Covid-19 and the American Right∗

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**Abstract**

The novel coronavirus SARS-CoV-2 (COVID-19) has upended normal routines across the United States. More than 150 thousand Americans have died of COVID- 19, and more than 5 million have tested positive for the illness. At the same time, the governmental response to the pandemic has been largely politicized, with many criticizing the Trump Administration’s response. This study tests how

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On January 21, 2020, the first case of SARS-CoV-2 (or “COVID-19”) was confirmed in the state of Washington ([McNerthney 2020](#_bookmark10)). President Donald Trump made his first public comments on the new virus the next day from Davos, telling CNBC “we have it totally under control. It’s one person coming in from China, and we have it under control” ([Calia](#_bookmark3) [2020](#_bookmark3)). A few days later, on January 30, he said at a manufacturing plant in Michigan that “we think we have it very well under control,” assuring listeners that “it’s going to have a very good ending for it” ([“Remarks by President Trump at a USMCA Celebration with](#_bookmark14) [American Workers | Warren, MI” 2020](#_bookmark14)). Meanwhile, cases were identified in states across the country. The first confirmed death attributed to COVID-19 occurred in Northern California on February 4th ([Moon 2020](#_bookmark12)). By early March, Washington State was being called the center of the outbreak in the United States ([Golden 2020](#_bookmark8)), although New York City would soon claim that dubious honor. By the time of the 2020 presidential election, more than 8.3 million Americans had tested positive for the novel coronavirus, with more than 220 thousand dead

([*New York Times: U.S.* 2020](#_bookmark13)). Reporting from a few months earlier, however, indicates that

the oﬀicial reports may be undercounts ([Lu 2020](#_bookmark9)).

Although the World Health Organization declared COVID-19 a pandemic on March 11 ([Wan](#_bookmark16) [2020](#_bookmark16)), the response from the United State’s federal government was slow. In the months to come, the Trump Administration would push responsibility to states and local governments, downplay the severity of the pandemic, and argue against the widespread stay-at-home orders promoted by public health experts ([Shear et al. 2020](#_bookmark15)). Much of the United States remained at home throughout the summer even as peer nations were able to return to more normal daily life ([Douglas 2020](#_bookmark5)). The Trump Administration’s response to the pandemic has consistently been criticized in the press, with Time Magazine reporting that a “complete catalog of Trump’s failures to adequately address the pandemic is the stuff of books, not single articles” ([Fitzpatrick 2020](#_bookmark7)).

This study uses the COVID-19 pandemic to better understand voters’ political and partisan identities. I leverage both Émile Durkheim’s theories on group processes and anomie, and

contemporary political science research, to explore how malleable voters’ decisions are. I fo- cus in particular on one group of voters: Republicans who knew someone who was diagnosed with or died from COVID-19. Did these Republicans experience anomie given the tension between their first-hand experience with the virus and their candidate’s downplaying of the pandemic’s severity? Or Did they instead abandon their party, opting instead to vote for Joseph Biden?

How can we make sense of the response — or lack thereof — of the American Right to COVID-19? How do we understand the reluctance of a president up for re-election to mar- shal the response needed to combat such widespread death? And how do we contextualize the response of voters — on the American left and right — in the voting booth? Although there is a body of political science literature that sheds light on the potential causal mech- anisms in play, questions of these sorts have been explored less from the perspective of classical sociology. This project begins by tracing what Durkheim would call anomie among conservative white Americans over the past century, and finding a latent predisposition in this anomie toward social annihilation. I argue that, although the potential for such dis- sembling in the face of a disaster has been latent in conservative politics for some time, it is only under a charismatic leader such as Donald Trump that such a tendency could become manifest. Using Max Weber’s tripartite classification of competing bases of legitimacy helps us understand why President Trump and his followers were deeply reluctant to heed the advice of public health experts. I then place these classical sociological texts in conversation with a contemporary and growing literature in political science: namely, theories of political threat. Over the past decade, scholars have demonstrated that, when faced with the threat of political harm, groups can mobilize around shared identities.

The project at hand is meant as a too-long theory section for a paper that will be written in the coming months exploring the (de)mobilizing effects of close proximity to the coron- avirus. I thus end with a brief discussion of the research design that will be employed and preliminary hypotheses, with particular attention to the hypotheses that can be tested using

the theoretical framework developed in the body of this paper.

***Suicide* in a Pandemic**

Émile Durkheim takes up the challenge of empirically measuring social cohesion in his *Sui- cide: A Study in Sociology* ([[1897] 2005](#_bookmark6)). In it, he continues the project begun in The *Division of Labor in Society*, published some four years earlier. Durkheim argues that a society’s rate of suicide is a useful correlate of its underlying cohesion, and that fluctuating rates of death by suicide can point to real shifts in the solidarity of a community. Durkheim contends that suicide is largely a modern phenomenon, and that the nineteenth century was marked by the decline of cohesion in religious communities. He is careful to note that, al- though it was freedom and expansiveness of intellect that effected the declining importance of religion, the intellect itself is not responsible for suicide: “Man seeks to learn,” he writes, “and man kills himself because of the loss of cohesion in his religious society; he does not kill himself because of his learning” (123). Rather, he writes, while education *may* be an indirect cause of the breakdown in mechanical social solidarity, it is also best tool to combat the resulting lack of unity.

Durkheim details four main types of suicide: egoistic, altruistic, anomic, and fatalistic. Egoistic suicide, he argues, is endemic to modern societies. When individuals feel that the chasm between them and the rest of society is unbridgeable, they take their own life. These individuals, cut off from solidarity and companionship, determine that to die is better than to live. Altruistic suicide, on the other hand, is the precise opposite of this egoistic suicide. Durkheim writes that altruistic suicide is mostly found in societies where mechanical solidarity is high. Individuals in these societies, he contends, place too little importance on the individual and instead are excessively willing to sacrifice themselves for the good of the whole.

Fatalistic suicide, according to Durkheim, surges where social regulation is too strict. When

individuals feel that the regulations of society are overbearing and they cannot meet these expectations, despair sets in. Here we may be getting close to a social phenomenon related to COVID-19; surely, in many places, strict measures have been put into place that disallow many of the behaviors commonplace to Americans. No doubt much will be written about the social effects of these shutdowns; indeed, some scholars are already taking up the task of examining COVID-19 through the lens of Durkheim’s fatalistic suicide ([Menon, Padhy, and](#_bookmark11) [Pattnaik 2020](#_bookmark11)).

Here, however, we are interested less in the individual suicides caused by COVID-19, but rather the collective, suicidal tendency exhibited by members of the American Right in response to the pandemic. If we, like Durkheim, allow a broad definition of suicide in which “any death which is the direct or indirect result of a positive or negative act accomplished by the victim himself” (xl) qualifies, surely a lack of precaution against a known virus must be considered from this perspective. However, rather than stop at the individual, I abstract from Durkheim to the group: the question is, namely, why would the American Right categorically refuse to engage in self-preservation in the face of COVID-19?

The answer, I contend, lies in the anomie of white America in light of the cultural and demographic changes described earlier in this paper. Durkheim argues that anomic suicide arises in cases when an individual’s expectations or desires out of step with what is possible. He writes that individuals suffering from anomie “are not adjusted to the condition forced on them, and its very prospect is intolerable; hence the suffering which detaches them from a reduced existence even before they have made trial of it” (213). Economic crises, such as those omnipresent in capitalism, can and do lead to enormous dislocations between the standard of living an individual expects to attain and actually achieves. In the contemporary United States, we can certainly understand the growing phenomenon of children failing to out-earn their parents through the lens of anomie. Man, Durkheim writes, is capable of enduring suffering and hardship when directed toward some end; however, when aspirations grow too large, he can no longer make sense of his conditions. Durkheim continues: “So

long as the social forces thus freed have not regained equilibrium, their respective values are unknown and so all regulation is lacking for a time” (213).

The great social changes begun in the middle of the twentieth century have emphatically *not* regained equilibrium. In many ways, the backlash election of Donald Trump in reaction to Barack Obama’s presidency makes clear just how unsettled America’s racial order remains ([Coates 2017](#_bookmark4)). White Americans still do not understand their position in the post-1960s

social order. Although the racial hierarchy of course remains strongly in place, enough has changed to cast doubt. White Americans’ deep distrust of programs like aﬀirmative action and public housing belie this apprehension. This is particularly true for older white Americans, who either lived experienced these “social disturbances” themselves, or raised by parents deeply uncertain about their childrens’ future. To grow up white in the post-war era, in other words, was to grow up without a clear understanding of the caste system for which one was being prepared.

We can thus understand the tendency in the modern (white) American right toward self- destruction given the intense levels of anomie experienced by this group. The conservative American right does not know where they stand within the racial caste system, and their alienation from that system destroys any ability to marshal the collective solidarity needed to protect it. To be sure, this is not particularly new, but rather echoes the white response

to Reconstruction, as DuBois notes in *Black Reconstruction in America*: “ ‘Sooner than see

the colored people raised to a legal and political equality,’ ” DuBois recounts a Southerner saying, “ ‘the Southern people would prefer their total annihilation’ ” (186). The quote is ambiguous: we are left wondering whether the white Southerner would prefer *his own* destruction to equality with the Black man, or would rather destroy the Black man than see him elevated. Of course, the distinction is without much difference: the Southern economy would have collapsed for whites with the “annihilation” of the Black man.

We are left, however, with a puzzle. Durkheim recognizes that moments of intense threat

to the body politic can result in greater cohesion and lower suicide. To wit: “great social disturbances and great popular wars rouse collective sentiments, stimulate partisan spirit and patriotism, political and national faith, alike, and concentrating activity toward a single end, at least temporarily cause a stronger integration of society” (166). Of course, all social upheavals could be cast in this light: why a “great social disturbance” sometimes rouses collective sentiments, and other times leads to a surge in anomie is left largely unexplored by Durkheim. On its face, however, it seems that the pandemic could have engendered either this destructive impulse or an increase in solidarity. And, undoubtedly, we have observed such an uptick in certain communities within the United States. The coordinated and costly actions taken to constrain the virus in New York City, for instance, have gone largely unprotested. In fact, the response to the pandemic has generally fallen along partisan lines: conservatives have responded with what can only be characterized as a mass impulse to self-destruction, while liberals have responded collectively. Some of this can be explained by the latent anomie that has grown on the right for the past few generations, but it was surely exacerbated by the man in the White House in 2020. To fully understand why COVID-19 led to social suicide among American conservatives, we must understand the base of Trump’s claims of legitimacy.

# Data and Hypotheses

To test the effect of partisan identity and exposure to COVID-19, I leverage data from the 2020 Cooperative Election Study (CES, formerly known as the Cooperative Congressional Election Study). The CES is fielded each year, with a pre- and post-wave in even-numbered years. In 2020, the CES surveyed 61,000 individuals, asking a host of questions about voters sociodemographic characteristics, partisan aﬀiliations, and voting behavior. The sample is weighted to be representative of all American adults, not just voters or registered voters. In 2020, the CES also asked questions specifically about respondents’ exposure to COVID-

19. They ask about whether respondent or anyone they knew had been *diagnosed* with COVID-19, as well as whether anyone they knew died from the illness.

To test whether voters were more likely to opt-out or to support a candidate of a different party, I run a multinomial logistic model, where the dependent variable takes one of three values: “Did not vote”; “Voted for Party’s Candidate”; and “Voted for Another Candidate.” The primary independent variables are exposure to COVID-19, and I include a number of standard covariates which include party identification; race; age; gender; education level; household income; presidential vote choice in 2016; and a 7-point scale of ideology. Finally, to test the different effects of COVID-19 exposure for different parties, exposure is interacted with party identification.

These models allow me to test the following hypotheses:

**H1:** Registered Democrats who knew someone diagnosed with or who died from COVID-19 were more likely to vote, other things equal. Republicans with exposure to COVID-19, on the other hand, were less likely to vote.

**H2:** Exposure to COVID-19 increased Republicans’ likelihood of voting for Trump, while it increased the probability that Democrats voted for Biden. However, because partisan identity is so sticky, I expect that COVID-19 exposure had less of an effect on vote-choice than whether an individual participated. Put differently, I expect that Republicans were more likely to abstain from voting than to switch parties in the face of COVID-19.

The CES also includes self-reported measures of ideology, ranging on a 7-point scale from “very liberal” to “very conservative.” To better understand the relationship between party loyalty, withdrawal, and COVID-19 I estimate the same model as that described above, but here investigate whether contact with COVID-19 differently structured turnout and vote

choice *within* the conservative population. I expect that “somewhat conservative” voters

will be more likely to switch to support Biden, while “very conservative” voters will abstain at higher rates. Put formally, I test the following hypotheses:

**H3:** Other things being equal, contact with COVID-19 will result in substantially higher abstention rates for “very conservative” voters than for other conservatives.

# Results

Before proceeding to the econometric modeling, I present the results of the characteristics of survey respondents with contact with COVID-19.1 These characteristics are presented in Table [1](#_bookmark0).

Table 1: Group Contact with COVID-19

Knew Someone Who...

Group Died Was Diagnosed

**Race**

|  |  |  |
| --- | --- | --- |
| Asian | 11.9% | 42.8% |
| Black | 21.3% | 49.6% |
| Latinx | 21.0% | 54.0% |
| Other Race | 17.3% | 53.2% |
| White | 12.6% | 50.6% |
| **Party**  Democrat | 18.8% | 55.7% |
| Republican | 10.9% | 45.7% |
| Other Party | 13.7% | 49.5% |
| **Income**  Less than $50k | 12.7% | 43.6% |
| $50k - $100k | 15.9% | 54.8% |
| More than $100k | 18.6% | 61.8% |
| **Age** |  |  |
| Less than 45 | 13.7% | 52.4% |
| 45 - 64 | 16.6% | 52.0% |
| 65 or Older | 13.8% | 44.8% |

Table [1](#_bookmark0) shows that there were meaningful group-level differences in COVID-19 contact. Surprisingly, these vary based on whether we look at COVID-19 diagnoses or deaths. White

1Respondents report their incomes in bucketed groups (e.g. “Between $40,000 and $50,000”). These incomes are re-coded as the midpoint of each range.

respondents, for instance, were slightly more likely to know someone who was *diagnosed* with COVID-19 than Black respondents, but were substantially less likely to know someone who *died* from the disease. Higher-income respondents were also much more likely to report knowing someone who was diagnosed with or died from COVID-19 than middle- and low- income respondents. Public reporting indicates that the disease was actually more common among lower-income and non-white populations, so these patterns are somewhat surprising. The same is true of the age patterns, in which older individuals were not more likely to know people who had contracted or died of COVID-19. Nevertheless, as we are interested

in how individuals’ *own experience* of the disease influenced their behavior, we use these self-reported contact measures.

I begin by running two mulitnomial logistic regressions. The dependent variable takes 1 of 3 values: voted for in-party candidate; voted for out-party candidate; and abstained (for non- partisan respondents, any vote is considered out-party). The primary independent variables are dummies indicating whether the respondent knew anyone diagnosed with COVID (in model 1) or who died from COVID (in model 2). These dummies are interacted with partisan identification dummies to measure whether the effect of contact was different for members of different political parties.

Because the results of the mulinomial logistic regressions are diﬀicult to interpret directly, I here present the marginal effects plots for these models (the full tables can be found in the Supplemental Information). All other covariates are held at their means. The top panels present the results from model 1 (where I measure the effect of knowing someone diagnosed with COVID) while the bottom panels show the results of model 2 (that is, the effect of knowing someone who died from COVID). The left-hand panels measure show whether contact was associated with abstention (that is, not voting), and the right-hand panels show the effect of contact on voting for the other party’s presidential candidate. Because the options are binary for unaﬀiliated voters (vote or abstain) I do not plot their behavior in the right-hand panels; their vote behavior is the inverse of their behavior in the left-hand panels.

8.0%

Did not vote

Vote for Other

Knew Someone Diagnosed

6.0%

4.0%

Predicted Probability of Action

2.0%

8.0%

Party

Democrat Republican Other

Knew Someone Who Died

6.0%

4.0%

2.0%

No

Yes No

Yes

Note: Covariates include age; gender; education; income; 7−point political ideology; 2016 presidential vote choice.

Figure 1: Predicted Behavior, 2020 Election

Figure [1](#_bookmark1) makes clear that contact with individuals who were diagnosed with or died from COVID-19 did structure political behavior, and that the effect differed by party aﬀiliation. While contact with someone diagnosed with COVID-19 *decreased* the abstention rate for Democrats and unaﬀiliated voters, it *increased* the abstention rate of Republicans by about

0.7 percentage points. Contact with someone diagnosed also increased the probability that both Democrats and Republicans voted for Biden by a considerable amount (by 1.5 and 1.2 percentage points, respectively).

Knowing someone who died from COVID-19 had similar effects to those of knowing someone diagnosed for Democrats and unaﬀiliated voters. They were less likely to abstain and more likely to support Biden. The relative effect sizes, however, shift dramatically for Republicans. Although knowing someone who died from COVID-19 still increased Republican’s abstention rate (*p* < 0.01), the effect is very small: the predicted abstention rate of a Republican who

knew someone who died of COVID-19 was just 0.16 percentage points higher than those who knew no one who died, after controlling for all other covariates. Knowing someone who died

of COVID-19, however, was associated with a *far* higher probability of voting for Biden. In

fact, Republicans who knew someone who died of COVID-19 were more than twice as likely as other Republicans to support Biden, all else equal. It seems, then, that the “weaker” treatment of knowing someone diagnosed with COVID-19 led Republicans to withdraw; the “stronger” treatment, however, led them to support the candidate of the other party.

Of course, party identification is a very rough grouping: with just two major parties in the United States, each party includes a broad swath of voters. However, because the CES includes self-reported measures of partisanship, I can test whether an individual’s position

*within* the conservative landscape is associated with their reaction to COVID-19 in 2020. As

discussed above, I re-run similar models to those discussed above. Here, however, I regress vote choice / abstention not on a voter’s party aﬀiliation, but on their self-reported ideology. Once again, model 1 tests the effect of knowing someone diagnosed, while model 2 tests the effect of knowing someone who died from COVID-19. As before, I include in the body of this paper only the marginal effects plot; the full table can be found in the Supplementary Information.

Although these models include all voters, I am primarily interested in the behavior of con- servatives. As such, Figure [2](#_bookmark2) plots only the effect of contact with COVID-19 on the behavior of self-identified conservatives. Once again, all covariates are held at their means.

Figure [2](#_bookmark2) shows similar trends to those in Figure [1](#_bookmark1). While “somewhat conservative” voters were motivated to vote by having contact with someone with COVID-19, the opposite was true for “very conservative” individuals. These respondents were far more likely to withdraw from the political process altogether. The behavior of the middle-of-the-road conservatives

is perhaps the most interesting aspect of Figure [2](#_bookmark2)—while knowing someone *diagnosed* with

COVID-19 led them to abstain, knowing someone who *died* from the disease substantially

35.0%

Knew Someone Diagnosed

Knew Someone Who Died

30.0%

Predicted Probability of Abstaining

25.0%

Ideology

Somewhat Convervative Conservative

Very Conservative

20.0%

15.0%

No Yes No Yes

Note: Covariates include age; gender; education; income; party affiliation; 2016 presidential vote choice.

Figure 2: Predicted Behavior of Conservatives, 2020 Election

decreased their abstention rate. This is similar to the overall effect for Republicans in Figure [1](#_bookmark1).

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