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Forum

Fomenters of Fiasco: Explaining the Failed Policy Response to COVID-19 in the United States

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Abstract

Policy responses to COVID-19 in the United States have been constrained by electoral calculi that run from the executive to the legislative branch of the central government and thence also to the federal bureaucracy and the states. The policy outcomes are as disappointing for US democracy as they are for the health of the US population.

Keywords

COVID19, US Policy, electoral connection

The instinct for self-preservation is more deep-seated than decision.

Robert Penn Warren, *All the King's Men*

The title (Fomenters of Fiasco) comes from Samuel Beckett, *The Unnamable*, in *Three Novels: Molly, Malone Dies, the Unnamable* (New York, NY: Grove Press, 1958), p, 332

The epigram is taken from Robert Penn Warren, *All the King's Men* (New York: Harcourt, 1982 [1946]), p. 304.

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Introduction

When a fierce pandemic walks the land, certain things are *supposed* to happen. Because the health of all of the public is potentially threatened, the public health sector (so often out of sight, hence out of mind) takes center stage, while “normal” partisan, ideological, and group-based politics retreat temporarily to the sidelines of the policy scene. Because both the benefits and the costs of containing the menace are at once uncertain and — in JQ Wilson’s (1973) terms — “distributed,” the ensuing political style presumably favors acceptance of and compliance with the collective measures public health requires. Four centuries ago, Puritan leader John Winthrop wrote the script for what one might expect to be the solidaristic American mindset in the struggle against COVID-19 today: when the community is in peril rules of “charity” prevail, indeed with “[still] more enlargement towards others and less respect towards ourselves and our own right.” (Rogers, 2018, p.89). In the United States, however, political forces disappointed such expectations.

A Novel Virus

COVID-19 is the latest in a line of pandemics that have disrupted national health care systems in the late 20th and early 21st centuries. The list includes AIDS/HIV (1981-present) SARS (2002-03), swine flu (2009-10), MERS (2015-present) and Ebola (2014-16), each of which has brought its distinct challenges. The “novel” COVID-19 virus, however, is especially perplexing and formidable because it is highly contagious, acquirable in the simple act of breathing, and because asymptomatic bearers can unwittingly infect dozens of people over the course of several days. The coincidence of freewheeling transmission and difficulty of containment set a high bar for effective policy performance.

Plague-centered politics tend to trigger predictable policy responses. Policy leaders rush to supply the protection the public demands in three main ways: by *producing* needed equipment and facilities (test kits and sites, reagents, personal protective equipment for health workers, masks, hospital beds, ventilators, and so on); by *regulating* behavior so as to curb the spread of disease (quarantines, social distancing rules, lock downs and closures, prohibition of crowds, mandates to wear masks); and by *communicating* to the public the rationales for these protective interventions in hopes of legitimating an unwonted—and, in normal times, unwanted — expansion of state authority and of efforts to mobilize compliance with these public directives.

Amid the global COVID-19 pandemic that began to spread late in 2019, most nations followed this script, *mutatis mutandis* to be sure. Cases were identified in March, and hospitalizations, then deaths, rose steadily. In April and May, governments imposed and enforced lock-downs, closures of non-essential establishments, prohibitions on large gatherings, and requirements that masks be worn in public settings. Policymakers began (again, *mutatis mutandis*) testing for the virus, tracing contacts, and isolating the infected. After two very dark months that saw hospitals overwhelmed, economies in recession, and citizens terrified, rates of new cases, hospital admissions, and deaths began to decline, and in June and July most nations started cautiously to ease and lift restrictions. Germany, Austria, France, and Italy, for example, “crushed” (or came close to crushing) the virus and were therefore in a good position to cope with surges that inevitably arose as constraints on public behavior loosened (Adam Oliver compiled reports on many countries at <https://www.cambridge.org/core/blog/tag/country-response-to-the-covid19-pandemic/>). A similar pattern of clinical call and policy response was clear in a wide range of nations in both the West and the East.

In the United States, by contrast, the policy response to COVID-19 wrote a new chapter in the annals of American exceptionalism. Policymakers became aware of the presence in China of what came to be called COVID-19 on December 31, 2019. Diagnosis of a case in Washington state on January 20, 2020 furnished the first evidence that the virus had entered the United States. On March 9, 2020, the nation counted 959 confirmed cases. Thereupon the number rose quickly, especially in the Northeast, and most especially in the New York Metropolitan region. The most severely afflicted states instituted lockdowns and other measures, which gradually slowed both the spread of the virus and the rise in the number of infections, hospitalizations, and deaths.

By the middle of May rates had “plateaued” on the east and west coasts and began to decline. The worst-hit states started to re-open stores, offices, bars, and other venues, as did other less afflicted states, which had, each at its own pace and in its own way, also restricted activities. In the first half of June, however, several states that had called themselves lucky to have dodged the worst of the pandemic saw their rates turn sharply and quickly upward. In Florida, Texas, and Arizona, the number of cases exploded, and California, which had moved rapidly and firmly to lock down, also saw a spike in cases in the southern part of the state.

By mid- July the nation, driven largely by these late comers, was setting daily records for new cases. The plight of hospitals in Miami, Houston, and Phoenix reprised the anguish of those in New York in March and April, and the national count of deaths attributed to the virus was nearing 150,000. In mid-month, the seven-day rolling average of new cases in Arizona alone was comparable to that of the 27-member European Union, with a population more than 60 times that of the sunbelt state. (Czachor, 2020). As summer wound down and the national elections of November 2020 drew near, the US response to COVID-19 was widely deemed a fiasco. This paper explores the fomenting of this fiasco and finds its roots in the structures and processes governing what David Mayhew (2004) called “the electoral connection.”

Presidential Paralysis: It’s the Economy, Stupid

The most important single fact about the US policy response to COVID-19 is, arguably, that the crisis struck nine months before the presidential election of 2020. Having surprised the world by winning office in 2016 by a tiny margin of votes in the Electoral College despite losing the popular vote by almost 3 million ballots, Donald J. Trump was seeking reelection by a public with which his general approval ratings had never cracked 50 percent. Such popularity as he enjoyed centered mainly on the economy, already strong when he took office in 2017 and stronger still at the turn of 2020. Unemployment stood at 3.6 percent, the stock market at an all-time high.

As journalist Bob Woodward (2020) reported, several high level officials had tried to impress on Trump the gravity of the threat as early as January, but the president had chosen to minimize the risks in order, so he said, to avoid “panic.” A clear picture of the type of panic the president was determined to avert grew clear in late February. Alarmed by the rising number of COVID cases, a dutiful CDC official, Dr. Nancy Messonnier, warned publicly on February 25 that community spread was no longer a matter of “if” but “when” and that consequent disruptions might be severe. Learning of her announcement, Trump was said to be “furious” because concern over COVID had triggered a sharp fall in stock prices. The episode, the New York Times reported, “effectively killed any efforts to persuade Trump to take decisive action to mitigate the virus.” (summarized in Panetta, 2020)

Messonier was promptly sidelined, and the president, evidently fearful that a rising number of cases would undercut investor confidence, a precious ingredient and indicator of the strength of “his” economy, began an aggressive and single-minded campaign to set American minds at ease. Leaving no doubt about his priorities, on March 6, Trump demurred when informed that a cruise ship with 21 COVID-19 positive passengers (out of 3500 aboard) was requesting to dock in California: bringing the passengers ashore would elevate the US count of COVID-19 cases and he “like[d] the numbers where they are.”

Over the first half of 2020 presidential messaging emitted a steady stream of pronouncements deemed cringe-worthy by much of his national and international audience. On February 27, he assured the public that COVID-19 was but a blip: rhetorically shrinking the (then) confirmed US cases to 15, he averred that the number would soon fall to five and then to zero, as the virus disappeared “like a miracle.” In addition to repeatedly expressing confidence that a vaccine would soon be at hand, Trump in early April hawked the curative virtues of hydroxychloroquine, a drug that was then being promoted by an eminent French physician who specialized in infectious diseases, but was dismissed as ineffective against COVID-19, and perhaps even dangerous, by most experts, US and other.

His hopes dashed that (as he proclaimed on March 24) the nation would be “opened up, and just raring to go” by Easter (April 12), the president continued to push his singular envelope of scientific discovery. At a televised meeting of his COVID-19 task force on April 23, Trump speculated aloud that the virus might be killed by injections of cleaning agents such as Lysol and by the beaming of ultraviolet rays into the infected bodies of patients. Relentlessly urging state governments to end their lockdowns and get their economies humming again, Trump assured the nation on July 4 that the virus was “99 percent totally harmless” for most patients. While credulous governors, having moved prematurely to reopen, watched the number of cases, hospital admissions, and deaths rise, the White House was said to have concluded in early July that the virus was something with which the nation must simply “learn to live.” When experts, most notably Dr. Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases in the National Institutes of Health, dissented, Trump and his associates dismissed their warnings and impugned their credibility.

Urged to set a good example for the citizenry by wearing a mask in public venues, the president refused: apparently a mask might make him look weak, unpresidential, vulnerable, or might otherwise pollute the all-important optics of his persona. (Criticized for setting a bad example, he donned a mask on a public visit to Walter Reed Hospital on July 11, acknowledged that in some quarters mask-wearing was considered “patriotic” on July 21, and then reverted to form, going about mask-less and demeaning those who wore them.)

As the virus spread Trump recapitulated his initial preoccupation with “the numbers” and how they made the nation (meaning him) “look.” At a campaign rally, held indoors before 6200 crowded and mostly mask-less supporters in Tulsa, Oklahoma on June 6, 2020, he lamented that higher numbers of COVID-19 cases simply reflected more tests and informed his listeners that he had instructed his officials to slow down the testing. On July 20 (as the number of new infections stood at more than 60,000 per day) he was reportedly planning to “zero out” funds for testing in a package of economic relief measures under discussion in the Congress. Asked in an interview on August 3 about the death figures, the nation’s leader replied with the sangfroid of the meticulously protected: “It is what it is.”

These political commissions paralleled several conspicuous policy omissions. On the *production* front, many hospitals and state and local health departments lacked equipment with which to

test and treat the virus. Test kits were in short supply, as were the swabs and reagents the tests required. Personal protective equipment (PPE) for healthcare workers was scarce. Hospitals feared that COVID-19 patients would overrun available beds, thus compromising their ability to treat both those patients and others in need of hospital care. Ventilators (an important resource of last resort for the sickest COVID-19 patients) were few and scattered. Governors, mayors, and health professionals appealed to the federal government to boost dramatically the production of these items and then to allocate them according to need. Despite declaring a “national emergency” on March 13, Trump refused until late March to invoke the Defense Production Act, which gave him the authority to commandeer private sources of production in an emergency, and even then used the Act merely to compel one company (General Motors) to make one piece of equipment (ventilators).

Having grandly declared that he had “total authority” to direct the responses of the states to the virus, he opted instead to exhort states to hunt for whatever they needed within their borders or in private markets. When dispatching equipment in the hands of the federal government to imploring governors he warned that he expected them to express “appreciation” for his largesse and demeaned the performance of ones (Gretchen Whitmer of Michigan, Jay Inslee of Washington, JB Pritzker of Illinois, and Andrew Cuomo of New York, for instance) who were insufficiently unctuous.

The federal government’s *regulatory* interventions likewise fell far short of what health experts sought. Whether and when to impose lockdowns that shut nonessential work sites and to issue work-from-home decrees was left to governors and local officials. As scientific consensus grew that wearing a mask when outside one’s home was a vital protection against catching and spreading the virus, the president declared in early April that mask-wearing was a matter of personal choice and that he, for one, would not do so. (As noted above, he would briefly change his tune in mid and late July.) Attempts by the CDC to draft guidelines for safe conduct amid the pandemic were delayed, derailed, and diluted by White House reviews and edits, and emerged finally on April 16. Although Trump loudly demanded that the nation’s schools reopen as usual (parents stuck tutoring their kids at home could not easily rejoin and therefore help to stimulate the economy), practical decisions on the timing and terms of reopening and closure fell to states, localities, and school districts, which decried both the ensuing “patchwork” of rules and advisories and (in many areas) the lack of funds for the physical modifications needed to ensure the safety of students.

Because combatting the pandemic entailed costly and disruptive interventions with which all citizens were asked or required to comply, *communication* that built legitimacy and won the public’s trust in these measures was critical to success. In the United States effective communication was crippled from the outset because Trump’s faith in the imminent miraculous disappearance of COVID-19 and conflation of its dangers with those of a flu or cold found an avid audience in extensive right wing media networks manned by Fox News, Rush Limbaugh, Breitbart news, and many still dimmer lights on television, radio, the internet, the blogosphere, Facebook, and Twitter. (On Fox see Stelter, 2020.) While it is hard to gauge precisely the share of the population that took advice on the pandemic primarily from these sources, an estimate of 20-30 percent would probably not be far afield. Hermetically sealed within a conservative communications bubble that has counterparts but no real “peers” in other Western democracies, millions of commentators and listeners embroidered interpretations of the virus as a hoax perpetrated and perpetuated by liberal Democrats, rejected masks and lockdowns as assaults on personal freedom and on the wellbeing of the economy, and touted the virtues of hydroxychloroquine and other unproven therapies.

Denial of the gravity of the virus and disregard of expert counsel did not of course prevail across the whole population, nor even within a majority of it. But throughout 2020 in solidly conservative redoubts — the Republican minority in the US House of Representatives, the Republican majority in the Senate, the 26 Republican governors, predominantly in “red” states in the South and Midwest, and right leaning local officials — a devout and intransigent amen corner echoed the messages of Trump and his media allies and discredited firm assertions of public authority in fighting the virus. The rightwing assault registered powerfully in public opinion: from April 2020 through election day in November, Republicans differed dramatically from Democrats on a wide range of questions - for instance, is the virus a serious threat to the US economy? Are masks and social distancing important? Does increased testing “explain” the rising number of cases? How soon should schools reopen? (Dean et.al., 2021). Policies on COVID-19 therefore unfolded amid a clash of cultural authority that pitted evidence-based (anyway evidence- shaped) expertise against unsupported presidential pronouncements and their media transmitters (Nichols, 2017).

Congress: The Irresponsibility of a “Responsible” Party System

In the US system of separated executive and legislative powers, Congress might be expected to have a mind of its own about policies to tackle COVID-19. Legislative capacity for leadership can be seen in several health policy initiatives over the years: examples include the expansion of the National Institutes of Health and the creation of the Hill-Burton program in the mid-1940s, the creation of the Health Planning program in 1974, the expansion of Medicaid in the late 1980s, and even in the design of the ACA. Crises, however, put a premium on quick, decisive action, which disfavors policymaking by collegial deliberations within each of the two independent legislative chambers and demands a marshaling of specialized expertise by a hierarchical executive branch. The people’s branch is not well equipped to order the production and manage the distribution of equipment and facilities, to issue (that is, enact) regulations to combat the virus, or to communicate rationales and build legitimacy for a national strategy.

When the executive branch demonstrably fumbled these tasks, Congress might, in principle, have rushed to fill gaps as best it could. In practice, however, electoral connections hamstrung the legislature as well as the executive. Although the House of Representatives had shifted from Republican to Democratic control in 2018, the Republicans who controlled the Senate refused to contradict or even challenge the president. Republican senators (and members of the House, and governors), most of whom had vehemently denounced Trump as unfit for office in the run up to the 2016 election had, by 2019, rebranded themselves as his adoring acolytes. Most of those who declined to do so had left office.

In something of a rude commentary on venerable political science enthusiasms, even as the president’s perfection of rational choice (single-minded maximization of his personal utility, understood as self-preservation in office) produced irrational executive branch leadership, the legislature’s evolution into a responsible party system (polarized into ideologically distinct and disciplined party organizations) generated irresponsible oversight. The docility of Republican blocs in the House and Senate faithfully followed electoral logic. Trump had won in 2016 by mobilizing a Republican base that rested heavily on white, less educated voters, and the unbroken support of that base (supplemented by some affluent whites and independents) allowed Trump consistently to claim the approval of 40-45 percent of respondents in national public opinion polls. Failure to rise above 50 percent approval did not augur well for his success in the general election looming in November 2020, but that allegiance might suffice for a victory in

the electoral college (as in 2016). Moreover, unfailing allegiance to the president was necessary (and possibly sufficient) for the success of Republicans running in the primary contests that choose the contenders in general elections.

Primaries in the United States are a gravely flawed democratic gateway to elective office because they tend to elicit very low turnout. For example, in 2018 congressional primaries drew merely 19.8 percent of registered voters, up from 13.7 percent in 2014; 22.2 percent voted in Senate primaries in 2018, up from 16.6 percent in 2014. (Desilver, 2018). Moreover, Republican primaries tend to be dominated by the best funded and most zealous (that is, right-leaning) voters. Anything less than full fealty to the president and his program risked prompting an angry Trump tweet that might trigger the desertion of the base from a wayward candidate and end an electoral career.

Nor can Republicans who win a primary contest risk alienating the base by pursuing the (once) time-honored strategy of moving to the center to pick up more pragmatic voters in a general election. By 2020 Republicans in both House and Senate were, with rare exceptions, survivors of a brutal process of natural selection (survival of the most adept at moving to the right) that predated, but was strongly intensified, during the Trump years. (Mann & Ornstein, 2016; Dionne et al, 2017; Zelizer, 2020) And, in the unlikely event that some heresy escaped the president's notice, it was sure to be broadcast and denounced far and wide by the vast right wing media bubble on which the base depends heavily for its information on politics and policy.

In March, the two houses of Congress, the two branches of government, and the two political parties within these institutions could, and did, cooperate effectively in the creation of massive programs of *economic* relief for Americans suffering from the recession the virus had induced (Krugman, 2020). But policies for beating the virus itself divided the parties systematically, forestalling cooperation across partisan aisles and government branches. Democrats could insist all they pleased that mastering the virus was a precondition to reviving the economy; Trump's obsession with the election a few months off led him to belittle the risks of COVID-19 in hopes that an expeditious reopening of the economy would play to his most conspicuous electoral strength. Republican legislators (all of whom faced elections for the House every two years, as did 19 senators seeking reelection in 2020) risked political suicide by demurring.

Bureaucratic Incapacitation: Crumbling Agency Authority

Having explored in a handful of federal agencies the transition from the Obama administration to the Trump regime, Michael Lewis (2018) revealed disturbing patterns. Briefing books diligently developed by outgoing Obama officials went unread by their successors, who were in no hurry to contact their predecessors or to learn about the organizations they now "led." The new officials who did eventually show up knew little (and cared less) about the agencies' missions, had scant expertise in the substance of their work, and had no evident wish to fill these gaps. Musing on this unorthodox administrative style, Lewis warned that in addition to a familiar quartet of highly salient risks the nation faced—accidents with nuclear weapons, North Korea, Iran, and safety of the electrical grid — there now loomed a fifth, namely, deficient "project management," which might bedevil attempts to address "the existential threat that you never even imagine as a risk." (55,58,59,63, 67, quotation at 73).

As if intent on adding to Lewis's abundant case material, the Trump administration largely ignored a 69-page "pandemic playbook" that Obama's National Security Council entrusted to it. Even so, when COVID-19 suddenly struck, the public had, in principle, reason for confidence that the project management required to combat it lay in the best of hands. The federal

agencies in charge — the Centers on Disease Control and Prevention (CDC), the Federal Drug Administration (FDA), the Federal Emergency Management Agency (FEMA), and the National Institutes of Health (NIH) — enjoyed renown the world over for their scientific capabilities. These sources of indispensable information and analytic power might, in a crisis — when risks are high, and time is short — be expected to man the front lines of a policy response.

When Graham Allison (1971) put the Cuban Missile Crisis under his analytical microscope, for instance, models of bureaucratic and organizational politics proved to be essential to explaining how JF Kennedy handled the situation. As Trump tackled the COVID-19 crisis, by extreme contrast, the CDC and its compeers were soon marginalized, partly by uncertainties inherent in the “novel” virus itself, but mostly by the refusal of the president and his political generalists to defer to them, indeed, to take them seriously.

The CDC, as noted above, incurred Trump’s wrath as early as February 2020 by publicly voicing concern about the likely danger of the virus and thereby triggering a sharp downturn in a nervous stock market. Then, presumably on sure and solidly scientific ground, it turned to the design and production of test kits with which to diagnose the virus, rejected ones offered by the World Health Organization, quarreled with the FDA over what laboratories should be permitted to analyze and report the results of the tests, and proceeded to develop and distribute its own test kits, many of which failed to work.

Meanwhile, attempting to proffer to the public the guidance the world’s premier public health agency would seem to be uniquely suited to convey, it found itself sidelined, indeed stifled, by the Trump team, for whom the sole acceptable message was that all was (or would very soon be) fine. When normal activities were required to shut down to varying degrees in different states, the CDC drafted guidelines on when and how states might reopen, but its draft, deemed too prescriptive by the White House, went back to the drawing board, leaving states to improvise in their 50 separate ways. Not until mid-April did the nation have the benefit of uniform federal guidelines. In July the CDC suffered a further snub when the administration instructed the nation’s hospitals to report COVID-19 cases directly to higher ups in the Department of Health and Human Services, bypassing the agency. In August the Centers appalled the scientific community by advising, presumably at the insistence of the White House, that testing for individuals who had had close contact with an infected person but who remained asymptomatic should be reduced. (Under fire, the agency rescinded this guidance a month later.) At the end of August, Harold Varmus (2020), Nobel laureate and former head of the NIH, issued a hitherto unimaginably severe verdict on the beleaguered agency in a co-authored opinion piece in the *New York Times* that urged the public to “Ignore the CDC.” September brought fresh outrage over reports that White House communications aides had demanded the right to review and edit CDC reports on the virus to ensure that the truth did not “hurt the president.” (Diamond, 2020).

Less dispensable, however, was Dr. Anthony Fauci, a revered scientist who had directed the National Institute of Allergy and Infectious Diseases in the NIH for 36 years and had led pioneering work to combat the AIDS epidemic. Fauci was respected in all quarters for his expertise and candor — anyway, in all quarters outside the circle of Trump and his tribe, who viewed him as a loose cannon disinclined to stay on message. Therefore, instead of relying on Fauci and other experts for policy and communication, Trump put the public spotlight on a COVID-19 task force headed by Vice-President Mike Pence, whose credentials in the virus arena consisted mainly of stalling progress in the fight against AIDS while he was governor of Indiana from 2013-2016. This task force operated ambiguously alongside a shadow group led by Trump’s son in law, the ubiquitous 37-year-old realtor, Jared Kushner.

The Pence task force became the central source of both internal deliberation within the administration on policy and communication to the public. Deliberation soon degenerated into battles between scientists and generalists over how bad the situation really was and what would make it better. Information and advice to the public was conveyed mainly by nightly press conferences, commencing on March 16, at which Pence intoned upbeat messages, to which Fauci and Dr. Deborah Birx (a well-respected AIDS researcher and long-serving government official who joined the task force at the end of February) sometimes gingerly appended caveats.

Unwilling to cede center stage — and a television audience — to subordinates, Trump soon took charge of the briefings, leaving Pence (and Fauci and Birx et al.) standing by, off camera, their role reduced to emitting encouraging glosses on presidential musings. The pitfalls of this strategy quickly grew plain. For one thing Fauci, politically astute (having served under six Presidents) but incorruptible, was occasionally in discernible (albeit artfully couched) disagreement with the president, and so came to be invited to the microphone less often over time.

The major downside, however, was Trump's incurable tendency to ad lib and free associate on matters of life and death. From his podium flowed extravagant mischaracterizations of the state of testing in the US (the most and the best in the world, and universally available to the public), endless sales pitches for hydroxychloroquine, and — the *piece de resistance* — a long rambling appeal for inquiry into the therapeutic benefits of ingesting detergents and beaming ultraviolet rays into COVID-19 patients to kill the virus. This latter riff invited — and promptly received — ridicule sufficient to persuade Trump largely to abandon the briefings.

By June the president seemed to have lost interest in the virus. Pence intermittently gave anodyne public summaries of the task force's views, relevant agency heads (most notably Robert Redfield at CDC and Stephen Hahn at FDA) kept mostly out of sight, and Fauci (restricted by the White House in his congressional and public appearances) took to newspapers and other private media outlets to convey scientific truths that were politically inconvenient.

Congress, endowed with power to oversee the behavior of the executive branch, might in theory have sought to bring the bureaucracy back in. As matters stood, however, almost all Republicans endorsed the positions of the president, who now indisputably "owned" their party, while Democrats could do little more than protest, cajole, and demand that agency experts testify before congressional committees, and then threaten to issue subpoenas when the White House denied them permission to do so. With astonishing ease, bureaucratic capacity (to say nothing of autonomy) collapsed under the weight of the electoral connection.

The States: Federalism—Fragmented and Fumbling

Vacillation in Washington, DC left the 50 states largely on their own in responding to the pandemic. With little capacity quickly to produce for themselves masks, tests kits, PPE, ICU beds, ventilators, and other essentials, states implored the federal government for these resources and competed both with each other and with the feds to buy what they could from suppliers, domestic and foreign. In the absence of uniform national standards, each governor pondered the proper range of regulatory interventions — work from home orders for all but "essential" workers, stay-at-home requirements for the general public, mandated closures of "non-essential" commercial venues (including restaurants and bars) and recreational sites (beaches and parks), and obligatory quarantines for visitors entering state x from state y, for example. They had also to decide how much discretion to permit local governments to depart from state policies. And, of course, every governor was left to communicate the rationale for such interventions to citizens who differed, often sharply, in their exposure and susceptibility to the virus and in their ideological tolerance for governmental "interference."

Originating outside US borders, the virus struck first on the West coast (Washington state, then California) and next in the Northeast (especially New York, New Jersey, and Connecticut). By a happenstance of electoral epidemiology these early sites were “blue” states with Democratic governors. The responses of these leaders differed in their timeliness (Washington and California intervened quickly, the east coast epicenters a bit more slowly), but all the governors in question took assertive measures (lockdowns and the rest). In the process, Gavin Newsom (CA), Jay Inslee (WA), Andrew Cuomo (NY), and to a smaller degree Phil Murphy of NJ and Ned Lamont of CT, became *de facto* national leaders in articulating the case for strong measures amid presidential dithering. (Cuomo’s daily televised press conferences, lucid and fact-filled, won a wide following and, in many eyes, set an example the president would have done well to emulate.)

As March gave way to April, other states (Illinois, Michigan, Ohio, Maryland, and Massachusetts, for example) saw a precipitous rise in cases, and the leadership of their governors (JB Pritzker, Gretchen Whitmer, Mike De Wine, Larry Hogan, and Charlie Baker, respectively) won soaring approval ratings in opinion polls. Three of these much-lauded leaders — DeWine, Hogan, and Baker — are Republicans (though only one of these states — Ohio — is reliably “red”). On the whole however, in its first two critical months, the crisis seemed overwhelmingly to affect Democratic states with large, densely settled cities, a sizable share of non-white residents, and heavy concentrations of aged citizens, who are disproportionately at risk of dying from the virus.

Although Republican leaders in red states in the South, Midwest, and Southwest were not wholly indifferent to the plight of their blue-tinged fellow Americans, they bitterly denounced restrictions (including CDC recommendations that urged social distancing, limits on large gatherings, and the wearing of masks) that allegedly infringed on the personal liberties and impaired the economic activities of their citizens — many of them young, healthy, and living in sparsely settled rural areas — who appeared to be at little risk of contracting COVID-19 or of dying from it if they did. Few explicitly echoed that supremely rugged individualist, Dan Patrick, Lt Governor of Texas, who proclaimed that he (and other Texas “grandfathers” as well) stood ready to die if necessary to preserve a vibrant economy for younger generations, but these Republican governors were, on the whole, slow to intervene, diffident in enforcing restrictions, and largely in accord with the Trump administration’s resolve (regurgitated day and night by Fox News and other stalwarts of the right wing media bubble) to minimize the threat of the virus and to urge reopening and the restoration of economic activity and personal “liberty” with all indeliberate speed.

In May and June the east and west coast blue states, having endured onerous shutdowns, were achieving steady reductions in the numbers of new cases, hospitalizations, need for ICU beds, and deaths. Emboldened by this good news and remorselessly badgered by Trump, many red states lifted such restrictions as they had imposed, and their newly liberated residents rushed to recapture the joys of bars, indoor dining, large parties, sunny days at the beach, lusty singing at church services, and — in one instructive case noted above — a Trump rally in Tulsa on June 20 before an audience of 6200 crowded and largely mask-less attendees.

Within weeks, many red states were reenacting the torments of their blue coast counterparts during March and April. In Florida, Texas, and Arizona, cases of COVID-19, hospital admissions, and deaths rose steadily, as did those in many less populous states. This newer version of the unfolding pandemic afflicted Trump voters and in so doing rewired the electoral connection that drove the politics of policymaking since the virus first surfaced in the United States.

In July, recently complacent governors such as Ron De Santis (Florida), Greg Abbot (Texas), Doug Ducey (Arizona), and Tate Reeves (Mississippi) scrambled to acquire test kits and PPE, sought to secure hospital (including ICU) beds adequate to the demand for them, suggested that citizens wear masks and maintain social distance when out and about, and ended state prohibitions on local officials who wanted to require the wearing of masks in public. (A flamboyant exception was Governor Brian Kemp of Georgia, who not only insisted on denying that prerogative to localities in his state but even briefly sued when the mayor of Atlanta issued a mask-wearing mandate and refused to lift it when the governor ordered her to do so.) The long hot southern summer did not after all seem to be killing much of the virus, as some had hoped. And the season for regular influenza (than which these governors had lately been insisting that COVID-19 was no worse) would return in the fall.

So too would the school year, which had been interrupted across the country in spring 2020 in favor of on-line in-home learning. Notwithstanding spikes of the virus in more than half the states, Trump, well aware that kids at home kept many parents from work and thereby slowed economic recovery, insisted that schools reopen “as normal” and bullied the initially cautious CDC into revising draft guidelines for opening into a less prescriptive, more positive message. But decisions about when and how to reopen schools were not entirely in the hands of the states, still less those of the feds.

In the United States, local control of K-12 education is an article of faith, so the prospect of reopening launched endless battles that engaged teachers (some in favor of a return, but many not) and their unions; parents (divided, like the teachers) and their associations; and bus drivers, janitors, cafeteria workers, and others who sustained the educational enterprise. Was it true that young children are little susceptible to getting the virus and/or to spreading it among themselves and to their teachers, their parents, and the aged? The evidence was equivocal. If schools did turn out to incubate the infection, what was plan B? An abrupt return to home learning online? Should districts therefore make “hybrid” plans — some combination of in-person classes and online learning, the ratio to be determined by the “performance” of the school district on a range of virus-related “criteria” at (and after) the putative date of reopening? Who would cover the costs of installing safe systems for air circulation in schools, for careful cleaning of classrooms and other public spaces, for space that permits safe distancing of students, and so on?

The electoral politics of virus-fighting had pushed the agenda downward within the federal system from Washington DC to the 50 states, and thence to local governments, which sometimes held but often lacked authority over school districts. Without the national policies for which medical and social scientists continued to call, virus politics relentlessly fragmented the arenas of (in)action.

The People Say What?

As election day drew near, the electoral connection between COVID-19 and the quest for victory at polls grew both clearer and cloudier. The Democratic presidential contender, former Vice-President Joseph Biden, argued that the virus demanded aggressive federal intervention, insisted that policy should follow the best available scientific evidence, reiterated that defeat of the virus was a precondition for the revival of the economy, and dispensed empathetic consolation to the steadily growing ranks of victims of the pandemic. Trump meanwhile sought to avoid mention of the virus and, when he did acknowledge it, replayed a medley of familiar themes: COVID-19 was a hoax concocted by the “fake news media” in hopes of damaging his

bid for reelection; Dr. Fauci and other so-called experts proffered bad advice; the economic costs of cures such as shut-downs were worse than the disease; the nation was “turning the corner”; vaccines, the invention of which he had commanded, were imminent; and the virus would soon disappear, proving him right, as he had been always and in all ways.

One month before the election it briefly seemed that “learning by doing” might change his tune. On October 2, after convening and attending several mask-less and undistanced “super-spreader” events, Trump contracted the virus and was taken by helicopter to Walter Reed Hospital, where for three days he received world-class medical care and a sophisticated “cocktail” of medications. No lesson sunk in, however: helicoptered home, he huffed up the steps of the White House, dramatically tore off his mask, preened for the cameras, and returned to his well-practiced repertoire of denial.

On and after November 3 the election delivered some welcome news to the Democrats. Biden’s 81 million votes (51 percent of those cast) beat Trump’s 74 million (47 percent) and gave him 306 electoral votes to Trump’s 232. Democrats retained control of the House of Representatives, and, when the results of two special elections were announced on January 6, 2021, Democratic victories gave that party precisely half the seats in the Senate, which meant that the vote of Democratic Vice President Kamala Harris could break a tie. Trump’s critics chortled that he was the first president since Herbert Hoover (who failed to win reelection in 1932) concurrently to lose the House (2018), the Senate, and the White House. How much public displeasure with his mishandling of the crisis contributed to the outcomes was impossible to gauge precisely, given the vagaries of disengaging its effects “per se” from the economic recession and other variables, but Trump’s detractors did not doubt that the impact was substantial. (Brodeur and colleagues [2020] estimated that, all else equal, Trump would have won reelection had US COVID-19 cases been 5-10 percent lower.)

On some counts, however the election returns disappointed those who had expected a full-throated electoral repudiation of Trump’s four fretful years. Loser though he was, Trump in 2020 gained 10 million more votes than he had won in 2016 and his dominance of the Republican party stayed solid. The House remained under Democratic control, but the large gains the party had anticipated did not materialize; instead, the Democrats’ margin in the lower chamber shrunk by a dozen seats. In the Senate, the party’s vice-presidential voting edge could secure legislative victories - but only if unity held among all its 50 members. And, not least important, the Democrats had failed to make progress in their struggle to win governorships and legislative seats in the states.

Despite Biden’s appeals for “unity” in the war against the virus, post-election public opinion remained sharply split. Far from excising Trump, majorities of Republicans believed what critics derided as his “big lie”— an avalanche of accusations that electoral expedients such as mail-in ballots, intended to reduce the risk of contracting COVID-19 at polling stations, had enabled Democrats to “rig” the election against him in crucial states. (This lie was big but far from unique, merely one among 30,573 “false or misleading claims” the Washington Post [2021] attributed to the president in his four years in office. See also Paz, 2020). Though dismissed by dozens of courts and discredited by thorough recounts, his complaints found approval in the right wing media, among many Republican governors, and within Republican ranks in the House and Senate.

The waning days of Trump’s first and only presidential term saw the dawning of the solace his administration had largely withheld. On December 11, the FDA approved a vaccine that protects against the virus, and on December 15, the first shot entered an American arm. On

the way to the exit, Trump intermittently paused his allegations of election rigging to take full credit for this breakthrough, a product of “Operation Warp Speed,” a partnership, announced in May, among the federal government, the military, and certain pharmaceutical firms, that had achieved its goal, not in the 18 months (or several years) usually needed for vaccine production but within a few months in 2020. The president’s critics weighed this accomplishment in the balance but mainly gave thanks that management of the government’s most pressing duties — shifting from the production of vaccines to the delivery of vaccinations — would rest in the hands of Joe Biden and a Democratic Congress. In this voyage from vacillation to vaccination, the new virus had reprised an old story: US policy enlisted biomedical innovation to rescue the public from the system’s reluctance to embrace effective public health interventions. On inauguration day, January 20, 2021, the death toll from COVID-19 hit 396,837.

Conclusions

In theory a democratic political system honors the will of the people. A crucial link between popular will and public policy is (in theory) the electoral connection. In the case of the COVID-19 pandemic the *general* will of the American people was plain and simple: protect us, do something that works. That the electoral connection should work not to advance but to thwart that will is beyond ironic.

Nor is COVID-19 just any pandemic: its extremely contagious nature and the possibility of spread by individuals without symptoms should, again in theory, have lent impeccable legitimacy to the application of traditional tools of public health — testing, tracing, isolation, distancing, masks, and the rest. Many voices, scientific and lay, urged such interventions. But as the crisis grew acute in March 2020 and gained speed thereafter, these voices were muffled and public health tools marginalized by a president who feared above all an interruption of economic growth that might jeopardize his reelection in November; by Republicans in the House and Senate who knew that a mere tweet by Trump could destroy their standing with “the base”; by Republican governors in more than half the states, who likewise viewed their electoral preservation and promotion as tied tightly to the president’s support; by an enormous network of right wing media (social, print, and broadcast) that helped to script and then echoed Trump’s denials of the gravity of the virus and his denigration of those who counseled forceful public health interventions; and, finally, by a noisy minority of the public that took its cues from these political and ideological warriors.

That the electoral connection is, as argued here, *the* critical explanatory consideration defies rigorous proof, and indeed cannot, amid myriad variables, be other than tendentious. And one can but wonder what might have been if the virus had struck not a mere nine months before the 2020 presidential election but (say) in the first nine months of Trump’s time in office. The urgent political salience of the connection between fighting the virus and boosting the economy would likely have been weaker and the chance that reality might have somehow broken into presidential cogitations somewhat stronger.

Within the class of democratic nations, the United States can claim that its political system (electoral and other) has performed rather well on the whole — at least if one excludes racial and economic equity from the scorecard — over the years. Perhaps, then, the nation’s COVID-19 fiasco means little more than that “ya can’t win ‘em all.” Then again, perhaps it is symptomatic of deeper dysfunctions that have infected the American body politic.

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