

# Federalism in a Time of Plague: How Federal Systems Cope With Pandemic

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## Abstract

This article compares and contrasts the responses of Australia, Canada, Germany, and the United States to the COVID-19 outbreak and spread. The pandemic has posed special challenges to these federal systems. Although federal systems typically have many advantages—they can adapt policies to local conditions, for example, and experiment with different solutions to problems—pandemics and people cross regional borders, and controlling contagion requires a great deal of national coordination and intergovernmental cooperation.

The four federal systems vary in their relative distribution of powers between regional and national governments, in the way that health care is administered, and in the variation in policies across regions. We focus on the early responses to COVID-19, from January through early May 2020. Three of these countries—Australia, Canada, and Germany—have done well in the crisis. They have acted quickly, done extensive testing and contact tracing, and had a relatively uniform set of policies across the country. The United States, in contrast, has had a disastrous response, wasting months at the start of the virus outbreak, with limited testing, poor intergovernmental cooperation, and widely divergent policies across the states and even within some states. The article seeks to explain both the relative uniform responses of these three very different federal systems, and the sharply divergent response of the United States.

## Keywords

federalism, COVID-19, pandemic, social welfare, polarization

The rapid spread of COVID-19 has challenged governments across the world. With millions of infections and hundreds of thousands of deaths, the human toll has been horrific. Many who survive the virus are ill for weeks or months, and some have suffered permanent damage to hearts and lungs. In many countries, health care systems have been overrun, leading to rationing of ventilators and even hospital beds, and to the deaths of health care workers. Economic costs have been massive as well, as countries have locked down to prevent the spread of the virus and businesses have closed. The final economic cost is likely to be staggering.

The impact of the virus has varied across countries for demographic reasons, including the age structure of the population and the prevalence of multigenerational families, population density, and the number of citizens who traveled abroad. There are cultural differences at play too, with Asian countries and territories such as South Korea, Taiwan, and Hong Kong doing especially well. And differences in the capacities of health care systems have affected the treatment options available.

Some countries (Iceland, Singapore, South Korea) moved quickly to contain the virus, while others (Brazil, United States, United Kingdom) reacted slowly or not at all. Some countries such as South Korea and Iceland launched national

programs of testing and contact tracing. New Zealand blocked international travel and began to lock down with only a small number of cases. As the images of the unfolding disaster in Italy were broadcast throughout Europe and then the rest of the world, Spain was slow to react, Germany was fast. Canada responded quickly, the United States slowly and incoherently.

Countries headed by women—Germany, New Zealand, Taiwan, Iceland, Finland, Norway, and Denmark—all had relatively rapid responses based on wide consultation with public health and other experts, and their leaders engaged in calm and regular communication with citizens. These countries invested early in testing and contact tracing, allowing them in some cases to keep schools open. In Norway and Denmark, the prime ministers had special press conferences for children only, and in New Zealand, the prime minister told children that the Easter Bunny and the tooth fairy were essential workers but might be a bit delayed this year.

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## Federalism and Government Response

A pandemic poses special challenges for countries with federal systems. Federal systems have many advantages—they can adapt policies to local conditions, for example, and experiment with different solutions to problems (Rozell & Wilcox, 2019). But pandemics and people cross regional borders, and controlling contagion requires national coordination and intergovernmental cooperation. And federal systems vary in their relative distribution of powers between regional and national governments, in the way that health care is administered, and in the variation in policies across regions. We therefore can expect some differences in the ways that federal systems respond to the epidemic.

Giraudy et al. (2020) demonstrate that the differences in the COVID-19 responses among three federal systems in South America show the importance of institutions. They contrast Argentina, which implemented a nationwide lockdown with generous social welfare packages for poor workers, with Brazil where President Jair Bolsonaro has taken no action but where the Congress did pass some social benefit packages and increased capacity of health care, and with Mexico, where there is no lockdown and very limited social support for affected workers. The authors argue that strong parties allow leaders to take unpopular positions, that stronger national power creates a more uniform response across regional governments, and that a strong social welfare state leads to more generous social packages to help low-income citizens.

Here we compare the responses of Australia, Canada, Germany, and the United States. All four countries give states substantial police powers to protect public health and safety. But these four affluent federal systems differ on many dimensions—the degree of centralization of power, the number and powers of the states, the administration of health care, the party systems, and the structure of national governments. Three of the countries (Australia, Germany, and the United States) have rightist governments, and three (Germany, Australia, and Canada) are parliamentary democracies with relatively robust public welfare systems and guaranteed health care. Two (United States and Canada) are among the most decentralized federal systems, and one (Australia) is one of the more centralized. Two (Germany and the United States) have both national constitutions and state or Länder constitutions.

We focus on the early responses to COVID-19, from January through early May, 2020. As countries begin to reopen portions of their economies, we may see different patterns emerge. Three of these countries—Germany, Canada, and Australia—have done well in the crisis. They have acted quickly, done extensive testing and contact tracing, and had a relatively uniform set of policies across the country. The United States, in contrast, has had a disastrous response, wasting months at the start of the virus outbreak, with limited testing, poor intergovernmental cooperation, and widely divergent policies across the states and even within some

states. Here we seek to explain both the relatively uniform responses of these three very different federal systems, and the sharply divergent response of the United States.

In Australia, Canada, and Germany, there have been some differences across regional governments in the timing and details of lockdowns, and in the nature of travel restrictions. In Germany, Bavaria was the first of the Länder to respond, although the others followed quickly. There are variations on mask requirements—in some Länder it is required to wear masks in shops, while in others only in public transportation. The Länder have tailored their economic responses to the industries within their borders. In Canada, there are travel restrictions imposed by some but not all provinces, and some differences between Ontario and Saskatchewan. Testing rates differ across the provinces, with Quebec, British Columbia, and Alberta testing at higher rates than the other provinces. Ontario is planning to open in advance of other provinces, but when this will happen is not entirely clear at this writing in May 2020. In Australia, three states have closed their borders, and there are only minor variations in policies, reflecting the greater national role in their federal system.

But in each country a consensus quickly developed and all regional governments have adopted similar policies. In each country, the national government helped coordinate and support these policies. State and national governments consulted a range of experts, and there has been remarkably little partisan disagreement, or public dissent. And as we will see below, although the three countries differed in their social and economic support policies, these policies are relatively similar as well.

In the United States, the situation has been far different. The national government was slow to react, forced states to bid against one another and against the national government for critical supplies, seized and redistributed medical and safety equipment along political lines, and has publicly undercut states that have imposed lockdowns. With a few exceptions, party differences have been large, and President Donald J. Trump has encouraged demonstrators to “liberate” states where Democratic governors have imposed lockdowns and stay at home orders.<sup>1</sup>

States in the United States have differed sharply in the timing, extent, and duration of lockdown orders and exceptions, and some did not lock down at all. Some of the states that did lock down have already reopened, resulting in interstate travel for shopping and recreation. States are testing at dramatically different rates and are reporting deaths differently, making inferences difficult.<sup>2</sup> And the U.S. Senate Majority Leader Mitch McConnell (R-KY) has recently threatened to withhold financial help from states that have battled the virus at great cost, and he even suggested at one point that these states declare bankruptcy.

Although the accuracy of counts of infections and deaths varies widely across countries and is faulty everywhere, the United States clearly has a disproportionate share of cases and deaths.<sup>3</sup> How can we account for this disastrous performance by one of the richest countries? Some Americans have

proclaimed that this is a failure of federalism, but among these four wealthy federal systems, only the United States has faltered. Moreover, although there were difficulties in each of the three successful cases, the United States previously had far more effective responses to the swine flu outbreak in 2009 and the threat of an outbreak of Ebola in 2014. Below we consider several explanations for the United States's distinctive failures in the face of COVID-19, and also explore some of the differences between the United States and the other three countries.

### *Political Structures*

Perhaps the distinctively dysfunctional U.S. response is a result of political structures. Australia, Canada, and Germany are all parliamentary democracies, and these systems have an advantage in coordinating a strong national response. The United States, with its separation of powers and with split party control of a legislature where both chambers have essentially equal powers, requires bargaining and negotiating to create large new programs. Yet we do not believe that this factor alone explains America's incoherent response. Divided government did not noticeably slow down the passage of national stimulus bills, although if the Republicans had controlled the House of Representatives the stimulus package would have been less generous in unemployment benefits and sick leave. Substantial party differences in policy preferences, however, did result in a somewhat incoherent set of stimulus bills, as we will explore below.

The U.S. faces a coordination problem, with 50 states (and the District of Columbia), compared with 16 Länder in Germany, six states and 10 territories in Australia, and 10 provinces and three territories in Canada. With increasing numbers of actors, consensus becomes more difficult. The U.S. states differ widely in population, with seven states having fewer than 1 million residents, and one (California) having nearly 40 million, so that the range of circumstances varied considerably across states. More importantly, states differ widely in their political capacities, with some having essentially amateur legislatures and relatively weak bureaucracies, and they differ in the extent to which they extend health insurance support to the poorest citizens. State constitutions differ in conferring emergency powers, allowing, for example, the governors of Georgia and Maryland, but not the governor of Wisconsin, to delay a primary election as the virus began to spread. The governors frequently have their own political ambitions and may disagree with national party leaders. Yet we believe that strong national leadership could have helped significantly to reduce differences in state responses.

In the absence of national leadership, many states formed cooperative agreements to coordinate their policies to minimize interstate competition and to foster greater compliance. These agreements in the West Coast and East Coast were all formed among Democratic governors, but the discussions were joined by Republican governors in states such as Maryland and

Ohio. There also are many examples of effective regional coordination of action throughout the country by state and local leaders. At a time when the U.S. president had questioned the wisdom of social distancing practices, the governors of Maryland and Virginia, along with the mayor of Washington, DC, issued a joint statement of their commitment to work together to ensure social distancing in their jurisdictions. Perhaps most telling of all, it is the three jurisdictional leaders, and not the federal government, who jointly put in place effective measures to protect upward of 360,000 federal employees, many of whom are at work in areas critical to resolving the national crisis. The three leaders also issued on the same day coordinated stay-at-home orders for their jurisdictions.

### *Neoliberal Social Welfare Policies*

The United States lacks a system of guaranteed health care, and many Americans have either inadequate insurance or, in some cases, no insurance at all. Health care costs are very high, and many Americans therefore delay health care. In the 2019 Bloomberg Healthiest Country Index, the United States ranked 73rd among countries in the health of its population, and the subsequent corona virus doubtlessly increased the death rate. It also meant that many who contracted the virus did not seek treatment until their condition was life threatening. Boulton (2020) describes a young man whose employer-provided health insurance kicked in only after 6 months of employment, but who finally went to the hospital 3 days before his insurance coverage began. He is now seeking to avoid bankruptcy with a Go Fund Me campaign.

Moreover, the United States lacks a uniform policy of paid medical leave, and many employers pressure workers to work while sick—something that has increased during the pandemic. Workers face the threat of losing income or working sick, and thus spreading the virus. Although the national stimulus bill provided for medical leave for many workers, it did not cover everyone, its availability was not publicly announced, and there was no effort to force companies to provide medical leave.

Thus, the American public health tragedy is partly due to citizens avoiding seeking medical care until the last minute, and workers going to work sick and spreading the virus. But the social and economic responses of the four countries also highlight an important difference in the perceived role of government. All countries provided some kind of loan program to companies, but Australia, Canada, and Germany provided substantial support to keep income flowing to individuals. The details of these programs varied, and the left government of Canada had the most generous program of direct cash payments to individuals, while Germany and Australia channeled a higher portion of their support to job and wage support programs through companies. The more centralized system in Australia provided all of these benefits through national legislation, but in Germany the Länder had their own additional income and job support programs. But

in all three countries, these programs were very large and expensive, and allowed many workers to continue to receive paychecks, and indeed in some cases continue to make payments to retirement accounts, when employees were unable to work because of the pandemic.

In the United States in contrast, a one-time cash payment was given to all citizens below a certain income level, although months later many have yet to receive the help. An expansion of unemployment compensation was authorized, but many states have restrictive rules for receiving compensation and cumbersome hurdles for applications. By early May, Florida had yet to process nearly one-half of its applications. The law mandated paid sick leave of up to 2 weeks for workers, but exempted companies of more than 500 employees or those with fewer than 50, and would only cover 2 weeks of pay.

As a result, many food banks in the United States have lines of cars miles long waiting for food, and many workers are behind in their mortgages and rent payments. Some states have provided idiosyncratic relief—there is an eviction moratorium in Maryland, for example—but these actions have not diffused across the states. Perhaps the most dysfunctional element of the American response, however, has come as cash-strapped states grapple with the huge increase in health care costs that have not been subsidized by the national government. The largest elements in most state budgets are Medicaid, which supplies health care for the poor and disabled, and education. In a time of pandemic, when the country needs a better educated citizenry, states are preparing to cut health care and education spending. For example, Ohio Governor Mike DeWine proposed in response to the state budget shortfall from the virus spread nearly \$800 million in reductions, most coming from Medicare and from K-12 and higher education spending (Tobias, 2020).

### *Failure of National Leadership*

Pandemics require national coordination. Writing in the *New England Journal of Medicine*, Haffajee and Mello (2020) note that “SARS-CoV-2 is exactly the type of infectious disease for which federal public health powers and emergencies were conceived: it is highly transmissible, crosses borders efficiently, and threatens our national infrastructure and economy.”

There is little doubt that much of the responsibility for the failure in the United States rests with President Donald J. Trump. Prior to the outbreak of the virus, he had discontinued the National Security Council’s pandemic-response office, and those appointees who had been on the Barack Obama transition team on a set of plans for dealing with a pandemic were fired or resigned (Tenpas, 2020). Trump’s administration let slip a project to create cheap ventilators that the United States had primarily funded, resulting in these products being sold to Europe instead of the United States.

President Trump wasted nearly 2 months that could have been used preparing for the virus. He ignored repeated briefings on the virus outbreak in China in January and February, and for most of February and early March he dismissed the

virus as a threat, calling it a hoax, and saying that one day it simply would disappear, “like a miracle” (Collinson, 2020). This time could have been used to revisit the plans of the George W. Bush and Obama administrations and create new plans, to ramp up production of tests, of protective equipment for medical personnel, and of ventilators and other medical equipment. President Trump appointed a task force to deal with the virus, but his effort was headed not by a public health official but by Vice President Mike Pence.

To be sure, some other countries ignored the virus in February—Germany did not begin planning seriously until Italy imposed its lockdown—but once the virus was on the national radar, national planning was put into high gear (Karnitschnig, 2020). Quick action and earlier timing of a response in Germany undoubtedly saved many lives. The U.S. government’s top infectious disease expert Dr. Anthony Fauci admitted in a televised interview that had the United States acted earlier and more firmly it would have saved many more American lives (Cole, 2020).

The leaders of Australia, Canada, and Germany have all used public forums to inform the public of the dangers of the virus and of government plans, to reassure frightened citizens and promote compliance with policy. President Trump wasted much of his time attacking the policies of his predecessor President Obama and of various Democratic governors, and even reporters and news organizations. His daily press briefings were full of misinformation, at one point wrongly blaming President Obama for not having a viable test to identify a virus that appeared more than 2 years after the former president had left office. Instead of the calming voice of Angela Merkel in Germany or Jacinda Arden in New Zealand, Trump praised himself and the televised ratings of his daily briefings, and most bizarrely talked about whether injecting or ingesting disinfectant might be an effective way to cure the virus. A spate of disinfectant poisoning incidents followed over the next several days. Maryland Governor Larry Hogan reported that state agencies and medical offices in the state were inundated with calls from citizens asking whether it was safe to ingest disinfectants to attack or prevent the virus.

Instead of coordinating the acquisition of a valid national test and doing testing and contact tracing, which has proven so successful in many places, a variety of often inadequate protocols was approved, and the country has had a critical shortage of tests. Trump and his presidential adviser, son-in-law Jared Kushner, blamed the governors for this shortage and told them to go out and get their own tests and also protective equipment and ventilators, essentially forcing states to bid up the price instead of the national government using its authority to negotiate a large purchase. When states did procure tests and equipment, the administration frequently seized them, and then distributed them with a political calculus in a process marked by a total lack of transparency. This action led to a remarkable event—Maryland’s governor Hogan purchased 500,000 tests from South Korea, and then hid them in an undisclosed location protected by the national

guard—protected against seizure by the national government. Unbelievably, a Republican governor is protecting his tests against possible seizure by the Republican president.

Whereas the leaders of Australia, Canada, and Germany helped coordinate regional responses by initiating conference calls and urging uniformity, President Trump has consistently undermined states that have locked down or issued stay at home orders. He tweeted to his supporters to “liberate” states that had locked down at the advice of health professionals, leading to large and crowded demonstrations in state capitals by men in body armor with large guns and ammunition clips. He praised these demonstrators, some of whom carried Nazi slogans or Confederate flags and blocked ambulances, and urged governors to negotiate with them. He has tweeted support for restaurants that have opened in defiance of state law.

We have written about past presidents, and it is obvious to us that any of the presidents in our lifetime would have done a far better job in coordinating a national response, in articulating a coherent policy, and indeed in helping to steer a coherent stimulus program. Trump failed to react quickly to the virus, failed to coordinate the development of testing and the acquisition of equipment, failed to provide a public voice to guide the public to safe practices, and in fact undermined states that listened to their public health officials.

But President Trump is not the only source of national government failure. The stimulus packages rushed out by Congress were poorly designed in ways that led to failed implementation. Although these stimulus programs were vastly expensive, much of the money has gone to large companies and not to small businesses, and has not protected wages or jobs of employees. The packages are somewhat incoherent, in part because of the need to bargain between a Senate controlled by Republicans, a House controlled by Democrats, and a somewhat inattentive president. This is always true in the United States—the stimulus bill in 2009 to help offset the financial crisis was not a well thought out package, but it was far more coherent than the three stimulus bills passed in 2020.

### *Partisan and Political Polarization*

In Australia, Canada, and Germany, there has been remarkably little partisan discord over government responses. In Australia, the prime minister assembled a “war cabinet” with leaders of multiple parties, health officials, union officials, and leaders in different states and territories. In Canada, there has been widespread cooperation by premiers from different parties. In Germany, there is a “Corona Cabinet,” comprising federal representatives (including the chancellor) and the Ministerpräsidenten (Minister Presidents of the Länder), that coordinates policies. There was some small disagreement on the nature of the stimulus, but Länder governed by different parties reached consensus. In the United States, nearly all states that have either not implemented a lockdown or quickly reopened against the advice of public health

officials, have Republican governors. The exceptions are the GOP governors in Maryland (Larry Hogan) and Ohio (Mike DeWine) who have done a good job of working with public health officials in devising outbreak response actions. But the differences in response in the United States have mostly been sharply partisan.

America’s political parties are porous and open to social movements, and the Republican Party has seen waves of relatively extreme movement activists from the Christian Right, the Tea Party, and other groups become central elements of its electoral base (Blum, 2020; Rozell and Wilcox, 1996, 2018). Much of the Trump-era GOP is not merely a party that almost uniformly denies climate change, it has come to reject science more broadly, and even expertise. Trump routinely attacks the media, calling them “scum”, and has attacked reporters who ask him a difficult question. He attacks scientists whose views disagree with his own intuition. He has attacked the expertise of the federal bureaucracy, calling it the “deep state.”

But it is precisely the media, scientists, and policy experts that have allowed Australia, Canada, and Germany to craft consensus policies. Two of these countries have conservative prime ministers, and one of them is a climate change skeptic. Yet these countries embraced expertise and used the media to communicate with their citizens—all sharp contrasts to the U.S. president fomenting public distrust of expertise and of the media.

Attacks on the media, science, and the bureaucracy have been a Republican staple for many years. Hetherington and Ladd (2020) report that over time, Republicans have come to distrust any source of information other than their own party leaders. Between 1973 and 2018, the percentage of Republicans who had “hardly any” faith in the media went from 16% to 65%. By 2018, only 39% of Republicans had a great deal of confidence in the scientific community. Partisans have always partially taken their cues from party leaders, but lacking faith in science, government, or media, Republicans are unusually dependent on leadership cues. The authors report that only 25% of Republicans were very concerned about someone in their family becoming seriously ill from COVID-19, and over 80% were confident that the effects of the virus would be limited.

There remain some of the old school, more moderate Republican governors, but many others, especially in the south, have adopted the anti-media, anti-science, and anti-government rhetoric that predates President Trump but which he has articulated most forcefully. In an earlier era, when the GOP had nationally respected leaders such as Senator John Warner of Virginia, Senator Robert Dole of Kansas and other moderates, the U.S. response surely would have been more coherent.

Of course, polarization requires two groups, and Democrats are very negative toward Republican politicians and policies. But this polarization is not symmetrical, and Democrats are far more likely to trust media, science, and government than are Republicans (Mann & Ornstein, 2016). Republican governors who have reopened with few restrictions, in the midst

of a spike in infections in their states, have done so against the advice of their state's public health officials. How these strategies play out is not entirely certain, as we are uncertain about how many people have been infected and are asymptomatic. The owl of Minerva flies at dusk, as Hegel told us, and it may turn out that reopening was a good strategy. But it is not a strategy based on careful calculation, but rather of ideology.

### Discussion: Does Federalism Matter?

National leadership, social welfare policy, and polarized partisanship largely explain the divergent patterns across these countries in response to the pandemic. A common internet meme proclaims that the U.S. is headed by a reality TV star, and that Germany is headed by a woman with a PhD in quantum physics, but this characterization is a bit too glib. The national leaders of Australia, Canada, and Germany moved early, coordinated carefully with health officials, economists, key bureaucrats, and regional leaders in both parties. They planned well thought out responses, and helped foster a consensus across regions. They have been deeply involved in the details of unfolding plans. They made public pronouncements in support of the consensus policies, and urged citizens to behave responsibly. In the United States, President Donald J. Trump did none of these things.

In the absence of national leadership, many U.S. states have coordinated and even helped each other. Washington State had the first outbreak, and New York sent medical supplies. As the Washington situation improved and New York experienced a crisis, Washington sent excess supplies, including ventilators. We noted before the coordination among Democratic governors, and also a regional cooperation across party lines. Governors have been involved in regular conference calls, but in this case not coordinated by national leadership, but by Larry Hogan, the governor of Maryland who also is head of the National Governors Association. There also have been regionally coordinated responses to defy health experts and to open up the states, such as a number of deep south states having worked collectively on their plans.

Why were the international leaders able to foster similar responses, despite different ideologies, different types of federal systems, different party systems, and vastly different circumstances? Facing a public health crisis, this is what is expected of public leaders. As they watched the death toll in Wuhan, China, and then in Italy, these leaders consulted with scientists, used the expertise of government, used the media to reach the public, and built coalitions across party lines.

But these leaders also were able to impose substantial limits on businesses and individuals because in their countries, citizens across the political spectrum are generally trusting of government. Government is seen as a positive force, and although there are disagreements about the scope of government responsibility, there is no virulent anti-government minority that has been demonstrating in many U.S. cities. Even in Australia, a country with a reputation for independent

thinking and a focus on individual liberty, the few voices on the far right are ignored by the vast majority, who are washing their hands, wearing masks, and keeping social distance, because they trust their government to do the right thing to protect its citizens (Glover, 2020). In the United States, trust of government is very low among conservatives, and President Trump has only exacerbated such disdain for government.

Consensus and cooperation in the three countries should last as long as COVID-19 is perceived as a public health crisis. There are cracks in the consensus developing in Germany and Canada about when and how to reopen their economies. In Germany, there have been some protests of shutdowns, particularly in the largest Land—Northrhine-Westphalia, where shopping malls opened the earliest. But these protests have not assumed the kind of anti-governmental authority character of the many U.S. protests. Eventually, we would expect partisan politics to reassert themselves as the virus spread either continues and tests the patients of citizens, or it dissipates and becomes less of a national focus. None of these nations' responses seems to have fundamentally altered the nature of their federal systems.

Partisan polarization makes consensus unlikely to have happened in the United States with any president, not just Donald Trump. The armed demonstrators screaming at police and nurses and demanding their haircuts would likely be far more numerous and agitated had this pandemic occurred during the Barack Obama administration. Indeed, the governor of Florida Ron DeSantis reopened his state even faster than President Trump had suggested. But President Trump made the U.S. situation much worse than it had to be. So long as the Republican Party is dominated by a strong rightist ideological wing, it will be hard to build the kind of trust in public health professionals and other experts who have been the foundation of the successes in Australia, Canada, and Germany.

It is not clear how U.S. federalism will be transformed by the pandemic. Many of the governors have been far more assertive than the national leadership in this crisis, and have formed bonds of cooperation. If President Trump is reelected in November, we would expect the current trend to continue, but if he is replaced then the clear lesson of COVID-19 that there is a need for a national strategy and a national response would likely be followed. Presumably, learning from this disastrous federal response, future U.S. presidents will review plans for new viruses, stockpile medical supplies, and be prepared to act quickly. The United States not only was poorly prepared for this virus outbreak, its early actions prolonged the outbreak and the death toll. No future president will want to risk another such national calamity.

The pandemic has left many states in deep financial trouble. As this damage begins to spread to states run by Republicans, there may develop a consensus to subsidize the health care expenditures that these states have borne. But another lesson of the pandemic is that state health care systems are often fragile, and not well designed. The pandemic may lead to increased support for a national health care system, funded at least in part by the national government.

All told, federalism per se was not the cause of the poor crisis response in the United States. Other countries with federal systems had effective policy responses, despite federal structures that have some important similarities with the U.S. system. The United States once was the envy of the world for its ability to respond to major crises from economic depression to world wars. National leadership with coordinated action throughout the federal system is entirely possible in the United States, and has happened in the past. There is no more clear lesson from this crisis than that leadership matters.

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### Notes

1. Trump has quarreled with GOP governors who have taken strong action against the virus, but his tweets encouraging the demonstrators to liberate their states are all aimed at Democratic governors in states that he hopes to win in the 2020 election.
2. As Florida began to reopen its economy, the governor instructed county medical examiners to not report COVID death data, because the totals were higher than the state had released. For more than a month, Florida did not include any deaths in prisons, and did not include residents of other states who died in Florida.
3. On May 5, 2020, the United States had more than one third of all reported cases in the world, and more than a quarter of all reported deaths, with less than 5% of the world's population. These numbers must be taken with a mountain of salt: In the United States and elsewhere, measures of "excess deaths" suggest that the true death toll is at least 50% higher than reported, and what limited random or quasi random testing that has been done suggests a vast undercount of infections.

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