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Performing Crisis? Trump, Populism and the GOP in the Age of COVID-19

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Abstract

Although populist figures are often thought to thrive during crises that allow them to ‘perform’ decisive leadership, the US experience under Donald Trump during the COVID-19 crisis demonstrates that the opposite may sometimes occur. Despite its scientific and medical prowess, the US suffered more coronavirus cases and deaths than any other country in the world during the first year of the pandemic, and this abysmal performance was largely attributable to a failure of government. Fixated on the pandemic’s economic effects and its potential political fallout, the Trump administration’s framing of the crisis tried to minimize the public health emergency, externalize blame through a focus on the Chinese scapegoat and accuse the media and Democrats of hyping the pandemic to undermine Trump’s presidency. In responding to the pandemic, Trump and his allies cast doubt on scientific and medical expertise that called for more aggressive testing, mask wearing and social-distancing measures. Trump delegated responsibility for crisis management to subnational governments and the private sector, and he politicized their efforts to regulate social behaviour in the public interest, intensifying partisan polarization.

Keywords: populism; pandemic; Trump; performing crisis

Under President Donald Trump, the US became internationally recognized for its ineffectual response to the global pandemic (Lancet Commission 2021). From the outset of the crisis, Trump downplayed the severity of the public health threat, clashed with scientific and public health expertise, proposed a series of quack remedies for the virus, and declined to mobilize or coordinate a national plan for testing, tracking and social distancing. Trump delegated responsibility for crisis management to the fifty subnational states in the US federal system, then thoroughly politicized their varied responses. In the process, he transformed resistance to public health safeguards into a badge of partisan identity.

The end result was an unmitigated public health disaster: during Trump’s final year, a global economic and scientific superpower accounted for over one-quarter of

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the world's confirmed COVID-19 cases and over one-fifth of fatalities, despite having only a little over 4% of the global population (Johns Hopkins Coronavirus Resource Center 2021). Trump left office with 24 million Americans having contracted COVID-19 and 400,000 confirmed deaths, many of them 'avoidable', according to a report of the prestigious *Lancet* Commission on Public Policy and Health in the Trump Era. Pinning the blame on a failure of political leadership and public policy, the *Lancet* Commission said that 40% of these deaths 'could have been averted had the US death rate mirrored the weighted average of the other G7 nations' (Lancet Commission 2021: 711).

This article seeks to explain this failure of political leadership, attributing it to Trump's erratic and desultory response to the pandemic – one that provided a template for a particular type of populist crisis management. This template was not unique to the United States – parallels could be found under Jair Bolsonaro in Brazil, for example – but neither was it followed by all global leaders of populist persuasion (Meyer 2020). The template's core features, however, were unusually well delineated in the US. These features included: (1) minimization of the public health emergency, including challenges to scientific expertise on the spread and containment of infectious diseases; (2) externalization of blame for the crisis, in accordance with the populist framing of a menacing exterior 'other'; (3) delegation of responsibility for crisis management to subnational governments and non-governmental actors; and (4) politicization and polarization of crisis management itself, transforming opposition to protective measures such as social distancing and mask wearing into 'wedge issues' that invoke partisan identities and deepen the divide between rival partisan camps. This special issue provides insights on the similarities and differences across populist radical right (PRR) cases, making it possible to assess whether other PRR leaders borrowed from the same populist playbook (Rovira Kaltwasser and Taggart 2022).

Ultimately, Trump's playbook raises important questions about the relationship between crises and populist leadership. Populist leaders are often thought to thrive in contexts of crises that undermine establishment politicians, call for bold and decisive action, and make it possible to circumvent or override institutional constraints on executive power and policy innovation. Consequently, the 'performance' of crisis has been identified as a 'central feature' of the populist phenomenon (Moffitt 2016: 118), even if populist leaders vary considerably in how they handle and perform crises (Meyer 2020). Trump, however, consistently downplayed the public health dimensions of the crisis, and very selectively coupled his performance with concerted action – namely, by supporting vaccine development and economic relief, but largely rejecting public health measures aimed at containing the spread of the virus. This inconsistent response was puzzling, given the material and scientific resources at his disposal and the institutional and policy levers amenable to executive deployment.

These inconsistencies surely had much to do with the idiosyncrasies of Trump's populist leadership, and arguably to the hucksterism that he carried with him from his business and television careers to his political campaigns and presidential office. Personalizing the flaws in the US pandemic response, however, is unsatisfying, as it neglects the political considerations that impinged on crisis management as Trump prepared to campaign for re-election. Moreover, it diverts attention from the deeper

institutional failures at work in American democracy and, more fundamentally, the US state as a guardian of the public interest. Trump's reluctance to harness state power to alleviate the public health crisis – even when it could be parlayed to his political advantage – also reflected the Republican Party's (GOP) reflexive market orthodoxy and its generation-long attachment to the notion that the state is the source of, not the solution to, myriad social ills. As such, a populist leader and a ruling party ill-disposed to governance abdicated responsibility for crisis management to the market, civil society and the fifty subnational states, making the US a poster child for how not to manage a global pandemic.

The first section of this article explores the logic of a populist performance of crisis. The second section explains how the Trump administration framed the politics of the pandemic, while the third examines how this framing conditioned government action and policy responses. The fourth section analyses Trump's politicization of state-level responses, while the fifth explores the tensions between Trump's populist performance, the GOP's market fundamentalism and the mobilization of scientific and economic resources. The final section analyses the political effects of the pandemic on Trump's presidency and his highly polarizing campaign for re-election. It is impossible to know whether Trump's re-election bid would have met a different fate had he 'performed' the crisis using a script from a different populist playbook. There is little doubt, however, that his erratic response to the pandemic accentuated partisan polarization in US politics, making it difficult for him to win over independents and build a broad national coalition that might have tipped the electoral balance in a different direction (Methani et al. 2021; Pew 2020).

Populism and performing crisis

Crises are widely thought to be favourable to populist political leadership. Whether rooted in economic hardships, corruption scandals, unresponsive political representation or generalized systemic failures, crises provide political grist for the mill of populist figures who challenge the status quo (Laclau 2005). They allow populist leaders to articulate and channel diverse societal grievances against establishment elites, and to mobilize mass support behind redemptive invocations of popular sovereignty. Crises, therefore, are tailor-made for charismatic political leadership pledging bold, decisive action to address urgent problems (Madsen and Snow 1991) – especially when that leadership needs to justify cutting through bureaucratic red tape, circumventing institutional constraints and concentrating power in its own hands (Weyland 2017). Given the opportunities they provide, populist leaders may opt to provoke or construct crises where they are not objectively present.

As Benjamin Moffitt (2016: 118) suggests, populist leaders find myriad ways to perform crises, making crises intrinsic to populism's political logic and mass appeal. In analysing a populist performance of the pandemic, it is helpful to disaggregate performance into two principal components: a leader's strategic *framing* of the crisis when communicating with the broader public, and the government *actions* or *policy responses* that follow from this framing. Political actors employ communication frames in competitive environments to relay information that

shapes the meaning and interpretation of an issue, as they encourage an audience ‘to emphasize certain considerations above others when evaluating that issue’ (Chong and Druckman 2007: 637). As Robert Entman (1993: 52) suggests, framing is a matter of selection and salience, as frames ‘select some aspects of a perceived reality and make them more salient in a communicating context’. In so doing, they help to define specific problems, make moral evaluations and diagnose causes and remedies (Entman 1993: 52). These remedies, in turn, provide a basis for the government actions or policies that comprise the second component of crisis performance.

A *populist* framing of any crisis has, at its core, an antagonistic binary divide between an innocent or virtuous ‘people’ and a nefarious elite or ‘culprit’ that is responsible for the crisis (see Aalberg et al. 2017; Hameleers et al. 2017). The populist combination of people-centrism and anti-elitism can be a highly flexible ‘master frame’ (Jagers and Walgrave 2007: 322), an interpretative schema that defines a wide range of problems in moralistic terms, diagnoses their causes and justifies concrete remedies or policy responses. A populist frame is compatible with highly varied secondary or ‘operative’ elements, allowing populism to assume both left- and right-wing expressions.

Donald Trump was surely no stranger to ‘performing crisis’ as part of his populist frame. Indeed, he revelled in it, campaigning for office as a populist outsider to a bipartisan Washington establishment that he accused of betraying the American people. On Trump’s stage, this elite betrayal left behind an industrial wasteland menaced by violent immigrants, with rusted-out factories, a crumbling infrastructure and crime-infested cities trapping families in poverty. In his inaugural address, Trump famously pledged that this ‘American carnage stops right here and stops right now’ (Politico 2017), and in classic redemptive terms, building on his can-do businessman persona, he proclaimed himself uniquely capable of ‘making America great again’. He promised to build a ‘big, beautiful wall’ to keep immigrants out, protect American industries from China and other international competitors, stop US allies from exploiting American largesse, and make ‘America first’ the centrepiece of a highly nationalistic and nativist governing vision. In Trump’s populist frame, the ‘people’ were abandoned, hard-working Americans whom he pledged to defend and bring prosperity; arrayed against them on the other side of the binary divide were myriad elites and ‘culprits’ who betrayed or preyed on the people, from traditional party leaders to liberal intellectual and cultural elites, the mainstream media, foreign competitors, freeloading allies and dangerous immigrants.

During the final year of Trump’s presidency, ‘America first’ took on a grim new meaning as the US surged to the forefront of global rankings for the number of COVID-19 cases and deaths. The pandemic certainly posed a challenge to Trump, given his incumbent status; Trump was responsible for managing the crisis and absorbing any attendant political costs, rather than trying to capitalize on it as an outsider running for office against a weakened political establishment. Indeed, Trump was an incumbent beginning a campaign for re-election as the virus spread across the US, meaning that political considerations necessarily hovered over his performance of the crisis as head of state. Nevertheless, it was hardly preordained that crisis management would doom Trump politically. A patriotic

'rally-around-the-flag' boost in support was not out of the question, since the virus originated overseas, and Trump could have been *rewarded* politically for taking decisive measures to contain its domestic spread and protect American citizens. Comparative research suggests that some other populist leaders in power managed the pandemic very differently, and achieved different results; Trump was among the minority that systematically downplayed the crisis (Meyer 2020). As an alternative, even if he declined to impose lockdown mandates because of their economic effects, Trump might have taken the science seriously, encouraged responsible social behaviour, and mobilized the power and resources of the federal government behind a national campaign for testing, tracing and treatment of the virus.

Instead, Trump routinely downplayed the threat of the pandemic and treated the crisis as a dire threat to the economy and, therefore, to his bid for re-election (Rucker et al. 2020) – rather than an opportunity to take bold action and broaden his political base. The administration's performance of the pandemic – including its framing (externalizing blame, minimizing the public health threat, prioritizing economic recovery) and its action/policy response (providing economic relief, delegating responsibility for public health measures and polarizing crisis management along partisan lines) – reflected these political calculations. However, it also reflected several of the operative elements of Trump's particular brand of far-right populism, such as its nativism, polarizing logic and anti-elite scepticism towards science and expertise, as well as the GOP's ideological aversion to state intervention. These different influences on Trump's crisis performance, its internal contradictions and its variation over time, are examined below.

Political framing: defining and diagnosing the crisis

The Trump administration's framing of the COVID-19 pandemic sought to define the nature and gravity of the threat it posed, diagnose its causes and narrow the potential remedies or policy responses under consideration at the federal level. This framing provided a classic example of Entman's (1993: 52) selection and salience effects: Trump downplayed public health concerns, subordinated them to economic considerations and externalized blame by scapegoating 'others' (i.e. China) for causing the crisis. These cornerstones of Trump's pandemic frame were relatively consistent throughout his final year in office, although they experienced subtle shifts in their discursive articulation as the pandemic evolved, and even greater shifts in operative remedies or policy responses.

The COVID-19 crisis erupted when Trump was basking in record-low unemployment levels and record-high stock market indexes, linchpins of his campaign for re-election. From the outset, therefore, Trump sought to insulate his administration from any political fallout of the pandemic, downplaying its threat to public health and resisting social-distancing measures that would disrupt the US economy. He also tried to shift blame for the crisis to external actors, namely China, a strategy that buttressed the nativist, nationalist and isolationist tropes of a populist president who made China an all-purpose scapegoat for America's assorted ills. Trump repeatedly referred to COVID-19 as the 'China virus', declaring that 'The world is now suffering as a result of the malfeasance of the Chinese government' (McNeil and Jacobs 2020). This framing provided justification for

Trump's first major response to the crisis when he barred entry to the US from 2 February 2020 for foreign nationals – but not US citizens or permanent residents – who had visited China in the preceding 14 days.

Trump's efforts to deflect and externalize blame were not limited to China. Reflexively hostile towards international institutions – another component of his nationalistic populist frame – Trump also accused the World Health Organization (WHO) of covering up China's culpability and mismanaging efforts to contain the virus. As the virus swept across the US in the spring of 2020, he declared that the US would cut off funding and withdraw from the WHO (McNeil and Jacobs 2020), which he alleged to be under Chinese control.

Deflecting blame to outsiders is consistent with a populist performance of crisis, a logical corollary to the construction of an 'other' who threatens the 'people'. Crucially, however, this externalization was not coupled with a commitment to mobilize a concerted domestic response, or to perform crisis in a manner conducive to a unifying rally-around-the-flag phenomenon against a shared external threat. Instead, Trump initially denied, and subsequently downplayed, the public health emergency, while accusing his domestic critics and political rivals – the media and opposition Democrats – of hyping the pandemic to undermine his presidency. The virus began its spread across the US in late January and February 2020, as Trump was being tried by the Senate on impeachment charges of abuse of power and obstruction of Congress, part of the fallout from his efforts to pressure Ukraine to investigate Democratic political rival Joe Biden. Having belittled the impeachment process as a partisan witch-hunt, Trump borrowed from the same playbook to deflect opposition criticism of his denial of the virus threat. When the stock market began its plunge in late February, Trump accused the media of 'doing everything they can to instill fear in people', and he charged Democrats with 'politicizing the coronavirus' and 'trying to gain political favor by saying a lot of untruths'. Trump claimed the virus was the Democrats' 'new hoax' after the failed impeachment, and his chief of staff accused journalists of hyping the virus because 'they think this will bring down the president; that's what this is all about' (Baker and Karni 2020).

By the second week of March, with New York City facing a public health emergency, lockdown measures began to be adopted by city governments, sports leagues, universities and local businesses. Although Trump could no longer plausibly deny the virus, he routinely downplayed its threat, framing it as a temporary and transitory challenge that would soon pass. As he stated reassuringly on 10 March, 'Just stay calm. It will go away' (Segers 2020). This minimization was also evident in Trump's explicit subordination of the public health threat to concerns about the economic effects of a pandemic shutdown. Dismissing critics who warned of the longer-term economic costs of a failure to contain the virus, Trump framed the crisis as a narrow trade-off between public health and economic well-being, with the latter given higher priority or salience. Trump minimized the COVID-19 threat by comparing it to the flu, saying that 'You are going to lose a number of people to the flu, but you are going to lose more people by putting a country into a massive recession or depression ... You can't just come in and say let's close up the United States of America, the biggest, the most successful country in the world by far' (Karni and McNeil 2020). As explained below, this political framing of trade-offs and priorities

heavily conditioned policy responses to the pandemic across different stages of the crisis.

Government action and policy responses

Although Trump's framing of the pandemic followed several consistent threads during his final year in office, his policy responses zigged and zagged as the virus spread across the US and failed to 'go away', as he initially claimed it would. Given their framing of trade-offs and priorities, Trump and the GOP were more willing to take action to cushion the economic impact of the pandemic than its public health effects. The administration left it up to state governments to enact public health precautions, but after the middle of April – with the economy in a free fall, and evidence mounting that the pandemic would continue well beyond the spring – Trump became increasingly resistant to state-level mandates for emergency closures and social-distancing measures. This resistance clashed with scientific and medical expertise, and it thoroughly politicized the efforts of state governments to contain the virus – a dynamic that continued through the summer and autumn as COVID-19 cases spiked and Trump campaigned for re-election.

As explained above, Trump initially denied that the virus posed any threat to the US, and he sought to insulate the country from its effects by imposing travel restrictions on China. Trump followed up on 11 March with new restrictions on European travel, but by then it was clear that travel bans could not contain the virus outside US shores. Two days later, with schools and businesses closing and domestic travel shutting down, Trump grudgingly declared a state of emergency to allow the national government to provide and coordinate relief assistance to states. He followed this up on 18 March with an executive order invoking emergency powers under the Defense Production Act, a powerful Korean War-era statute that authorizes the federal government to require private companies to prioritize defence-related government contracts. Despite these grants of authority, however, Trump showed little inclination for concerted federal intervention to contain the spread of the virus. When questioned about the lag in providing virus test kits, Trump insisted, 'I don't take responsibility at all', instead deflecting blame to Obama-era regulations (Fallows 2020).

Assuming the pandemic was a short-term emergency, the Trump administration issued a set of guidelines for public health and social-distancing measures on 16 March. This was arguably the peak period of Trump's management of the pandemic as head of state, rather than a candidate for re-election; the latter tended to dominate his public role after the middle of April, as it became clear the virus would linger through the election campaign (see Rucker et al. 2020). The federal guidelines discouraged discretionary travel, shopping trips, nursing home visits and social gatherings with more than 10 people, and it encouraged people to work and study from home and practise frequent hand-washing and other public hygiene measures (Mangan 2020). The guidelines, however, did not include recommendations for the wearing of masks in public settings or private gatherings, and it did not impose mandates for school or business closures. Trump insisted that he wanted the country 'opened up' by the Easter holiday on 12 April in order to limit the economic costs of the pandemic.

At this early stage of the crisis, the public health effects were still heavily concentrated in the New York City region and the north-east, hardly bastions of Trump support. Given Trump's politically tinged fixation on the economic consequences of the pandemic, he was loath to impose nationwide distancing measures that might have limited the spread of the virus but magnified its short-term economic effects across the country. The adoption and enforcement of social distancing thus rested on a widely varying patchwork of municipal-, county- and state-level mandates for school and business closures, stay-at-home orders, social gathering and travel restrictions, and mask-wearing regulations. These measures brought an abrupt halt to the longest sustained period of economic expansion in recorded US history, an over ten-year growth cycle that lasted from June 2009 until February 2020. The recession that began in March was unprecedented in its steepness: a 9.1% plunge in national GDP in the second quarter of 2020 was over three times larger than the most severe quarterly contraction recorded since record-keeping began in 1947. Non-farm employment fell by 20.5 million jobs in April, pushing the unemployment rate up to 14.8%, the highest figure recorded since the Great Depression of the 1930s (see Bauer et al. 2020: 2–5).

In sharp contrast to its reluctance to intervene on the public health front – but in congruence with its framing of crisis trade-offs and political priorities – the Trump administration moved aggressively to cushion the effects of this economic crisis. A polarized Congress set aside its differences – and the GOP relaxed its avowed market fundamentalism – to allow Trump to sign into law the Cares Act on 27 March, injecting an unprecedented \$2 trillion of economic relief and stimulus measures into the economy. These measures included direct payments to individuals and families, extended unemployment benefits, support for small businesses and large corporations, and expanded funding for hospitals and healthcare providers. Trump subsequently diverted \$12.4 billion in healthcare funding toward a high-profile crash course in vaccine development, which he dubbed 'Operation Warp Speed' and compared to the World War II-era Manhattan Project that marshalled scientific expertise to develop the atomic bomb. Trump called Operation Warp Speed 'a massive scientific, industrial and logistical endeavor unlike anything our country has seen since the Manhattan Project' (Simmons-Duffin and Davis 2020), pledging government funding for biomedical research and the development of COVID-19 vaccines by private pharmaceutical companies.

In short, Trump's performance of the crisis included a willingness to spend federal dollars on economic relief and coordinate with the business and scientific communities on vaccine development, hoping the latter would offer light at the end of the tunnel in time for the November elections. When it came to addressing the public health emergency, however, his performance was strikingly hands-off, and notably averse to working with the scientific and medical communities to contain the spread of the virus. Trump tapped Vice-President Mike Pence to chair the White House Coronavirus Task Force, which included physician and diplomat Deborah Birx as the Coronavirus Response Coordinator, the Director of the National Institute of Allergy and Infectious Diseases, Anthony Fauci, and other economic, scientific and national security officials from his administration. From the outset, however, the Task Force was plagued by tensions between the medical experts and government officials, in particular members of Trump's economic team (Rucker et al. 2020).

Indeed, efforts by the medical experts to communicate guidelines to the public at large were repeatedly throttled by Trump's continued insistence on downplaying the crisis and proposing quick-fix quack remedies. In the middle of March, Trump began touting the anti-malarial drug hydroxychloroquine as a treatment for the virus, tweeting that when taken in combination with other drugs it could be 'one of the biggest game changers in the history of medicine' (Bump 2020). Fox News and other conservative media outlets reinforced the president's musings, despite cautionary messages from Fauci and other medical experts who raised concerns about the side effects and therapeutic benefits of a drug that had not been tested systematically on the virus. By the end of April, as evidence mounted of hydroxychloroquine's misuse and harmful side effects, the National Institutes of Health had published guidelines recommending against its use to treat COVID-19, and the Food and Drug Administration (FDA) formally warned that it could cause 'serious heart rhythm problems' (Bump 2020).

The day before the FDA issued its warning, Trump's penchant for quack remedies and miracle cures reached a bizarre climax at his daily White House press briefing with Birx and other science advisers. Trump claimed that ultraviolet light, sunlight and disinfectants might be used to treat the virus, stating the following:

Supposing we hit the body with a tremendous – whether it's ultraviolet or just very powerful light ... And then I said, supposing you brought the light inside the body, either through the skin or some other way... And then I see the disinfectant where it knocks it out in a minute – one minute – and is there a way we can do something like that by injection inside, or almost a cleaning? Because you see it gets in the lungs and it does a tremendous number on the lungs, so it would be interesting to check that. (Broad and Levin 2020)

In response to a query from the president, Birx responded that she had not heard of sunlight being used as a treatment against viruses, and Trump later suggested that he was being sarcastic. Thereafter, however, the White House stopped having Trump perform the crisis at daily press briefings, concerned that his flouting of scientific expertise was starting to take a toll on his approval ratings.

Nevertheless, Trump continued to perform his disregard for medical and scientific expertise in other settings, as it was central to his diagnostic frame of downplaying the public health emergency, and it complemented the anti-intellectual strand of his populist frame. As explained below, the president repeatedly clashed with medical recommendations for containment measures like social distancing, lockdowns, testing and mask wearing as the virus spread. Indeed, he and the GOP politicized containment measures, making resistance to lockdowns and mask wearing a badge of partisan identity and fealty to the populist president.

Politicizing state responses

Trump declined to use the power and resources of the federal government to mobilize a coordinated national response to contain the virus and ease the crisis in severely overburdened hospitals and care facilities. Instead, he abdicated political

responsibility and left it in the hands of state and local governments, the private sector and the medical community to craft a response. The highly variegated patchwork of state, county and local mandates was heavily conditioned by partisan considerations and woefully ineffective at containing the virus and ameliorating its public health effects.

By the end of March, the US had surpassed China and Italy as the country with the highest recorded number of COVID-19 cases, and the crisis in hospitals and nursing homes in the New York City region foreshadowed what lay ahead for the country at large. Containment and treatment of the virus were plagued by shortages of diagnostic test-kits, ventilators and protective clothing for doctors and nurses, while the lack of a coordinated national plan for contact tracing, social distancing and mask wearing allowed the virus to spread unimpeded to previously unaffected regions. Trump falsely claimed in late April that the US had tested more people ‘than every country combined’ (Luthra 2020), and in direct opposition to the pleas of Fauci and other medical experts to accelerate testing, he repeatedly suggested that the high number of US COVID-19 cases was attributable to testing itself. This claim, consistent with his diagnostic frame to downplay the virus, became part of his campaign trope in the summer, when Trump declared at a rally in Tulsa that he wanted to slow down testing to limit the number of new cases revealed. ‘When you do testing to that extent’, Trump said, ‘you’re going to find more people, you’re going to find more cases. So I said to my people, “Slow the testing down, please.” They test and they test’ (Freking 2020).

Likewise, Trump rarely wore a mask, and despite official recommendations in support of mask-wearing from his administration and the Centers for Disease Control and Prevention, the president waffled in his public stands. At times he offered lukewarm support for mask wearing, while questioning its effectiveness and insisting that it was strictly a voluntary act. At other times he criticized reporters and mocked Biden for wearing a mask, while defending his own refusal to don one – an example of the tough-guy persona he cultivated like other populist figures (Ostiguy 2017: 82). Trump routinely held political rallies at White House events where mask wearing was voluntary and sparse, as the non-wearing of masks became a marker of political identity. When the virus spread through Trump’s inner circle a month before the election and Trump himself contracted the disease, he staged a triumphal return to the White House following a three-day stay at a military hospital, where he was treated with an experimental cocktail of antibody therapies. Trump posed alone on the Truman Balcony of the White House, pointedly shedding the mask he had worn on the helicopter flight from the hospital. Trump’s rapid recovery was accompanied by a tweet that told Americans ‘Don’t be afraid of Covid. Don’t let it dominate your life. We have developed, under the Trump Administration, some really great drugs & knowledge. I feel better than I did 20 years ago!’ (Smith and Gregorian 2020).

The politicization of lockdown measures was even more pronounced and unambiguous than mask wearing. Trump said on 17 March that he had discussed national lockdown measures with his advisers, but opted to leave quarantine and stay-at-home directives to the discretion of state authorities. He and the GOP became even more averse to lockdown measures when their economic fallout became evident; by the middle of April, tensions were growing between Trump’s

science advisers, on one side, and his economic and political advisers, on the other, as the latter looked ahead to the autumn election (Rucker et al. 2020). At this stage of the crisis, Trump shifted more and more into campaign mode and did even less to manage the crisis as a head of state. As other states followed the lead of California and New York in imposing school and business closures, social distancing and stay-at-home orders, Trump declared on 19 April that ‘Some governors have gone too far’, and he defended protesters who defied lockdown orders (Givetash 2020). Indeed, Trump egged on demonstrators who challenged Democratic governors over lockdown measures, tweeting ‘LIBERATE MICHIGAN!’ and ‘LIBERATE MINNESOTA!’ after heavily armed protesters surrounded the state capitol building in Michigan. The protesters chanted ‘Lock her up’ in reference to Democratic Governor Gretchen Whitmer, who clashed with Republican state legislators over virus restrictions (McCord 2020).

Given this politicization of lockdown measures, decentralized management of the pandemic led to considerable variation in policy responses across the 50 states, with variation increasing over time. As shown in the data of Oxford University’s COVID-19 Government Response Tracker (OxCGRT), ‘the majority of policy action has occurred at the state level’, and the federal government scored much lower on the OxCGRT stringency index than the population-weighted state average. That was especially true in the early spring, when most states converged on strict lockdown measures (Hallas et al. 2021: 17–18), although Republican-led states moved more slowly. Empirical research has demonstrated that ‘the governor’s party affiliation was, by far, the most important predictor of social distancing policy delay’ (Adolph et al. 2021: 226).

Thereafter, the states’ weighted average declined as the politicization intensified and large gaps emerged between relatively stringent Democratic-led states and more lax Republican-led states (Hallas et al. 2021: 18–23). These gaps reflected the determination of Republican state governments to lift restrictions more quickly, even as the virus was spreading from its north-eastern points of entry to other parts of the country in the late spring and summer months, and Republican-led states overtook Democratic states in per capita rates of COVID-19 cases and deaths (Neelon et al. 2021). Republican governors such as Kristi Noem of South Dakota made opposition to lockdown measures and mask-wearing mandates a litmus test of conservative anti-government ideological orthodoxy. Despite South Dakota’s rise to the top of the national rankings for per-capita COVID-19 death rates in November, Noem boasted that it was the only state that never ordered ‘a single business or church to close’, nor imposed shelter-in-place and mask-wearing orders. According to Noem, ‘COVID didn’t crush the economy, government crushed the economy’ (Castronuovo 2021).

Republican leaders and activists alike were prone to characterize lockdown, stay-at-home and mask-wearing mandates as violations of individual liberties and freedom of choice, largely denying that citizens bear any responsibility for the effects of their individual actions on public well-being. A Florida Republican state legislator went so far as to criticize ‘mask Nazis’ for government assaults on individual liberties (Gancarski 2020). Not surprisingly, public opinion surveys revealed stark partisan differences in attitudes towards the virus and appropriate government (and individual) responses to it. A Pew Research Center survey in June 2020 found that Republican and Republican-leaning respondents were far less likely to express concerns over catching the virus or spreading it to others.

Republicans were more likely to feel comfortable participating in social gatherings, and by more than a 2–1 margin, Democrats (63%) were more likely than Republicans (29%) to say that masks should always be worn in public places where other people might be present (Pew Research Center 2020). Some 41% of Republicans and 49% of Republican males said they would choose not to be vaccinated, even after the vaccine programme had been rolled out with no significant negative side effects; the comparable figure for Democrats was 11% (Marist Poll 2021).

These highly partisan responses to the pandemic clearly reflected Trump's efforts to downplay its severity and challenge the recommendations of the scientific and medical establishments for managing it. As Fauci and other medical experts pleaded for the public to adhere to mask-wearing and social-distancing guidelines, Trump repeatedly questioned their advice and sought to undermine Fauci's credibility as the nation's leading public authority on infectious diseases. In the month before the November election, following an appearance by Fauci in a national television interview, Trump told campaign staffers in a conference call that 'People are tired of hearing Fauci and all these idiots ... And yet we keep him. Every time he goes on television, there's always a bomb, but there's a bigger bomb if you fire him. But Fauci is a disaster' (Scherer and Dawsey 2020). Tensions between the administration and Fauci had led Trump to try to sideline the latter in August by bringing Dr Scott Atlas from the Stanford University Medical Center and the conservative Hoover Institution onto his Coronavirus Task Force as a pandemic adviser. Atlas was a neuroradiology specialist with no expertise in epidemiology and infectious diseases. Nevertheless, he had come to the administration's attention through commentary on Fox News broadcasts, and he had written an article for *The Hill* criticizing lockdown measures for impeding 'circulation of the virus', claiming that 'whole-population isolation' could prevent 'natural herd immunity from developing' (Atlas 2020). The White House eventually embraced the Great Barrington Declaration issued by scientists associated with the libertarian American Institute for Economic Research that advocated a herd immunity-type approach to the pandemic (Stolberg 2020).

Populism, the state and market orthodoxy in a public health emergency

Even if Trump was averse to economically damaging lockdown orders, it hardly followed that he would fail to use executive authority to mobilize and coordinate medical and economic resources for a more effective national response to the public health emergency. Doing so might have limited the political costs of government inaction that Trump arguably incurred, even in a context of hyper-partisan polarization that filtered public perceptions of Trump's crisis performance. Indeed, a more assertive state role could have buttressed Trump's take-charge populist persona as a leader who cuts through bureaucratic red tape, partisan gridlock and institutional paralysis to 'get things done'.

Nevertheless, Trump and the GOP were inconsistent on this front as well. They were willing, within limits, to pour money into relief efforts, most notably through the aforementioned \$2 trillion Cares Act for economic relief and stimulus, and the billions of dollars devoted to emergency vaccine development. The latter – a rare

example of the administration working in partnership with, rather than at cross-purposes to, the scientific and medical establishment – did, in fact, entail substantial government subsidization and coordination of private sector pharmaceutical research and development. Although the Biden administration in its first months in power quickly demonstrated that more could have been done to coordinate across firms on the supply side, the Trump administration did invoke the Defense Production Act (DPA) 18 times to help pharmaceutical companies obtain essential supplies and support the construction or expansion of vaccine production facilities (LaFraniere 2021: A10).

In general, however, Trump was reticent in using the DPA to address serious supply problems in medical care and testing facilities, including shortages of ventilators, protective clothing, surgical gowns and the specialized N95 masks used by doctors and nurses in hospitals and care centres. The DPA is a powerful tool of state intervention in the US economy, one that is routinely used by the Pentagon for military supplies and by the federal government – including the Trump administration – to address emergency food, water, electricity and other needs in response to hurricanes and natural disasters. Nevertheless, Trump made clear his preference for relying on the voluntary initiatives of the private sector to address supply issues, claiming that ‘We’re dealing with great companies. They want to do this. They are getting it done.’ Trump warned against heavy-handed state intervention, which he equated with nationalization policies: ‘We’re a country not based on nationalizing our business. Call a person over in Venezuela; ask them how did nationalization of their businesses work out. Not too well. The concept of nationalizing our business is not a good concept’ (Farley 2020).

With Biden, Democratic leaders, the American Medical Association, the American Hospital Association and the American Nurses Association all calling for aggressive federal action under the DPA, the Trump administration deployed the act on a number of occasions despite its general reluctance. Trump acted to limit the hoarding and export of essential medical supplies, and he issued a number of contracts to private companies for the production of ventilators, test kits, N95 masks and nasal test swabs (White House Office of Trade and Manufacturing Policy 2020). Several contracts were subsequently cancelled or suspended, however, and most of the \$1 billion appropriated under the Cares Act for the purchase of medical equipment and protective gear was diverted to the Pentagon for non-medical expenses. Well past the initial supply crisis at the onset of the pandemic, doctors, nurses and hospitals continued to report routine shortages of protective gear, N95 masks and other essential medical supplies, along with a dependence on foreign – particularly Chinese – supply chains (Jacobs 2020). The administration did little to strategically plan and coordinate the distribution of essential medical supplies, leading to open competition between different states, localities, hospitals and care centres for access to supplies during periods of acute shortages.

In short, the Trump administration – whose staunch advocacy of trade protectionism had long clashed with the GOP’s free market orthodoxy – employed limited forms of state intervention to manage the effects of the pandemic. It did so, however, in a reluctant, ad hoc and ineffectual manner that, with the exception of Operation Warp Speed, generally remained below the radar screen of the mass public, and did little to create the image of a government in charge of

responding to a national emergency. Rather than perform state intervention as a mode of public rescue from an exogenously sourced epidemic, Trump downplayed the crisis and resisted scientific and medical entreaties for concerted government action.

Paradoxically, aggressive state intervention on the supply side might have been parlayed into a major – and politically rewarding – stimulus for national manufacturing in the midst of the pandemic-induced economic crisis, complementing Trump’s virulent economic nationalism and his ‘America First’ discourse. That it was not is indicative of the fundamental contradictions embedded within Trump’s populist project and its grafting onto a party renowned for its market fundamentalism. From the outset of his presidency, Trump had waged war on the ‘deep state’ and portrayed it as an enemy of ‘the people’, a characterization that dovetailed with Republican hostility to the welfare state and government intervention in the economy. So also had Trump and the GOP accustomed themselves to science denial on climate change and other matters; indeed, anti-intellectualism was a cornerstone of right-wing populism in the US, and a natural complement to its hostility towards elite institutions, universities in particular. To turn on a dime and deploy state power and scientific expertise to manage a pandemic would have been antithetical to the essential logic of the Trump–GOP alliance. Instead, they abdicated responsibility for a crisis that imposed its most severe costs on low-income workers and black and Hispanic citizens, who experienced the highest rates of COVID-19 cases and deaths, and who were most likely to be among the 33 million Americans lacking medical insurance coverage. A president and a party who had long sought to dismantle the public healthcare provisions of Barack Obama’s Affordable Care Act had little remedy to offer when a global pandemic reached America’s shores.

Political effects of the pandemic

Given the extraordinary level of political polarization in the US, it is far from clear that Trump’s bungled response to the pandemic imposed significant political costs on his bid for re-election. Partisan polarization prevented public attitudes towards Trump’s presidency from fluctuating beyond a relatively narrow band throughout his time in office, and public opinion towards Trump’s handling of the virus largely mapped onto pre-existing partisan loyalties. Heading into the November 2020 election, 82.9% of Republicans approved of Trump’s management of the pandemic, compared to 34.7% of independents and a mere 6.3% of Democrats (Methani et al. 2021). In the final Gallup poll prior to the election, Trump earned an aggregate job approval rating of 46% – two percentage points *higher* than he received at the beginning of the year, before the pandemic reached US shores and the economy entered its free fall, and five points above his four-year average of 41% (Gallup 2021).

As shown in [Figure 1](#), approval of Trump’s management of the pandemic – 39.8% heading into the election, well below the 57.2% disapproval level (Methani et al. 2021) – was lower than his overall favourability level, but there is little empirical evidence to suggest that the pandemic produced a major vote swing against the incumbent (Masket 2021; Mendoza Aviña and Sevi 2021). Experimental research

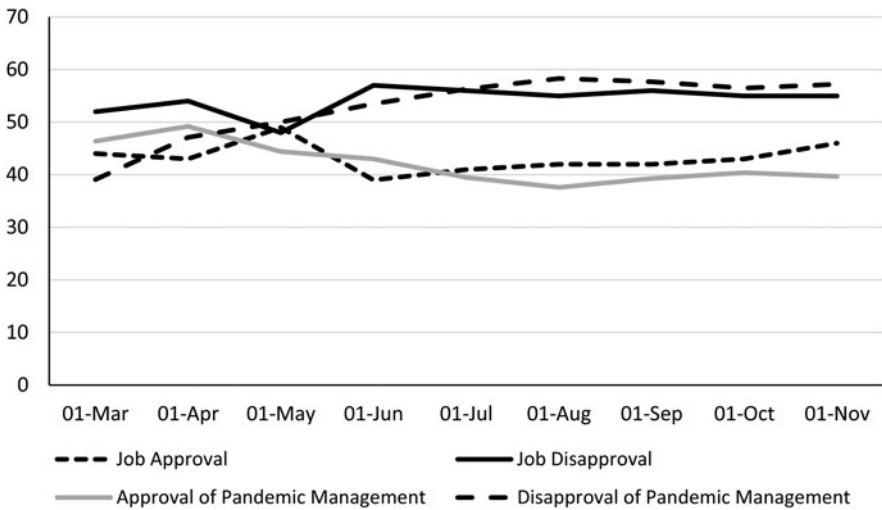


Figure 1. Public Opinion towards Donald Trump during the Pandemic

Sources: For job approval and disapproval ratings, Gallup (2021). For pandemic management, Methani et al. (2021).

suggests that, as Trump clearly feared, the economic effects of the pandemic reduced his support, whereas the public health crisis had a modest impact among older voters but no generalized effect (Neundorf and Prados-Pardo 2022). Empirical studies of the relationship between Trump's vote and both state- and county-level COVID-19 cases and fatalities show no evidence of electoral costs; if anything, Trump's electoral performance *improved* relative to 2016 in states and counties hit more severely by the virus (Masket 2021; McMinn and Stein 2020). This is striking given that Trump's 2016 vote had been especially high in counties that already performed poorly on life expectancy and mortality indicators (Bilal et al. 2018; Bor 2017). Trump's share of the 2020 vote, 46.9%, was up slightly from his 2016 vote share of 46.1%, and with voter turnout surging to the highest level (66.7%) recorded in 120 years, Trump's 2020 tally of over 74.2 million votes was up more than 11 million over 2016 (Federal Election Commission 2021).

Although Biden defeated Trump by over seven million votes in the popular ballot, his victory in the Electoral College hinged on very narrow vote margins in five battleground swing states. Although a modest shift of independent voters towards Trump in these swing states could have produced a very different outcome in the Electoral College, partisan polarization and staunch Democratic opposition to Trump surely precluded a large pro-incumbent rally-around-the-flag phenomenon. Trump's polarizing management of the pandemic hardened the partisan camps, but it did not realign the electorate, and it probably swayed relatively few voters in an electorate that was already heavily 'sorted' into mutually antagonistic partisan blocs. Neither did it loosen Trump's control over the GOP, which remained intact even after the president tried to reverse the November election results and incite a violent assault on the national Capitol by his supporters on 6 January 2021.

Conclusion

Ronald Reagan famously stated that ‘The nine most terrifying words in the English language are: I’m from the Government, and I’m here to help’ (Reagan Foundation 1986). Debatable even in the best of times, this assertion – a cornerstone of conservative ideological orthodoxy in the US – surely rings hollow in the midst of the COVID-19 pandemic. Despite its scientific and medical prowess, the US suffered more coronavirus cases and deaths than any other country in the world during the first year of the pandemic, and this abysmal performance was largely attributable to a failure of government. Fixated on the pandemic’s economic effects and their political fallout, the Trump administration framed the crisis to minimize the public health emergency, externalize blame and accuse opponents of hyping the pandemic to undermine Trump’s presidency. Trump cast doubt on scientific and medical expertise, delegated responsibility for crisis management to sub-national governments and politicized their efforts to take public health precautions. Trump’s response to the crisis exacerbated partisan polarization, rather than providing a unifying collective purpose around which citizens could rally.

Consequently, rather than providing a venue for a commanding populist ‘performance’ – one that would harness state power to coordinate action and mobilize resources – the COVID-19 crisis drew back the curtain to expose the buffoonery that characterized Trump’s anti-establishment populism. Trump’s conspiratorial hostility to the ‘deep state’, his disdain for expertise and the GOP’s market fundamentalist aversion to governance proved to be a toxic combination in the midst of a global pandemic. Their joint effect was to create a vacuum of power at the apex of the state, largely sidelining the national government as the virus raged across the US heartland. Subnational state governments and local communities were left to fend for themselves and compete with one another for essential supplies, while the president himself encouraged armed protesters to resist authorities who imposed lockdown measures. Marx famously asserted that history tends to repeat itself, ‘the first time as tragedy, the second time as farce’ (Marx 1994: 1). The US in the COVID era vividly demonstrates, perhaps, that a populist performance of a real, as opposed to an imagined, crisis might roll these effects into one.

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