

RALPH NADER RADIO HOUR EP 321 TRANSCRIPT

Steve Skrovan: It's the *Ralph Nader Radio Hour*.

♪ Stand up, stand up. You've been sitting way too long ♪

Steve Skrovan: Welcome to the *Ralph Nader Radio Hour*. My name is Steve Skrovan, along with my co-host, David Feldman. Hello there, David.

David Feldman: Hello there, Steve.

Steve Skrovan: And the man of the hour, Ralph Nader. Hello, Ralph.

Ralph Nader: Hello. Please listen carefully to this one, listeners.

Steve Skrovan: That's right. This week, some states have ended their lockdowns and some are easing restrictions. President Trump has suggested that some schools could reopen before the end of this school year. Just this week, he also said that COVID-19 will not return after this, or if it does, it will be small and contained. This is not what the experts are saying, and it should be disregarded, just like his suggestion last week that ingesting disinfectants might kill the virus. To be clear, do not ever drink bleach.

First up, we welcome Dr. Michael Osterholm, one of the foremost experts in infectious diseases. He wrote a book in 2017 called *Deadliest Enemy: Our War Against Killer Germs*, in which he predicted a global pandemic. We first spoke with Dr. Osterholm more than two years ago after he wrote what is turning out to be a scarily prescient op ed for the *New York Times* entitled "We're Not Ready for a Flu Pandemic". That warning was ignored by the Trump administration and Congress, and everything Dr. Osterholm wrote in January of 2018, 100 years after the so-called Spanish Flu Pandemic, and two years before COVID-19, has unfortunately come true.

Now, he predicts that the second peak of COVID-19 will be bigger than the first. We'll hear about what he means by that and how he thinks the country can reopen by "threading the rope through the needle", as he calls it, which means finding a balance between resuming some parts of life and keeping people safe.

That's the first part of the show. The second part of the show, we're going to talk about schools, because the future of schools is uncertain. Schools have switched to online learning with no end in sight. The inequalities already present in our education system have become even more apparent. 17% of students in the United States don't have a computer at home. These differences put low-income students at a disadvantage compared to their wealthier peers.

Our second guest, Naila Bolus, is the president and CEO of Jumpstart. Jumpstart is a national early-education organization that provides language, literacy, and social-emotional programming for preschoolers from underserved communities, and she's here to talk about educational inequality and Jumpstart's role in addressing it. As always, somewhere in between, we'll take a short break and check in with our corporate crime reporter, Russell Mokhiber, and if we have some time left over, we'll try to answer some listener questions. First, let's start by talking about what our new normal in the age of COVID might look like. David?

David Feldman: Dr. Michael Osterholm is a professor and director of the Center for Infectious Disease Research and Policy at the University of Minnesota. He is the author of the 2017 book, *Deadliest Enemy: Our War Against Killer Germs*. From 2018 through May of 2019, Dr. Osterholm served as a science envoy for health security on behalf of the U.S. Department of State. Welcome back to the *Ralph Nader Radio Hour*, Dr. Michael Osterholm.

Dr. Michael Osterholm: Thank you. It's great to be with you. I appreciate it.

Ralph Nader: Mike, I'm going to ask you a question that a lot of people who have been asking you questions probably haven't. You've been very prophetic in warning the country year after year after year about the probability of these epidemics and pandemics coming from various places of the world quite apart from in this country. What would you suggest that this country should have done--let's go back, in its relations with China, its collaboration with specialists, epidemiologists, its treaties with countries--in order to have prevented this, detected it early, in this case, China, and prevented it? What kind of system should our country have put in place years ago, and what kind of resources should have been allocated. Because, this is going to happen again and again. This is not the last virus that's going to come from somewhere else.

Dr. Michael Osterholm: That's absolutely correct, and I think the best way for me to summarize this is in the book, *Deadliest Enemies*, that I wrote in 2017 [where] I laid out a battle plan, actually, for what we need to do, and it's extensive. But, the bottom line is that we can't prevent many of these infectious diseases from entering into the human race. It's going to happen. What we can do, though, however to stop them quickly, or at least more quickly than we have, and when we do stop them, we can then, also, for those individuals who will be at future risk, prevent that from happening again.

What I mean by that is, for example, the tools we have; when we look at what we invest in military defense, what we invest in public health pales in comparison. Vaccine development, the idea that we knew that coronaviruses were going to be a problem again. In my 2017 book, the chapter on coronaviruses was entitled "SARS and MERS, a harbinger of things to come". If we'd had creative imagination and said we need to

invest heavily in platforms for the types of vaccines that could be used against coronaviruses, we would have been much further along in this situation.

We need to have a much more capable system for responding for testing so that we could pick up, very early, this virus and how can we elevate, quickly, the testing capability that we need to have, rather than almost piecemeal on a global basis. How do we communicate information? We do have a challenge today where countries, governments don't want bad news out, because it'll adversely impact them. What can we do to incentivize actually getting information out quickly? Stopping news is not just about being a good citizen, but you won't be punished financially.

There's a number of things I think that we can do for these acute big events. On the other hand, we have ones, and Ralph, you and I have talked about this before about antibiotic resistance, the idea that we're losing the gift that we've had for the last century of antibiotics because, as we use them, the bacteria, the viruses even, and the parasites mutate in a way that the antibiotic no longer kills them the way it once did. We're investing very little in that, yet we are very quickly sliding back into, almost, what I call a post-antibiotic era, much like the pre-antibiotic era.

I think part of it is the lack of creative imagination. People with the book that I wrote in 2017 would tell you I was a scare-mongerer, that I basically just did that as a horror movie. Now, hopefully, this event will be a wake-up call for modern public health, modern medicine, and modern world affairs to say, *No, this is important, in many ways, as defense itself as we think about it from a military standpoint.* The investments have to increase and we have to be able to have the tools that we need to respond quickly. Imagine if we were fighting a war today and we had Civil War muskets. Unfortunately, far too often, that's what we have in public health today.

Ralph Nader: Let's take what you just recommended to a level of international treaties. We have arms control treaties in the nuclear area; we have economic treaties, like the World Trade Organization. We even have some environmental treaties. Don't you think that we need to develop an international cooperative treaty system where we can provide adequate funds for what you're saying, the various nations? We can have interchange of epidemiologists. For example, more FDA inspectors in China. What would you favor here? Because, I think if we have different policy recommendations, the mechanism has to be some sort of international regime, international treaty in order to put all these parts in place, and so it isn't just a desperate catch-up when the outbreak occurs. Have you given any proposal to that, anybody in the public health area taken it to that level? Because, that's what usually gets more budgets, you see.

Dr. Michael Osterholm: You raise a very important point, and we do have the public health laws, in a sense, as through the World Health Organization, and how we are, as a

world, supposed to act. A challenge we have is whether it's a treaty, or it's laws, or whatever, people can violate them if there are disincentives for them to comply. I think the challenge we have today is that we don't want to see a country penalized for discovering, uncovering, and disclosing a challenge that says, this could be everywhere around the world tomorrow. And that has been a major incentive for countries not to quickly identify something. The fact that the kitchen's on fire; I don't want the neighbors to know I have smoke in my house, so I'll just wait until the whole house is now on fire. I think that that is the issue. I'm not sure, as much, and I surely wouldn't minimize the treaty issue or that, but I think it's how do we, basically, protect countries who disclose, quickly, these problems, and allow for world resources to come in and help? I think it's a combination of all that.

Ralph Nader: Let's look at the World Health Organization [WHO]. I don't think many people realize how small its budget is compared to its responsibilities all over the world. It has a budget of about 4 to 5 billion dollars, which is basically what two large hospitals get in revenue in this country. And they have a focus, for example, on terrible epidemics in Africa. The Ebola epidemic was one; there was more than one. Then, there was a variant on a cholera epidemic that was even more lethal, and they actually worked with local efforts to head those off. But now they don't seem to be given the kind of resources, much less the authority that's needed. What's your view [on] Donald Trump has attacking the WHO, after he pushed for a cut in the U.S. contribution to the WHO? ~~It does seem that you have~~ The CDC has a budget, until recently, of \$7 billion, and the WHO has this budget, 4 to 6 billion, and the Pentagon budget is \$2 billion a day throughout the year. What kind of resources, and we want to focus on Congress getting back to work here because the money has to come from congressional appropriations. Before we get into the details of the present pandemic, what kind of overview would you have on this to head it off? Isn't it true that if China owned up to it publicly and, immediately, international cooperation kicked in, we probably would only have a fraction of this pandemic. Is that accurate?

Dr. Michael Osterholm: I'm not sure. I think that once a virus like this emerges, it's like a bullet being fired from the gun. Once the trigger has been pulled and executed, it's hard to stop it. At the same time, what we could have done is picked it up much quicker, and we could have had a much more comprehensive response. Even if we couldn't control it out of China, meaning it was eventually going to leak out, somehow, somewhere, our international opportunity to get vaccines out quickly and to protect people would have been substantially different if we'd had the tools you talked about. I think in your opening to this question, you made the case, as well as any person could, about the resource issue and how little we invest in this area and what we could do. Let me also say I have my challenges with the WHO. Our group came out and said on January 20th that this was going to be a coronavirus pandemic, and WHO didn't come

out for weeks later to say that. While I have those challenges, I actually believe WHO is essential; it's critical. We need to have a strong international presence where when these events like this happen; we need to go back and reconstruct what happened, what could have been done better, and how does WHO need to change to be a modern international public health agency in the world. We need their air traffic control.

If you look, the United States supplies a great deal of expertise to the WHO, as do other countries from around the world. You need to have that place where it's like an INTERPOL, almost, for infectious diseases where all this expertise can come together. I think it's a very short-sighted mistake to pull out of the WHO financially. I think it would be a real public health disaster if WHO was not strengthened as opposed to being weakened, and I think that there's just a lot more that we could do with the tool. I don't want to make this sound like it's a boondoggle, because everybody, at a time of a crisis, want to step up and get resources. I think, in this case, this is illustrating all the holes that we do have in the current system and what we could do to fix them, and this needs to be an international priority as we deal with this pandemic.

Ralph Nader: When we don't have this priority, trillions of dollars of economic activity crash in the United States, so it's easy to do a cost benefit analysis here. People who observe the WHO know that it is wary of offending foreign governments because it has to have entry. That's where it's wary, for example, of criticizing early China's belated publicity on what happened in Wuhan province. Do you believe that they have controlled it the way they have? If they had, it's quite an epidemiological success. The latest report is there is only one hospitalization for the Coronavirus in Wuhan city of 11 million. Do you believe that they have controlled it to that extent?

Dr. Michael Osterholm: I think they've done a remarkable job of driving this virus down, but they've not eliminated it. I would have to say that one of the things I'm concerned about right now is that we have full transparency with China. I will tell you right now, I think it's a problem. They have done through what, for lack of better term, we call the most draconian population limitation efforts any modern government has ever done for public health reasons. People were literally in their homes in the Wuhan area for weeks and weeks and weeks without being able to leave. They have facial recognition everywhere so they can track you, and if you turn up positive, they know every step you took in many locations in China. At the same time, we also, as you pointed, have very little activity recognizing the Wuhan area, but we see it in the other provinces right now, and we cannot understand how they can report 100 "asymptomatic infections" every day and then only one or two clinical cases. That makes no sense whatsoever. I think there is more going on there, but more importantly, when this virus decides to do what it's going to do, humans can only have some impact on that. Remember in 1918, and this is just an example, we had spring waves that

adversely affected Chicago and New York in a big way, lots of illnesses and doubts. Hardly impacted Boston, Philadelphia, Baltimore, Washington D.C., or even here in the Midwest, Detroit and Minneapolis, very little activity; then it disappeared. Where did it go? It didn't go away because of human activity. It went away because whatever it does, it does, and then it came back with a vengeance in the fall of 1918, and we don't know where it was, why it came back and did what it did, and then communities that had no activity in the spring suddenly, were in very dire trouble in the fall. Even now, in China, I don't know how much of this is due to what the Chinese did and how much of it is due to what Mother Nature herself is doing. It also means if it goes away, it surely can come back, and we talked about this before. Until we get 60 to 70 percent of U.S. population infected and develop some sense of immunity, or we get a vaccine that accomplishes that same kind of herd immunity protection, this is like gravity; it's going to keep happening. We're going to see virus transmission, whether it's in China. Look at Singapore, another example of a country that was touted as having the ideal kind of control measures; now they're in a national state of emergency because of transmission. I think it's too early to say that they have successfully handled it in China, but what they did do to reduce Wuhan clearly was a remarkable effort that I'm not sure could be done in many countries of the world.

Ralph Nader: Let's talk about vaccine. There's a report in the *New York Times* that Oxford University is ahead of the pack in trying to develop a vaccine, and they may be ready in early fall, which is about a year earlier than predictions. Tell us about the probability of a vaccine working and safe. And also are there intermediate remedies short of a vaccine that can diminish the severity of this virus that patients are afflicted?

Dr. Michael Osterholm: Obviously, vaccine is the Holy Grail. That's what we need and want. That would be ideal, but what do we want in that vaccine? We want it to be effective, and by effective we mean it surely keeps us from getting infected and also it protects us for a long period of time. And we want it to be safe. The challenge we have right now with these vaccines is that, with coronaviruses in general, we've not had good luck in finding vaccines that induce long-term immunity. And this is just from our work with MERS and SARS, and other coronavirus infections like that. So while we surely may be able to induce short-term immunity, which I think is obvious from clinical disease, you recover. Also, there's several studies using macaque monkeys where animals were challenged with the virus, then allowed to recover, and then challenged again, and they were protected, meaning the previous infection of the macaques protected them. There's one study, in fact, using a vaccine that was administered from Oxford here in the study in the United States in monkeys that suggested, again, it provided an immunity shortly after the vaccination took place. The problem is we don't know how long this lasts, and we don't know how good it is. There's this one like influenza where, while it's a different mechanism, you'd have to get vaccinated every

year for this kind of situation. We just don't know; so that's the number one thing. I think we can find a vaccine that will give us short-term protection. The challenge will be long term. The second thing is safety, and I do think we have some challenges here yet in the work that was done with SARS. There was a condition called antibody-dependent enhancement. ADE is a situation where if you make a little bit of antibody from the vaccine, it's not enough to be protective. When you do get infected, the virus and the antibody interact in such ways, it causes the cascade in your immune system that goes out of control and actually is very damaging to the human to the point of actually killing them. This is what we had happen with the dengue vaccine several years ago in the Philippines where it was withdrawn from the market because people who had been vaccinated started developing this ADE position. We're going to have to study this. We need to know this, but we don't have an option here to study it for years and years and years. We're on virus time right now, and what we need to have has been what we have in the next 16 to 18 months. I think, from that standpoint, we'll probably not have all the data we want for safety. We will have data on short-term protection. We won't have data on long-term protection, and we'll put those vaccines into play, I think, if possible, and I think the Oxford one is surely one of the candidates. I still don't believe that it'll happen though, however, anytime soon, meaning that we're still 16 months earliest before we could get vaccine out there, 18 months maybe where you have it studied, you have it approved, you have it manufactured, you have it distributed, and you have it going into people. I think we're a ways from that yet.

Ralph Nader: What about intermediate treatments, short of vaccines? Anything there?

Dr. Michael Osterholm: Actually, there was news breaking today about one of the Gilead drugs, Remdesivir, which was one that has been touted. The NIH has some data today that they'll be releasing later suggesting that there were some benefits from it. On the other hand, another study from China today which was just released said there were none. So, we'll have to wait and see. This is one of the challenges of dealing with a disease like this is that everybody wants the answers right now, and while we're doing a great deal to get them, I must say, this has been an incredible experience in terms of the number of clinical trials that were set up very quickly in a comprehensive manner. And so I'm optimistic we're going to get answers soon. But, again, as I said a moment ago, we're in virus time, not human time, and that makes it really tough to get this work done to have a meaningful impact. If we have a big wave of disease coming in this fall, what we don't have available at that point is what our tools are going to be.

Ralph Nader: You've written quite a bit in the *Washington Post*, *New York Times* about testing, and you're quite skeptical in a very meticulous way about the accuracy of these tests, whether they're serology tests or whether the other more prominent type tests. Could you summarize that for our listeners, because I must say, that provoked a lot of

pessimism among people who read it, and they said, "Good heavens, you can't rely on this; there are so many ways that these tests can be inaccurate and misleading, false positives, false negatives." Could you clarify that for our listeners?

Dr. Michael Osterholm: Be happy to. There are actually three aspects to this, and I have an op ed in today's *New York Times* about this very issue. The first one is we just have a shortage of testing for what we call the PCR test [Polymerase chain reaction]. This is the one that detects the actual virus itself-- finding some of the genetic material in it. Everybody keeps promising all this testing. We hear this almost daily at the news briefings that occur. The challenge has been that we need reagents, chemicals that run the test. That's really important, and if we don't have those, you can't run the test. It's like a car without gasoline. The chemical that we take the swab and put it in, basically, to take the virus out of the swab to open it up, grab the RNA material for the virus if it's there, and then present that to the next level of the catalyst. If you don't have that chemical, you can't do anything. It's a car without gas. What happened was, in December, when Wuhan emerged, clearly, testing went up substantially in China, and the world's resources for these reagents, the manufacturing capacity and supply chains handled it with some difficulty, but they handled it. Once the whole world caught on fire with COVID, everybody wanted the test. Billions of people needed testing done, and we just overran our headlights with regards to reagent capability. What we've needed is, really, a national/international effort, almost a Marshall Plan to figure out how we're going to, with the private sector and public sectors coming together, actually make these reagents in a timely way. What can we do? That hasn't happened yet. What we kind of have happening right now is, again, everybody's out there trying to get the reagents for themselves and there are not nearly enough. So, that's a test that we need to have. We should be testing every person who is clinically ill that may have COVID infection every day on that day. That would help us tremendously. The second problem we have is the FDA in reacting to CDC's failure to get a test on the market that we needed and the outcry that occurred because of that decided, well, one of the ways to respond is we'll just open up the floodgates of anybody and everybody who can test, let's let them test. And there was no major oversight for these tests. It was more for the real-time PCR test, but not nearly enough, and on top of it, for the antibody test, all you had to was basically sign a sheet that says, "I can do this with this test," and with no evidence of how effective they were in terms of how they perform. And so these serology tests, in particular, the antibody tests, are now being used out there, and they're horrible. As described by a senior FDA official themselves last week, "They're crap." This has to change. FDA has to agree to assume its responsible position of, really, oversight, of making sure that any test that's on the market works and that people who are going to use it in the clinical labs, and the healthcare settings know how well it works. The last piece is just when you use a screening test, and this is true for any

condition, not just COVID infection that is occurring in a low, low level, the test will give you a number of false positives, meaning that, right now, we estimate that, at best, 5 to 15 percent of the U.S. population has been previously infected with this virus, higher in the New York City Metropolitan Area. In many parts of the country, it's still 5%. If you run an antibody test today, which has a very high level of sensitivity and specificity, meaning that you can pick up true positives and you can pick up true negatives, and that's good; you still have as many people testing positive for this antibody that are not as you do actual people who test positive who are. If I tell you, you're positive, but you have one of two chance it's not real.

Ralph Nader: Given the exponential growth of this virus, people ask me, "Is it true that if what we did in March, lockdown, social distance, etcetera, we did in late January, it would have prevented 90% of the cases?" Is there any truth to that?

Dr. Michael Osterholm: No, I don't think so. We surely can slow it down. Our goal, as a public health community, should be to minimize severe disease and death, first and foremost. Second, just prevent infections, period. We know that there are certain people that are higher risks that are having adverse outcomes, generally speaking, older, underlying health conditions, etcetera. We should be trying to keep them protected. Once this virus is out, it's going to spread. It's a respiratory-transmitted virus that basically transmits through aerosols, these very fine particles that you and I put out just talking. If you were here right now in this room that I've been in talking to you for the last X minutes, you'd see my little aerosols floating all around. Best way to remember what an aerosol looks like, when you think about seeing sunlight come through the window in your house and you see this stuff floating in the light, you think, "Oh, my house is dusty," those are aerosols, and just talking produces them. One of the challenges is this is going to transmit, but we could do a lot more to hold it back by the kind of testing, contact tracing, follow-up that we could have done that we didn't do. And this is where I think some countries surely have done a good job, or a better job, at least. The challenge they have, even if we have a big wave of infection, like say in 1918, it's not clear how much we can really do, except be prepared for its impact. It's like an F5 hurricane. You can't miss it. It's going to be there, but you can do a lot to make your community more resilient when it happens and have prepared it beforehand so that the destruction is limited.

Ralph Nader: Some practical advice. Let's say a family in apartment, family of four or five were in the house and one person comes down with it. What exactly should they do? What equipment should they have? And talk about [pulse] oximeters and face masks. What should that family do to protect the rest of them? Because, in China, they took these people and sent them to like warehouses, and they immediately segregated

them. They pulled them right out of their families, the reports say, but what do you recommend that people do and be prepared for?

Dr. Michael Osterholm: Well, first of all, what we have to do is get people tested early to know. If you have any signs and symptoms, be tested, and then isolate yourself from the rest of the family. The problem is, I have to be honest with you and say that may be far too late. We know that you're highly infectious two to three days before you get sick. If you've been with your family for that time period, you probably already exposed them. Then, what you have to do is shelter in place together, meaning that I shouldn't be out in public at all, for sure, and my family members shouldn't be because they, then, may become infected, and you wouldn't pick it up until they became clinically ill. But then they were infectious two days before they got clinically ill. The way to stop this is not just to identify cases and remove them. That's almost too late. That's what makes it such a challenge. It really is about once you have been infected and you've exposed others, they then have to wait out this time period to see if they're going to get clinically ill, and that's how we're going to limit transmission.

Ralph Nader: What about immunity after you get infected and recover?

Dr. Michael Osterholm: At this point, we believe there surely is short-term immunity that occurs. The question is will it be long term, and we don't know that. I think in the short term, I'd be confident that somebody's not going to be reinfected, but I can't say, six months from now, they'll still have that protection.

Ralph Nader: Thank you very much. I know you have a lot of other things on your mind.

Dr. Michael Osterholm: I just appreciate this. Unfortunately, I have. Okay, talk to you later. Thank you.

Ralph Nader: Thank you very much, Mike.

Dr. Michael Osterholm: Have a good one, Ralph. Good bye, guys.

Steve Skrovan: We've been speaking with Dr. Michael Osterholm, who has a weekly podcast, the Osterholm Update, COVID-19. We will link to that at RalphNaderRadioHour.com. Now, we're going to take a short break. When we return, we will talk about what this global pandemic has done to our educational system. First, let's check in with our corporate crime reporter, Russell Mokhiber.

Russell Mokhiber: From the National Press Building in Washington, D.C., this is your Corporate Crime Reporter Morning Minute for Friday, May 1, 2020. I'm Russell Mokhiber. A coalition of workers from some of America's largest companies will strike on Friday. Workers from Amazon, Instacart, Whole Foods, Walmart, Target, and FedEx

are slated to walk out of work, citing what they say is their employers' record profits at the expense of workers' health and safety during the coronavirus pandemic. That's according to a report in *The Intercept*. The employees will call out sick or walk off the job during their lunch break. In some locations, rank and file union members will join workers outside their warehouses and storefronts to support the demonstrations. "We are acting in conjunction with workers at Amazon, Target, Instacart, and other companies for International Workers' Day to show solidarity with other essential workers in our struggle for better protections and benefits in the pandemic," said Daniel Steinbrook, a Whole Foods employee and a strike organizer. For the Corporate Crime Reporter, I'm Russell Mokhiber.

Steve Skrovan: Thank you, Russell. Welcome back to the *Ralph Nader Radio Hour*. I'm Steve Skrovan, along with David Feldman and Ralph. In Charleston, South Carolina, the yellow school buses that once carried children to school are now being repurposed as WiFi buses. They have been set up in low-income neighborhoods where many families don't have WiFi. Now that school is online, reliable WiFi is even more essential for students to succeed. Our next guest is here to talk about how we can address that and many other inequalities that have been laid bare by this global pandemic. David?

David Feldman: Naila Bolus is the president and CEO of Jumpstart, a national early education organization, that provides language, literacy, and social-emotional programming for preschoolers from underserved communities. Jumpstart closes the kindergarten readiness gap by giving children in under-resourced communities the critical academic and social skills they need before they enter kindergarten. Welcome to the *Ralph Nader Radio Hour*, Naila Bolus.

Naila Bolus: Thank you so much, David.

Ralph Nader: Welcome indeed, Naila Bolus. Everybody knows, who studies early childhood, that there's a tremendous benefit by sensitive caring, and attention, and involvement of pre-kindergarten children. Everybody knows it. The studies show that the benefits flow right through elementary school and beyond. Your work is focused exactly on that age group, so can you tell us what exactly you do to connect various institutions, and to give that personal experience throughout the year to these children. Examples of success are invited here as well.

Naila Bolus: Great, thank you so much. Thank you for having me, as well. To start, you're exactly right, Ralph. High-quality early childhood education programs consistently generate the greatest social return on investment actually ever documented in social science. Let's start right there. That's the why. We know that every dollar invested saves taxpayers up to \$13 in future costs. When you're thinking about a return on investment with education, this is your best bet. We know that children who receive

high-quality early childhood education are better prepared for school, for starters, so they need fewer special education classes. They're much more likely to graduate on time. In fact, four times more likely to graduate on time, and they're more likely to hold jobs and earn higher salaries. We know that this is an investment worth making. My organization, Jumpstart, focuses exclusively in underserved communities where, traditionally, young children just don't have the kinds of access to those high-quality resources that we know set children up for success. We're an intervention. We go into existing classrooms. Those might be Head Start classrooms or it might be a small community-based nonprofit preschool. It could be, sometimes, there are preschools now in school districts actually host pre-K classrooms. We train college students from a close-by university in our research-based curriculum that focuses on those core skills we know are vital for children's success, so language, literacy, and social-emotional development, and then we send teams of these college students into classrooms where they work with the entire classroom over the course of a whole school year. You might have a team of, say, seven or eight college students that come into the classroom twice a week, and they move through our curriculum. They do a whole set of different activities. They do reading; they do center time where you can do art and science; they do dramatic play. They have small group conversations; they have large group conversations, and all of these activities are tied back to our curriculum, which we know moves the needle for young children on all of those skills that we're trying to impact.

Ralph Nader: How do you connect with Head Start programs? Explain Head Start programs for our listeners?

Naila Bolus: Head Start is a federally-funded preschool for young children. They serve, actually, 0 to 5-year-olds. Jumpstart, my organization, works just with 3 to 5-year-olds, so we work in that preschool age group, but there are about a little over a million children in Head Start around the country. They provide comprehensive early-learning services to children who are living in low-income communities and their families. Jumpstart works very closely with Head Start, and a lot of the 700 classrooms where we serve are Head Start classrooms. Think of us as supplemental to what children are already getting at Head Start.

Ralph Nader: You focus on things like developing oral language capability and nutritional support. I'd like to start with the nutritional. What do you do in the nutritional? Because, junk food starts at a very early age. The food companies get these kids at a very, very early age to go for junk food, junk drink, nag their parents. It's really quite remarkable how these companies undermine parental authority. How do you support efforts in that area?

Naila Bolus: Great question. Our organization is really more focused on the language, literacy, and social-emotional side, though we recognize that, for children to be ready for kindergarten, you have to think about the whole child. That includes their physical health, how you engage with their families, the way that community is engaged in support. So, there's a whole set of other supports around children. One of the key things we focus on in terms of physical health is the concept of play. Children learn best through play, and so a lot of our curriculum is focused on play, and we have a balance of what we call adult-initiated and child-initiated so that it's not always the adult kind of imposing the instruction on a child, but instead we're really inviting children to initiate their own activities. So, in our dramatic play, it might be a story about colors, for example, and so then we, in dramatic play, will encourage children to go on a scavenger hunt and find things with the different colors in the story around the classroom. It's like that type of thing, through play and physical activity with children you're really engaging them in their learning

Ralph Nader: In the process, they're getting physical exercise, which is more necessary than ever because these little kids are already starting to look at screens hour after hour in their hands.

Naila Bolus: That is so right, and we really, in the early childhood classrooms that are the highest quality, you see movement, and energy, and joy. It's not about sitting quietly in a circle for extended periods of time. That's not how young children learn best.

Ralph Nader: You have this phrase in some of your materials that caught my attention: holding all children to high expectations while striking a balance of adult-led and child-initiated learning. I've always believed that if we hold children to low expectations, they'll oblige us, and if we hold children to high expectations, they'll surprise us, right?

Naila Bolus: [laughter] I love that. I think that's exactly right. That's a wonderful phrase. I'm going to copy that and use it. Yes, we come from a fundamental belief that all children have the ability to be engaged and successful learners. What happens along the way is that some children, particularly those in underserved communities, children of color who are dealing with systemic racism issues, are denied access to these high-quality learning opportunities. And so we're trying to rectify that, to level the playing field so that every child enters kindergarten ready to succeed.

Ralph Nader: How do you get them to speak and interact with what you call oral language development? Because, many of these kids are very shy; they're inhibited and they're fearful. How do you loosen up their personalities so they can express what they're thinking and what they desire?

Naila Bolus: Oral language is a key. We know that. Research tells us that that is one of the critical skills that children need both just in terms of it's sort of this fundamental basis of literacy. The other thing that research has told us in recent years is that social-emotional language, so what we call mental state, vocabulary, or emotion understanding are critical to children's success. So our curriculum works on building that, but to your point, it is very much of a relationship-based program. So at the center, at the core, at the heart of what we do is we develop positive, trusting, caring relationships between adults. And in our case, those adults are college students and young children. And it takes time. To your point, some children are shy. Some people are dealing with traumatic circumstances outside school. So, we usually find there is a trajectory. The first couple of months that the college students are in there, a particular child could be really quiet and not engaging at all, and halfway through the year, you'll see them start to change, and then by the end of the year, they've completely transformed. For the college students as well, it's incredibly meaningful. I'll share just a really quick story of a Jumpstart session that I viewed. Now, this is a number of months ago when we were still able to be in the classroom, but there was a particularly young child--this was at the end of the year last year--who was really challenging throughout the year. He exhibited big feelings all of the time, and it was during our center time, and he was not able to go to the center that he wanted to go to, and so he just completely broke down. I watched our core member, college student, go and, first of all, get down on his level on the ground, eye to eye, talk to him quietly and gently. After a few minutes, he stopped crying and screaming, the two of them went together, worked on a puzzle together. For about 30 minutes, they worked on this puzzle together. At the end of the Jumpstart session, we do something called "sharing and goodbye" where a few children are chosen to come and share something that they did during Jumpstart. He was chosen to share, and he talked about what he did, and then he asked his core member, Ms. Allison, our Jumpstart core member, to share also, and she said, "Well, how do you think I'm feeling right now," and he looked at her and he said, "I think you're feeling really proud of everything that we did together today," and that, to me, was there's so much wrapped up in that. First of all, he understood that emotion and that she would be feeling that, but also just his own trajectory, how he went from this place of being completely unresponsive to this place of being able to articulate that his Jumpstart friend was proud because of everything they did.

Ralph Nader: What you're saying, a reader reminds me of a project that we had. We had an educational anthropologist, Penny Owen, who worked with elementary school students who were deemed difficult to teach. And she used theater, and she got on the ground with him, and she even had them play roles in Shakespeare's theater, and they just completely opened up. They completely refused to be categorized with these psychological terms of difficult to learn and difficult to teach. And she brought them

into realizing what they could achieve, and they began to develop more and more self-confidence and more and more ability to achieve, not just by normal yardsticks, but by emotional yardsticks, interaction with people, and some of them were on their way to NYU and other schools. What you're doing is not widely recognized in modern educational pedagogy, and we all know the limitations of schools these days and how they teach you to believe rather than to think and to obey rather than to question. I want you to tell us some of the worst scenes that you have observed, the deprivation of children in our society is staggering. Part of it is coming from poverty; part of it is the children are left alone too much. They spend less time with adults than any children in history. Part of it is the exposure to commercial exploitation, just relentless marketing to these kids, which used to be taboo when we were growing up, but now they can bypass the parents. One of our longtime associates, Robert Fellmeth, who is a professor of law at University of San Diego School of Law school and has run the Children's Advocacy Institute, and very successful in California legislation, litigation, helping children in all kinds of ways, and he told me, "You wouldn't believe, Ralph, the kind of conditions," that he observed in poor areas in California. Tell us something of what you observed. We're talking with Naila Bolus, who's the President and Chief Executive Officer of Jumpstart, which is a national early education organization. Tell us some of the grisly conditions that you are trying to remedy and uplift.

Naila Bolus: I think about it in a couple different ways. I think about the physical surroundings and I think about access to learning materials and resources, and then the actual numbers of children in a given classroom, and the preparation in support of the workforce. So, all of those things together, exactly as you said before, about the kind of work that we're doing is not necessarily recognized or valued in our society, so preschool is still seen, like we have a long way to go to get to the place where people really value preschool and actually see it--the first point I made about the return on investment--as the best investment that we could be making in our children's future. I've been in classrooms where there are roaches crawling all over the ground, where there are way more children than should be given ratios with teachers with no resources at all, like very few books on their shelves, and very few resources for children to access. I've been in places where the teachers basically have their practitioners; really, they're not teachers. They basically have GEDs and they have no curricula, and everything that they're "teaching" I say in quotes, to young children, they got off of Pinterest. And during naptime, they're blaring classical music because they learned somewhere that classical music was good for children. There are just a lot of really challenging circumstances in which young children are trying to learn.

Ralph Nader: What kind of obstacles do you confront? Do you have people trying to oppose you? They have turf problems, ego problems, or do you see the door is swinging open and saying, Come on in, we desperately need you?

Naila Bolus: The latter. The doors swing open. I also think Jumpstart has been around for 26 years now, and we have a really strong reputation; we're recognized for our quality, for the wonderful energy and enthusiasm, and care that the college students bring into the classroom. Both on the higher education side and on the early education side, our partnerships are very strong, and we have many more requests for our program than we can fill.

Ralph Nader: That's encouraging. How can people reach you and learn more about what you're doing? Do you have a website?

Naila Bolus: We sure do. The website is jstart.org, and you can get information there and reach us through the website.

Ralph Nader: jstart.org?

Naila Bolus: jstart.org, yes.

Ralph Nader: That's simple enough. People who are listening and want this kind of activity in their neighborhood, I'm sure can get very usable information and contacts as well. Steve and David, do you have any comments or questions that you'd like to --?

Steve Skrovan: Yeah, Ms. Bolus, there was a lot of talk during the recent truncated primary campaign about debt forgiveness and free college; everything was sort of at the higher-education level. Given what you said about the return on investment, were you satisfied that people were talking enough about preschool education and that age group?

Naila Bolus: No, we're never talking enough about preschool education. I will say, though, as an organization that partners with institutes of higher education, we care a lot, also about the college-student side. We do a lot of work to support college students to go into the teaching profession, and particularly the early childhood profession, and there are huge barriers. Early childhood educators, on average, make about \$30,000 a year. Preparation programs are not consistently equipping them with the necessary skills to be effective early childhood teachers, and there's so many other barriers to accessing ongoing professional development for teachers. So, there's a whole set of challenges that exist for the early childhood workforce. And you mentioned debt relief, that was something that we've been working on. We have a piece of legislation that is put on hold now because everybody's focused on COVID response, understandably, but that was loan forgiveness programs specifically for early childhood education teachers to really incent them to go into the field because we know, just from surveys we do of our alumni that they carry huge amounts of debt after they leave college. And it's really difficult for them on the salaries of a preschool teacher to be able to pay down that debt.

Ralph Nader: How are you adjusting to the COVID crisis?

Naila Bolus: It's been really challenging, I will say, because our program is based on that personal interaction, and so starting with higher ed being closed. And then pretty much every preschool classroom with the exception of emergency childcare, pretty much every classroom is closed at this point. We adapted and moved a lot of our curriculum to virtual, so we had college students reading storybooks, and we have an at-home learning page now on our site. So for all of the 20 storybooks from our curriculum, we have video reads in English and Spanish that can be shared with children. And there are activity guides for families to do along with their children. But it's not the same thing as being in the classroom with children. The other piece that I am having many sleepless nights about is that I just feel that all aspects of early education will face significant funding challenges in the months and the years to come as a result of this. The early educators who remain, and I was looking at a recent report that is estimating as many as 4½ million slots not being available and huge numbers of teachers not being able to be hired because of all of the cuts that we're going to see. So, the early educators that remain will be asked to do more with less. And then you have to deal with the fact that children are coming back to centers and schools with significant academic and emotional needs. We're just starting to think about the trauma and the impacts that this crisis is going to have, and they always disproportionately impact children in underserved communities.

Ralph Nader: We need to reorder our priorities, obviously. We see a military budget that spends \$2 billion a day, and I doubt whether your entire work and others come close to that kind of allocation over a year. We just got to pay more attention to our children. We talk about children first, and praise children, yet our institutions and our exposures for children are often nothing less than cruel and neglectful. It's very good you're doing this kind of work, Naila Bolus. David, do you have any final comment before we conclude?

David Feldman: I was curious about childhood development. If a child misses a year. If a four-year-old or a five-year-old isn't on the reading track, misses a year because of the coronavirus, the competitive nature of our teaching, notwithstanding, do they lose something? Is it imperative that a child begins the learning process and how to read at the age of 4, and 5, and 6, or can it be delayed a year?

Naila Bolus: Well, it's a really good question. What we know about the gap is that children from wealthier households are often entering kindergarten about 18 months ahead of their poorer peers. And we also know that when children aren't reading on grade level by fourth grade, that point where you move from learning to read to reading to learn, if they're not reading on grade level, that's where you see those devastating consequences down the road.

David Feldman: I'm sorry to interrupt. I know we have limited time, but forget the competition. I'm just talking about childhood development. Does it really matter that a child learns to read at 5 as opposed to, because of a pandemic, the child is now learning at 6? Does that slow down the development, long term?

Naila Bolus: I think there's a lot we don't know still. It does matter, and again, particularly, I'm talking about children in underserved communities who still have such a difference in terms of their access to quality. You can imagine now that parents who have access to resources and are used to accessing those resources online are spending a lot more time with their young children helping them access quality resources, whereas [for] children in underserved communities, the gap is just getting larger. Does it matter?

David Feldman: Again, I'm sorry to interrupt. I guess the question I'm asking is there's this race to get our kids developed and self-actualized by the time they're 18. Again, if you take the inequality off the table, can a child learn to read at 8, if you slow down the education process?

Naila Bolus: Of course. Absolutely, of course. I'm just arguing that it's of great value to bring a whole number of skills and development to children: language, literacy, social-emotional development. All of those pieces are really important. If a child reads a year later, is that a huge problem? No. For a particular child, no. But, when you're talking about large segments of the population not having access to the kinds of resources that help them build those academic and social-emotional skills, yes that's a problem.

Ralph Nader: We're out of time. We've been talking with Naila Bolus, who is President of Jumpstart, a national early-education organization. You can find out a lot more by going to jstart.org. That's jstart.org. Thank you very much, Naila, and keep up the good work.

Naila Bolus: Thank you so much for having me, and stay well.

Steve Skrovan: We have been speaking with Naila Bolus. We have a link to her organization, Jumpstart at RalphNaderRadioHour.com. I want to thank both our guests again, Dr. Michael Osterholm and Naila Bolus. For those of you listening on the radio, that's our show. For you podcast listeners, stay tuned for some bonus material we call "The Wrap Up". A transcript of this show will appear on the *Ralph Nader Radio Hour* website soon after the episode is posted.

David Feldman: Subscribe to us on our *Ralph Nader Radio Hour* YouTube channel, and for Ralph's weekly column, it's free, go to Nader.org. For more from Russell Mokhiber, go to CorporateCrimeReporter.com.

Steve Skrovan: The producers of the *Ralph Nader Radio Hour* are Jimmy Lee Wirt and Matthew Marran. Our executive producer is Alan Minsky.

David Feldman: Our theme music, “Stand Up, Rise Up”, was written and performed by Kemp Harris. Our proofreader is Elisabeth Solomon. Our intern is Michaela Squier. Join us next week on the *Ralph Nader Radio Hour*. Thank you, Ralph.

Ralph Nader: Thank you, everybody, and be safe, be careful, be clear-headed. We've got to get through this situation of the COVID-19.

♪ Say you're tired of trying, you say we have no choice ♪
♪ Say you're just one person, and who will hear your voice? ♪
♪ Don't let them fool you. You have the power in your hand ♪
♪ I'm only trying to school you. Listen to me, people. Do you understand? ♪
♪ We got to (stand up) ♪
♪ Oh, you've been sitting way too long (oh stand up) ♪
♪ You know what's right and you know what's wrong (rise up) ♪
♪ Don't let the system pull you down ♪
♪ Stand up, stand up. You've been sitting way too long ♪
♪ Oh, stand up. Oh, you should stand up ♪
♪ I think that you should step up (rise up) ♪
♪ Rise up and take over the power (stand up) ♪
♪ Stand up, stand up. You've been sitting way too long ♪
♪ Stand up (stand up). Oh, step up (step up) ♪
♪ You ought to step up (rise up) ♪
♪ Rise up. I know you want to rise up and (stand up) ♪
♪ Stand up. You've been sitting way too long (stand up) ♪
♪ Oh, stand up. Step up. I think that you should step up ♪
♪ Rise up. Don't let the system hold you down ♪
♪ Stand up, stand up. You've been sitting way too long (stand up) ♪
♪ Oh, stand up (oh, step up). Step up. I think you should step up (rise up) ♪
♪ And you rise up because you have the power (stand up) ♪
♪ Stand up. You've been sitting way too long ♪