



United States Report

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Sustainable Governance in the
Context of the COVID-19 Crisis

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Executive Summary

The report focuses on the COVID-19 situation in the United States during the year 2020, which was also the last of the Trump presidency. That year, the country entered the COVID-19 crisis with a specific mix of strengths and weaknesses. As one of the world's wealthiest and most powerful countries, the United States went into the crisis with a strong economy and a low unemployment rate. But the country is also marked by high levels of economic inequality and a limited safety net that is characterized by the absence of universal health coverage and comparatively meager family and social assistance benefits which have created social vulnerabilities associated with what is known as a liberal welfare regime (Esping-Andersen, 1990). These inequalities are also reflected in a highly stratified education system and limited access to affordable childcare, situations that penalize in particular low-income female workers. Finally, although the United States has an unparalleled borrowing capacity, large federal deficits and strong fiscal constraints at the subnational level created additional challenges amplified by the fragmented nature of U.S. federalism.

Early on in the COVID-19 crisis, these vulnerabilities were compounded by the gaps in the CARES Act, the federal government's main recovery package. For instance, using the fragmented and unevenly generous state unemployment insurance systems to support the unemployed created major lags and discrepancies, which slowed down the economic and social policy response to the pandemic in the context response to the pandemic from the White House proved both divisive and confusing, as President Trump often made false statements about the nature of the threat to public health posed by the coronavirus while, at the same time, launching overtly partisan attacks against Democrats in Congress and in the states, a situation that exacerbated problems in coordinating the government's response to the pandemic – problems that originate in the country's federalist system. In this context, racial divisions also proved central as the COVID-19 crisis exposed once again the deep inequalities present in public health and the healthcare system. These divisions marked the 2020 presidential campaign, during which COVID-19 became a major issue. In the end, President Trump lost but his refusal to concede and his baseless claims of massive electoral fraud undermined U.S. democracy and the incoming Biden administration's response to the pandemic.

On the international front, President Trump's nationalist-driven response to the pandemic seriously weakened the country's diplomatic ties with traditional partners and institutions of cooperation. Trump's decision to withdraw the United States from the World Health Organization (WHO) in the middle of a global pandemic stands out in this regard. By blaming China and the WHO for the crisis, President Trump attempted to deflect blame for his administration's deeply flawed response to the pandemic.

In addition to these major political and institutional challenges, there were some positive developments in the country's response to the crisis. For instance, despite some confusion and limitations, the public and experts were able to rapidly access pandemic-related data at both the federal and state levels. Congressional oversight also remained in place during the crisis. Finally, in the end, U.S. democracy proved resilient, as Congress certified the victory of Democratic presidential candidate on 6 January 2021. However, the legitimacy of the country's electoral system was dealt a serious blow by the Trump administration in the midst of a pandemic during which the country's political and social institutions have been particularly vulnerable.

Key Challenges

The highly problematic U.S. response to the pandemic exposes a lack of resilience in several ways. First, high levels of social inequality and a deeply flawed safety net have created excessive health and economic insecurity for large segments of the population, including and in particular with regard to minorities such as Blacks and Hispanics. Flaws in existing family and childcare policies also created major challenges for women during the crisis.

Second, on the institutional and political side, strong partisan divisions weakened policy coordination in the context of U.S. federalism. This situation was compounded by a lack of federal leadership and a White House more interested in scoring political points against its opponents than bringing people together to organize a more effective response on the ground.

Third, and relatedly, although states and the federal government provided essential data and information about COVID-19 to citizens during the crisis, unscientific claims about the nature of the virus and the threat it poses to public health that were made by President Trump and his allies created much confusion and weakened crisis communication in a way that endangered lives.

Fourth, the country's limited investments in environmental sustainability and its failure to make promoting a "green economy" a part of the federal recovery packages mark a lost opportunity to leverage the crisis in bringing about meaningful and viable economic change.

Each of these challenges must be confronted head-on. First, major gaps in the country's safety net must be addressed. This includes introducing universal healthcare coverage. In order to improve early childhood education, and improve labor market participation among young parents, especially mothers, considerable public investment in family benefits and childcare is required.

Second, coordination between the federal and state governments must be improved and involves creating new intergovernmental bodies that are tasked with handling national emergencies such as pandemics. These new bodies should focus on ensuring a cohesive policy response across administrative levels and not be subject to exploitation as platforms for partisan attacks and efforts to shift blame.

Third, in close collaboration with federal agencies, these bodies should seek more coherent crisis communication strategies that empower and amplify the voices of scientific experts and thereby effectively combat disinformation on public health issues.

Fourth, future stimulus initiatives should feature much more in the way of direct investments in facilitating the transition to an environmentally friendly or "green" economy. These investments in economic sustainability should be accompanied by a conversation about fiscal sustainability and the fight against social inequalities, which are compatible rather than competing goals within a broad policy effort to foster a more inclusive and sustainable society.

In addition to tackling these four main issues, the United States should launch a bipartisan commission about the country's response to COVID-19. This commission should focus both on the federal response and intergovernmental issues. Simultaneously, each state should conduct an inquiry that identifies measures that proved effective and those that didn't in responding to the pandemic. Finally, think tanks should launch research projects that compare policy responses to the pandemic in the 50 states in order to formulate a set of best practices that policymakers could refer to during future pandemics and other national emergencies.

After the Biden administration came into office on 20 January 2021, the response to the COVID-19 pandemic improved significantly. The vaccine rollout took off, with an average of 2.7 million vaccine doses a day being administered at the end of April 2021. Three months later, as of 1 July 2021,

almost 47% of the U.S. population were fully vaccinated. Largely thanks to the high vaccination numbers, the rate of new infections in the United States has fallen significantly since January. The 7-day average of reported new infections went down from a whopping 254,000 cases a day on January 9th to slightly more than 13,000 new cases a day on July 3rd. In addition, the Biden administration has done a much better job of communicating to the public information about the pandemic and the government's policy response. The Center for Disease Control (CDC) has also begun providing details on infection rates and other aspects of the pandemic on a daily basis.

At the same time, President Biden signed into law a new, massive stimulus bill and announced a major infrastructure plan which, together, would begin addressing some of the key social and economic challenges mentioned above. However, most of the social and economic policy measures introduced since Biden entered the White House are temporary in nature and lack the support of the Republican Party. Further measures that get at the root of these problems are unlikely to pass as the Republican Party will most likely continue to block them in Congress. Should the Democrats lose their majority in the House of Representatives and lose seats in the Senate during the mid-terms election in 2022, they face virtually no chance of passing any of their intended policy measures.

Resilience of Policies

I. Economic Preparedness

Economic Preparedness

Economic Policy
Preparedness
Score: 6

Before the onset of the pandemic, the United States had witnessed a long period of economic growth. In 2019, real GDP in the United States increased by 2.3%, a strong performance although lower than the 2.9% increase observed in 2018 (Bureau of Economic Analysis, 2020). As for unemployment, before the pandemic, it proved extremely low by both historical and comparative standards. In November 2019, the official unemployment rate stood at a low 3.5% with a labor market participation rate of 63.2% (U.S. Bureau of Labor Statistics, 2020a). These figures should not distract attention away from the fact that the country features major vulnerabilities such as widespread inequality, comparatively weak environmental and labor market regulations, as well as a vast low-wage labor market, all of which undermine economic, social and environmental sustainability. With its 2019 Gini coefficient at 0.40 (OECD, 2020), the United States is one of the most unequal countries in the OECD. The country also ranks below the OECD average in terms of environmental policy stringency (OECD, 2016). Policy changes made during the Trump administration (2017-2021) exacerbated inequality through tax cuts that proved especially beneficial to the wealthy, and undermined environmental sustainability by introducing regulatory changes benefiting the energy sector and other high-polluting segments of the economy.

Citation:

Bureau of Economic Analysis. 2020. Gross Domestic Product, Fourth Quarter and Year 2019 (Advance Estimate). <https://www.bea.gov/news/2020/gross-domestic-product-fourth-quarter-and-year-2019-advance-estimate>

OECD. 2020. Income inequality (indicator). doi: 10.1787/459aa7f1-en (Accessed on 01 January 2021). <https://data.oecd.org/inequality/income-inequality.htm>

OECD. 2016. "How Stringent are environmental policies?" Policy Perspectives. February. <http://www.oecd.org/economy/greeneco/How-stringent-are-environmental-policies.pdf>

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Labor Market Preparedness

Labor Market
Policy
Preparedness
Score: 6

The United States features a highly flexible labor market with comparatively low minimum wages, which can vary greatly from state to state. The federal minimum wage of \$7.25 per hour applies in states that do not have a minimum wage or have a rate lower than the federal one. States on the West coast such as California and the northern part of the East Coast such as New York have much higher minimum wages than many southern and Midwest states (U.S. Department of Labor, 2020a), where the cost of living is lower on average. Low minimum wages can stimulate job creation and the reduction of unemployment, but they also cultivate situations in which large segments of the workforce remain stuck living only slightly above – or even below – the poverty line.

Another key characteristic of the U.S. economy is a comparatively low unionization rate in the private sector. In 2019, only 7.5 million private sector workers belonged to a labor union, which translates into a unionization rate of 6.2%. Even when you include public sector workers, the country’s unionization rate was only 10.3% in 2019, a decline of 0.2% from the previous year. Clearly, as in other countries, public workers fare much better, as their unionization rate was 33.6% in 2019, which was more than five times the unionization rate in the private sector (U.S. Bureau of Labor Statistics, 2020b).

A third characteristic of the U.S. economy is its extensive low-wage labor market. Most low-wage jobs are in the service industry and normally don’t include health insurance, which means most people working in the low-wage market have been particularly hard hit by the pandemic.

Citation:
U.S. Bureau of Labor Statistics. 2020b. Economic News Release: Union Members Summary 2019. January 22, 2020. <https://www.bls.gov/news.release/union2.nr0.htm>
U.S. Department of Labor. 2020a. State Minimum Wage Laws. <https://www.dol.gov/agencies/whd/minimum-wage/state>

Fiscal Preparedness

Fiscal Policy
Preparedness
Score: 5

Before the pandemic, and partly as a result of tax cuts enacted earlier during the Trump presidency, the federal deficit reached more than \$980 billion in 2019 (Franck, 2019), a situation that raised concerns despite the country’s exceptional and unmatched borrowing capacity. When calculated in relationship to the share of GDP, “the deficit increased to 4.6% in 2019, up

from 3.8% in 2018 and 3.5% in 2017.” (Congressional Budget Office, 2019) This means that, even as the United States faced steady economic growth in the years preceding the pandemic, federal deficits continued to increase and there was no meaningful push to balance the federal budget.

At the state level, the situation is different because of Balanced Budget Requirements (BBRs), which “have become a pillar of state budgeting practice over the last thirty years,” “requiring states to balance projected revenue with expenditures” (Tax Policy Center, 2020). Simultaneously, states are in fiscal competition against one another, and they face economic and political pressures to maintain lower rates of taxation.

The “tax revolt” that began in the 1970s has continued to reshape the political environment in the United States at both the federal and the state levels (Martin, 2008). Tax cuts are typically seen as popular and tax increases are a major source of political and electoral risk. This political situation has profound policy consequences as they lead to pressures to control spending instead of increasing revenues.

Citation:

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Tax Policy Center. 2020. *The State of State (and Local) Tax Policy*. Briefing Book. May. <https://www.taxpolicycenter.org/briefing-book/what-are-state-balanced-budget-requirements-and-how-do-they-work>

Research and Innovation

Research and
Innovation Policy
Preparedness
Score: 8

The United States has long been associated with technological innovation and iconic tech companies like Apple and Microsoft. From a public policy standpoint, however, the U.S. innovation system faces major challenges. Highly fragmented, U.S. innovation policy is also facing a crisis. In a recent report, Robert D. Atkinson (2020) explains what the crisis is about and how it could be addressed:

“In the post-war period, the United States developed the world’s most effective national innovation system; (...) through a set of policies, and most importantly, vast government investment in R&D, most of it focused on maintaining a technological and military advantage over the Soviet Union, the United States became the clear leader in technology. But the fall of the Soviet Union meant that policymakers no longer felt an urgency and presided over

the gradual and inexorable shrinking of this once preeminent system. The rise of the ideology of market fundamentalism – which still dominates Washington economic thinking – saw this shift not as a problem but a solution, as markets – not government – should be privileged.”

In this context, Atkinson (2020) is right to speak of a crisis of the contemporary U.S. innovation system, which is “in need of thorough rejuvenation, especially through significant increases in federal government funding.” The United States now faces very serious economic and national security competition from China, a country that relies on a much more centralized and government-focused innovation system. It is in this context that voices such as Atkinson (2020) are calling for a “rejuvenation” of U.S. innovation policy, especially at the federal level.

It is likely that the COVID-19 crisis has put more pressure on the federal government to improve its innovation policy as part of a broader effort to render the country more competitive in terms of its economy and national security vis-à-vis China and to make it more capable of responding quickly to similar global crises.

Citation:

Atkinson, Robert D. 2020. Understanding the U.S. National Innovation System, 2020. Information Technology & Innovation Foundation, November 2. <https://itif.org/publications/2020/11/02/understanding-us-national-innovation-system-2020>

II. Welfare State Preparedness

Education System Preparedness

Education Policy
Preparedness
Score: 5

The United States has a fragmented education system that reflects the country’s federal structure. To assess its education policy, it is useful to draw a line between primary and secondary education (K-12), and higher education (tertiary level education).

Primary and secondary education in the United States faces major challenges. According to the OECD Programme for International Student Assessment (PISA), the United States ranked relatively high, that is, 13th out of 78 countries in terms of student performance in reading, mathematics, and science (OECD, 2018). Spending is also comparatively high by international standards, as the United States spends more per student aged 6 to 15 than any other PISA countries except “Luxembourg, Switzerland, Norway, Austria, and

Singapore” (American University, 2018). However, the United States faces large and growing inequalities in education that leave millions of low-income children behind (Owens, 2018). Recent scholarship confirms what has long been known: that U.S. schools are economically and geographically stratified, a situation that is detrimental to the academic success of poor kids, including and especially those belonging to racial minorities.

There is clear evidence that these students are even more vulnerable to economic downturns and massive shocks such as the COVID-19 pandemic. The effects of this pandemic on test results clearly suggest that it is having a disproportionately negative impact on minority students. For instance, the analysis of “tests given to nearly 4.4 million U.S. students in grades three through eight (in the fall of 2020) found that most fell short in math, scoring an average of 5 to 10 percentile points behind students who took the same test last year” (Abalasca, 2020). While most students “did better than expected in reading (...), this wasn’t true for Black and Hispanic students and those who attend high-poverty schools. Those groups of students saw slight declines, suggesting the pandemic has exacerbated long-standing educational disparities, possibly setting children who were already behind their white and more affluent peers even further behind” (Abalaka, 2020; see also Kuhfeld et al 2020). This clearly points to how the COVID-19 crisis has not only exposed but exacerbated social inequalities in the United States, which is one of the key themes of the present report.

The U.S. higher education system is also highly stratified. First, there is the distinction between junior and community colleges offering two-year programs and colleges and universities offering four-year programs. As far as colleges and universities are concerned, the division between private and public institutions is crucial, as is the division between national and regional rankings. At the top of the system are well-known (private) Ivy-league universities such as Harvard and Princeton and top (public) state universities such as University of California at Berkeley and the University of North Carolina. The existence of these prestigious schools should not obscure the fact that most U.S. and foreign students enrolled in institutions of higher education attend much less prestigious and well-endowed schools. One thing most U.S. universities have in common, however, is a gradual increase in tuition that has made higher education increasingly expensive, a situation that has led to an explosion in student debt (Hess, 2019).

Overall, the U.S. education system features schools of exceptional quality but the system is marked by a high level of inequality that significantly weakens both its equity and its efficiency. Curricula have adapted over the years and new learning methods and technologies are being used across this system, but

access to these resources is extremely uneven, a situation both illustrated and exacerbated by the pandemic.

Citation:

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Social Welfare Preparedness

Social Welfare
Policy
Preparedness
Score: 4

The United States is widely known as the purest type of welfare state regime in which market forces dominate and, consequently, public social programs remain limited in scope (Esping-Andersen, 1990). This is partly why the United States is facing relatively high levels of inequality and poverty compared to other OECD countries. As for social exclusion, the concept is not widely used in U.S. policy circles, although this does not mean that its presence is not widespread, as it relates to factors such as race, which has a strong impact on income levels. The example of the income gap between Black and White people illustrates this striking reality: "At \$171,000, the net worth of a typical white family is nearly ten times greater than that of a Black family (,150) in 2016. Gaps in wealth between Black and white households reveal the effects of accumulated inequality and discrimination, as well as differences in power and opportunity that can be traced back to this nation's inception" (McIntosh, et al., 2020). This form of "durable inequality" (Tilly, 1999) contributes to a Gini coefficient of 0.4, which, according to the World Bank (2020), is significantly higher than that recorded in other OECD countries such as Canada (0.31), France (0.32), Germany (0.32), Sweden (0.29), and the United Kingdom (0.35).

The very structure of the U.S. welfare state also reflects and exacerbates existing inequalities because it features a deeply rooted institutional and ideological dichotomy between social insurance and social assistance (Béland, 2010). Funded through payroll contributions, social insurance programs generate entitlements derived from these contributions. In the United States, Medicare and Social Security are large federal social insurance programs targeting older people and people with disabilities. Unemployment insurance, despite the existence of federal payroll contributions, is operated by the 50 states and both eligibility criteria and benefit level vary from state to state.

During crises, the federal government can provide additional support, but subnational disparities remain. Overall, social insurance programs play a vital role in the United States, but they provide a lower level of protection on average than equivalent programs in many other advanced industrial welfare states, especially those of Northern Europe and Continental Europe (Esping-Andersen, 1990).

Means-tested social assistance programs in the United States target poor people. Funded through general revenues rather than payroll contributions, social assistance is typically a source of stigma in the United States, which is not the case with social insurance. While social assistance for older people and people with disabilities takes the form of the purely federal Supplemental Security Income (SSI), social assistance for working-age people and their family is commonly known as “welfare,” and is distributed through a decentralized system in which eligibility criteria and benefit levels can vary significantly from state to state.

Federal support for state welfare programs is provided in the form of block grants as part of a program called Temporary Assistance for Needy Families (TANF). TANF was created as part of the 1996 federal welfare reform, which introduced strict time limits for most recipients. This means that many individuals cannot remain on welfare for more than two years in a row, and five years in total during their entire life. Consequently, the level of support has declined over time: “If TANF had the same reach as its predecessor, Aid to Families with Dependent Child (AFDC), did in 1996, 2 million more families nationwide would have received cash assistance in 2019. Instead, its reach has declined dramatically. In 2019, for every 100 families in poverty, only 23 received cash assistance from TANF – down from 68 families in 1996.” (Meyer and Floyd, 2020). This suggests that, while social assistance in the United States was already ungenerous by international standards back in 1996, the situation is even worse today. At the same time, the expansion of the Supplemental Nutrition Assistance Program (SNAP) over the years points to the fact that some aspects of the U.S. social assistance system have proved resilient. The situation of TANF during the pandemic discussed under “Social Inclusion Policies” illustrates this claim.

Citation:

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McIntosh, Kriston, Emily Moss, Ryan Nunn, and Jay Shambaugh. 2020. “Examining the Black-white wealth gap,” *The Brookings Institution*. February 27. <https://www.brookings.edu/blog/up-front/2020/02/27/examining-the-black-white-wealth-gap/>

Meyer, Laura and Ife Floyd. 2020. “Cash Assistance Should Reach Millions More Families to Lessen Hardship,” *Center on Budget and Policy Priorities*, November 30. <https://www.cbpp.org/research/family-income-support/cash-assistance-should-reach-millions-more-families-to-lessen>

Healthcare System Preparedness

Health Policy
Preparedness
Score: 4

The U.S. healthcare system is the most expensive in the world. In 2019, “U.S. health care spending grew 4.6% (...), reaching \$3.8 trillion or \$11,582 per person. As a share of the nation’s Gross Domestic Product, health spending accounted for 17.7%.” (Centers for Medicare & Medicaid Services, 2020). In the United States, about half of healthcare spending is public in nature and is associated with programs such as Medicare and Medicaid. As noted under “Social Inclusion Policy Vulnerability,” Medicare is a social insurance program that covers older people and people with disabilities who have contributed to the program. As for Medicaid, it is a social assistance program that targets low-income people and other vulnerable populations. In 2010, the enactment of the Affordable Care Act led to an expansion of Medicaid coverage. However, this expansion took place only in the states that agreed to it, a direct consequence of a 2012 Supreme Court decision that made it impossible to force states to implement this key component of the most important healthcare reform in the United States since the adoption of Medicaid and Medicare in 1965. As of 2020, 12 states, including very populous ones like Florida and Texas, had not agreed to expand Medicaid despite strong fiscal incentives to do so (Kaiser Family Foundation, 2020a). Related to the strong opposition by the Republican Party to the Affordable Care Act, this refusal to expand Medicaid has meant that the 2010 legislation has been less effective than it could have been in reducing the percentage of the population living without health insurance (Béland, Rocco and Waddan, 2016).

This remark points to the more general reality that the high level of healthcare spending in the United States cannot obscure the highly unequal and stratified nature of health insurance coverage in the United States, a country where 11% of the population lived without insurance coverage in 2019 (Kaiser Family Foundation, November 6, 2020). Moreover, nearly 30% of the population who has health coverage is considered to be “underinsured,” in the sense that they “have high health plan deductibles and out-of-pocket medical expenses relative to their income and are more likely to struggle paying medical bills or to skip care because of cost.” (The Commonwealth Fund, 2019). Because health insurance for working-age people and their families is frequently tied to employment status, unemployment in the United States is associated with losing one’s health insurance, a situation that exacerbates both economic insecurity and social inequality, which are already widespread in the United States, as suggested in previous sections. Unsurprisingly, Blacks and

Hispanics are less likely to have health insurance coverage than Whites (Carratala and Maxwell, 2020), a key issue especially considering that they are also far more likely on average to suffer from COVID-19 (Van Beusekom, 2020).

As for the issue of whether the U.S. healthcare system was ready for the pandemic, it seems that the broad answer is “no”: “Before the crisis even began, the United States had fewer doctors and fewer hospital beds per capita than most other developed countries. The rollout of COVID-19 testing has been patchy, reliant on a mix of government and private labs to scale up the capacity to perform the tens of thousands of tests that will be necessary.” (Scott, 2020). Simultaneously and on a positive note, the U.S. had proportionally more ICU beds and mechanical ventilators before the crisis than other liberal welfare regimes such as Australia, Canada, and New Zealand (Hurtado, 2018).

Citation:

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Scott, Dylan. 2020. “Coronavirus is exposing all of the weaknesses in the US health system,” Vox. March 16. <https://www.vox.com/policy-and-politics/2020/3/16/21173766/coronavirus-covid-19-us-cases-health-care-system>

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Families

Family Policy
Preparedness
Score: 5

In the United States, public efforts to support childcare and early childhood education and care (ECEC) are more limited than in other rich democracies. In the United States, ECEC “includes a wide range of part-day, full-school-day, and full-work-day programs, under educational, social welfare, and commercial auspices, funded and delivered in a variety of ways in both the public and the private sectors (...). (...) The result is a fragmented ECEC

system, of wide-ranging quality and with skewed access (...).” (Kamerman and Gatenio-Gabel, 2007: 23). Over the last twenty years, ECEC has moved to the center of the global policy agenda as it is associated with the concept of “social investment” and the claim that ECEC represents a key form of human capital investment needed to ensure the economic competitiveness of advanced industrial societies. This is especially the case because early childhood education can also increase the labor force participation of young parents, especially mothers, which is good for the economy in the context of a rapidly aging society. Simultaneously, feminist scholars and advocates have framed ECEC as a tool in fostering gender equality beyond purely economic rationales (for an overview, see Béland and Mahon, 2016, chapter 6).

Unfortunately, according to the OECD (2017), the United States is falling behind in ECEC. As Lauren Camera (2017) sums up: “40% of 3-year-olds in the U.S. and about 70% of 4-year-olds are enrolled in preschool programs – rates that pale in comparison with other developed countries. The average enrollment rate for 3-year-olds was 70% and in two-thirds of the countries included in the report, the enrollment for 4-year-olds surpassed 90%.” Lower enrollment rates also mean that parents, especially mothers, are more likely to stay at home to care for their children until they are older.

As for childcare for younger children, most of it is provided by the private sector at a rate that makes it unaffordable for many lower-income families, even when public subsidies are available. In general, childcare is a significant burden on workers and their families. According to a recent study, “among working families with children under age 5 that pay for childcare, average childcare spending amounts to nearly 10% of the average family income, or 40% higher than the U.S. Department of Health and Human Services’ definition of affordability.” (Malik, 2019). As for low-income families with children, they “spend more than one-third of their income on childcare,” (Malik, 2019) which creates an enormous burden that disproportionately affects minority families. In other words, the inequalities discussed in other sections of this report are also reflected in family policies that leave much up to voluntary, private arrangements in a way that is consistent with the logic of the liberal welfare regime discussed above (Esping-Andersen, 1990). These remarks should not obscure the fact, that, despite these flawed family policies, the United States has achieved a higher labor force participation rate than countries like France and Germany. In fact, the U.S. rate is generally similar to what you find in other liberal welfare states such as Canada (at least when you exclude the province of Quebec) and the United Kingdom but, as expected, much lower than what you find in Nordic countries such as Denmark and Sweden, where publicly supported childcare is the norm (OECD, n.d.).

Citation:

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III. Economic Crisis Response

Economic Response

Economic
Recovery
Package
Score: 6

The most important recovery bill enacted during the pandemic has been the Coronavirus Aid, Relief, and Economic Security (CARES) Act. After being adopted by Congress with strong bipartisan support, the CARES Act was signed into law by President Trump on 27 March 2020 (U.S. Department of Treasury, 2020a). The CARES Act featured more than two trillion dollars in emergency spending in the areas of social protection for workers and families, support for small businesses, employment preservation, and aid to subnational governments in the context of U.S. federalism.

First, regarding support for small businesses, the CARES Act created the Paycheck Protection Program (PPP), which "provides small businesses with funds to pay up to 8 weeks of payroll costs including benefits. Funds can also be used to pay interest on mortgages, rent, and utilities. The Paycheck Protection Program prioritizes millions of Americans employed by small businesses by authorizing up to \$659 billion toward job retention and certain other expenses." (U.S. Department of the Treasury, 2020b). Generating more than 43% of economic activity in the United States (U.S. Small Business Administration, 2018), small businesses are politically well organized, which may help explain the sheer scope of the PPP.

Second, in terms of employment preservation, the CARES Act features an Employment Retention Credit (ERT), which incentivizes "Employers of all

sizes that face closure orders or suffer economic hardship due to COVID-19 (...) to keep employees on the payroll through a 50% credit on up to \$10,000 of wages paid or incurred from March 13, 2020 through December 31, 2020.” (U.S. Department of the Treasury, 2020c). In addition to the ERT and tax credits for small and mid-sized businesses, the CARES Act also features a Social Security payroll tax deferral for employers and self-employed individuals as well as a \$32-billion Payroll Support Program, which “provides payroll support to passenger air carriers, cargo air carriers, and certain contractors for the continuation of payment of employee wages, salaries, and benefits” (U.S. Department of the Treasury, 2020d).

Third, in terms of support for subnational governments in the context of U.S. federalism, the CARES Act created a Coronavirus Relief Fund (CRF) worth 150 billion dollars. Through the CRF, the federal treasury has offered additional financial support to states, territories, the District of Columbia (DC), and (indigenous) tribal governments to help them cope with the additional spending generated by the pandemic at the subnational level (U.S. Department of the Treasury, 2020e).

In December 2020, after months of political gridlock and bitter fights on Capitol Hill, Congress finally approved a second and long-overdue 900-billion-dollar recovery package. This legislation included “direct payments of up to \$600 per adult, enhanced jobless benefits of \$300 per week, roughly \$284 billion in Paycheck Protection Program loans, \$25 billion in rental assistance, an extension of the eviction moratorium and \$82 billion for schools and colleges.” (Foran and Raju, 2020). The long and divisive debate leading to the enactment of this new emergency legislation and the fact President Trump only signed it after asking in vain for direct payments of \$2,000 per adult reflect the high level of partisan division that characterized the United States during the Trump era, a situation that had a negative impact on both economic stimulus and social protection during the pandemic (Rocco, Béland and Waddan, 2020).

Citation:

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Sustainability of Economic Response

Recovery
 Package
 Sustainability
 Score: 5

Targeting the transition to a sustainable economy is not a significant feature of the CARES Act legislation, which focuses on a short-term economic recovery and does not emphasize environmental protection. However, the CARES Act does feature additional support for the U.S. Environmental Protection Agency (EPA). This modest sum (.23 million) is only meant to help the EPA “prevent, prepare for, and respond to coronavirus, domestically or internationally” (Esworthy 2020). In other words, the focus here is not on long-term environmental sustainability but on a short-term response to the COVID-19 crisis.

By contrast, the stimulus bill adopted in late December 2020 features “The most substantial federal investment in green technology in a decade includes billions for solar, wind, battery storage and carbon capture.” (Kaplan and Grandoni, 2020). Simultaneously, the legislation “will cut the use of hydrofluorocarbons (HFCs), chemicals used in air conditioners and refrigerators that are hundreds of times worse for the climate than carbon dioxide” (Kaplan and Grandoni, 2020). The inclusion of measures targeting environmental sustainability as part of a post-pandemic economic recovery was the product of months of lobbying on the part of both industry and environmental groups (Kaplan and Grandoni, 2020). By international standards, these efforts point to a growing focus on sustainability that is likely to intensify dramatically during the Biden presidency.

Citation:

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Labor Market Response

Labor Market
 Policy Response
 Score: 5

Regarding measures aimed at supporting the unemployed affected by the pandemic, the first step taken by the federal government was the Families First Coronavirus Response Act (FFCRA), which was signed into law on 18 March 2020. This legislation “provided additional flexibility for state unemployment

insurance agencies and additional administrative funding to respond to the COVID-19 pandemic” (U.S. Department of Labor, n.d.). By providing a \$1 billion in administrative support to the states, this legislation helped them address looming policy implementation challenges (Rocco, Béland and Waddan, 2020).

As for the CARES Act that President Trump signed into law nine days later, it expanded “states’ ability to provide unemployment insurance for many workers impacted by the COVID-19 pandemic, including for workers who are not ordinarily eligible for unemployment benefits” (U.S. Department of Labor, n.d.). More specifically, the CARES Act features three main measures to help the unemployed: Pandemic Unemployment Assistance, which provided support to unemployed people typically excluded from state unemployment insurance benefits; Pandemic Emergency Unemployment Compensation, a “13-week benefit extension for people who have used all benefits available in their regular Unemployment Insurance claim” (Amy Miller quoted in Koslof, 2020); and, Pandemic Additional Compensation, “An additional \$600 federal stimulus payment automatically added to each week of benefits received between March 29 and July 25, 2020.” (Employment Development Department, 2020).

The existence of these emergency federal provisions should not obscure the disparities in benefit levels and eligibility criteria for regular employment insurance provisions, a situation that reflects the existence of 50 different state systems. Despite additional help from the federal government, many states struggled to administer the rapidly growing number of unemployment insurance claims triggered by the first wave of the pandemic. In some states, these administrative problems were compounded by partisan struggles between Democrats and Republicans over unemployment insurance benefits. For instance, “In Florida, where only five percent of unemployment insurance applicants received benefits during the first month of the COVID-19 crisis due largely to administrative problems, Democrats accused Republican Governor Ron DeSantis of not using the full range of his powers to increase access to unemployment insurance benefits.” (Rocco, Béland and Waddan, 2020: 467-468; see also Fineout, 2020). Overall, challenges in accessing state unemployment insurance benefits because of administrative and or political factors created a lag in the distribution of these benefits across the country. This situation shows how federalism, and in this specific case, the decentralization of the unemployment insurance system, weakened the initial policy response to the pandemic in the United States (Rocco, Béland and Waddan, 2020).

Citation:

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Fiscal Response

Fiscal Policy
Response
Score: 5

Coupled with the economic downturn created by the pandemic, the emergency spending has further exacerbated the fiscal challenges facing the federal government. For the 2020 fiscal year, "The federal budget deficit soared to a record \$3.1 trillion (...), as the coronavirus pandemic fueled enormous government spending while tax receipts plunged as households and businesses struggled with economic shutdowns." (Rappeport, 2020). Although currently low interest rates limit the short-term fiscal burden of this situation, the fact that the deficit in 2020 is three times as large as the deficit for the previous fiscal year is a major source of concern moving forward. This concern will grow if the economic recovery is slow or if new emergency measures are necessary beyond the package adopted by Congress in late 2020.

In the context of U.S. federalism, the COVID-19 crisis has also created major fiscal challenges for state and local governments. This is especially the case because, in contrast to the federal government, state and local governments typically "have to balance their operating budgets" and they are not allowed to borrow money to finance sizable budget deficits (Sheiner and Campbell, 2020). According to a recent study by the Brookings Institution, "state and local government revenues will decline \$155 billion in 2020, \$167 billion in 2021, and \$145 billion in 2022 – about 5.5%, 5.7%, and 4.7%, respectively – excluding the declines in fees to hospitals and higher education. Including those fees to hospitals and higher education would bring these totals to \$188 billion, \$189 billion, and \$167 billion." (Sheiner and Campbell, 2020). While state and local governments are at the forefront of the public health battle against COVID-19 on the ground, these losses in revenue will likely facilitate spending cuts, especially because most of these governments cannot run deficits, and federal emergency aid to states and municipalities is necessarily short-lived (Sheiner and Campbell, 2020).

At both the federal and the subnational levels, this dire fiscal situation is likely to stand in the way of future investments to improve the country's competitiveness and environmental sustainability. This is especially the case

because tax increases, except those that only affect the wealthy, remain unpopular in the United States, which is a legacy of the tax revolt that began in the 1970s (Martin, 2008). Simultaneously, the strong partisan divide between Democrats and Republicans over tax and spending priorities is likely to continue at both the federal and the subnational levels. This lack of political consensus is likely to weaken attempts to increase fiscal sustainability.

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Research and Innovation Response

Research and
Innovation Policy
Response
Score: 9

Through organizations such as the U.S. Food and Drug Administration, the federal government has sought to foster scientific and technological innovation during the pandemic as a means of fighting it. Given the dominant role played by the private sector in U.S. technological and scientific innovation, key measures thus took the form of public-private partnerships. This is the case of the CURE Drug Repurposing Collaboratory (CDRC), "a public-private partnership initiated in June 2020 by C-Path and the U.S. Food and Drug Administration (FDA) in partnership with the National Center for Advancing Translational Sciences (NCATS), part of the National Institutes of Health (NIH)." (CURE Drug Repurposing Collaboratory, 2020). At the same time, the National Institutes of Health (NIH) rapidly adopted "emergency procedures to supplement existing grants" to support scientific research on COVID-19 (Azoulay and Jones, 2020). In the United States, both private and public universities also intensified research efforts about COVID-19. The same remark applies to the private pharmaceutical industry. In other words, in the United States, as expected in its market-driven economy, the private sector has played a central role in fostering scientific and technological innovation during the pandemic. Some of this research took place with the support of large and well-endowed philanthropic organizations such as the Bill & Melinda Gates Foundation, which dedicated large sums of money to stimulate early research and action on COVID-19, in the United States and elsewhere around the world (Bill and Melinda Gates Foundation, 2020). This points to the central role of U.S. foundations in scientific research, a situation encouraged by a federal tax system highly supportive of private philanthropy (Bakija, 2013).

Citation:

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IV. Welfare State Response

Education System Response

Education
Response
Score: 5

The shutdown of U.S. schools “poses major challenges” to the education system because it “was not built, nor prepared, to cope with a situation like this” as it lacks “the structures to sustain effective teaching and learning during the shutdown and to provide the safety net supports that many children receive in school” (Garcia and Weiss, 2020). Not only are school closures and emergency online learning likely to decrease the performance of students, they also exacerbate inequalities related to the uneven distribution of access to computers and high-speed internet. The prevalence of home schooling during the pandemic also exacerbates existing inequalities, as some parents are better prepared to support their children with learning than others due to discrepancies in educational and socioeconomic backgrounds.

In terms of education policy, federalism has resulted in considerable decentralization and fragmentation. To help subnational governments cope with the negative effects of the pandemic on the schooling system, the CARES Act created an Education Stability Fund worth nearly \$31 billion. More than \$13 billion of this fund has been allocated to an Elementary and Secondary School Emergency Relief Fund. This money is distributed to the states so that they can support primary and secondary schooling during the pandemic (National Conference of State Legislatures, 2020). Because states had plenty of autonomy in deciding how to spend federal block grant money allocated during the pandemic, debates rage in various states about how to use the money effectively. In Oklahoma, for example, “Gov. Kevin Stitt (R) advocated pushing the money into a tax-credit scholarship program of the sort proposed by U.S. Secretary of Education Betsy DeVos. Yet the state’s Superintendent of Education, Joy Hofmeister, opposed the idea, suggesting that the block grant should be devoted to public-school students directly impacted by the pandemic.” (Rocco, Béland and Waddan, 2020: 465; see also Martinez-Keel, 2020). Coupled with federalism, the presence of these

ideological divisions further fragmented the policy response to the pandemic in the field of primary and secondary education.

It is too early to evaluate the long-term impact of the pandemic on primary and secondary students affected by the pandemic, but it seems clear that both existing patterns of social inequality and the ways in which U.S. federalism operates have led to uneven policies and outcomes that have not sufficiently shielded more vulnerable children from the most negative consequences of school closures. For instance, early evidence suggests massive inequalities in access to online learning: “only 60% of low-income students are regularly logging into online instruction; 90% of high-income students do. Engagement rates are also lagging behind in schools serving predominantly Black and Hispanic students; just 60 to 70% are logging in regularly.” (Dorn, et al., 2020). These data point to the fact that the pandemic has indeed exacerbated or at least reproduced existing inequalities within the primary and secondary education system that are particularly palpable with respect to Black and Hispanic students.

As for higher education, colleges and universities across the country have also faced major challenges. One of these challenges involved adapting to online teaching and finding ways to provide face-to-face instruction when possible. Because higher education in the United States is so stratified, some large, wealthy private schools such as Cornell were able to invest massively in COVID-19 testing, which allowed them to rapidly resume in-person teaching. The situation proved much more challenging in less well-off schools that struggled to adapt to the pandemic and sometimes faced significant COVID-19 outbreaks. According to the New York Times, as of late December 2020, colleges and universities had recorded nearly 400,000 cases and as many as 90 deaths since the beginning of the COVID-19 pandemic (New York Times, 2020). At the same time, colleges and universities faced major revenue losses related to two main factors: new costs associated with quarantine, testing, and remote teaching; and a decline in enrollment and tuition revenue which, in the case of public schools, was sometimes accompanied by shrinking state appropriations. These factors created serious budgetary challenges for many colleges and universities across the country. For some larger research institutions, these budgetary issues were to some extent offset by the allocation of \$3.6 billion in special federal funding for COVID-related research (Mervis, 2020). Finally, the pandemic led to an intensification of the debate about the scope of U.S. student debt in the United States. Although the CARES Act featured “a pause on federal student loan payments” that was later extended twice, Democrats in Congress “have introduced resolutions urging President-Elect Biden to “broadly” forgive up to \$50,000 of federal student debt for borrowers through executive action.” (Hess, 2020a). During the presidential

campaign, Joe Biden had only promised to “forgive \$10,000 in student debt in exchange for public service,” a significant pledge in and of itself (Hess, 2020b).

Citation:

Dorn, Emma, Bryan Hancock, Jimmy Sarakatsannis, and Ellen Viruleg. 2020. “COVID-19 and student learning in the United States: The hurt could last a lifetime,” McKinsey & Company, June 1. <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-student-learning-in-the-united-states-the-hurt-could-last-a-lifetime#>

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Rocco, Philip, Daniel Béland & Alex Waddan (2020) “Stuck in neutral? Federalism, policy instruments, and counter-cyclical responses to COVID-19 in the United States,” Policy and Society, 39(3): 458-477.

Social Welfare Response

Social Welfare
Policy Response
Score: 3

Early on during the pandemic, the deterioration of economic conditions led to a rapid increase in the number of Temporary Assistance for Needy Families (TANF) applications. Yet, while the CARES Act expanded employment insurance benefits, it did nothing to improve the already flawed social assistance benefits provided through TANF. This means that nothing meaningful has been done to reverse the “policy drift” (Hacker, 2004) facing this program operated jointly by the federal government and the states. The fact that federal “allocations to states are based on AFDC spending from the 1990s and have never been adjusted for inflation, leaving it largely unresponsive to economic downturns” illustrates this policy drift (Schweitzer, 2020). At the same time, the TANF Contingency Fund, created in 1996 alongside TANF, features restrictive rules that make it harder to access this extra money (billion) (Schweitzer, 2020). A major overhaul of TANF is long overdue, but ideological and political obstacles stand in the way as “welfare” remains a “dirty word” in the United States, a situation that is rooted in a long

history that goes back to the strong dichotomy between social assistance and social insurance discussed under “Social Inclusion Policy Vulnerability” (Steensland, 2008). Yet, during the pandemic, another social assistance program, Supplemental Security Income (SSI), saw a temporary increase in benefits in the form of a \$1,200 “economic impact payment” plus an extra \$500 per qualifying child (U.S. Department of the Treasury, 2020f). Clearly, “the other welfare” (Berkowitz and DeWitt, 2013), which allocated benefits to people with disabilities and older people, has fared better politically than the more controversial TANF, which targets working-age people and their families.

Unlike TANF, the Supplemental Nutrition Assistance Program (SNAP) was adapted as part of the Families First Coronavirus Response Act (FFCRA) to provide states additional flexibility in allocating benefits previously known as “food stamps.” (Rosenbaum, et al., 2020) For instance, the FFCRA temporarily suspended “nationwide SNAP’s three-month time limit on benefits for unemployed adults under age 50 without children in their home” (Center on Budget and Policy Priorities, 2020). Waivers were also approved to allow states “to temporarily adjust their operations to help manage their workloads and help participants gain and maintain access to the program” (Center on Budget and Policy Priorities, 2020). These measures are a reminder that, in part because it provides food assistance to poor families and is supported by the agricultural sector and the food industry, SNAP is stronger politically than TANF, despite being subjected to years of Republican attacks (Fisher, 2019).

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Healthcare System Response

Health Policy
Response
Score: 5

As in other countries, U.S. hospitals acquired protective equipment and the necessary technologies such as ventilators to treat COVID-19 patients. At the beginning of the pandemic, however, states competed against one another to secure ventilators and personal protective equipment while the federal government adopted a laissez-faire approach, which later resulted in a confusing hodgepodge system of distribution divided among the federal government, local agencies and private companies that was susceptible to chaos and hoarding. This remark points to the deeply flawed response of the federal government to the pandemic, which is documented in greater detail in other sections of this report.

The federal government did provide emergency funding to hospitals through the CARES Act and other legislation to “be used either for costs related to treating COVID-19 patients or to reimburse for lost revenue due to the pandemic. The largest share of that \$72.4 billion is the \$50 billion that the Department of Health and Human Services allocated to providers who participate in Medicare based on their total net patient revenue from all sources.” (Schwartz and Damico, 2020). As for Medicaid, the 50 states received extra federal funding to help them cope with the COVID-19 crisis. For instance, “The Families First Coronavirus Response Act did increase federal funding to the states for Medicaid by increasing the FMAP (Federal Medical Assistance Percentage) payments by 6.2 percentage points.” (Rocco, Béland and Waddan, 469). At the same time, the states were prevented from introducing “new work requirements that might result in individuals losing their Medicaid coverage” (Rocco, Béland and Waddan, 469). These work requirements had multiplied during the Trump administration due to waivers that allowed Republican-controlled states to reduce Medicaid eligibility for the jobless.

Beyond these positive developments, however, the pandemic did expose the limits of the U.S. healthcare system. As was the case in other nations, many public and private hospitals became overwhelmed by the sheer number of COVID-19 patients, something that became especially clear during the second wave of the pandemic, which saw a major surge in the number of COVID-19 cases. By the second week of December 2020, “one-third of all hospitals, more than 90% of all ICU beds were occupied,” with nearly half of ICU patients infected with the COVID-19 (Yan, Maxouris, and McPhillips. 2020).

The COVID-19 crisis also exposed the profound inequalities reflected in both the public health situation and the healthcare system itself. In terms of public health, the pandemic clearly had a disproportionate impact on already more

vulnerable ethnic and racial minorities: “Black persons constitute 13% of the U.S. population but account for 20% of COVID-19 cases and more than 22% of COVID-19 deaths (...). Hispanic persons, at 18% of the population, account for almost 33% of new cases nationwide. Nearly 20% of U.S. counties are disproportionately Black, and these counties have accounted for more than half of COVID-19 cases and almost 60% of COVID-19 deaths nationally.” (Blumenthal, et al., 2020). At the same time, as discussed under “Health System Vulnerability,” minorities are on average less likely to have health insurance coverage, a situation that makes them even more vulnerable during a pandemic. More generally, COVID-19 has highlighted the well-known “risks of linking health insurance to employment” because “as many as 27 million Americans who lost their jobs also lost their employer coverage” (Rand Corporation, n.d.). This trend is likely to feed the ongoing debate about healthcare reform in the United States as the Biden administration attempts to reverse some of the decisions of President Trump regarding the Affordable Care Act and healthcare policy more generally.

Citation:

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Family Policy Response

Family Support
Policies
Score: 3

In the United States, the pandemic has negatively impacted an already inadequate childcare sector, resulting in what could amount to serious permanent damage in the absence of additional government support. For instance, “as many as 4.5 million childcare slots could be permanently lost due to the pandemic. This number may be an underestimate as the ongoing economic effects of the pandemic are met with insufficient federal action.” (Kashen, et al., 2020) This deterioration of the U.S. childcare system is bad news for women and their position on the labor market. For example, in late spring and summer of 2020, “10% of working mothers reported not working each week because they were providing care to a child who was not in school or childcare” (Kashen, et al., 2020). This suggests that the combination of school and childcare closures has pushed a significant percentage of working

mothers to leave the labor market, at least temporarily. Such a situation could have lasting effects and could undo several decades of low yet steady increases in the labor force participation rate of women with children in the United States (Kashen, et al., 2020).

If the federal government did little at first to address this problem, The Families First Coronavirus Response Act (FFCRA) did require “certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19” (U.S. Department of Labor 2020b). More specifically, the FFCRA makes provisions for “up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee’s regular rate of pay where an employee (...) is unable to work due to a bona fide need for leave to care for a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19.” (U.S. Department of Labor, 2020b). Some employers are exempted, however, and the duration of the leave is quite short by international standards (U.S. Department of Labor, 2020b). Overall, much more could have been done to help working parents, especially mothers, in the context of an unprecedented crisis that had an especially detrimental socioeconomic impact on women.

Citation:

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International Solidarity

International
Cooperation
Score: 2

This is one of the areas where the right-wing populism advocated by President Trump and his allies had the most direct and negative impact on the U.S. response to COVID-19. Articulating a nationalistic approach to pandemic mitigation, President Trump labeled COVID-19 a “China Virus” and launched a war on the World Health Organization (WHO), accusing it, among other things, of showing “a dangerous bias toward the Chinese government” and of making “the disastrous decision to oppose travel restrictions from China and other countries – despite applauding travel restrictions within China itself – leading to further spread of the virus internationally.” (White House, 2020). By blaming China and the WHO for the crisis, President Trump attempted to deflect blame for his own administration’s lack of action while fighting traditional international enemies.

In late May 2020, in an unprecedented move, President Trump decided to “sever its relationship with WHO and redirect funds to US global health priorities” and, two months later in early July, the “US administration

officially notified UN Secretary-General António Guterres of its intention to withdraw from WHO membership” (Gostin, et al., 2020). Although it might have been fair to criticize the WHO and its apparent pro-China bias, withdrawing from a key organization in the global fight against COVID-19 that the United States had belonged to since its creation in 1948 raised major questions about the U.S. commitment to international solidarity in the face of a global pandemic. By doing this, the United States abandoned international cooperation and replaced it with a nationalistic and sometimes openly xenophobic rhetoric that further undermined the country’s image around the world.

This was not the only blatant demonstration of an explicit lack of international solidarity on the part of the United States. First, as far as medical resources and protective equipment are concerned, in the spring of 2020, the Trump administration was rightly “accused of effectively hijacking shipments of masks and additional crucial supplies meant for other countries, including U.S. allies, and strong-arming private firms to prioritize America over other parts of the world” (Toosi, 2020). Second, like other rich countries, the United States emphasized a “me first” approach in terms of vaccine development and distribution that penalized lesser-off nations. This involved the president going so far as to sign a mainly symbolic executive order calling for U.S. citizens to be first in receiving the vaccine (McKenzie, 2020).

Citation:

Gostin, Lawrence, 2020. “The Supreme Court’s New Majority Threatens 115 Years of Deference to Public Officials Handling Health Emergencies,” *Forbes*, December 11. <https://www.forbes.com/sites/coronavirusfrontlines/2020/12/11/the-supreme-courts-new-majority-threatens-115-years-of-deference-to-public-officials-handling-health-emergencies/?sh=1b9331893a4b>

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Resilience of Democracy

Media Freedom

Media Freedom
Score: 7

According to Reporters Without Borders, the United States ranks 45th out of 180 countries in the 2020 World Press Freedom Index (Reporters without Borders, 2020). Overall, the media in the United States are independent and free, and state media such as National Public Radio and Public Broadcasting Service play a comparatively minor role in a market dominated by large, private media companies.

Concerns about the freedom of the press have grown in 2020 in the aftermath of protests related to police brutality and Black Lives Matter, during which journalists were “assaulted, arrested or otherwise prevented from documenting history in unprecedented numbers” (U.S. Press Freedom Tracker, 2020). The rhetoric of President Trump and his allies have also eroded their supporters’ trust in the so-called mainstream media, leading them to turn to alternative sources of news that are more likely to propagate falsehoods and conspiracy theories. This attack against mainstream news sources goes hand in hand with a critique of expertise and science that began long before the pandemic (Hetherington and Ladd, 2020).

During the COVID-19 pandemic, misinformation about the virus and potential vaccines has spread in the United States spread like wildfire on social media, sometimes spilling into traditional mass media platforms. The misleading information communicated by President Trump and many of his Republican allies both in Washington and in some state capitals only made matters worse. As the second wave coinciding with the 2020 presidential race, President Trump “exhorted crowds to pack like sardines to hear him speak, masks optional, about how under his leadership the country is ‘turning the corner’ on the epidemic,” which was obviously not true at the time. During the pandemic, the president and his allies became a prime source of falsehoods about the pandemic and potential cures (Garrett, 2020). Although many mainstream media outlets such as CNN and the New York Times repeatedly called out the president and his party’s lies about the pandemic as posing a serious threat to public health, conservative media outlets like Fox News and Breitbart News Network typically repeated these lies. These lies, along with various

conspiracy theories, spread across social media, with President Trump sometimes retweeting them with his official White House account. In the end, social media giants Facebook and Twitter stepped in to warn the public about the president’s false or misleading statements regarding COVID-19.

Citation:

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 U.S. Press Freedom Tracker. 2020. “Press freedom aggressions during Black Lives Matter protests.” <https://pressfreedomtracker.us/>

Civil Rights and Political Liberties

Civil Rights and
 Political Liberties
 Score: 7

In the United States, subnational governments have imposed public health restrictions that can infringe on individual rights, a situation that has triggered a major debate over the necessity of such restrictions. Typically, Democratic governors tend to promote more stringent public health measures than their Republican counterparts, but there is also tremendous variation from state to state beyond partisan cleavages. “Rights talk” is central to U.S. political culture and the apparent need to protect personal freedom and individual rights has not been displaced by the pandemic, and, in this context, experts have debated how to strike a proper balance between public health imperatives and civil rights and liberties (Farr, 2020). Because of the fragmented public health response to the COVID-19 pandemic, the nature of this potential balance seems to vary greatly from state to state based in part on the partisan realities mentioned above. Overall, however, there is a clear and strong desire among the public and political elites to return to “normal” sooner rather than later, which means that the major restrictions introduced during the pandemic are likely to be removed rather quickly as the infection rates go down.

Citation:

Farr, Christina. 2020. “The Covid-19 response must balance civil liberties and public health – experts explain how,” *CNBC*, April 18. <https://www.cnbc.com/2020/04/18/covid-19-response-vs-civil-liberties-striking-the-right-balance.html>

Judicial Review

Judicial Review
 Score: 9

In the United States, “state governments have the primary authority to control the spread of dangerous diseases within their jurisdictions. The 10th Amendment, which gives states all powers not specifically given to the federal government, allows them the authority to take public health emergency

actions, such as setting quarantines and business restrictions.” (American Bar Association, 2020). This means that states can legally impose quarantine orders for people who become sick. They have also the power to impose curfews and “order residents to stay at home with exceptions for essential work, food or other needs” (American Bar Association, 2020). These constitutional powers give states enough leverage to impose strict public health measures without fearing too much interference from the courts.

Some COVID-related cases nevertheless ended up reaching the Supreme Court. In late May 2020, the Supreme Court “turned away a request from a church in California to block enforcement of state restrictions on attendance at religious services” (Liptak, 2020a). Then, in late July, the Supreme Court also rejected a similar request from a Nevada church (Liptak, 2020b). Importantly, however, these were both 5-4 decisions, which means the opinion of one judge swayed the court in one direction. In the fall of 2020, the composition of the Supreme Court changed in the aftermath of the passing of Justice Ruth Bader Ginsburg and the subsequent appointment of conservative judge Amy Coney Barrett. This appointment reinforced the conservative tilt within the Court while seemingly reshaping its role during the pandemic. This became obvious in late November 2020, when in a dramatic reversal, the Supreme Court “barred restrictions on religious services in New York that Gov. Andrew M. Cuomo had imposed to combat the coronavirus. The vote was 5 to 4, with Chief Justice John G. Roberts Jr. and the court’s three liberal members in dissent. The order was the first in which the court’s newest member, Justice Amy Coney Barrett, played a decisive role.” (Liptak, 2020c). This controversial and unprecedented decision emphasizes religious freedom at the expense of public health, which is problematic from both a scientific and a public policy standpoint for the very simple reason that “judges have no expertise in infectious disease control and should not second-guess experienced public health professionals, especially when COVID-19 orders are supported by robust evidence” (Gostin, 2020). Only time will tell whether future Supreme Court decisions will reinforce this tendency evident in its late November ruling to emphasize individual rights over the well-established public health powers of state governments.

Citation:

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Informal Democratic Rules

Informal
Democratic Rules
Score: 3

In the United States, at both the federal and the state levels, acute party polarization has been a major obstacle to cross-party cooperation and, more generally, policymaking during the pandemic. Fueled by President Trump's hyper-partisan approach, this situation weakened intergovernmental cooperation in the context of the pandemic while complicating the adoption of much-needed stimulus packages in Congress. Although acute partisanship and the radicalization of the Republican Party predate the Trump administration (Hacker and Pierson, 2005), such a polarization became increasingly dramatic during his tenure, reaching its peak during the pandemic and the 2020 presidential race.

The lack of bipartisan consensus displayed during the pandemic went far beyond basic policy disagreements about the nature of public health and economic measures necessary to tackle the COVID-19 crisis. This is the case because many Republican elected officials, including the president, casted doubt on the gravity of the pandemic and the necessity to take bold public health actions to fight it. As journalist Bob Woodward (2020) shows in a recent book based on a contemporaneous interview with the president, Trump became aware of the gravity of the pandemic early on, but he decided to downplay the COVID-19 situation in public, allegedly because he did not want the public to panic. Yet, behind this claim was the reality that, because COVID-19 emerged as a national crisis in the year of the presidential election, it appeared as a threat to Trump's own potential reelection. In this context, the president generally downplayed the pandemic while urging governors to prioritize the reopening of the economy in the aftermath of the first wave of infections. At the same time, during the presidential campaign, President Trump held many rallies sometimes against the advice of state authorities while continuing to downplay the deadly nature of the virus. For example, on 21 September 2020, "Trump claimed without evidence that the coronavirus "affects virtually nobody," downplaying the risk of the extent of the pandemic and the danger that it poses to individuals." (Summers, 2020). This blatant disregard of available scientific evidence about the virus was shared by many Republican congressional and state officials who propagated a similar message

or, at least, failed to criticize the president when he clearly pushed an “alternative reality minimizing a tragedy” that had already killed so many people (Nagourney and Peters, 2020). Clearly, “President Trump and his supporters within the White House and among the Republican Party have appeared more preoccupied about the presidential elections than following evidence from the data and guidelines provided by other countries, previous pandemics, and current data collected by U.S. institutions and agencies where highly skilled and well-trained experts reside.” (Solinas-Saunders, 2020) In other words, partisanship and electoral consideration stood in the way of evidence-based decision-making.

This extreme politicization of the pandemic continued as the president and his allies refused to concede that he had lost the presidential election and that Joe Biden would become the next president on 20 January 2021. The initial refusal of the Trump administration to collaborate swiftly with the Biden transition team on public health matters was criticized as a reckless move that further complicated federal responses to COVID-19 (Stieb, 2020). Overall, during the pandemic, the United States projected the image of a divided country in which policymakers failed to agree on the very nature and scope of the crisis at hand, a reality that contrasted with the situation in many other advanced industrial countries where a consensus about the gravity of the public health situation emerged quickly.

Citation:

Solinas-Saunders, Monica. 2020. “The U.S. Federal Response to COVID-19 During the First 3 Months of the Outbreak: Was an Evidence-Based Approach an Option?” *The American Review of Public Administration*, July 16. <https://journals.sagepub.com/doi/full/10.1177/0275074020942408>

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Resilience of Governance

I. Executive Preparedness

Crisis Management System

Crisis
Management
System
Score: 6

The United States faced no strong challenge in detecting and monitoring the rise of COVID-19 in part because “information about COVID-19 was already circulating in the global village several weeks before the first U.S. confirmed case. Emergency management protocols from other nations were already in place.” (Solinas-Saunders, 2020). This facilitated the work of federal bodies traditionally involved in emergency responses, which include the Federal Emergency Management Agency (FEMA) and the U.S. Department of Health and Human Services (HHS). Simultaneously, as early as 29 January 2020, the president also appointed a White House Coronavirus Task Force (WHCTF) comprising “expert epidemiologists and other official authorities of the White House with the goal of providing guidelines, interpreting data, and giving advice on policymaking” (Solinas-Saunders, 2020). Nevertheless, President Trump did not hesitate to dismiss advice from the WHCTF.

Still, information and expertise about the public health situation on the ground was widely available at both the federal and the state level. The problem here was not so much the lack of evidence and knowledge available but the ways in which many elected officials decided to disregard or, at the very least, selectively use that evidence and expertise to serve their partisan agendas. This is especially the case of Republican officials in (GOP-controlled) “red states,” which frequently echoed the president’s take on COVID-19, which sought to downplay the public health threat and focus on the negative impact public health restrictions would have on the economy (Béland, Rocco, Segatto and Waddan, 2021).

Beyond these remarks about information and expertise, the United States could have been better prepared for the pandemic, something that became clear in the field of protective equipment. This is the case because in April

2020, shortages of protective equipment became a key challenge in many hospitals and states across the country. Despite the mounting evidence of this problem, President Trump declared it to be “fake news,” yet another example of his attempt to create a false narrative about the COVID-19 situation on the ground (Doherty and Ehley, 2020). This rhetoric cannot hide the fact that the Trump administration’s slow, electorally driven response to the pandemic generated major delays in the supply of protective equipment in the United States during the first months of the COVID-19 crisis (Avarez, et al., 2020).

Citation:

Alvarez, Priscilla, Curt Devine, Drew Griffin, and Kristen Holmes. 2020. “Trump administration’s delayed use of 1950s law leads to critical supplies shortages,” CNN, July 14. <https://www.cnn.com/2020/07/13/politics/delayed-use-defense-production-act-ppe-shortages/index.html>

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II. Executive Response

Effective Policy Formulation

Effective Policy
Formulation
Score: 3

The pool of expertise upon which U.S. policymakers have to draw upon is deep and vast. The Trump administration’s blatant disregard for scientific evidence – as well as the willful denial on the part of some Republican allies in Congress and the 50 states – account for the lack of an effective policy being formulated to tackle the crisis in the United States. This disregard is discussed in other sections of this report, and it is one of the most troubling aspects of the U.S. pandemic response effort. Although President Trump praised the experts of the federal Centers for Disease Control and Prevention that have played such a major role during the pandemic, his administration’s response to the pandemic was grounded in a long-standing “disregard for scientific advice” that predated the COVID-19 crisis and is also central to other policy issues such as the fight against climate change (Friedman and Plumer, 2020). In other words, the skepticism toward science and expertise that had characterized the Trump presidency since January 2017 became a defining aspect of federal-level management of the crisis. This White House approach to the crisis had a negative impact on governors, including

Republican ones, who attempted to implement even basic public health measures as the second wave of the country hit the country in the fall of 2020. That October, while many Republican governors warned their residents about the resurgence of the virus, the president continued to downplay it as part of his reelection bid, a situation that generated contradictory public messaging about the pandemic and what citizens should do to combat it (Goldberg and Miranda, 2020). As the situation worsened in many states, the president falsely claimed the country had already turned the corner on COVID-19, which directly undermined the precautionary discourse of many governors, including members of his own party (Goldberg and Miranda, 2020). While most experts and scientists agreed on the extent of the public health threat and some of the measures necessary to limit its scope, politicians formulated conflicting messages about the virus that weakened the national and state-level struggle to combat infections. Although Trump's political and social and mass media allies have played a direct role in this failure of risk communication, the personal responsibility of the president in that regard is rather clear (Woodward, 2020).

Citation:

Friedman, Lisa and Brad Plumer. 2020. "Trump's Response to Virus Reflects a Long Disregard for Science," *New York Times*, April 28. <https://www.nytimes.com/2020/04/28/climate/trump-coronavirus-climate-science.html>

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Woodward, Bod. 2020. *Rage*. New York: Simon and Schuster.

Policy Feedback and Adaptation

Policy Feedback
and Adaptation
Score: 4

If we focus entirely on the federal government, we can state that political ideology and electoral calculus clearly stood in the way of policy learning in 2020, as the mercurial behavior and discourse of President Trump stood in the way of evidence-informed decision-making. As for Congress, partisan divisions seriously weakened efforts to offer a systematic and effective response to the crisis, leading to major delays in the enactment and signing of needed stimulus legislation. A clear example of that is the \$900 billion stimulus bill adopted by Congress on 21 December 2020. Although President Trump supported this long-in-the-making piece of legislation, he later changed his mind, declaring that \$600 stimulus checks forthcoming to many Americans should be increased to \$2,000. In the end, Republicans in Congress opposed this suggestion, and the president finally signed the legislation on the 27th of December, barely ahead of the deadline to avoid penalizing the unemployed and other constituencies who, without this legislation, would have seen special benefits expire on 1 January 2021 (Liptak, et al., 2020).

Regardless of the level of government, it is hard to find any strong evidence during the pandemic of positive, self-reinforcing policy feedback (Jacobs and Weaver, 2015), as public health measures have generated weak constituencies and strong political opposition that make them both vulnerable and ephemeral. In the United States, as in many other countries, most emergency measures enacted in response to COVID-19 have been temporary in nature. But the pandemic could have long-term economic and social consequences that may affect future policy developments over time. A particularly noteworthy area is healthcare, where the pandemic has exacerbated concerns about health insurance coverage among other things (see “Health System Vulnerability”). It remains to be seen whether the pandemic will, like the Great Recession of 2008, which facilitated the adoption of the ACA in 2010, help the Biden administration make a stronger case for healthcare reform aimed at further improving health insurance coverage. The answer to this question will largely depend on electoral and political factors that transcend in many ways the pandemic itself. Answering this question in full would require a detailed comparative study of the 50 states that goes well beyond the scope of this report.

Citation:

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Public Consultation

Public
Consultation
Score: 4

While interest groups and lobbying have long been central elements of U.S. politics, as a “liberal market economy” the country does not typically feature the systematic and formal inclusion of social partners such as labor unions and business organizations in policymaking. This situation contrasts with the one prevailing in “coordinated market economies” such as Belgium, Germany, and the Netherlands, where these social partners can play a direct and formal role in key policy decisions (Hall and Soskice, 2001). Moreover, the U.S. labor movement, which has faced a major decline in membership since the 1970s, focuses primarily on collective bargaining rather than on political advocacy, which reduces its broader electoral and policy influence (Eidlin, 2018). These remarks explain why the U.S. labor movement did not play a central policy role during the COVID-19 crisis. At the same time, the COVID-19 crisis drew attention to the comparatively weak protections granted to U.S. workers, a situation that justifies calls among the left to revive a struggling labor movement (McNicholas, et al., 2020). As for business organizations, they are

generally divided between those that represent large corporations and those that advocate for small businesses, which have been particularly hard hit by the pandemic. Certainly, the federal government tried to address business concerns through key provisions included in relief legislation, including the CARES Act, which features a Paycheck Protection Program to help “businesses keep their workforce employed during the Coronavirus (COVID-19) crisis” (U.S. Small Business Administration, 2020). In cases where business organizations lobbied for emergency support during the COVID-19 crisis, they acted as more as interest groups rather than an institutionally embedded social partner. The same remark applies to religious organizations and other interest groups which, under most circumstances, lobbied the federal and state governments rather than being formally integrated into the policymaking process.

Citation:

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Crisis Communication

Crisis
Communication
Score: 3

At the national level, crisis communication during the period under review was a failure because of the lack of consistent messaging about the pandemic on the part of the federal government. This was attributable to President Trump’s changing rhetoric about COVID-19, which featured an important number of outright lies that were well-documented by the mass media. Trump, in turn, repeatedly accused these outlets of lying, which called into question reporting about the crisis itself (Paz, 2020). Trump’s rhetoric reflected broader partisan and ideological divisions in U.S. society while amplifying a clear Democratic-Republican divide in how the pandemic is perceived. The results of a late August-early September 2020 poll conducted by the Pew Research Center perfectly illustrates that divide, finding that Republicans and Republican-leaning people proved “far more likely (66%) than all U.S. adults (39%) to say that the coronavirus outbreak has been blown out of proportion, as President Trump has repeatedly suggested” (Law, 2020). This quote points once more to the fact that President Trump encouraged his supporters to downplay the impact of the deadly virus on U.S. society in the context of his reelection campaign. Although some of the administration’s own officials contradicted

the president about the nature and impact of the virus, his message clearly shaped the perceptions of his supporters, which in the end created real public health and public policy challenges (Hamblin, 2020).

Citation:

Hamblin, James. 2020. "Trump's Pathology Is Now Clear," *The Atlantic*, October 31. <https://www.theatlantic.com/health/archive/2020/10/trump-covid-denial/616946/>

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Implementation of Response Measures

Implementation
of Response
Measures
Score: 5

The implementation of public health measures varied greatly from state to state. This is the case in part because larger, more populous states have much more administrative and fiscal capacity than smaller, less populous states. At the same time, ideological and political considerations played a role, as some states decided to prioritize COVID-19 efforts more than others, which affected policy implementation. Although a detailed analysis of policy implementation of COVID-19 measures in the 50 states goes well beyond the scope of this report, states that implemented more stringent and durable public health measures fared better on average during the second wave of the pandemic than states that had implemented weaker and more ephemeral measures (Leatherby and Harris, 2020). Yet, the relative "success" or "failure" of subnational responses to COVID-19 seems to hinge more on the political choices of state and municipal leaders rather than on the respective policy capacity of their respective governmental units. This is the case in part because a large and fiscally well-endowed state such as Texas – a red state – did worse during the second wave than the equally large and fiscally well-endowed state of New York – a blue state – which, due to the impact of the first wave felt in New York and the political preferences of its Democratic administration, enacted bolder and longer-lasting measures (Leatherby and Harris, 2020). Ultimately, systematic research about pandemic-related policy implementation in the states is necessary to clarify the relationship between political and policy capacity factors and their impact on how specific states did better than others in facing the COVID-19 public health crisis.

Citation:

Leatherby, Lauren and Harris, Rich. 2020. "States That Imposed Few Restrictions Now Have the Worst Outbreaks," *New York Times*, November 18. <https://www.nytimes.com/interactive/2020/11/18/us/covid-state-restrictions.html>

National Coordination

National
Coordination
Score: 3

Policy coordination proved extremely difficult in the context of a decentralized federal system in which strong partisan divisions complicated collaboration within and among levels of government. In terms of the interactions between the federal government and the states, President Trump acted and spoke very differently, depending on whether he was dealing with a “red state” or a “blue state,” which led to wars of words that weakened intergovernmental coordination and cooperation. The fact that the second wave of the pandemic took place during the fall electoral campaign exacerbated intergovernmental conflict and political posturing over responses to the pandemic. The situation proved the same at the state level, where electoral competition also clearly shaped the response to the pandemic. Constitutionally, as mentioned above, the states have taken the leadership role in the public health struggle against COVID-19, and states clearly borrowed policy ideas from one another during the pandemic. Yet, some states decided to allow local governments to remain autonomous in designing specific public health responses while others favored a more centralized approach over time: “At first, local governments, particularly large cities in states like Mississippi, Georgia, Florida, Arizona, and Texas, pushed for statewide action, but, in their eventual response, many governors chose to preempt local rules. In contrast, Texas’s Governor Abbott argued for local control, departing from his government’s past efforts to ceiling preempt numerous local ordinances.” (Mallinson, 2020).

Citation:

Mallinson, Daniel J. 2020. “Cooperation and Conflict in State and Local Innovation During COVID-19,” *The American Review of Public Administration*, July 13. <https://journals.sagepub.com/doi/full/10.1177/0275074020941699>

International Coordination

International
Coordination
Score: 4

The United States remains the most powerful country in the world, and it has the capacity to shape global public health efforts. Yet, in the discussion of the Trump administration’s decision to withdraw from the WHO, the United States voluntarily relinquished its international leadership in the name of the president’s “America First” creed. Although this creed was criticized early on as a “dangerous fantasy” (Gordon, 2020), the Trump administration persisted in weakening potential international cooperation throughout the last months of the president’s first and only term. This behavioral pattern proved unsurprising to observers, who noted that President Trump’s isolationism was in full display long before the beginning of the pandemic. In this context, his decision to withdraw from the WHO in the middle of the most lethal pandemic in a

century clearly was evidence of a pattern noted by his opponents: “Withdrawing from the Paris climate accord (ratified by nearly 190 nations, including Russia and China), the Iran nuclear deal, the Trans-Pacific Partnership trade agreement, UNESCO, the United Nations Human Rights Council, the World Health Organization and numerous other long-standing international commitments has become part and parcel of his unabashed goal of turning his back – and by extension America’s – on the world.” (Lehnert and Kelly, 2020). Beyond undermining the image of the United States abroad, opposition to the WHO also justified the absence of U.S. participation in the Covid-19 Vaccines Global Access Facility (Covax). This initiative led by the WHO involved more than 170 countries (World Health Organization, 2020) in an effort to “accelerate the development and testing of a vaccine and work toward distributing it equally” (Aratani, 2020). The issue here, as elsewhere, is not whether the United States had the financial and technical capacity to collaborate with the international community in the fight against COVID-19. What the Trump administration lacked is the will to take part in key global public health initiatives.

Citation:

Aratani, Lauren. 2020. “US refuses to join international effort to develop Covid-19 vaccine,” *The Guardian*, September 1. <https://www.theguardian.com/world/2020/sep/01/us-covid-19-vaccine-refuses-international-effort-coronavirus>

Gordon, Philip H. 2020. “‘America First’ Is a Dangerous Fantasy in a Pandemic,” *Foreign Affairs*, April 4. <https://www.foreignaffairs.com/articles/2020-04-04/america-first-dangerous-fantasy-pandemic>

Lehnert, Michael R., and Richard L. Kelly. 2020. “Trump’s dangerous isolationism weakens USA and strengthens our adversaries: Retired generals,” *USA Today*, October 26. <https://www.usatoday.com/story/opinion/2020/10/26/trump-international-relations-danger-isolation-policies-column/3726323001/>

World Health Organization. 2020. “172 countries and multiple candidate vaccines engaged in COVID-19 vaccine Global Access Facility,” August 24. <https://www.who.int/news/item/24-08-2020-172-countries-and-multiple-candidate-vaccines-engaged-in-covid-19-vaccine-global-access-facility>

Learning and Adaptation

Learning and
Adaptation
Score: 5

At a technical level, in the United States as in other countries, experts, civil servants, and elected officials drew lessons from public health policies implemented during the first month of the pandemic. One of these lessons was to do more to boost public health systems in normal times as a means of strengthening responses in the event of a pandemic. Another lesson of the COVID-19 pandemic is the fact that, during such a massive crisis, the scientific community can pull together “to produce treatment and vaccine candidates in a fraction of the usual time” (Boyle, 2020). This encouraging statement should not obscure another, more disconcerting, lesson culled from the United States’ response to the pandemic: What political leaders say and do can impact individual behavior and public discourse in ways that can complicate efforts to battle the pandemic. This lesson was summarized by

Renée Loth of the Boston Globe: “Trump’s lies matter,” as they endanger lives on the ground by sending the misleading message to his millions of supporters that they should not worry about, or protect themselves against, a deadly virus (Loth, 2020).

Beyond Trump himself, the deeply flawed U.S. response to COVID-19 points to the central role of crisis communication in pandemic mitigation and, especially, how political actors and media outlets can weaken efforts to inform and protect the population in times of public health crisis. The handling of the COVID-19 crisis by the Trump administration stresses once again how political interference can be detrimental to the work of scientists on the ground. This is the case because there is clear evidence the Trump White House has “silenced scientists, meddled in their reports and ignored their advice” (Viglione, 2020). In this context, improving future crisis management in the United States will require enhancing the autonomy of scientists working in government to protect them from political interference.

Citation:

Boyle, Patrick. 2020. “Lessons from COVID-19 for the next pandemic: Invest in public health, earn public trust,” American Association of Medical Colleges, November 16. <https://www.aamc.org/news-insights/lessons-covid-19-next-pandemic-invest-public-health-earn-public-trust>

Loth, Renée. 2020. “Trump’s lies matter,” The Boston Globe, October 8. <https://www.bostonglobe.com/2020/10/08/opinion/trumps-lies-matter/>

Viglione, Giuliana. 2020. “Four ways Trump has meddled in pandemic science – and why it matters,” Nature, November 3. <https://www.nature.com/articles/d41586-020-03035-4>

III. Resilience of Executive Accountability

Open Government

Open
Government
Score: 7

Throughout the pandemic, both the federal government and the states published timely and accessible data about the pandemic. At the federal level, the Centers for Disease Control and Prevention created a COVID Data Tracker that gathered up-to-date information about the number of COVID-19 cases and deaths in each of the 50 states (Centers for Disease Control and Prevention, 2020). Each of the states also put together similar portals, allowing citizens and experts to monitor the spread of the virus and its consequences within their jurisdiction in real time. In fact, in a forthcoming comparative study about COVID-19 surveillance and public information in federal countries, Philip Rocco and colleagues (2021) found that the United States performed well in terms of the availability and quality of subnational data about COVID-19, a situation they relate to “the country’s relatively high level of state

capacity, the primary role of state and local governments in setting public-health policy, and the existence of civil society institutions” (Rocco et al. 2021). Yet, the authors go on to remark that discrepancies in states’ capacity among the subnational jurisdictions fueled reporting discrepancies that weakened information and policy coordination. The Trump administration did little to improve this situation, which was related in part to discrepancies in testing capacity and interpretation (Rocco et al. 2021).

At the same time, regarding the issue of COVID-related hospitalizations, data reporting discrepancies have emerged between the U.S. Department of Health and Human Services (HHS) and other federal and state government agencies. For example, “HHS data for three important values in Wisconsin hospitals – beds filled, intensive care unit (ICU) beds filled, and inpatients with COVID-19 – often diverge dramatically from those collected by the other federal source, from state-supplied data, and from the apparent reality on the ground.” (Piller, 2020). Another striking example concerns the state of Alabama, where HHS numbers “differ by 15% to 30% from daily state COVID-19 inpatient totals” (Piller, 2020). Such discrepancies and the associated risk of “data chaos” may both confuse the public and complicate the work of managers and policymakers seeking to assess the capacity of the healthcare system to weather the pandemic storm (Piller, 2020).

Citation:

Centers for Disease Control and Prevention. 2020. “United States COVID-19 Cases and Deaths by State,” CDC Covid Data Tracker. https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

Piller, Charles. 2020. “Federal system for tracking hospital beds and COVID-19 patients provides questionable data,” *Nature*, November 29. <https://www.sciencemag.org/news/2020/11/federal-system-tracking-hospital-beds-and-covid-19-patients-provides-questionable-data>

Rocco, Philip et al. 2020. “Who Counts Where? Varieties of Federalism and COVID-19 Surveillance,” unpublished paper.

Legislative Oversight

Legislative
Oversight
Score: 6

At the beginning of the COVID-19 crisis, the U.S. Congress struggled to adapt to the new reality facing the country. “The chaos surrounding Congress’s switch to remote work in response to the COVID-19 pandemic laid bare weaknesses of Congress’s technical procedures and infrastructure, from its inability to hold hearings by video or to conduct remote voting, to the absence of policies and appropriate technology to enable staff to work from home.” (Harris, Abernathy, and Esterling, 2020). In the first months of the pandemic, these issues were addressed to varying degrees of success. For instance, the transition to online work for congressional staffers took place rapidly. Simultaneously, Congress created “a new system for the digital submission of bills, co-sponsorships, and extension of remarks through an email system

managed by the House Clerk, in partnership with the Parliamentarian. Within 48 hours, the system was operational, and by May 20, the digital submission of committee reports was also in place.” (Harris, Abernathy, and Esterling, 2020). Gradually, congressional committees also “began experimenting with virtual or hybrid fora and roundtables” (Harris, Abernathy, and Esterling, 2020). At the same time, because members of Congress are considered “essential workers” in Washington DC, it was determined that “Congress doesn’t have to adhere to her (Washington, D.C., Mayor Muriel Bowser) stay-at-home orders and closures of nonessential businesses” (Grisales, 2020). This situation allowed both the House and the Senate to continue holding in-person sessions. At the same time, in mid-May 2020, despite Republican opposition, the Democratically controlled House of Representatives, which has a much larger membership than the Senate (435 versus 100), allowed for online hearings and remote voting (Fandos, 2020). In the Republican-controlled Senate, however, Majority Leader Mitch McConnell opposed similar moves, despite the existence of proposals put forward by some of his colleagues (Anderson and Taylor, 2020). This discussion suggests that partisan control directly shaped the procedural legislative response to COVID-19 in Congress, where the Democratically controlled House adapted more profoundly to the situation than did the Republican-controlled Senate.

Citation:

Anderson, Scott R., and Margaret L. Taylor. 2020. “Congress dawdles on remote voting,” Brookings Institution, May 12. <https://www.brookings.edu/blog/techtank/2020/05/12/congress-dawdles-on-remote-voting/>

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Grisales, Claudia. 2020. “Despite Coronavirus Risks, The U.S. Senate Returns for Normal Business,” National Public Radio, May 4. <https://www.npr.org/2020/05/04/849109954/despite-coronavirus-risks-the-u-s-senate-returns-for-normal-business>

Harris, Marci, Claire Abernathy, and Kevin M. Esterling. 2020. “Congressional modernization jump-started by COVID-19,” The Brookings Institution, June 18. <https://www.brookings.edu/blog/techtank/2020/06/18/congressional-modernization-jump-started-by-covid-19/>

Independent Supervisory Bodies

Auditing
Score: 9

In the United States, the highest federal audit institution is the U.S. Government Accountability Office (GAO). The GAO “is an independent, nonpartisan agency that works for Congress. Often called the ‘congressional watchdog,’ GAO examines how taxpayer dollars are spent and provides Congress and federal agencies with objective, reliable information to help the government save money and work more efficiently.” (U.S. Government Accountability Office, n.d.1). During the pandemic, the GAO examined “many aspects of the federal response” as the “CARES Act requires GAO to

issue bi-monthly reports on the impact of COVID-19” (U.S. Government Accountability Office, n.d.2). The work conducted by the GAO during the pandemic included surveying potential shortages in testing and medical supplies across the states and territories while making recommendations to Congress about how to improve the response to the pandemic (U.S. Government Accountability Office, 2020a). At the same time, on the financial side, the GAO examined how various federal agencies administered the \$2.6 trillion in emergency assistance appropriated by Congress in 2020 alone (U.S. Government Accountability Office, 2020b). The example of the GAO suggests that, at the federal level, financial audits remained a priority during the pandemic, something to be expected considering the enormous sums of money appropriated by Congress and spent across the country in response to the COVID-19 pandemic.

Citation:

U.S. Government Accountability Office. 2020a. “COVID-19: Urgent Actions Needed to Better Ensure an Effective Federal Response” (November 30). <https://www.gao.gov/products/GAO-21-191>

U.S. Government Accountability Office. 2020b. “Covid-19: Opportunities to Improve Federal Response and Recovery Efforts” (June 25). <https://www.gao.gov/products/gao-20-625>

U.S. Government Accountability Office. n.d.1 “About GAO.” <https://www.gao.gov/about/>

U.S. Government Accountability Office. n.d.2 “Coronavirus Oversight.” <https://www.gao.gov/coronavirus/>

Data Protection
Score: 7

It is important to note that “The United States is one of the few democracies in the world that does not have a federal data protection agency, even though the original proposal for such an institution emerged from the U.S. in the 1970s.” (Electronic Privacy Information Center, 2020). Since the 1970s, in the absence of a unified, stand-alone federal agency devoted to data protection and privacy, the Federal Trade Commission (FTC) has used “law enforcement, policy initiatives, and consumer and business education to protect consumers’ personal information and ensure that they have the confidence to take advantage of the many benefits of the ever-changing marketplace.” (Federal Trade Commission, 2020). Yet for years, experts, but also organizations such as the Electronic Privacy Information Center (EPIC), have criticized the limitations of existing U.S. privacy laws while calling for the creation of a national data protection agency (Electronic Privacy Information Center, 2020).

Despite these criticisms, during the pandemic, the FTC did pay close attention to the issues of data protection stemming from public health measures such as contact tracing. In this context, the FTC provided “guidance to ed tech providers, schools, and parents about navigating privacy and security issues; Advice for businesses and consumers about how to safely use videoconference services (...) in a way that protects privacy; and Tips on how to use artificial intelligence technology (...) in a fair and non-discriminatory manner.” (Jillson, 2020). At the same time, COVID-19 and new technologies such as contract tracing apps have created new data privacy and protection challenges that

demand greater coordination and a bolder role taken by the federal government (Boudreaux et al., 2020). In this context, COVID-19 fueled the existing debate about the limitations of federal data privacy and protection in the United States.

Citation:

Boudreaux, Benjamin, Matthew A. Denardo, Sarah W. Denton, Ricardo Sanchez, Katie Feistel, and Hardika Dayalani. 2020. Data privacy During Pandemics. RAND Corporation. 2020.

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Federal Trade Commission. 2020. "Protecting Consumer Privacy and Security." <https://www.ftc.gov/news-events/media-resources/protecting-consumer-privacy-security>

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Béland, D., Lammert C. & M. Thunert (2021).
United States Report. Sustainable Governance in the Context
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