

Access to this work was provided by the University of Maryland, Baltimore County (UMBC) ScholarWorks@UMBC digital repository on the Maryland Shared Open Access (MD-SOAR) platform.

Please provide feedback

Please support the ScholarWorks@UMBC repository by emailing scholarworks-group@umbc.edu and telling us what having access to this work means to you and why it's important to you. Thank you.

6

The Pandemic and The Poor Health of America

The President of the US is given a top-secret daily briefing. On January 28, 2020, the President's national security advisor told him that a recent viral outbreak in China could pose a great security threat, perhaps the greatest of his presidency. The deputy national security advisor went on to compare its potential impact to the influenza pandemic of 1918 that infected a third of the world's total population and killed 500 million people world-wide and 675,000 in the United States.¹ Publicly, however, the President downplayed the virus and failed to promote the wearing of masks, urged early reopening and undermined the recommendations of his most senior scientific advisors. Despite the early warning, the US experienced the worst pandemic since 1918 with infection and death rates higher than many other countries. However, the pandemic did more than reveal the incompetency and mismanagement of one inept President and his incompetent administration, although it did that. As the pandemic swept across the US it provided a tragic stress test that revealed the fractures in the public health system of the world's richest country.

The pandemic was a global tragedy that played out in different countries. It was a massive stress test that exposed long-standing issues both shared and also unique to individual countries. Take the case of Spain with one of the highest death tolls in the first wave in March 2020. A second wave in the Fall meant another spike in fatalities. Yet, Spaniards had one of the highest rates of mask wearing, close to 84 percent. What the spread of the pandemic in Spain showed was not public unwillingness to abide by safety recommendations, but government incompetence. The lockdown was loosened too early, international tourism was reopened too soon and the health care was devolved too early to regional authorities. The usual politics in Spain of an insular, incompetent political class without public scrutiny, was laid bare by the pandemic.²

The pandemic was a giant stress test that revealed the cracks and strains of all countries. Some of the fractures were just below the surface, others were deep-seated. In the US, the pandemic highlighted deep, long-lasting issues including a health system that was more geared to making money than providing health care for all, a decline of public health, hyper partisanship and attacks on science. The glaring cleavages in US society were also highlighted by the pandemic, revealing yet again the injustices of class and race in the body politic.

The Pandemic

It originated in China. A novel respiratory disease was identified in the city of Wuhan in December 2019. It developed sometime between October and November 2019 when a

bat coronavirus, perhaps combined with a pangolin virus, entered the human population, probably through people who were processing bat carcasses for traditional Chinese medicine. The virus was given the name of severe acute respiratory system coronavirus-2 (SARS-CoV-2). The disease it causes, a respiratory illness that can be fatal, was named COVID-19. It spread quickly and by the end of September 2020, it had infected over 32 million people and caused over a million deaths. Both figures are probably severe underestimates.

In this chapter I will focus on the US. However, it is also important to discuss the global context behind the deadly pandemic. Two factors are important.

The first is that the rate of land use conversion is increasing. As we turn the wild areas and especially tropical rainforests into farmland, pasture and urban areas, we are being exposed to more human-pathogen interactions and more cross-species spillovers. One study found that conversion of wild places into farmland eradicates the large species allowing more of the smaller animals, such as bats and rats that carry the most pathogens.³ Over 60 percent of new infectious diseases come from animals. When we transform the wild areas, we increase the possibility of more new viruses, for which we have no immunity. Large cities, particularly in tropical areas with greater mammal diversity in the surrounding areas, have higher probabilities for human emergent infectious diseases.⁴ HIV, SARS and Zika are just some of the more recent infectious diseases that originated in wild animals in tropical areas. The COVID-19 pandemic reveals the zoonotic threat caused by land use conversion of wildlands into farmland, pasture and urban areas.

The second is space-time convergence. If we measure the distance between places in terms of the time taken to travel, there has been a dramatic reduction in time taken. In 1800 it took three and half days to travel the 190 miles from Boston to New York by stagecoach. By 1920 it took 6 hours by train. The two cities grew closer together. Space-time convergence has an impact in disease transmission. Take the case of Fiji. It used to be measles-free. It is located over 2000 miles from Sydney. In the time of sail, it took between 25 to 30 days to sail from Sydney to Fiji. The incubation period of measles is 14 days. So, in the time of sail, people who contracted measles in Sydney would be unable to transmit the disease in their travels to Fiji. The use of motorized vessels reduced the space-time distance. In 1876 a motorized launch took a Fijian chief and his entourage to the city and back again in little more than 19 days. The motor launch that brought back the chief also brought the measles virus. With no natural immunity, the disease killed 40,000 people, almost a third of the entire population of the islands. Today, it takes only five hours to fly from Sydney to Nadi airport in Fiji. Diseases spread more quickly in a shrinking world quickly turning local outbreaks into epidemics. We have more new and dangerous viruses just as we live in a more globally connected world. Covid-19 spread quickly around the world through air passengers.

In the first two weeks of January 2020, there were 1,300 flights from China to the US, depositing 380,000 people including 4,000 who came directly from Wuhan. The devastating impact on New York City was from an air passenger corridor from China to Italy to the US. The virus spread out from these global hubs to the surrounding areas. In the city of Houston, for example, the virus came with international travellers, first impacting the white, affluent neighbourhoods before moving onto the lower-income minority communities in the city. In many cities it was the more affluent global travellers,

the rich cosmopolitans, who brought the disease. A similar tale can be told for cities in South America and Asia.

Within months, perhaps weeks, of the first outbreak, the disease seeded and spread around the world.⁵ Globalization has “smoothed” the world, making disease transmissions, especially one spread by person-to-person contact, all that more rapid and virulent. Globalization is an accelerant capable of turning outbreaks into epidemics and epidemics into pandemics. Resistance to globalization and calls for national biosecurity likely will be strengthened as a result of this pandemic. The response of closing borders to halt the spread reinforces a sense of individual nations acting in opposition to global threats. The lockdowns are a form of “global distancing” between nations, matching the “social distancing” between persons within the nation-states. By revalorizing the national in contrast to the global, this pandemic secures nationalist narratives, which likely will remain strong even when a vaccine is produced, and there is return to a semblance of “normal.” This pandemic does not spell the end of globalization, but nonetheless reinforces the rhetoric of narrow nationalism.

The Pandemic in the USA

The first case of COVID-19 was confirmed on January 20, 2020 in Washington state. The man had traveled to Wuhan. A month later there were still only 14 detected cases. They were all linked to travel from China. The recorded first case of local transmission that involved no travel to an outbreak area nor contact with anyone diagnosed with the virus, occurred in California on February 26th. Three days later the first recorded death from COVID-19 was reported in the state of Washington. In February, a chain of transmission from China to Italy to New York City led to an outbreak along the East Coast. A national emergency was declared on March 13. Two days later, the disease was present in all 50 states. By March 26, the US led the world in COVID-19 cases. By May 27, the US death toll passed 100,000. On September 22, 2020 the death toll reached 200,000.

All the countries of the world were impacted by the pandemic. But to varying extents and in different ways. One useful metric is deaths per 100,000. It is not an ideal measure since not all COVID-related deaths are tabulated as such and there are differences in recording cause of death. Nevertheless, despite these caveats, it is a useful if crude measure. At the end of September 2020, Peru had the highest death rate at 110.48 followed by Bolivia, Brazil, Chile, Spain and the US at 62.5. The US rate was similar to the UK at 63.2 but twice as high as Canada and six times higher than Denmark or Germany. For one of the world’s richest countries with an affluent population and sophisticated medical system, it was a dismal performance. What went wrong? There were the obvious political issues, the President of the US did not wear a mask in public until July 11. There were deeper flaws behind the failings of a particularly incompetent and chaotic administration.

The Health System

The pandemic revealed some of the major structural flaws of the US health system. I will concentrate on just four.

First, the US has one of the least effective and most costly systems of any developed country. A good metric of overall health care is life expectancy, the average length of life. The US ranks 28th in the world. Americans live on average five years less than people in Switzerland, Italy, Canada and Costa Rica.⁶ In terms of cost, however, the US tops the charts at \$11,072 per capita.⁷ The next highest is Switzerland at \$7,732. Switzerland, like most other rich countries, produces better health outcomes at much less cost. Why is that? Anne Case and Angus Deaton point the finger at the healthcare industry.⁸ Not because it is a private market system, but because it manages to distort the market. They describe it as a rent seeking monopoly that manages to squeeze extra profit from the market without improving health outcomes. They show that we pay an extra \$1 trillion more than is needed for high quality health care. Big pharmaceutical companies, expensive medical equipment suppliers and very well-paid doctors and health care executives swallow up the 'extra.' We could, for example, dramatically increase the number of doctors but medical schools and immigration policies limit the number and hence increasing the demand and the resultant compensation. Debates about reforming health care system reform are often too restricted to the choice between public versus private health care. Calls for universal health coverage are becoming more common. My point is not that the fault lies just in the private nature of the health system coverage, but that it is a wasteful and inefficient private system where too much of the money, time and energies are devoted to documentation and billing. Every doctor's office I have even visited in the US has at least one person whose sole job is to navigate the Kafkaesque administrative system of insurance billing. US health care is a bloated system that manages to extract 20 percent of the nation's gross domestic product and rip off the American public without providing first class health care for all.

Second, the reliance on employer-based insurance punishes the unemployed and lower waged as companies minimize the health coverage of lower paid workers. The result was obvious before the pandemic. Case and Deaton show an increase in mortality and hence declining life expectancy for poor whites without a college degree. They highlight the growing diseases of despair associated with opioid addiction and alcohol abuse. More generally, they point to a declining health provision for lower income groups. The hollowing out of the white working class, the racial disparity in health provision and outcomes were all occurring before the pandemic. COVID's high death rate in the US reflects a health system capable of expensive treatment and very good care for the employed and affluent, but unable to provide good health coverage for those of modest incomes. The health care system not only fails to provide universal medical coverage, but it also actively operates as an engine of inequality as the more affluent get tax-subsidized health coverage while the lower income groups receive poor quality service. The inequities of health provision were revealed starkly by the pandemic, but they were there all the time.

Third, the public health system is undermined by the combination of political interference with organizational fragmentation. The US public health system responsible for pandemics is fragmented between different federal authorities and the individual states. The Center for Disease Control (CDC) is the nation's health protection agency. It was established to fight against pathogens and pandemics. It has a budget of \$8 billion and legions of dedicated scientists. The head is a political appointment. A major cause of stress in the US is the political rather than the professional appointment of senior

influential positions. The CDC had a hard time getting its message out against a President who undercut much of their advice. It did not help that the CDC made lots of errors developing testing devices and giving mixed advice about the aerosol spread of the disease.⁹ But these are not major endemic stresses. All large bureaucracies can make mistakes. It is the form of the mistakes that is troubling. The CDC has been politicized and effectively muzzled by political operatives. In fact, all major federal agencies have political appointees. They can wield enormous power over messaging. Generally, they work to put the administration in a good light. They are essentially political hacks who wield power over scientists and administrators. When the science seems to contradict the administration then the political appointees can, and in this case did, undermine the science and promote more flattering narratives. Not much of a problem if the issue is the monthly pig production figures from the Department of Agriculture. In this case, however, the political censorship led to conflicting and confusing information to the US public. The CDC and National Institute of Health (NIH) experts cannot speak to the press without approval by political appointees. The federal authorities charged with providing accurate and science-based information to the American public were subject to political censorship. The political censorship of federal science is a recurring stress fracture in the US.

The CDC makes recommendations for the nation, but there are also State Health Departments. They have numerous roles from regulating professions and facilities, from massage parlors to body piercing salons, to testing air and water and implementing consumer safety. State health departments are also responsible for providing data and policies related to COVID. As with the CDC, there was political interference with the work of scientists overridden by political appointees eager to suppress unflattering data. The result was a mosaic of different state mandates about openings, the wearing of face masks and the discouragement of public gatherings. The variety of different state mandates led to public uncertainty and the less stringent states effectively facilitating outbreaks spilling out to neighboring states. In effect, the proliferation and fragmentation of politically impacted public health authorities led to confusion, uncertainty and varying standards of community enforcement.

The fragmentation was most obvious in the competition between states for vital personal protection equipment (PPE) for front line responders. In the early days of the pandemic, many states were unable to access any federal supplies and had to compete with each other on the open market to purchase vital lifesaving equipment. The result was limited supplies and high prices. The governor of Maryland felt he had to call in favors from South Korea to have PPE equipment shipped by air from Seoul to Baltimore. The inefficient and bungled response was due in part function of a fragmented and underfunded public health system.

Fourth, at the most local, and hence potentially most responsive level, public health authorities have been undermined for years. There are also 2,000 local health departments, many at the county level, charged to promote community health. They are responsible for health surveys and tracing. They have faced years of budget cuts and chronic underfunding. From 2003 to 2019, CDC funding for state and local preparedness for public health emergencies was cut by a third.¹⁰ It is part of the hollowing out of the state and especially public health organizations that promote community health. One direct consequence was the lack of proper oversight of nursing homes. They were a

disaster waiting to happen after years of poor care and lax standards. Poor federal oversight and limited state and local enforcement of basic health and safety standards led to serial violators continuing to operate. So, when the pandemic hit, its deadly effect on older people with chronic conditions led to the tragedy of very high death rates. In many states nursing home deaths represented a third of all deaths due to COVID-19. The lack of oversight and the chronic underfunding and lack of investments in the nation's public health system led to the poor response to COVID-19.

In effect, the US health system is geared up to providing expensive medical care for the already affluent at the expense of the poor, while the public health system responsible for pandemics is either subject to political cronyism or budget cuts. The pandemic hit a First World country with a Second, and in some places a Third World, health care system.

The Tattered Social Safety Net

Worldwide, the pandemic created economic chaos. Lockdowns and restrictions closed down substantial parts of the global economy. However, the response varied by wealth. In the poorer countries, with large informal economies, more people were simply left adrift. The decades long reduction on absolute poverty was reversed as people lost their income and received little or no support from their government. The richer countries were better placed to help their citizens. Across Europe, for example, enhanced support allowed people to remain in employment.¹¹ And since health was largely based on citizenship rather than income or working status, health care provision was maintained. In the US, in contrast, the lack of a safety net was exposed. By early Spring 2020, more than 30 million people were rendered unemployed, many of them applying for aid through dysfunctional state employment systems. While major corporations were rendered safe much of the working population were thrown into unemployment often able to get assistance only through a mixture of luck, the state they lived in, and persistence rather than as a right of citizenship. The pandemic revealed the tattered nature of the US social safety net.

The US has a flexible job market that allows few protections to workers. People move from declining to expanding sectors more easily than in Europe where job security is much higher and youth unemployment is consequently much higher as well. The downside, however, is the ease with which companies can sack employees. In the pandemic the lack of worker protection augured mass layoff once employment protection ceased. Unemployment in the US hovered for months between 20 and 30 percent. It was only 6 percent in Germany. In many countries in Europe the government paid to keep workers on payroll. There are costs to this European choice. Zombie jobs may last longer as governments continue to subsidize declining sectors. Younger people find it harder to get work as older, already employed workers are secured. However, the US model also has costs. People who are made unemployed face trauma and they find it harder and longer to return to employment. The impact is most marked for lower income workers and ethnic and racial minorities. Unemployment payments also vary across the country with Republican-controlled states particularly stingy. At the federal level the stimulus package created in the immediate wake of the pandemic, that paid people \$1,200, soon ran out. And while the US Senate rushed through the nomination of a conservative jurist to the Supreme Court in a matter of weeks, a much-needed stimulus spending package

that would have provided some relief languished in inaction and bickering.

The safety net in the US is filled with such big holes that even the solidly middle-class can slip through. Ray Suarez, a well-known broadcaster and commentator tells a painful story of how he fell through the cracks of the system.¹² He moved to the gig economy but had to provide for expensive private health care. Costs rose after he needed expensive dental treatment after a bike accident. He also had to pay for the college education of his three children. He got older. And ageing is not a good thing in the job market. Wages decline for older workers and have trailed behind younger workers for the last three decades. From 1990 to 2019 the median wage for men over 55 with a bachelor's degree declined by 2.9 percent. For men aged 35-54, it increased by 8.7 percent. Older workers lost bargaining power due to less geographic flexibility and age discrimination. The pandemic meant less appearances and speaking engagements and dried up his source of income just as his household costs were increasing. Ray Suarez is not poor, but the fragility of his middle-class status can be retold for millions of Americans with an added tweak for women and minorities. The wider story he embodies is the fragile nature of the safety net in the US. Many people are only one, two or at most three paychecks from financial collapse. The American Dream for too many is based on a thin, fragile surface. Below them is little support. Compared to Europe, many in the US lack the social wage of free health care, easier access to good and cheaper education and generous unemployed benefits. The second gilded age of growing wealth accumulation only at the very top and widening inequality has eroded the foundations of a secure working- and middle-class life

The impact will have lasting effects. It will increase inequality as the recovery is not so much a U as a K with the already wealthy soon recovering with the poorest seeing marked reduction in employment opportunities. The pandemic will make an already unequal US even more unequal. When companies lay off workers, it takes several months if not years, after an expansion begins, to find, hire, train and integrate new workers. The collapse happens in a very short time, but a recovery takes longer and may take years to recover. The failure to provide aid to state and local governments will also lead to more layoffs and a lengthening of the time of a full postpandemic economic recovery. One study of the Great Recession found permanent effects on young workers.¹³ The recession impacted the cohort's income, health and future wealth-generating power. A similar effect is expected for the COVID-pandemic. Those entering the job market in the time of COVID will see reduced income now and into the near future.

COVID-19 revealed that too many in the US live on a thin ice of precarity and only poorly protected by a tattered and worn social safety net.

The Burden of National Ideologies

All countries have national ideologies; sets of ideas that celebrate the unique qualities of the state and its citizenry. These ideologies can be tremendously positive, providing a rallying cry during times of national emergency, providing comfort during periods of suffering. They can also, however, become debilitating when they are no longer either apt or appropriate for new conditions. The pandemic hit all the countries in the world. In some it reinforced the fear of the foreign other, in others it was the fear of the domestic

other. In a few it was a positive force, such as New Zealand, that saw solutions in coherent national and shared community responses. The US faced the pandemic with a number of ideologies that worsened the crisis. I will look at three in particular.

First, there is the cult of individualism and an associated distrust of the state. Its origins lie in the early Republic. The emphasis on individual rights was meant to form a zone of protection against the incursions of a distant monarch. Rights were promoted over obligations. The French observer Tocqueville remarked that he found individualism particularly strong in the US when he visited in the 1830s.¹⁴ He was critical of its pervasive quality and described it as a withdrawing from community and from the responsibilities of public life and citizenship. Fast-forward almost two centuries and the US is still dealing with the problems promoting responsible citizenship. The fetishization of individual rights is most apparent in the decision on whether to wear a mask or not wear a mask. Over 40 percent of those not wearing a mask, said that it was because of their right as an American not to wear a mask.¹⁵ All number of commentators and bloggers see the government health officials request to wear a mask as an abrogation of their individual rights. One former Olympian, Kerri Walsh, in an Instagram since deleted, described herself as brave for not masking. She saw it not as dangerous to her fellow citizens, most of them much more vulnerable than her, but as an act of individual freedom. This, by the way, was one of the more thoughtful tirades. She even quoted Ralph Waldo Emerson and Thomas Jefferson, the go-to-guys in the cult of individualism. But at its heart the cult is a view of society as individuals constituted only of private desires, their only responsibility to their own subjectivity. It is society as the projection of the subjective self.

The distrust of government closely tied to the individualism element in US national ideology has been reinforced by a neoliberalism that has worked to hollow out the state by minimizing its important regulatory functions. The state has declining legitimacy with a steady decline in trust in government. The Pew Research Center has conducted polls on how much US citizens trust the federal government. In 1964 over 70 recorded trust in the institution. By November 2015 it had fallen to 19 percent, less than one in five of Americans.¹⁶ Trust and confidence in government waxes and wanes; an unpopular war or economic recession deflating the numbers only to be reflat again when the war ends or when the economy picks up. But the ending of the long post war boom and the declining confidence in the economic globalization project has raised a structural rather than just a temporal crisis of confidence.

Unmet political demands cause a legitimization crises. In the US a number of popular sentiments are not given political articulation by the two mainstream parties. The Republican Party used its post-Reagan, working-class base as electoral cannon fodder to promote an agenda that aided its big donors. The blue-collar base was fed rhetoric while the business wing received all the benefits of free trade and the disciplining unions. The rhetoric was effective in undermining the legitimacy of not only Democratic Administrations, but also of government itself. Trump is the most recent embodiment of this manifestation, but earlier Regan said that government itself was the problem. Meanwhile the Democratic Administrations of Clinton and Obama pursued an economic agenda that promoted globalization. If the Republicans had a trickle-down theory that believed, despite evidence to the contrary, that making the rich richer would benefit everyone, the Democratic equivalent was that the benefits of globalization would

eventually raise all boats. In the long-term maybe. But in the short to medium term, where we actually live, it negatively impacted the bottom fifty percent. Many of the blue-collar workers felt ignored by Democrats who promoted economic globalization that undercut their jobs and a cultural relativism that undermined their values. Cynically used by the Republicans and shabbily treated by the Democrats, many turned to Trump. As a family made millionaire not quite the obvious standard bearer of the marginalized, but his outsider status and maverick campaign resonated with a substantial mass of Americans harboring a sense of alienation from the mainstream political parties.

There are no easy answers as when to initiate a lockdown. Too late and the virus may establish a strong hold. Too long and the economic costs mount alarmingly. There are tremendous costs to closing business or conducting education online that cannot be easily dismissed. And often the costs are regressive with the most vulnerable paying the highest price. My point is not that there are no difficult decisions and no grey areas, but that the US has a harder time even accepting minimal public health measures that impinge on individual behaviors.

To be honest wearing a mask is a pain. It restricts breathing and makes you feel uncomfortable. But we require people to do all manner of things that restrict choice if there is a clear and recognizable public good. We require people to wear seat belts, take out car insurance, stay seated when a plane takes off or lands. We put restraints on individual behavior for the public good. We are restricted in where we can dump our rubbish, how fast to drive, how to discipline our children. Sometimes the public good is difficult to identify. Not in this case. We are not free-floating individuals kept aloft by our subjective preferences. We are members of a society with rights and obligations. In this particular context, you have the community obligation to wear a mask when close to other people to reduce the risk to them and to the wider community. Resistance to mask wearing in public during the pandemic is not restricted to the US. But few other countries have imbibed two centuries of an ideology of individual rights to bolster their case and to promote selfishness and irresponsible behaviors as key principle of what it means to be free.¹⁷ American individualism is an obstacle to wider mask wearing in the US, and the result is one of the higher death rates in the world.¹⁸

Second, there is an American exceptionalism that sees the country as different from the rest of the world, better. There is a basis for the assertion. It is one of the largest, most affluent countries with a constitutional basis that remains one of the oldest and most sustained in the world. The more ideological elements of American exceptionalism idealize the country as a bastion of freedom and democracy, the best hope for the world because it is uniquely favored by history and God. Other countries share a similar narrative. Brazil, Chile and the UK also see themselves as different and better than other countries. It is interesting to note that all four countries have higher rates of infection and death than their peers. This is no accident. One anthropologist argues that because the four countries share similar view of themselves as different, it led to overconfidence in their ability to deal with the pandemic.¹⁹ Hubris in the US played out in the withdrawal from global health organizations, resistance to global scientific advice and failure to learn or indeed want to learn from other countries. The insularity of exceptionalism meant the US was unable and definitely unwilling to learn from other countries. The shining example of Taiwan for example was not adopted. Taiwan learned from its experience of SARS in 2003 and built an efficient public-private partnership along with tight travel

restrictions, constant testing and tracing and the quick and thick establishment of rapid testing sites available to all. It is a stark comparison to the bumbling approach of the US. The results are obvious. Taiwan has one of the lowest infections and death rates. By the beginning of October 2020, only 0.3 per million people in Taiwan have died. The figure for the US is 649 per million. Exceptionalism tends to eschew learning from other countries. What's the point if there is a fundamental belief that the US is somehow better than other countries. The superpower does not need a role model. The US knows best is a common theme that leads to a culture of insularity that failed miserably the stress test of the pandemic.²⁰

Finally, there is a complex relationship in the US between faith and science. Both were important foundational elements in the creation of the Republic. And they continue to survive together. The US has some of the best universities in the world while religious observance in the US is higher than peer countries. While 88 percent of Americans had some belief in God, the figure for Europe was 63 percent and as low as 34 percent in the comparable country of the UK.²¹ At least 63 percent of the US population were absolutely certain in their belief in God and a majority said they would not vote for an atheist. The separation of church and state has helped religion flourish in the US. Religion plays a very important role in American life and politics.

The Republic owes its origins to faith. The US was a place to escape from religious persecution, even before it was the USA. Religiosity took on a more political flavor in the 1950s when it was counterpoised with the atheistic communist USSR. It was only in 1957 that “In God We Trust” became the national motto. The rise of Evangelical Christianity in the 1970s and 1980s brought a more profound partisanship with evangelicals tending to vote Republican and religious observance more aligned with political parties over issues such as civil rights and abortion. The US was never a theocracy. Indeed, many of the early founders had an unshakeable belief in the power of reason and the importance of science in the life of the nation. The American Revolution was as much an expression of the Enlightenment as it was of religious belief. And so, science and faith have coexisted in the US. More recently, however, the coexistence has been tested as emerging issues have caused a divide between science and religious beliefs. Evolution and climate change have become wedge issues between science and some of the faithful. There are a variety of beliefs even with the same religious traditions, but the rise of fundamentalism, part of a global trend as people respond to the ache of modernity and the disruption of change with a return to a seemingly solid foundation, has created a split between science and some communities of faith. Skepticism over evolution, climate change and vaccinations are now part of the fabric of some religious beliefs in the US. When the pandemic swept through the US it came to a land where significant numbers lauded belief over rationality and religious teachings over science. The failure to wear masks, the belief in bogus medicines and cures, and the failure to take the virus seriously or trust the consensus of medical advice was not unique to the US but few advanced countries had such a background of anti-science and faith-based narratives.

Political Partisanship and The Failure of Governance

According to the Global Health Security index prepared in 2019, the US was the best prepared country to deal with a pandemic.²² It was rich enough to make large

expenditures with a huge reservoir of medical and scientific expertise in fighting epidemics around the world. It also had prepared plans to deal with a pandemic. In fact, two sets of plans. George W. Bush, when he was President, promoted an ambitious \$7 billion strategy to deal with a pandemic. It called for early detection, cooperation between internal agencies and other countries, stockpiling of vaccines and medical equipment, and public education. In 2016 under the Obama Administration, the National Security Council produced a document entitled “Playbook for Early Response to High-Consequence Emerging Infectious Disease Threats and Biological Incidents.” The US had not one but two playbooks to deal with a pandemic. Rich country, lots of expertise and two playbooks to draw upon, so you would expect a better response from the Trump Administration. What went wrong? In the spirit of this book, I will not deal with the incompetence of one specific administration but rather look to broader forces at work. In this case the growing partisanship in US politics.

Political partisanship has long been part of everyday politics in the US. However, it has been growing in recent years. There are a number of forces at work.²³ There are growing cleavages. The US is changing. Previously marginalized groups such as Blacks, gays and women now demand a larger role in the political discourse. There are more foreign immigrants. The possibility of a secure middle-class life for those without a college degree is disappearing from view. All of these challenge traditional notions of what America should be, sound like, and look like. While some people feel heartened by the progressive moves, others are deeply disturbed. There is an existential drama in the country with a toxic mix of cultural anxiety, economic pain and political anger. Politics becomes less about deciding about the proper rate of income tax than about the very soul of the nation. The polarization is reinforced by the splintering of media options that allows readers, viewers and listeners to have their opinions and beliefs reinforced and amplified rather than debated or challenged. In the closed circuitry of partisan media, the differences are amped up to rancorous levels. Political elites play a powerful role in heightening partisanship. While all citizens can exercise political choice it is the richer, well connected and committed that wield political power in the US.

There is an asymmetric polarization. The Republican Party has shifted not just toward the right but to the fringes of the far right and now sees no distinction between its partisan agenda and the national interest. The Republican Party has, since the 1990s become a more extremist force ripping apart the big tent of moderate bipartisanship. It is getting worse. Two respected commentators wrote a book published in 2012 with the title *It's Even Worse Than It Looks* that pointed to the role of the Republican Party in creating intolerant politics and governing paralysis. The 2015 edition which again highlighted the broken dysfunctional partisan political system had a slightly different title, *It's Even Worse Than it Was*.²⁴

Part of the polarization reflects racial differences. There was little difference in the 1950s between the main political parties. In the South the Democratic Party was associated with white supremacy while Republicans drew on both Whites and Blacks. Starting in the 1960s, however, there was growing separation as Democrats embraced civil rights and ‘lost’ the South. The Republican ‘southern strategy’ targeted and attracted whites in the South. By the early 2000s, the two parties had different support bases. The Republican became Whiter, more evangelical with many hardcore Trump supporters seeing White identity and their religion as under threat. The polarization was not just in

support for the parties, it was an affective polarization, now embellished and adorned with deep feelings of anger and rage. So, while one third of the US thought Trump was great for the US, another third saw him as a mortal threat to the Republic.

The political anger and partisanship are also caused and reinforced by the mismatch between voters and policy outcomes. Most Americans, for example, want some form of gun control, but it has been impossible to achieve at the federal level. Powerful alliances operate to blunt the popular will of the people. That makes people angry and even more partisan. The very nature of government in the US is also an important factor. Winning an election does not guarantee the ability to enact policy. The divided and fragmented government was constituted to make the link between winning an election and enacting legislation tenuous at best. So, the party that wins often has a hard time governing while the party not in power has no incentive to help in governing. The result is an intensification of the rhetoric without policy outcomes. So, the arguments heighten while there are often no policies enacted.

The decline of party discipline and the rise of social media have made it more difficult for the political pragmatists of either party to promote bipartisan agendas. Political purism flourishes in time of partisanship and reinforces the partisanship. Over the past forty years, there has been a rise in negative partisanship whereby Americans largely align against one party rather than affiliating with the other. Partisan media outlets, such as Fox News, reinforce this negative partisanship.²⁵ The lack of commonalities between the two parties' supporters has made it easier for negative partisanship to flourish. As your political opponent is turned into the Un-American other, it is easier to see them as not fellow citizens but as extremists and to see political pragmatism and bipartisanship not as the very stuff of politics but as selling out to the enemy.

The electoral system in the US reinforces the sense of frustration, as majority votes are often not translated into positive electoral outcomes. The hallmarks of a healthy democracy are that each vote should be counted and each one should count equally. This is not the case in the US where the difference between popular will and political representation is growing. The rigging of the voting system for the US Senate so that some voters count more than others is not new but a foundational reality, an integral part of the electoral architecture of the country. It started at the beginning of the Republic when each state, despite differing population size, was allocated two senators. At the time of the First Congress in 1789 the population of the largest and smallest state, respectively Virginia and Delaware- and we will only include free white males over 16 as befits the prioritization of the time- was 110, 936 and 11,783: roughly, 9 times differential. But by the time of the 2016 presidential election, the population of the most and least populous states, respectively California and Wyoming, was respectively 39, 254, 503 and 585, 501. The differential had increased to 67. Senators from small states with reliably persistent voting preferences can amass seniority that bestows enormous power beyond their demographic significance. The current leader of the Senate, Mitch McConnell, co-represents a state with a total population of only 4.4 million and is 89.4 percent white with only 3.5 percent foreign-born while the US average is 71.7 percent white and 12.9 percent foreign-born. Senate representation reflects the political realities of the largely rural eighteenth century rather than the demographic realities of the metropolitan twenty first century. More than a quarter of the entire US population resides in just 10 metro areas across only 16 states and 85 percent of all Americans now live in metro areas. The

opinions of the metropolitan majority on such issues as gun control, abortion rights or immigration policy, are countermanded in the Senate by the preferences of voters in small, rural states. Political power no longer parallels demographic realities. To be sure the US was never designed as a democracy but as a republic engineered to limit the power of the people and to prevent political convulsions. The multiple sources of governmental power were to be a check on unbridled power. Senators representing a minority of the US population can appoint justices to life-long tenure of the Supreme Court.

The House of Representatives is supposed to even out the effects of states with different populations, but the pooling of Democratic voters into dense areas lessens their effectiveness, as they tend to win big in a few districts while Republicans have a wider national spread. The current system gives the Republicans an advantage over Democrats. And that does not factor in partisan gerrymandering, the manipulation of voting boundaries to engineer specific political outcomes.

The US Constitution requires each state to establish new congressional districts every ten years to reflect the population changes measured by the census. This congressional redistricting is freighted with partisan political interests. Take the case of Utah. The results of the 2010 Census revealed enough population increase to justify increasing the number of congressional districts from 3 to 4. The Republicans control the state legislature and thus the redistricting. In the 2016 Congressional election Republicans won just 66 percent of all votes but because of the gerrymandered redistricting that neutered voters in more Democratic leaning Salt Lake City, they swept all four congressional seats. The Democrats picked up over a third of all votes in the state but won no congressional seats. Gerrymandering also occurs in Democratic-controlled Maryland, where the post-2010 redistricting packed Republican voters into a few districts. Over a third of all votes cast in the state in the 2016 congressional races were for Republican Party candidates but Republicans won only one out of 8 districts. But across the country gerrymandering favors Republicans. Gerrymandered districts produce safe seats and lock politicians into political postures than promote ideological purity and party loyalty over bipartisan negotiation. Primary voters in gerrymandered districts thus count more than the general voting public.

It is the Electoral College that elects the President. Since 1888 the system worked well in that the popular vote and the Electoral College were in sync. However, in both 2000 and 2016 a President won without obtaining a majority of popular votes. If presidents were elected by a simple popular vote, we would have had President Hilary Clinton and President Gore. The Electoral College does not transmit the will of the people but is starting to undermine it. The Electoral College system also overvalues voters in large swing states such as Florida.

Growing political partisanship has many causes and consequences. It becomes a major stress when partisanship becomes a barrier to an effective response to the pandemic. The Administration response was filtered through the lens of partisan advantage such as sending more supplies to Republican states more readily than Democratic controlled states. Whether a state opened early or had lax rules on social distancing and mask wearing depended on the political party of the governor of the state and the ruling party in the state legislature. In other words, the response to a public health crisis was determined by political identity. When social distancing and wearing a mask became a

political statement rather than a scientific recommendation, then we inhabit such an atmosphere of hyper partisanship that it, quite literally, infects the body politic.

A Reckoning of Fractures Revealed

The pandemic swept through every state in the nation. However, its impact varied enormously. One study looked at health outcomes related to the pandemic between March and July of 2020. It found that the impact varied by employment status.²⁶ The unemployed and lower income essential workers employed in health care, food services and public fared the worst. They lived and worked in environments where the virus was more likely to be present and more easily spread. Their lower income and lack of health insurance reinforced the disparity. There were also disparities with the worst outcomes among Black, Native-American and Hispanics households. Many of those most impacted faced a triple exposure: they have a higher incidence of underlying health conditions; they are more likely to be exposed to the virus; and if the disease is contracted, have inadequate healthcare coverage to deal with its effects.

Consider just one example. The worst outbreaks in Nebraska of COVID-19 were in the meatpacking industry. One in five of all those infected were meatpacking workers. The meatpacking industry is hard demanding work. Many of the workers are Hispanics and immigrants from Ethiopia, Somalia and Myanmar. They depend on the jobs to provide for their families. Often, they have little choice but to work in unsafe conditions. One factory reported 786 cases, another 330 cases and a third 260. Many workers probably worked with the disease, afraid of losing their jobs. A vote to allow CDC guidelines in meat plants was rejected by the Nebraska legislature. Almost 40,000 workers in meatpacking factories across the country contracted the virus and 185 died.²⁷

The pandemic disproportionality impacted racial and ethnic minorities with high rates of deaths in African American, Native American and LatinX communities, roughly double of those in the White community.²⁸ These groups have a higher percentage of underlying conditions such as diabetes that make the impact of the virus much and also had lower access to healthcare. According to the CDC, while Whites and Blacks make up 73 percent and 12 percent of the total US population, they made up 53 percent and 21 percent respectively of all US deaths from COVID.²⁹ Like a corrosive acid the pandemic cruelly revealed the income, racial and ethnic disparities in health status, health care provision and health care outcomes that lie just below the surface of American life.

Over the space of just over five months over 200,000 Americans died from a disease. The US rate was higher than comparable countries. American exceptionalism was most apparent when comparing deaths per capita. Starting in March 2020, both Europe and the US started from the same small base number. By mid-April, the US figure was double and by July, it was eight times higher. The comparison is starker when we consider the advantages of the US compared to Europe. The pandemic hit Europe three week before the US, theoretically giving extra time to learn about the need for effective treatment and testing. The US has a relatively younger population, compared to Europe that has a more elderly and hence more vulnerable population. The US also has a less dense population than Europe that should have dampened the spread. The region most similar to Europe, the Northeast, had over a third excess death rates than the worst hit country of Spain. The sparsely populated West had an excess death rate four times higher than more densely

populated Germany. The coronavirus killed American at higher rates than in other rich countries. As early as May 2020, if the US had similar death rates to Europe, almost 58,000 Americans would have been saved.³⁰ The price of being an American was a greater likelihood of dying from COVID-19.

The EU figure began to increase by September but so did the US. By October 2020, the death rate in Japan became almost negligible, while the figure for the US was over 600 per million. In other words, when compared with similarly rich countries the US was a dismal failure in keeping its citizens free from disease and safe from death. It was an abject failure. It was the cruelest of stress tests because it resulted in at least a hundred thousand excess deaths, untold suffering and long-lasting consequences on families and communities across the country. The pandemic revealed the endemic weaknesses in US health care, government and governance, and national belief systems.

With only four per cent of the world's population the US is currently home to 25 percent of the world's COVID-19 deaths. In comparison with similar countries the US did very badly in responding to a global pandemic. Many were keen to lay the blame at an especially incompetent federal response overseen by a President who denied the fatality of the virus and was more concerned with an economic recovery to ensure his electoral success than protecting the American people. It was a tragic failure. Yet blaming Trump and his inept administration is too easy if we are concerned with deeper fractures in the US. These include an inadequate health care, a burdensome ideology of individualism, and a hyper partisan politics that undermines good governance. Decades of underfunding public health and the hollowing out of the regulatory functions have all made the US more vulnerable to the impact of the virus than most other rich countries. The price was paid most heavily by the elderly poor, the sick and the marginal, the Blacks and Hispanics, and the workers deemed essential but not important enough to be accorded decent health care. The pandemic revealed faults that had been building for years and in some cases decades. It revealed a system that punishes working people, a dysfunctional government and a failed state. The pandemic exposed the shortcomings, the inadequacies and ultimately, the lack of compassion in the supposedly world's richest country.

Notes

1. Woodward, B. (2020) *Rage*. New York: Simon and Schuster. Pp. xiii-xv.
2. Jimenez, D.(2020) There's a simple reason Spain has been hard hit by coronavirus. *New York Times*. <https://tinyurl.com/y3u2lg9n> Accessed 24 September, 2020
3. Gibb, R., Redding, D. W. , Chin, K.Q. et al. (2020) Zoonotic host diversity increases in human-dominated ecosystem. *Nature* <https://tinyurl.com/y3dhdpgh>
4. Santiago-Alarcon, D., and MacGregor-Fors, I. (2020) Cities and pandemics: urban areas are ground zero for the transmission of emerging human infectious diseases. *Journal of Urban Ecology*, 6: juaa012. <https://doi.org/10.1093/jue/juaa012>
5. For a revealing graphical presentation see <https://www.washingtonpost.com/graphics/2020/world/coronavirus-pandemic-globalization/>
6. OECD (2020) Life expectancy at birth (indicator). doi: 10.1787/27e0fc9d-en Accessed on 28 September 2020

7. OECD (2020) Health spending (indicator). doi: 10.1787/8643de7e-en Accessed on 28 September 2020
8. Case, A., and Deaton, A. (2020) *Deaths of Despair and the Future of Capitalism*. Princeton: Princeton University Press.
9. Sun, L. H. and Achenbach, J. (2020) CDC's credibility is eroded by internal blunders and external attacks coronavirus vaccine looms. *The Washington Post* <https://www.washingtonpost.com/health/2020/09/28/cdc-under-attack/>
10. Faberman, R. K. et al. (2020) *The Impact of Chronic Underfunding on America's Public Health System*. Trust for America's Health <https://www.tfah.org/wp-content/uploads/2020/04/TFAH2020PublicHealthFunding.pdf>.
11. Birnbaum, M. (2020) Coronavirus hits European economies but governments shield workers. *The Washington Post* <https://wapo.st/2VRBTaZ>
12. Suarez, R. (2020) Sinking Feeling; I clung to the middle class as I aged. The pandemic pulled me under. *The Washington Post* <https://www.washingtonpost.com/outlook/2020/04/30/i-clung-middle-class-i-aged-pandemic-pulled-me-under/?arc404=true>
13. Rothstein, J. (2017) The Great Recession and its aftermath. *Russel Sage Foundation Journal of the Social Science* 3: 22-49.
14. Tocqueville, A. de. (2004, first published 1835 and 1840) *Democracy in America*. New York Library of America.
15. Rothwell, J. and Makridis, C. (2020) Politics in wrecking America's pandemic response. Washington DC: Brookings <https://www.brookings.edu/blog/up-front/2020/09/17/politics-is-wrecking-americas-pandemic-response/>
16. <http://www.people-press.org/2015/11/23/1-trust-in-government-1958-2015/>
17. Krugman (2020) The cult of selfishness is killing America. *The New York Times*. <https://www.nytimes.com/2020/07/27/opinion/us-republicans-coronavirus.html>
18. Vargas, E. D. and Sanchez, G. R. (2020) American individualism is an obstacle to wider mask wearing in the US <https://www.brookings.edu/blog/up-front/2020/08/31/american-individualism-is-an-obstacle-to-wider-mask-wearing-in-the-us/>
19. Lincoln, M. (2020) Study the role of hubris in nations; covid-19 response. *Nature* <https://www.nature.com/articles/d41586-020-02596-8>
20. Konyndyk, J. (2020) Exceptionalism is killing Americans. *Foreign Policy* <https://www.foreignaffairs.com/articles/united-states/2020-06-08/exceptionalism-killing-americans>
21. Stack Exchange (2020) Why is the US so religious compared to other Western democracies? <https://politics.stackexchange.com/questions/50983/why-is-the-us-so-religious-compared-to-other-western-democracies>
22. <https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf>
23. Klein, E. (2020) *Why We're Polarized*. New York; Simon and Schuster.
24. Mann, T. E. and Ornstein, N. J. (2015) *It's Even Worse Than it Was*. New York: Basic.
25. Abramowitz, A. I., & Webster, S. W. (2018) Negative partisanship: Why Americans dislike parties but behave like rabid partisans. *Political Psychology* 39, 119-135.

26. Grooms, J., Ortega, A. and Rubalcaba, J. A-A. (2020) *The Covid-19 public health and economic crisis leave vulnerable populations exposed*. Washington DC: Brookings. <https://tinyurl.com/y2w5gfhf>
27. Lussenhop, L. (2020) Tony Vargas in Nebraska: The human cost of political inaction on Covid. *BBC News* <https://www.bbc.com/news/world-us-canada-54183191>
28. Tai, D. B. G., Shah, A., Doubeni, C.A., et.al. (2020) The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases* ctaa815 <https://doi.org/10.1093/cid/ctaa815>
29. <https://covid.cdc.gov/covid-data-tracker/#demographics>. Accessed 14 October 2020
30. Aron, J. and Muellbauer, J. (2020) The US excess mortality rate from COVID-19 is substantially worse than Europe. *INET Oxford Working Paper No. 2020-11* <https://www.inet.ox.ac.uk/files/revised-15.54-18-May-20-Aron-Muellbauer-Revised-INET-Excess-Mortality-article-x.pdf>

Further Reading

- Brown, C. and Ravallion (2020) Inequality and the coronavirus: socioeconomic covariates of behavioral responses and viral outcomes across US countries, *National Bureau of Economic Research Working Paper* 27549 <https://www.nber.org/papers/w27549>
- Carter, D. P. and May, P. J. (2020) Making sense of the U.S. COVID-19 pandemic response. A policy regime perspective. *Administrative Theory and Practice* 42: 265-277
- Case, A., and Deaton, A. (2020) *Deaths of Despair and the Future of Capitalism*. Princeton: Princeton University Press.
- Center for Disease Control and Prevention (2020) *CDC COVID Data Tracker*. https://covid.cdc.gov/covid-data-tracker/#cases_totalcases
- Center for Disease Control and Prevention (2020) *Demographic Trends of COVID-19 cases and deaths reported to CDC* <https://covid.cdc.gov/covid-data-tracker/#demographics>
- Grooms, J., Ortega, A. and Rubalcaba, J. A-A. (2020) *The Covid-19 public health and economic crisis leave vulnerable populations exposed*. Washington DC: Brookings. <https://tinyurl.com/y2w5gfhf>
- Faberman, R. K. et al. (2020) *The Impact of Chronic Underfunding on America's Public Health System*. Trust for America's Health <https://www.tfah.org/wp-content/uploads/2020/04/TFAH2020PublicHealthFunding.pdf>.
- Feder, J. (2020) COVID-19 and the future of long-term care: the urgency of enhanced federal financing. *Journal of Ageing and Social Policy*. 32: 350-357
- Leonhardt, L. (2020) The unique U.S. failure to control the virus. *The New York Times*. <https://www.nytimes.com/2020/08/06/us/coronavirus-us.html>
- Johns Hopkins Coronavirus Resource Center (2020) <https://coronavirus.jhu.edu>
- Lincoln, M. (2020) Study the role of hubris in nations; covid-19 response. *Nature* <https://www.nature.com/articles/d41586-020-02596-8>

Micklethwait, J. and Wooldridge, A. (2020) *The Wake-Up Call: Why the Pandemic Has Exposed the Weakness of the West and How to Fix it*. New York: Harper Collins.

Rothwell, J. and Makridis, C. (2020) Politics in wrecking America's pandemic response. Washington DC: Brookings <https://www.brookings.edu/blog/up-front/2020/09/17/politics-is-wrecking-americas-pandemic-response/>

The New York Times (2020) *The Coronavirus Outbreak* <https://tinyurl.com/y3qxzkhk>

The Washington Post (2020) *Mapping Covid* https://www.washingtonpost.com/graphics/2020/world/mapping-spread-new-coronavirus/?itid=sf_coronavirus