.

It's just this snake that (laughs), picks up as many Democratic areas to create a Democratic leaning seat. Both sides end up doing it. In recent decades, Republicans have had more power to do it than Democrats have. And that's why Democrats have been more interested in federal guidelines for redistricting.

Larry Bernstein:
Let's use Staten Island as an example.

Kyle Kondik:
Staten Island itself is not big enough to have a single House member, so it has to be connected to the rest of New York City. And under the current map, it's connected to places like Bay Ridge and conservative leaning parts of Brooklyn. And then this map connects it instead to Park Slope that are Democratic.

Of the 40 most densely populated districts, the only one held by a Republican was New York 11, which is the Staten Island seat. You have this conservative, Republican bastion in the midst of an otherwise very Democratic area, although given that there are Republican pockets in Brooklyn, it would be possible to draw a Republican seat.

New York voters did create an independent redistricting commission. Clearly the commission wasn't strong enough, so it was essentially sabotaged, Democrats didn't play ball. The Democrats in the state legislature, they now have two-thirds majorities in the state House and the state senate. So, they were able to pass their own plan.

Democrats for the first time in modern history had unified power in New York and they're using it. And the state constitution in New York suggests some prohibitions on having districts that are not that compact. The Republicans could win a court case on this although the Democrats control the court.

There's a similar situation going on in Florida where the shoe is on the other foot, that the Republicans are trying to gerrymander, there are prohibitions against gerrymandering written into the state constitution, but the court is very conservative.

Larry Bernstein:
Is there any advantage or bias that favors one of the political parties for US House races? Biden won the presidential popular vote by four percentage points, and voters no longer split tickets. So, why don't we see a larger Democratic majority in the House?

Biden voters are highly concentrated in particular states like California, Massachusetts, New York and Illinois. and the Republican voters are more diffuse is that critical?

Kyle Kondik:
Population density are a disadvantage for Democrats in the House. There's a really good book by Jonathan Rodden called Why Cities Lose. And he doesn't believe that the Democrats are a natural geographic disadvantage everywhere but in some of the old industrial states like Pennsylvania, Ohio and Michigan. Even if you were drawing a fair map, Republicans would still have an advantage because of concentration of Democratic voters in urban areas.

There are significantly more landslide Democratic presidential districts, places where Joe Biden got 80 or 90% of the vote.

Now, if you're a Democrat, you could gerrymander those places and then extend them out to surrounding areas to try to make more Democratic seats. That's effectively what Democrats have tried to do in Illinois.

Biden won the national popular vote like 4.5 points. The median House seat if you just rank all the districts, Biden won by about two points. So, the median house seat is about two points to the right of the nation.

Larry Bernstein:
Moving on, the 1965 Voting Rights Act concentrated African American and Hispanic voters in these districts supercharged for the Democrats. And the Black caucus was very happy to get these African American Congressmen, but on the national level it hurts Democrats, because they couldn't combine the African American voters with the suburbs to create slim Democratic majorities.

And then in 2010, in Illinois for the first time since 1965, the Democrats decided to reapportion some of those African Americans into the suburbs to flip suburban districts. Does the Voting Rights Act advantage the Republicans? Do you think the Democrats will undercut the Voting Rights Act to end African American Congressional representation to win more House seats? And do you think the Black Caucus will agree to it?

Kyle Kondik:
The Voting Rights Act was changed in the early 1980 that made more majority minority districts.
In the '90s, Democrats still had a lot of control of State governments. but George HW Bush was President, and the justice department decided to use its power to give pre-clearance to maps, particularly in the South.

That doesn't really exist anymore based on subsequent Supreme Court decisions. But back then, the Justice Department said that you have to draw more majority minority districts based on the Voting Rights Act.

That had the effect of creating more districts that elected Black and Latino members. That ended up bleaching the districts in the South where it contributed to Republican seat flips.

Democrats back 30 years ago, "you need to elect a non-white member from a district, you need to have a majority non-white population." I don't think that's really true right now.

The Trump driven realignment: small town areas got much more Republican, but a lot of suburban places got much more Democratic, and that allowed the Democrats to achieve their goal in Illinois.

Larry Bernstein:
Split tickets. When I was growing up, people would say that they were independent, voted for the person, and split tickets. Does that exist anymore?

I recently perused the Almanac of American politics that details each of the 435 Congressional Districts, and I was surprised how the voting patterns for the House and President were virtually identical.

Kyle Kondik:
Gary Jacobsen is one of the great congressional scholars, and he said that this was the strongest correlation between Presidential and House results since 1952.

There were nine districts that Biden won, but a Republican won for House, and there were seven districts that a Democrat won, but Trump won and the differences are pretty minute.

If you ask people their party ID, 35% say independent, 35% say Democratic, 30% say Republican. Gallup, will ask people their leaned party identification, and 90% plus lean to one party.

Independents are lying to people- (laughs) or lying to themselves, because they generally do have a strong preference.

If you go back to the '60s and '70s, Lyndon Johnson winning effectively 60/40 in 1964, and then eight years later, Nixon winning 60/40. That's a lot of people changing their votes over time. Whereas now, Barack Obama winning by seven points in 2008 is a landslide. And all the elections since 2000 have been closer than that. So you don't have as many people changing their minds.

In suburban districts, places used to be pretty Republican, a lot of those places are becoming more Democratic, but the Democrats are kind of hollowing out in some old industrial centers, and small towns and medium-sized cities, places like Youngstown, and Warren Ohio, or in Wisconsin and Minnesota, outside the big urban areas.

Tom Davis who's a former Republican Congressman from Virginia has this saying that American voters have become parliamentary that they are voting for the party as opposed to the individual member. The value of incumbency is far reduced, there's less ticket splitting, and that probably means you've got a fairly well-ordered set of policy priorities to vote a straight ticket.

People digest politics more through a national lens, and that's led to nationalized voting patterns. Newt Gingrich, who I think is a really important figure, when he was toiling away in the minority, one of the things he really wanted to do was get these Republican voting presidential districts to vote for Republicans for the House.

All these different factors that have nationalized politics and contributed to this lack of ticket splitting.

Larry Bernstein:
New Jersey voted for Biden over Trump by 16 points. And in the November 2021 Governor's race, the Democrat won by only one percent. And then down ticket, the State Senate President lost to an unknown candidate that spent $1500 bucks on his entire campaign. What happened in New Jersey?

Kyle Kondik:
The Presidential election year is different than the off-year elections. It's very common for the Presidential Party that holds the White House to struggle in these elections.

A party wins a majority with the Presidential election, then they end up losing it two years later with this midterm backlash. The non-presidential party is more motivated, there are also swing voters who are upset for different reasons. Biden's numbers were bad.

If you look in New Jersey, who came out to vote, and who didn't. It was a combination of Republicans had disproportionately good turnout, and folks who voted for Biden switched to voting Republican for Governor.

There are more crossover party Governors, Maryland and Virginia have Republican Governors as does Vermont and Massachusetts, those are all blue states. Virginia is still a blue leaning state, despite Republicans won these most recent state-wide elections.

Republicans did 11 points better than they had done in 2017 in both Governor's races.
2017 was a great Democratic environment, 2021 was a great Republican environment. 2022 is shaping up to be a good Republican environment nationally, although we've still got a lot of time until the midterm.

Larry Bernstein:
Larry Bartels, a Vanderbilt Professor espouses the idea that when you switch political parties, you adopt the views of your new party. The best example Bartels gives are Republicans who switched parties in 1974 because of Watergate, also changed their view on abortion. Why do your political views change when you switch political parties?

Kyle Kondik:
Leaders of the party help set what people actually care about and believe in politics. It also shows that people's political views can be malleable.

The Democrats are trying to pass this build back better package that has a number of different things in it. You can poll on those individual issues and often find a lot of support for them, but that doesn't necessarily mean that those people want the government to prioritize it.

Biden's problem is that they're not seen as focusing on COVID or inflation. So, there's a disconnect there.

Larry Bernstein:
Let's compare realignment in two House Congressional Districts. The first is the Illinois 10th District which includes Glencoe where I grew up versus the Ohio 13th which includes Youngstown. Illinois 10 includes the wealthiest suburbs in the Midwest and is trending Democratic. When I was a born, Donald Rumsfeld represented this district and until Trump used to switch back and forth between parties every two years. Ohio 13 is a working-class community that was historically Democratic and is now trending Republican, what is going on here?

Kyle Kondik:
It's a great question and you picked two good districts because I look at the percentage of four-year college attainment? And Illinois 10 is very high. Ohio 13, which is Youngstown Warren district, Obama won by 25 and Biden only won it by three points.

In the Illinois district, four-year college retainment is really high. In the Ohio district, four-year college retainment is pretty low. If you have a combination of substantial non-white population and a highly educated population, those districts zoom toward the Democrats in recent years and white working-class districts have zoomed toward the Republicans in Trump years.

Larry Bernstein:
I am looking at my Almanac for American Politics; in the Illinois 10, 56% are college or post graduates but in Ohio 13 its only 24%.

One of the interesting tidbits I learned from reading your book Long Thread was about Texas in the 1960s. And the stat that shocked me, the 1962 Texas congressional delegation had 24 Democrats and zero Republicans. 24 to zero. How could Texas be that lopsided? I thought that the Republicans were players in Texas in the 1960s.

Kyle Kondik:
It's more accurate to say it was a conservative not necessarily Republican, although, Kennedy barely won Texas in 1960.

Larry Bernstein:
Was there substantial voter fraud in Texas in 1960?

Kyle Kondik:
If you read the Robert Caro Lyndon Johnson books, there's pretty good evidence that there was fraud in South Texas that maybe that allowed Johnson to win the Senate and also Kennedy in 1960.

Texas was effectively a one-party state. The Democratic delegation was filled with some of the most conservative members of the House. But over time, those conservative Democrats died off, became Republicans, and the party got more ideologically cohesive over time.

Larry Bernstein:
After the 1960 Presidential Election, Nixon was informed of the election irregularities in Texas and Illinois but he chose not to escalate the matter. Why has this political norm changed?

Biden mentioned in his recent press conference that he expects to see massive election fraud in the next midterms.

How does challenging elections and voter fraud impact turnout?

Kyle Kondik:
I think anger can be a motivator. The lead up to the Georgia runoffs had the effect of giving the Democrats a little bit of a turnout advantage in that election. However, the Virginia election that the Republicans feelings that the election was stolen and anger being a great motivator.

Voter fraud in elections about Johnson in Texas, I do think our elections are a lot cleaner than they were back then. It's not wrong for a candidate to allege if they've got some evidence that there was a problem. I don't think that Trump has really produced good evidence in favor of his allegations. North Carolina, there was a house race in 2018 where there was sufficient suggestion that there was fraud, that they actually did a do over election. The Republicans very narrowly won both times.

Larry Bernstein:
What do you think partisan turnout will be in the Midterms?

Kyle Kondik:
Republicans have a turnout advantage in these kinds of elections.

There also is some broad dissatisfaction with Biden amongst certain Democratic groups. Biden's numbers among the youngest voters are really pretty weak, even though the youngest voters are also generally most Democratic demographic.

Biden's also seen declines in approval with non-white voters. Black voters still broadly approve his job performance, but not nearly as high as you'd expect for a Democrat. Latino, Asian-American, those numbers are low. And those groups don't have a high turnout propensity anyway.

The Georgia example, turnout in the runoffs was extremely high. It was within range of presidential level turnout. It may have been that Trump's antics after the election had a mobilizing effect on Democrats than it had a demobilizing effect on Republicans. But with Trump out of the seat, I think it's harder for Democrats to use Trump as a foil for turnout.

Larry Bernstein:
In your book, you discuss midterms of the past, unpopular president's parties have lost 40-60 house seats during the midterms. But today due to the redistricting process, there are so few competitive seats. A 5-point national shift will not flip that many seats.

Kyle Kondik:
There were a lot of landslide seats in past generations. There are fewer competitive seats than there used to be.

There are less competitive states in the Electoral College than there used to be. In years like 1960 and 1976, you had dozens of states where the presidential vote looked very similar to the national vote. A lot of the big states Texas, California, New York, Florida were competitive. And now, there are many more landslide states.

You do still have big swings in the House. The Republicans picked up 60 seats in 2010. Democrats picked up 40 in 2018. Even if the Republicans have a really big year in 2022, the raw number of net gains won't be as big because they already have 213 seats. Back in 2010, they only were in the 170s, so they had more seats to gain. I wrote recently for our Crystal Ball newsletter, could the Republicans get to their biggest house majority since the Great Depression? Which would be 248 seats.

That would be a 35-seat net gain. That would be a huge landslide, even though the net gain would still be less than in previous years, just because they're starting from a higher point. Although the Democrats have seats that are Biden plus eight but not like overwhelmingly so. And you wonder if there's a Republican mega-wave, those are the seats they would need to flip.

Larry Bernstein:
In perusing the Almanac of American Politics, which is a must for political junkies like me, you can see that there are little to no Republican flip opportunities in the South. All the flip opportunities are in the Mid-Atlantic, Northeast, and Midwest. These are where Biden won districts by just a few points.

Kyle Kondik:
The South you have a deep blue Democratic district surrounded by a bunch of really Republican districts. The Midwest is the most competitive region in American politics. There are districts in Michigan and Pennsylvania that are not as Democratic as they used to be.

When there have been waves, you feel it a little bit more in the Midwest because the region is competitive.

Larry Bernstein:
What are your current predictions for the 2022 midterms?

Kyle Kondik:
If the conditions that we had in November for Virginia and New Jersey are still in place, you'd definitely expect the Republicans to win both the House and the Senate. That's my default position right now. Just because Biden's numbers have been weak for the past several months and they're not showing any signs of getting better.

The Biden approval number is sort of the most important number in looking at these elections. The Republicans only have four real targets in the Senate. And I wouldn't pick them to win all of them at this point, but you'd probably expect them to get two or three. And in the House, probably somewhere in the 20s, in terms of a net gain.

It would put them basically in the 230s in terms of total seats, which is a decent size majority, but not so big that the Democrats couldn't flip it back in 2024.

Larry Bernstein:
The Republicans have to defend Pennsylvania and Wisconsin. Do you think they're at risk of losing either of those senate seats?

Kyle Kondik:
In a year like this, you'd expect the Republicans to hold seats in states that are very competitive. If Trump were still in the White House, the Democrats have a great chance to flip both Wisconsin and Pennsylvania. But the fact that Biden in the White House changes the dynamic. Arizona, Georgia, and Nevada that Biden won. Nevada was two and a half points, and Georgia and Arizona were less than a point. It wouldn't take much.

Larry Bernstein:
The big story of the 2020 election was changes in political party preferences for the Hispanic voter. Arizona and Nevada have substantial Hispanic voters. Is there a Hispanic realignment going on?

Kyle Kondik:
Working class voters of all stripes are like Nevada that has been narrowly Democratic in the last few elections. I mentioned the importance of white, college-educated suburbanites in places.

Nevada doesn't have super affluent, highly-educated suburban areas like metro Atlanta, or northern Virginia, or Minneapolis. Nevada's a working-class state.

You could see a further erosion for Democrats amongst Latinos and Asian-American voters. Nevada and Arizona are top to the list. Arizona does have a lot of Democratic trending, suburban places around Phoenix. And that's why Biden was able to win the state.

Larry Bernstein:
Do you think Republicans benefit by replacing Trump with DeSantis at the top of the ticket?

Kyle Kondik:
If the Republicans had a new nominee in 2024, that would actually be a great thing for the party because they could keep the Trump Republicans. They'll vote for basically any Republican now. You also have a friendlier voice to appeal to some of the people who the party has lost.

Larry Bernstein:
What if the Republicans run a moderate like Nikki Haley?

Kyle Kondik:
My guess is that there would be some fall off from the people who love Trump more than the Republican party. Polls ask, do you identity more with Trump or with the Republican party? And Trump is the higher number.

Larry Bernstein:
The white female suburban voter in the Midwest, Mid-Atlantic, and Northeast were anti-Trump, and those districts swung Democratic. If Nikki Haley were top of the ticket, would that affect the female suburban white voter?

Kyle Kondik:
I think we can sometimes overstate the importance of identity politics, be it with gender, or race. My guess is that it wouldn't have that big of an effect.

Larry Bernstein:
What is more important the politician or the policies?

Kyle Kondik:
I think it's more party than person.

Larry Bernstein:
What do you mean by that?

Kyle Kondik:
There's a dynamic in American politics called negative partisanship, which means that some people vote more against the other party than for their own.

Larry Bernstein:
I end each session on a note of optimism. Kyle, what are you optimistic about?

Kyle Kondik:
I don't think gerrymandering is the be-all and end-all of politics in the House the way that I think some people do. I do think that there are encouraging signs that there are reform efforts going on that might dull the impact of the practice.

The number of states that are using commissions, or imposing standards on redistricting to take the edge off gerrymandering.

Larry Bernstein:
Kyle, thank you so much.

Kyle Kondik:
Thank you.

Larry Bernstein:
Thanks to Casey, Ari, and Kyle for joining us today.

That ends today's session. I want to make a plug for next week's show.

I am excited to have Eric Kaufmann back on the program. Eric spoke about the decline of free speech on Campus and the lack of diversity of political opinions available among the faculty. I've asked Eric to tell us what is going on in Ottawa. What are those truckers doing and what is it that they want to achieve?

Our second speaker will be University of Chicago economist John List who will discuss his new book entitled The Voltage Effect: How to Make Good Ideas Great, and Great Ideas Scale.

If you are interested in listening to a replay of today's What Happens Next program or any of our previous episodes or if you wish to read a transcript, you can find them on our website Whathappensnextin6minutes.com. Replays are also available on Apple Podcasts, Podbean and Spotify. Thanks to our audience for your continued engagement with these important issues, good-bye.