

PAUL STARR

# *Reckoning with National Failure: The Case of Covid*

Epidemics are not part of America's collective memory. The colonial era's smallpox and yellow fever epidemics, the three cholera epidemics of 1832, 1849, and 1866, the great flu pandemic of 1918 — none of these left a deep imprint on the national consciousness. None fit into a larger national story, at least none that Americans cared to tell. If the polio epidemic of the early twentieth century is remembered, it is mainly because it led to the polio vaccine and fits into a story about the triumph of medical science and American know-how. The AIDS epidemic is still a vivid memory in part because of its effect on the mobilization of the LGBT movement and an

**Liberties**

**Reckoning with National Failure: The Case of Covid**

expanded vision of human rights. We Americans like our tragedies to have a happy ending.

A practical, inventive, yes-we-can people: that is the version of America many of us remember hearing about and believing in from childhood. Until recently, contagious disease has not troubled that understanding, and for good reason — experience has given us grounds for confidence. Advances in medicine have subdued the most lethal contagions. Disease hangs over all of us individually, but it has not threatened our collective life, much less our sense of ourselves.

The Covid19 pandemic, however, will likely figure in our history in a way no previous national encounter with disease in the United States ever has. It is too big and disturbing a horror to be forgotten — not merely a medical story but also a social and cultural one: a story about a country unable to contain the forces of unreason within it. The American response to Covid19 has encapsulated an era when a nation that has always thought of itself as a success has had to confront the possibility that its luck has run out. At moments of crisis, from the Revolution to the Civil War and two world wars, the United States has not only benefited from its institutions and its wealth. It has also been exceptionally fortunate in political leadership. But it was America's distinct misfortune in 2020 to confront a new and deadly virus at a time when a plague was already consuming its political life. Politics always matters for health and disease. Political decisions shape social structures and the allocation of resources, which in turn influence who gets sick and dies. Ordinarily, however, the chains of causality from politics to disease are long and complex. Not so this time. The impact of politics on the Covid19 pandemic was immediate and direct.

If Covid19 had struck in the decades before Donald Trump became president, it probably would not have mattered whether

the administration in office was Republican or Democratic. The president would have turned to the nation's leading experts in public health and medicine, relied on their counsel, and rallied the nation to cooperate in stopping the spread of the disease. Unlike AIDS in the 1980s, Covid19 did not inherently provoke culture-war divisions. A minimally rational president of either party would have seen the pandemic as an opportunity of the same kind that presidents have had in wartime to rise above partisanship and become the nation's defender.

That is not to say the American response would have been ideal. It would have had to overcome the longstanding inequities of its healthcare system and its underinvestment in public health. And because Covid19 was a new threat, any administration might have made mistakes, especially at the beginning of the pandemic when critical scientific questions about the disease were clouded in uncertainty. But Trump did not simply make mistakes stemming from inadequate scientific knowledge or other factors beyond his control. He deliberately misled the public. He promoted bogus cures. He modeled antisocial behavior. He held rallies that put his own supporters and their communities at risk of infection, and he turned the White House itself into a superspreader venue. To suit his political interests, his aides muzzled scientists in the government and overruled the public health guidelines they developed. Above all, Trump so thoroughly politicized measures such as the adoption of masks and social distancing that he made the denial of scientific evidence and the defiance of scientific judgment into emblems of Republican identity. Sucked into Trump's world of "alternative facts" or lacking the courage to speak up, other national leaders of his party either supported him or kept silent.

Much of the historical significance of the Covid19

pandemic would be lost, however, if we reduced it to Trump and the Republicans who buckled under him. The failure in the national response to the pandemic is a larger story and a longer one. The forces of unreason in American politics have been building up on the right for some time. Talk radio, cable news, and social media have provided new channels for disseminating conspiracy stories and other falsehoods. Polarization has become a road to power. The "infodemic" that accompanied the pandemic reflected a prior pattern, a wider pattern — a pre-existing condition, you might say: the growing use of the internet and social media for disinformation and the desperate countervailing efforts to bring the technology under control to serve rational interests in wellbeing.

The Covid19 virus came to our shores when we were already in the throes of a different sort of virality. Contemporary changes in information technology have affected the pandemic in many ways. Technology has divided Americans along class and racial lines. People who could do their jobs online have been generally safe, healthy, and even prosperous, while those who have to do their work in person have been exposed to higher odds of infection and unemployment. The disparities in who got sick and died partly followed from that objective difference in risk. Covid19 entered a politically polarized and economically divided America, and it intensified the divisions.

As 2020 ended, the United States counted nearly 350,000 deaths from Covid19, putting it fourth among the world's large, high-income countries in deaths from the disease per 100,000 population, surpassed only by Belgium, Great Britain, and Italy. (The toll in the United States may reach 600,000 deaths in 2021, according to projections in late January.) The East Asian societies that successfully controlled the pandemic offer a stark contrast. While the United States had 100.6

Covid19 deaths per 100,000 population in 2020, Japan had a rate of 3 per 100,000, South Korea 2 per 100,000, and Taiwan and Thailand under 1. If the United States had been able to keep its rate to South Korea's 2 per 100,000 in 2020, we would have had only about 7,000 deaths instead of almost 350,000. In 2019 a survey of international experts in health security had rated America the best prepared nation in the world to deal with a pandemic. But those experts had overlooked a critical factor. They overlooked *politics*. The United States has been dealing with a pandemic in a time of political derangement.



Everything about the Covid19 pandemic, including where it struck first, came to be seen through the prism of partisan politics. The virus arrived early in 2020 in the blue states and had its most severe impact on Democratic constituencies, a pattern that influenced how Trump and other Republicans framed the crisis. The disease then spread into the red states and by the November election was taking its highest toll in those areas. But by then Republicans had so successfully excused Trump from responsibility and minimized the suffering from the pandemic that its rise in the red states appeared to have little or no impact on Trump's support there.

The early outbreaks of the virus in coastal cities had nothing to do with their Democratic politics. A contagious disease originating abroad and spreading through contact was bound to arrive first in metropolitan centers with international connections and spread most rapidly through densely populated urban areas. The demographic profile of the victims was also predictable, since those areas had large numbers of low-income racial minorities who suffered from high rates of

Liberties

diabetes, heart disease, and other conditions that made them especially vulnerable to the coronavirus. In the early months of 2020, no one had drugs or other means of treating the virus itself. As the numbers of patients surged during March and April, medical facilities in New York and elsewhere also lacked critical resources such as testing capacity and personal protective equipment. Instead of a coordinated national response, however, the Trump administration left the problem largely to state governments, forcing them to compete with one another as they sought out resources in short supply.

What would have happened if Covid19 had struck the red states first? While it is impossible to know for sure, Trump might well have responded with more urgency and been less inclined to say — as he did to a rally last year — that the pandemic was the Democrats' "new hoax." The early geography of the pandemic allowed the president and other Republicans to suggest that the problems of the blue states were their own fault, the result of their own leadership, indeed, their whole governing ethos. The president made it clear that he did not regard the cases and the deaths in politically hostile regions as his responsibility: "If you take the blue states out, we're at a level that I don't think anybody in the world would be at. We're really at a very low level." This was false: by September, when he made those remarks, the rate of new cases in the red states was substantially higher than in the blue states — and it was about to go much higher still.

The federal government's failure to stem the pandemic began with the delayed development of a test for the virus and a disorganized response to travelers from China and Europe. On January 13, two days after Chinese scientists published the genome for the novel coronavirus, the World Health Organization issued a protocol for creating a diagnostic

Reckoning with National Failure: The Case of Covid

test. (The virus would later be named "severe acute respiratory syndrome coronavirus 2," or SARS-CoV-2, the cause of the disease Covid19.) While several countries immediately deployed a test using those instructions, the Centers for Disease Control and Prevention in Atlanta was unable to do so until February 28, a full forty-six days later. As the *Washington Post* subsequently reported, "The agency squandered weeks as it pursued a test design far more complicated than the WHO version and as its scientists wrestled with failures that regulators would later trace to a contaminated lab." The Food and Drug Administration, which could have approved alternative tests, also failed to act expeditiously. Even after a workable test was approved, the government failed to ramp up testing at commercial and university laboratories, and testing shortages persisted for months. Although evidence began emerging in January that people who had no overt signs of illness could transmit the virus, CDC officials were slow to acknowledge that possibility and, with testing kits in short supply, did not recommend testing individuals who had been exposed but reported no symptoms.

Although the testing failure originated within the CDC, the delay in correcting it and the persistent testing shortages reflected a failure of leadership at the highest levels of government. In 2018, Trump had shut down the Directorate for Global Health Security and Biodefense in the National Security Council, which is part of the White House. (President Biden has restored it.) When problems developed in global supply chains for N95 masks, chemical reagents for tests, and other resources, Trump turned instead to an ad hoc White House team of business consultants assembled by his son-in-law, which proved unequal to the task.

The delay in both testing and recognition of asymptom-

Liberties

atic transmission contributed to the failure to identify foreign travelers carrying the virus into the country in early 2020. From mid-January to the end of February, while other countries began identifying and isolating carriers of the virus, the United States did not have the requisite diagnostic technology. On January 31, the day after the WHO declared a global health emergency, Trump announced restrictions on travel by non-citizens from China. But during the next two months, an estimated 40,000 returning citizens and others who fell under various exceptions to the travel ban arrived from China, and were often subject to nothing more than cursory questioning before being sent on their way and told to quarantine voluntarily for two weeks. Although local public health authorities were supposed to check with them later, the follow-up was haphazard. In any case, the virus had already entered the country during January, when at least 13,000 travelers a day had been arriving on flights from China. Trump announced restrictions on European travel on March 11, but as later genomic tracing would show, travelers had already brought a European strain of the virus to New York at least a month earlier. Although the travel restrictions may have bought some time, they were too little and too late, and enforcement was too lax and disorganized, to prevent the virus from gaining a foothold.

The United States could still have kept infection rates low if in the early spring it had adopted policies that reflected the evolving scientific understanding of the virus and its transmission. Those policies would have included the general promotion of masks and social distancing and the development of the three-part regime that other countries established for extensive testing, isolation of the infected, and systematic tracing of their contacts. Instead, the White House followed an

Reckoning with National Failure: The Case of Covid

erratic course from February to April before turning against a national public health effort and undermining a rational response to the pandemic.

Trump was so concerned about the appearance of a growing pandemic that he sought to stifle public warnings from health officials that were aimed at persuading Americans of the need for change. Talking privately with the journalist Bob Woodward, Trump clearly recognized the seriousness of the disease: "This is deadly stuff. You just breathe the air and that's how it's passed. ... It's also more deadly than even your strenuous flus." Publicly, however, he was saying there was nothing to worry about. On February 25, 2020 Trump said he thought the coronavirus was "a problem that's going to go away." So he was enraged when on that same day Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases at the CDC, issued a scientifically warranted warning that community spread of the virus was inevitable and Americans needed to consider drastic changes in their everyday lives, triggering a sharp fall in the stock market. CDC officials were thereafter directed to clear all public statements about Covid19 with the White House, and Messonnier was sidelined. The politicization of the pandemic was complete. Two days later Trump publicly speculated that, "like a miracle," the virus might just disappear.

National politics kept interfering with national competence. Trump also undermined the adoption of masks when the CDC changed its recommendations on their use. At first, partly for fear of exacerbating shortages of N95 and surgical masks for medical use, both the WHO and CDC did not recommend that the public at large obtain masks. Basing their judgment on research on earlier diseases, scientists also disagreed during the early months of 2020 about whether

Liberties

ordinary cloth masks would be effective in preventing transmission of the coronavirus. Some were emphatically opposed. "Stop buying masks!" the Surgeon General Jerome Adams tweeted on February 19. "They are not effective in preventing general public from catching #Coronavirus." This was an instance of a legitimate mistake made at a point when knowledge of the virus was just developing.

Yet a scientific consensus in favor of public use of cloth masks emerged as evidence began to demonstrate that masks did limit transmission, indeed that they were crucial for the general public because people who contracted the virus were most likely to infect others before they developed symptoms. But when the CDC on April 3 recommended that Americans wear "non-medical, cloth masks" in public places, the president said, "I don't see it for myself." Not only did he and other members of his administration ignore the guidance; the president mocked people who did wear masks.

Trump turned decisively against a concerted national effort during the spring. On March 16, he agreed to adopt federal guidelines for "15 Days to Slow the Spread," including recommendations for Americans to work from home whenever possible and to avoid discretionary travel and shopping trips, eating or drinking at bars and restaurants, and gathering in groups of ten or more people. Reluctantly, at the end of March he extended those guidelines for another fifteen days. By then a group of states, most of them led by Democratic governors, had issued more comprehensive stay-at-home orders. Research has shown that the measures adopted in March and April prevented millions of cases, "flattening the curve" and thereby, in the short term, preventing hospitals and other facilities from being overwhelmed, as they had earlier been in northern Italy and New York City.

Reckoning with National Failure: The Case of Covid

That delay was supposed to provide time to establish a testing-isolating-tracing regime and to identify targeted measures for limiting spread so as to allow communities in stages to resume normal activities. Targeted measures, such as closing bars, restaurants, and large indoor gatherings, would have had far less cost to the economy than across-the-board lockdowns. But it was not long before Trump became impatient with restrictions at any level. Some of his advisers told him that the pandemic was ebbing, just the rationale he was looking for to abandon all regulation. For a few days in mid-April, it seemed as though Trump was going to insist that the response to the pandemic be entirely under his own control. "When somebody is the president of the United States," he said, "the authority is total and that's the way it's got to be." Three days later, however, as part of what aides called a "state authority handoff," the White House coronavirus task force issued reopening guidelines, and Trump told the governors, "You're going to call your own shots." But he didn't mean that, either. Ignoring his own administration's criteria for relaxing restrictions, he began tweeting denunciations of Democratic governors who failed to "liberate" their states.

During the spring, the president was increasingly at odds with the scientific community and his own government's public health officials. Shunting aside the experts, he took over the daily public briefings on the pandemic, using that platform to make boasts, give false reassurances, and pass along misinformation, most notoriously about an unproven and later discredited treatment (the infamous hydroxychloroquine) and the potential value of injecting disinfectant to kill the coronavirus. In May, after officials including Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, recommended greatly increased testing, Trump said that testing

**Liberties**

was "overrated": "When you test, you find something is wrong with people. If we didn't do any testing, we would have very few cases." Repeatedly, White House aides intervened with the CDC to stop it from issuing public health guidelines that conflicted with Trump's political message. The CDC's chief of staff later told the *New York Times*, "Every time that the science clashed with the messaging, messaging won."

Trump's messaging, designed to further his political interests among his base, fostered a narrative among his supporters that the coronavirus was overblown, and that the disease was not nearly as serious or extensive as the media were saying. But the numbers of cases and deaths kept rising through the summer and fall as the virus raged in rural areas and red states that were spared earlier. Some Republican governors finally did adopt regulations concerning masks and social distancing, but others, such as the governor of South Dakota, Kristi Noem, refused to impose any restrictions. In June, at a time when Covid19 cases were still low in South Dakota, Noem invited Americans who liked how well the state was handling the coronavirus to come there. From August 7 to August 16, tens of thousands of motorcyclists arrived, converging on the small town of Sturgis for an annual motorcycle rally and spending time at its bars, restaurants, and tattoo parlors, generally without masks. By November, South Dakota's rate of cases and deaths was among the highest in the country.

Earlier in the year, when Trump and other Republicans blamed the blue states for high rates of Covid19, the leaders of those states were dealing with a crisis that had been thrust upon them by forces beyond their control. But the later surge of the virus in the red states occurred when more was known about limiting transmission, and Trump and Republican leaders such as Governor Noem refused to act on the basis of

**Reckoning with National Failure: The Case of Covid**

that knowledge. Indeed, they passed off failure as freedom. Their refusal to require masks and social distancing showed how dedicated they were to freedom and how indifferent to danger. And it worked: the voters of those states did not hold them responsible for being the superspreaders that they were. In the wake of the November election, an analysis showed that 93 percent of the counties in the nation with the highest numbers of new cases per capita voted for Trump.



While Trump and the Republican leadership were the immediate source of America's catastrophic failure in the pandemic, they did not act alone or in isolation. They had the active support of right-wing media, and they benefited from the unguarded channels for the dissemination of falsehood created over the preceding quarter-century. In the right-wing world, the coronavirus was not the big problem that it was being made out to be; on the contrary, the mainstream media and the "deep state" were in league with Democrats, deceiving the public about what was generally a mild illness, all in an effort to limit freedom and bring down the president. Hatred of government has long been the basis on which the dissimilar elements of the right — evangelicals, business interests, the anti-vaxxers and anti-taxers — have been able to unite. Now the same hatred was mobilized against public health measures.

Conspiracy stories are falsehoods of a particular kind, involving claims of massive collaboration in deception. The idea that climate change is a hoax requires believing that scientists all over the world have conspired in making up evidence of rising temperatures, melting polar ice, and other signs of global warming. The idea that the 2020 election was

**Liberties**

**Reckoning with National Failure: The Case of Covid**

stolen from Trump requires believing that election officials all over the United States conspired in tampering with the results and that the judges who rejected those claims, including many Republican appointees, were all in on the "steal." And the idea that the Covid19 pandemic was overhyped requires believing that scientists, front-line health workers, and public health officials joined together in another gigantic conspiracy.

The attraction of the political right to conspiracy thinking is hardly new. But until the past quarter century, the Republican Party and mainstream media were generally able to limit the reach of the conspiracy-obsessed far right. By Trump's presidency, however, Republican leaders had mainstreamed the fringe. Figures who used to be consigned to the political wilderness had gained a dominant role in both the party and its principal channels of communication.

The effect of that shift on public health was already evident under Barack Obama. In 2009, when scientists warned that the fall would bring a particularly dangerous flu — the H1N1 strain — right-wing media figures opposed Obama's efforts to persuade Americans to get vaccinated. Glenn Beck, who had a Fox News program at the time, said that "you don't know if this [vaccine] is going to cause neurological damage like it did in the 1970s" and that he would do "the exact opposite" of what the government advised. Rush Limbaugh told his listeners, "I am not going to take it [the H1N1 vaccine], precisely because you are now telling me I must. . . . I don't want to take your vaccine. I don't get flu shots." According to an October 2009 Pew survey, Democrats were 50 percent more likely than Republicans to say they planned to get vaccinated. Skepticism about the vaccine among Republicans, according to a study by the political scientist Matthew Baum, was concentrated among those who relied on cable news, the internet,

and talk radio rather than network television news. Republicans were predisposed against any Obama policy, but the key factor, Baum argues, was the breakup of the earlier “informational commons” that existed when Americans from different viewpoints watched the same TV news programs. The change in communication may have had real-world consequences in 2009: red states had both lower flu vaccination rates and higher death rates from the flu that year than blue states did.

By 2020, there was even less of an information commons as a result of the decline of newspapers and network television and the growth of social media and partisan websites. Republicans and Democrats had separate sources of information and often wholly opposed understanding of basic facts. Unlike the much-denounced mainstream news organs, the right-wing media proudly refused to observe such conventions of journalism as checking facts and making corrections. The social media platforms contributed to the spread of misinformation. As studies of online communication have shown, people are more likely to share false information than accurate information. False information has the advantage of triggering more powerful emotions. In addition, the clustering of likeminded people in social networks tends to encourage more extreme views, a process known as “group polarization.” Facebook, YouTube, Twitter, and other social media also set their ranking algorithms to maximize “user engagement,” which often meant directing people to extremist and unreliable sources. For example, even when users watched a scientifically reliable video about vaccines, YouTube’s “up next” recommendation algorithm pointed them to an anti-vaccination video.

Until 2019, the social media platforms rejected any responsibility for the misinformation they were circulating about any subject, including health. Defending themselves as

**Liberties**

**Reckoning with National Failure: The Case of Covid**

champions of free speech, they did not want to bear the costs of separating fact from falsehood and assuming the role that the press has long accepted. But in the midst of a resurgence of measles in mid-2019, Facebook and Twitter broke from their traditional policy and changed their ranking algorithms on vaccine information to favor authoritative medical sources. When people asked about vaccines, the platforms began directing them to the WHO and CDC, not to anti-vaccination groups with more followers.

When the Covid19 pandemic began, the social media platforms confronted the same issue. Physicians reported cases of patients taking deadly remedies recommended online, such as bleach and highly concentrated alcohol, or refusing professional advice, citing posts they had seen on Facebook. In late February 2020, however, the platforms began extending to Covid19 the policies that they had already adopted on vaccination. Facebook reported that during March it displayed warnings on about forty million posts related to the pandemic and that by late April had “removed hundreds of thousands of pieces of misinformation that could lead to imminent physical harm,” such as claims that drinking bleach cures the virus. It was also directing people to reliable sources of information. But despite Facebook’s actions, the sober messages of public health authorities were poor competition for the masters of misinformation. During April 2020, the top ten health misinformation sites on Facebook had four times as many views as the CDC, WHO, and eight other prominent health-care institutions.

The change in policy at Facebook and other social media platforms represented a major shift, but the companies were unable to stop the spread of misinformation. Repeatedly, claims that appeared first on the political fringe took off when groups or websites allied with the Republican Party shared or



repeated them. Political legitimization was crucial to the spread of lies. For example, a video called "Plandemic," posted by its maker on Facebook and other platforms on May 4, showcased a discredited researcher who claimed that masks could make wearers sick, vaccines for the coronavirus would be dangerous, and Anthony Fauci and Bill Gates were planning to gain money and power through the pandemic. After being promoted by a QAnon page and anti-vaccine activists, Plandemic took off when Trumpian "Reopen America" groups in different states began sharing it. Within a week it had been viewed more than eight million times. Eventually social media platforms began taking it down, but the damage had been done.

Trump himself played a central role in the spread of misinformation. On July 27 he shared another video peddling misinformation, this one called "America's Frontline Doctors," helping it gain tens of millions of viewers for claims that masks did not work and hydroxychloroquine was a cure for Covid19. The video showcased several doctors of dubious reputation, including one doctor-pastor known for arguing that "demon sperm" in nighttime dreams cause disease in women. On September 1, during an interview with Laura Ingraham on Fox News, Trump cited a statistic supposedly showing that only 6 percent of reported Covid19 deaths were in fact due to the virus. That claim had gone from a Facebook post with stops along the way in a QAnon page and the right-wing website Gateway Pundit, eventually reaching a Trump campaign advisor, the president himself, and Fox's audience. These were not exceptional cases. A study by researchers at Cornell University, which analyzed 38 million articles about the pandemic, pinpointed one key driver of the "infodemic": the president, who was himself the source of 38 percent of what the researchers called the "misinformation conversation."

The role of Trump and other Republican leaders in spreading misinformation about the pandemic created what seemed, at the time, to be an impossible problem for the social media platforms and the news media. Although the platforms and the media could indicate the claims were false, they could not suppress them. Claims by a president and leaders of one of the two major parties are inherently newsworthy; the public has a right and a need to know what they are saying, even when what they say is untrue. After the November election, Facebook and Twitter did block Trump from communicating lies that the election had been stolen from him. But he was already on his way out; the companies were unwilling to de-platform him when he was still firmly in power and his lies about the virus aggravated the pandemic. If they had done so at that time, they might have saved many lives. But the largest burden of responsibility for what Trump said and did properly belongs with him and the party that put him in office and continued to support him.



By any reasonable standard, the United States failed in its response to the pandemic in 2020. Its mortality rate exceeded that of most peer countries in the West, and it was astonishingly higher than East Asian societies such as South Korea and Japan. Changes in life expectancy offer a particularly telling measure of how great a loss Americans suffered, and who suffered the most. According to a preliminary medium estimate (which will probably turn out to be low), the pandemic brought about a decline of 1.13 years in life expectancy for Americans in 2020. Beneath that overall decline lay enormous disparities by race: a decline of .68 years for whites, 2.1 years for African Americans,

and 3.05 years for Latinos. The bigger losses in life expectancy for African Americans and Latinos stemmed from greater susceptibility to Covid19 at younger ages in those groups as well as higher mortality rates from the disease. The deaths among whites were disproportionately among the aged, particularly residents of nursing homes. A toxic combination of ageism and racism lay behind the right-wing view that the pandemic was overblown, or that the disease should be allowed to spread until the country reached "herd immunity."

The damage from the pandemic goes beyond lives lost. Many survivors suffer from "long covid," which may impair their physical and mental health for years to come. Other long-term consequences will result from the disparate impact on families of the pandemic recession and the shutdown of in-person education. Whole sectors of the economy have been devastated, including many small businesses that have closed for good.

How to explain the catastrophic performance of the United States? A number of commentators have pointed to American individualism. The East Asian statistics that I have cited, for example, draw the response that those societies are too different culturally for a comparison to be valid. Not only did they impose stricter regulations, but their citizens, acting in a more communitarian spirit, also complied. According to the cultural argument, Americans would never have accepted such rules because of a deep-seated individualism that rejects governmental regulation of personal behavior. Individualism used to be an explanation of American achievements; in the pandemic it became an excuse for American failure.

Fortunately, we have some empirical evidence on whether regulations requiring masks made a difference in the United States. During the summer of 2020, Kansas conducted what amounted to a test of the efficacy of mask mandates. As a red

**Liberties**

Reckoning with National Failure: The Case of Covid

state that might be presumed to be hostile to government regulation of personal behavior, Kansas is an instructive case. In July, the governor issued an executive order that mandated the use of masks in public places, while allowing counties to opt out. In an analysis of trends before and after the order went into effect, the CDC and Kansas Department of Health found that Covid19 incidence fell 6 percent in counties with the mask mandate and rose by 100 percent in the counties that rejected it. These results, the CDC report noted, were consistent with "declines in COVID-19 cases observed in 15 states and the District of Columbia, which mandated masks, compared with states that did not have mask mandates."

During the same period when Kansas enacted its partial mandate, Trump and his advisers debated whether the president should adopt a mask mandate for the country. According to the *Washington Post*, internal Trump campaign polling data in July showed that more than seventy percent of voters in states targeted by the campaign favored "mandatory masks at least indoors when in public, and even a majority of Republicans support this." One of the pollster's slides read, "Voters favor mask-wearing while keeping the economy open" and support Trump "issuing an executive order mandating the use of masks in public places." As part of this internal discussion, according to a *New York Times* report, Jared Kushner argued that embracing masks was a "no brainer" because Trump could say they were a key to enjoying the freedom to go safely to sports arenas and restaurants. But Trump concluded that "I'm not doing a mask mandate" after the White House chief of staff Mark Meadows warned that the base would "revolt" and that the president might not have the necessary legal authority, a point that had not worried Trump when he adopted other policies, such as excluding non-citizens from

the Census count used for reapportionment.

Since a mask mandate by Trump might have had ample public support, including from Republican voters, it seems difficult to argue that America's individualist culture was the determining factor in the failure to adopt a mandate. Individualism might explain resistance to mask mandates if it had only one possible interpretation, which political leaders are unable to change. But even most libertarians accept a limit on individual liberty when actions threaten direct harm to others, as does the failure to wear a mask during a pandemic. Individualism was not the culprit. Political leaders also have the ability to shape opinion; as president, Trump radically shifted Republican sentiment on some issues, such as trade. As Kushner suggested, Trump could have spun "freedom" in favor of a mask mandate on the grounds that it would enlarge Americans' freedom to enter public places in safety. The party that bills itself as the "party of life" could easily have found a rationale for Americans to avoid killing their grandparents and their co-workers. Trump may have thought, like Meadows, that his base would not tolerate a shift on masks, and perhaps some of them would not have tolerated it. But he may just have misconstrued his own political self-interest.

Another cultural explanation for American behavior during the pandemic points to dominant notions of masculinity. According to this interpretation, the use of masks and other protections run up against the social pressures on men to display fearlessness and a willingness to take risks. Some evidence does support the idea that gender affected the use of masks. During August-September 2020, Gallup asked respondents, "Do you always wear a mask when you can't maintain social distancing in indoor settings?" Among Democrats, 90 percent of men and 93 percent of women

Liberties

said they did. Among Republicans, 40 percent of men and 56 percent of women said they did. While gender mattered in the responses, political identity mattered more.

To be sure, gender affects political identity — the gender gap in voting has reached unprecedented levels in recent years — and Trump made use of gender stereotypes in ridiculing masks, just as he drew on anti-government individualism to oppose regulations. But those cultural tendencies did not determine his choices. Even from the standpoint of his political self-interest, Trump could have chosen to pursue power a different way. By the summer of 2020 he may have dug himself in, but if he had acted differently in the early spring, public attitudes and social behavior regarding masks and other protections might have evolved differently despite the individualism and hyper-masculinity championed on the right.

The role of culture in explaining America's national failure is similar to that of race and social inequality. American culture did not determine the choices that Trump made, but it allowed him to believe those choices would work. The appeals to individualism and masculinity were resonant enough among Republican voters to be a plausible short-term political strategy, even if ultimately disastrous for the country. Similarly, the racial and other socioeconomic disparities in the pandemic allowed Republican leaders and the right-wing media to say the coronavirus was overblown. After all, they were not talking to the groups who were suffering the most. Republicans had a different frame of reference. Even as millions of Americans lost their livelihoods, Trump kept pointing to the stock market, which hit new highs in 2020. Just as Trump's response to the pandemic might have been different if the virus had first hit the red states instead of the blue states, his response might have been different if the pandemic had primarily hit a white,

Reckoning with National Failure: The Case of Covid

affluent population and had a bigger impact on the stock market and corporate America.

I do not mean to say Trump drew his support only from a white and privileged base. White working-class voters continued to support him, and while he lost African Americans and Latinos, he did better among them in 2020 than in 2016. People do not necessarily make their voting decisions on the basis of accurate calculations of risk. The virus did not kill or make seriously ill the majority of people who caught it. Individuals might discount the risk of contracting Covid19 if most or all the people they knew who had tested positive had recovered. Moreover, if their understanding of the coronavirus came from right-wing media they might discount the risk entirely, whereas they might worry that Democrats would shut down the economy and put them out of work. During 2020 many people may also have just changed their baseline expectations of risk. The virus may have just become one of many uncertainties in life to be endured as normal, not a reason to change behavior.

As great a disaster as the pandemic was, it became normalized in a remarkably short time. By the final months of 2020, the number of Americans dying of the virus every day was about what the country had lost on September 11, 2001. But the shock had worn off, and it had become almost unimaginable that the United States would make the necessary changes in society and behavior to control the pandemic. Complacency about the virus had set in. Early failures had narrowed the field of alternatives. The rate of community spread was so high that contact tracing and testing appeared to be futile. The only solution became a technological fix — a vaccine.

America's national failure in the pandemic has ominous implications for other challenges that America faces. Asking

**Liberties**

people to wear masks was not asking much of them. That many Americans refused to adopt so simple a change is a discouraging sign for how they will respond to demands that require sacrifice, such as reforms that are needed to deal with global warming. Climate change has evoked the same denial and defiance from the right as the pandemic, the same disregard for science, the same attraction to conspiracy stories. And just as Republicans dismissed the virus as overblown even when cases and deaths were growing in the red states, so they seem determined to ignore the realities of climate change even when they strike close to home. Disasters, such as the fires on the West Coast and the hurricanes in the Gulf, may become normalized. Alternatives may become unimaginable. Lying and manipulation for narrow political and economic gain may become so routine that they no longer cause shock or indignation.

The United States has had great achievements, but it has also been lucky to have capable leaders when it needed them most. Until 2016, it succeeded in keeping demagogues like Trump away from the presidency. The same forces of unreason were always there, but they now control one of America's two parties. Although Trump is no longer in office, the political derangement that brought him to power is not yet over. Nor can we count on the supposed genius of our institutions to control it; there is only a hard struggle ahead to save those institutions and to get them to work at least as well as they once did. The pandemic is a warning about looming dangers. It is a cautionary tale that Americans must not forget if we are to escape from the derangement that has already cost so many lives and that threatens everything that we hold dear.



Reckoning with National Failure: The Case of Covid