“BREAKING UP IS HARD TO DO”: FIFTY GOVERNORS’ RESPONSES TO COVID-19
AND THE FUTURE OF FEDERALISM IN THE DIVIDED STATES OF AMERICA
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Abstract

Since 1789, the United States of America has been governed by the principles of federalism: a constitutional structure that establishes the sharing of powers between the national and state governments. Federalism was especially evident in responses to the COVID-19 pandemic under the Trump administration, when the president took a backseat and governors stepped to the forefront. Scholars and journalists stress that partisanship was instrumental in dictating how governors responded to the coronavirus in their states, but there are other factors to consider. I analyze the rhetoric and pandemic mitigation efforts of all fifty state governors, all five territory governors, and the mayor of DC – a methodology which no other scholar has yet employed – to paint a vivid picture of American federalism in action and contribute to a broader conversation on the future of federalism. I find that, as a result of “corona federalism,” the United States will be cemented as a country in which state sovereignty prevails, national public health policies and political institutions are diluted, and state borders dictate quality of life.
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Introduction

Since 1789, the United States of America has been governed by the principles of federalism: a constitutional structure that establishes the sharing of powers between the national and state governments. Throughout its history, the country has cycled through periods of cooperative federalism, characterized by national supremacy, and ages of dual federalism, marked by state sovereignty. Political ideology has played a large role in dictating the dynamics of federalism, with liberals generally favoring a strong central government and conservatives generally championing greater state autonomy.

Federalism, including its partisan elements, was especially evident in the national and state responses to the COVID-19 pandemic under the Trump administration. President Trump and other national executive officials abdicated many of their responsibilities and left them in the hands of governors. Some of those governors (including most of the Democrats) imposed stringent restrictions on their constituents and encouraged taking personal safety precautions to curb the spread of the virus, while others (including most of the Republicans) downplayed the severity of COVID-19 and prioritized economic health over public health.

While scholars stress that partisanship was instrumental in dictating how well governors were able to control the coronavirus in their states, there are other factors to consider. I will analyze the governors’ rhetoric and pandemic mitigation efforts in each of their respective jurisdictions under the Trump administration to determine which governors embraced the decentralized national response, which ones did not, and how differences in gubernatorial attitudes and strategies shaped responses to COVID-19 at the state level. In doing so, I will provide insight into how patterns of federalism, as
scholars, journalists, and the general public presently understand them, might change because of the pandemic for generations to come.

While at first glance they may seem like a matter of concern only to a political scientist, the dynamics of federalism in the United States are central to how our national and state governments address our needs and represent our interests, especially in times of crisis. I will use a fifty-state analysis of governors’ rhetoric and pandemic mitigation efforts, a methodology which no other scholar has yet employed, to paint a vivid picture of American federalism in action and to delineate a vision for the future of federalism. It appears that, as a result of COVID-19, the United States is likely to become a country in which state sovereignty rules, public health and safety issues remain politicized, and bipartisan compromise is even rarer than it is today. These shifts will have profound effects on American political institutions as we know them and on our day-to-day lives as participants in the great American experiment.

Chapter one will provide the necessary background information on the history and significance of American federalism since its inception. It will also note relevant manifestations of American federalism in public policy making at the state level and introduce common mechanisms of policy diffusion among the states. Chapter two will highlight the link between COVID-19 and American federalism. It will review extant literature pertaining to President Trump and the federal response to the pandemic as well as preliminary studies of the states’ responses and the rising importance of governors, particularly those in the hardest-hit states. Chapter three will first state my methods of research, then present my findings on the fifty states and their governors by grouping them into seven regional categories. Chapter four will describe the response to COVID-
19 in the District of Columbia and in the five United States territories (American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands). They are grouped separately from the fifty states because the national government has underfunded these jurisdictions, withheld from them necessary resources during national and global emergencies, and barred their residents from having voting representation in Congress and, in the case of the territories, the Electoral College; classifying them as states would inaccurately depict them as resistant to federal guidelines when in reality, they are largely left to fend for themselves. The territories plus the nation’s capital, while left out of much academic and journalistic coverage of COVID-19, are home to over four million people whose lives have been upended by the pandemic, and they merit our attention. Chapter five will consist of a discussion of the results presented in chapters three and four. It will identify the overall trends depicted and assess what their consequences might be for federal-state relations going forward, as well as suggest avenues for future research. It will be followed by a brief conclusion, in which I will restate the significance of my research and its contribution to the field of political science.
Before elaborating on the relationship between federalism and the COVID-19 pandemic in the United States, it is necessary to present some background information. This chapter will detail how American federalism has evolved and manifested itself since its inception as well as how it facilitates the formulation and diffusion of public policy among the states.

The History and Significance of American Federalism

There is an extensive body of scholarship on the origins and evolution of federalism in the United States, which provides valuable historical context and serves as a springboard for my research. In one foundational article, McLaughlin (1918) traces the concept of federalism back to the practices of the British empire. The American colonies were intended to be subordinate to the British government and to the Crown, but their leaders pushed back strongly on the authority of the royal governors, so members of Parliament allotted them some autonomy with the institution of state legislatures in the seventeenth century (McLaughlin 1918). Once the former colonies declared independence from the British in 1776, the idea of state sovereignty was laid out in the Articles of Confederation, which were approved the following year; when those dissolved, it made its way into the Constitution in 1789, alongside the articulation of a strong central government (McLaughlin 1918). Since the Constitution was ratified, American federalism has taken on many forms. Scholars have disputed whether more power has rested with the national government or with the state governments at various points in history.
Federalism has occasionally posed threats to national unity, the greatest of which being the Civil War, fought from 1861 to 1865. While this was fundamentally a war over slavery and civil rights, the promise of “state sovereignty” inherent in American federalism encouraged each state to decide for itself whether slavery would be legal within its borders or not, and in turn, whether it would remain in the Union or secede and join the Confederacy. Northern and Southern states pitted themselves against one another and fought what many people at the time claimed to be a war over regional economic interests and the issue of “states’ rights” (Elazar 1971). Confederate officials and sympathizers used the “states’ rights” argument to bolster the perceived legitimacy of their cause and justify their defense of slavery; their usage of the term was a weaponization of “state sovereignty” and a euphemism for white supremacy (Elazar 1971). Once the war was over, each Confederate state’s readmission to the United States was contingent on its ratification of the Thirteenth, Fourteenth, and Fifteenth Amendments to the Constitution, which prohibited slavery, granted due process and equal protection of the laws to all persons of the United States, and extended Black men the right to vote, respectively (Elazar 1971). While these developments went nowhere near far enough towards uprooting systemic racism in its entirety, they represented “the most tangible centralizing developments of the post-war period;” all eleven states that had seceded agreed to ratify the three “civil rights” amendments and rejoin the Union (Elazar 1971, 48-49). Their willingness to do so proved that the Civil War was, on its surface, a conflict about federalism, but at its core, it was a conflict about race.

Most scholars of federalism now concur that the states’ powers have receded following the Civil War. Some ardent supporters of what many still refer to as “states’
rights” believe the national government itself is responsible for this and that it has greedily accumulated too much power, but scholarly evidence points to the industrial and technological revolutions, the outdated nature of state constitutions, and a series of Supreme Court rulings upholding a strong central government as more direct influencers of this shift (Flynn 1965; Reichenbach 1935). State constitutions are particularly responsible for it, as most of them were drafted when distrust of government was the mood du jour; government was seen as a “necessary evil” rather than as a facilitator of helpful programs (Flynn 1965, 232). That popular sentiment is conveyed in the stringent restrictions the constitutions place on state legislatures, the policy making capabilities of which are constrained by short and oddly timed sessions, numerous qualifications for potential candidates, and undesirably low levels of compensation for members and staffers (Flynn 1965). State legislatures have historically not been viewed as particularly potent by members of the public; that said, they have consistently defied the low expectations set for them, evolving to become more professional and place greater power in the hands of state house leaders (Clucas 2007; King 2000; Squire 2012). These developments have enhanced partisan polarization, constantly placing majority and minority leaders at each other’s throats, but they have also led to greater productivity and innovative policy making, thus affirming the status of the states as “laboratories of democracy” (Clucas 2007; King 2000; Squire 2012). This is one reason why the balance of power between the national government and the states remains a matter of contentious debate.

The mid-twentieth century, characterized by the New Deal, the Great Society, and a series of statutory victories emerging from the Civil Rights Movement, epitomized both
cooperative and coercive federalism (Rothfeld 1992). Power was mostly concentrated at the national level, which drew varying responses from states and from the United States Supreme Court. Following the stock market crash in 1929, the 1930s marked a turning point for the American economy, with expenditures and administrative responsibilities shifting from localities up to the national government (Wallis 1984). This change began in response to the Great Depression under President Herbert Hoover and continued when President Franklin Delano Roosevelt took office in 1933 (Patterson 1967; Wallis 1984). That year, Roosevelt began implementing the New Deal, a collection of agencies, programs, and policies intended to promote “relief, recovery, and reform” from the Depression (Fishback, Kantor, and Wallis 2002, 2). This multifaceted approach to policy making boasted five major relief agencies: the Federal Emergency Relief Administration (FERA), the Civil Works Administration (CWA), the Civilian Conservation Corps (CCC), the Works Progress Administration (WPA), and the Social Security Board (SSB) [Wallis 1984]. With the exception of the CCC, these agencies were jointly financed, with the national government matching all state and local contributions made to them (Wallis 1984). States and localities were then expected to take the federal funds they received from the agencies and spend them on the administration of new programs. As a result, state spending increased dramatically from 1933 onward, and the United States became more nationally centralized than ever before.

Up until the late 1930s, federalism in the United States was legitimately cooperative – at least in some jurisdictions. The enactment of New Deal programs at the national level elicited a “resurgence of state progressivism,” inspiring governors in Georgia, Pennsylvania, Rhode Island, and New York, among others, to create their own versions
of those programs in their respective states (Patterson 1967, 73). The national
government had become a model that states were eager to follow. While there was
reason to suspect that amicable federal-state relations might persist, it did not take long
for them to turn sour. Conservative opposition to the New Deal and to similar endeavors
in the states led to the ousting of many liberal governors in the 1938 elections, including
those of Michigan, Minnesota, Pennsylvania, and Wisconsin, and the subsequent undoing
of their policy legacies (Patterson 1967). This movement was powered by resentment.
The institutions enacted as part of the New Deal were supposed to bolster many sectors
of American life, including but not limited to the economy, general welfare, public
works, agriculture, and the environment. Ensuring the robustness of these used to be the
responsibility of the states, but the national government took that over; according to many
conservatives at the time, states had been stripped of their sovereignty and fashioned into
administrative units of the national government, and such a pattern could not
continue. This view, combined with rulings from a conservative Supreme Court in 1935
that scaled back key components of the National Recovery Administration (NRA), a
major New Deal agency, on the grounds that they constituted federal overreach, proved
that sentiments of “laissez-faire” government and “rugged individualism” would continue
to make periodic recurrences in the United States [Patterson 1967].

Following in the footsteps of Roosevelt, President Lyndon B. Johnson enhanced the
power of the national government with the enactment of his Great Society initiatives in
1964 and 1965. A skilled legislator with a strong working knowledge of Capitol Hill,
Johnson moved swiftly to implement the bulk of his legislative agenda during his first
two years in office (Brown-Collier 1998). Typically associated with Johnson’s
commitment to waging a War on Poverty, the Great Society encompassed legislation that can be divided into five major realms: economic justice, education, health care, housing, and civil rights (Brown-Collier 1998). While it did not completely eradicate poverty in the United States, Johnson’s Great Society triumphed in that it triggered durable increases in spending on all five of the aforementioned endeavors – especially health care (Brown-Collier 1998). In 1965, Johnson signed Medicare and Medicaid into law, creating two transformational public health care programs in the United States. Medicare, available to all adults over the age of sixty-five and some younger people with severe disabilities, is completely centralized at the national level, but Medicaid is federalism in health care personified. Open to qualifying low-income Americans, Medicaid is funded jointly by the national and state governments and administered at the state level, much like how New Deal programs once operated (Thompson 2012). This structure has pros and cons: it allows for substantial innovation at the state level, but that has led each state’s program to vary in eligibility and benefits, which has caused and reinforced racial and socioeconomic health disparities. Still, Medicaid has been able to balance national authority with state sovereignty, which is likely the reason why it has stuck around for so long (Thompson 2012).

While the Johnson administration was partially responsible for the centralization of government that took place during the mid-twentieth century, the Civil Rights Movement and the Black organizers who led it deserve their share of credit. From 1954 to 1968, the Civil Rights Movement succeeded in toppling the Jim Crow regimes, relics of slavery and “states’ rights” that had existed in the Southern United States since Reconstruction ended in 1877 (Morris 1999). Black resistance to Jim Crow laws had been present since
they were first enacted, taking the forms of informal and formal protest, the formation and initial legal action of the National Association for the Advancement of Colored People (NAACP) in the early twentieth century, and both the Garvey movement and the Harlem Renaissance in the 1920s, which affirmed Black culture, community, and joy [Morris 1999]. Following the Supreme Court’s decision in Brown v. Board of Education of Topeka, Kansas (1954), which outlawed racial segregation in public schools, and the lynching of Emmett Till in 1955, which received intense backlash and radicalized many young Black activists, an organized movement emerged that was characterized by nonviolent direct action (Morris 1999). It should be noted that the national government was not supportive of the Civil Rights Movement, allowing and even encouraging law enforcement officers to arrest and use violent force against Black protestors in Birmingham in 1963 and in Selma in 1965 (Morris 1999). The sheer size and scale of the movement, however, led members of Congress to realize that they had little choice but to give in to some of the protestors’ demands. They passed two key bills that President Johnson subsequently signed into law: the Civil Rights Act of 1964, which prohibited discrimination on the basis of “race, color, religion, national origin, and sex,” and the Voting Rights Act of 1965, which outlawed racial discrimination in voting (Morris 1999). Both of these pieces of legislation, the products of activists’ labor, effectively ended the era of Jim Crow and with it a brand of federalism that allowed states to explicitly write white supremacy into their laws.

If Johnson and Civil Rights Movement leaders built upon Roosevelt’s legacy of national government expansion, President Ronald Reagan torpedoed it – or, at least, he attempted to. The late twentieth century, marked by a “new federalism” and the
appointment of several conservative jurists to the Supreme Court, saw a resurgence of dual federalism, wherein deregulation ruled, federal supremacy receded, and states were free to flex their sovereign muscles. While federalism was not intended by the founders to be interpreted as partisan, this was a time when it became beloved by many free-market conservatives but disparaged by a growing group of liberals for its tendencies to foster a small central government, enhance the clout of individual states, and promote private interests to the detriment of public ones (Barron 2005; Jackson 2019). The primary goal of Reagan’s “new federalism” was to reduce or eliminate federal grants to state and local governments that funded welfare and other anti-poverty programs (Caraley and Schlussel 1986). During the first two years of his presidency (1981-1982), Congress voted to reduce federal funding for Medicaid, welfare, housing assistance, and food stamps, among other programs [Caraley and Schlussel 1986]. These measures were enthusiastically backed by most congressional Republicans, but the support they garnered from Southern and rural Democrats aided in their passage in both the House and the Senate (Caraley and Schlussel 1986). Republicans lost seats in subsequent congressional elections, but Reagan was reelected in a historic landslide in 1984. He could not eliminate all the federally funded programs he hoped to, but Democrats could not restore earlier levels of funding for those programs, nor could they replace them with new ones, causing his administration’s reforms to remain in place (Caraley and Schlussel 1986). Reagan was a true conservative in that he sought to shrink the welfare state at the national, state, and local levels. While he did not succeed in completely dismantling it, the policies he championed led to a “surge of innovation” in certain states and localities (Conlan 1988, 23). Massachusetts, New Jersey, and California all scaled up their own
welfare states, and several Midwestern states enhanced their economic safety nets in response to the agricultural depression of the 1980s (Conlan 1988). Under Reagan, states became less dependent on the national government and more willing to strike out on their own (Conlan 1988).

In addition to enacting reforms in line with his vision for “new federalism,” Reagan also appointed several conservative justices to the United States Supreme Court, which had consequences for the federal-state balance of power. Justice Sandra Day O’Connor, appointed by Reagan in 1981, became “the Court’s most assertive advocate of federalism” (Rothfeld 1992, 23). In 1986, Reagan appointed Justice Antonin Scalia and promoted Justice William Rehnquist, a Nixon appointee, to the position of Chief Justice; this reshuffling set the stage for “Rehnquist federalism,” a conservative reading of the Constitution that had previously appeared in several of Rehnquist’s solo dissents, to feature prominently in the Court’s decisions (Barron 2005, 64). The new conservative majority was inconsistent on the issue of federalism at first, but by 1991, it began to issue a slew of rulings that bolstered state sovereign immunity and curbed the powers of the national government, particularly those of Congress (Conlan and De Chantal 2001). In *Gregory v. Ashcroft* (1991), the Court affirmed the significance of state sovereignty and shielded it from congressional interruption; in *New York v. United States* (1992) and *Printz v. United States* (1996), it forbade the national government from “commandeering” the states into enacting federal regulatory programs [Conlan and De Chantal 2001, 260]. Also in 1996, the majority in *Seminole Tribe of Florida v. Florida* ruled that the Eleventh Amendment granted states sovereign immunity in lawsuits brought by Native tribes (Conlan and De Chantal 2001). *United States v. Lopez* (1995)
and *United States v. Morrison, et al.* (2000), placed limits on Congress’s power to regulate commerce, and *City of Boerne v. Flores* (1997) struck down a provision of a law that constituted congressional overreach and violation of “the vertical and horizontal separation of powers” [Conlan and De Chantal 2001, 263]. The Rehnquist Court did not completely erode the powers of the national government, but it advanced an updated version of dual federalism through adherence to the Tenth Amendment and attempts to cabin some congressional powers expressed in Article I, Section 8 of the Constitution (Conlan and De Chantal 2001). These principles did not sunset when Reagan left office in 1989 or when Rehnquist passed away in 2005. Both Presidents George H.W. and W. Bush, and more recently, President Trump, have been presented with numerous opportunities to replace more liberal Supreme Court justices with conservative jurists. Their appointees have shifted the Court to the right and tilted the scales of federalism in favor of enhanced state sovereignty.

It is imperative, Barron (2005) writes, that federalism evolves over time to keep our democracy alive. It need not be a politically divisive issue, with all conservatives on the side of dual federalism and all liberals on the side of cooperative federalism. Jackson (2019) reminds us that there are structural concerns to consider in the development and progression of American federalism. The United States today is a fundamentally different country than it was at its founding; thus, many early manifestations of federalism now appear outdated. It appears we have finally reached an inflection point at which our internalized concept of federalism must change in order to sustain our cohesiveness as a country while simultaneously equalizing representation. Conlan (2008) acknowledges that dual federalism is gradually being phased out but insists that we have
not yet seen the last of it. He supplies a handful of creative geologic metaphors to illustrate his point, emphasizing that while federalism is generally path dependent, its “igneous” tendencies – or, rather, its propensities for “periods of dramatic change” following major historical events – have altered its trajectory (Conlan 2008, 37). Not unlike igneous rock, federalism has a unique ability to solidify after turbulent volcanic activity.

The COVID-19 pandemic is the most recent event to have such transformative potential. Due to its lack of a top-down hierarchy, the federal structure of the United States government allows for plenty of state and local discretion and variation where national public health and economic policies are concerned. This was especially true during the spring and summer months of 2020, when state and local government officials of both political parties exercised their delegated authority to tailor those policies to their jurisdictions.

State Policy Innovation and Diffusion Under Federalism

As Preuss (1997) discusses at length, federalism does not always coexist with the principles of constitutionalism, the idea of democracy, or the ever-changing political dynamics in the United States. By nature, it favors “plurality” and autonomy” rather than a centralized form of government (Preuss 1997, 22). It encourages “consociation” rather than interdependence (Preuss 1997, 22). It can be and has been wielded as a political weapon by both Democrats and Republicans at various points throughout history (Preuss 1997). Federalism has become synonymous with “territorial pluralism” due to its habit of
empowering state and local governments at the expense of the national government (Preuss 1997, 22). It is beneficial in that it allows for “unity without uniformity,” but it also can devolve into power struggles over which level of government is best positioned to take the lead on a particular policy (Krislov 2001, 15). According to the “marble cake” theory of American federalism, the more “efficient” level of government should take the lead, with the less efficient level of government following along and learning by example (Volden 2005, 327-328). Naturally, government efficiency varies by policy area. While state governments have historically led the way on education policy, for instance, the national government has asserted dominance over health policy. In our federal system, though, national health policy – or any other type of policy, for that matter – does not look the same in every state.

State boundaries are fairly arbitrary; many of the lands within them were grants from royalty, acquisitions from war, or purchases by Congress, and as a result, most of them – especially in the West – consist of random straight lines rather than tracings of geographic features (Krislov 2001). Further, these boundaries are regularly transgressed by the homogenizing tendencies of the national economy and mass media (Krislov 2001). Despite these dynamics, states differ substantially from each other in terms of geography, climate, resources, and demographics, among other features (Krislov 2001). This is why regionalism is integral to discussions of American federalism. States in the same region often develop and implement similar policies because they share many of the same traits (Krislov 2001). Some states within a region, though, are more innovative policy makers than others. In his foundational study of state policy innovation and diffusion, Jack L. Walker (1969, 893) identifies New York, Massachusetts,
California, and Michigan as “regional pace setters,” noting that they adopt policy innovations first and encourage nearby states to follow in their footsteps. On average, larger, wealthier, and more industrialized states, including but not limited to these four, are more likely to be among the first to develop innovative policies (Gray 1973; Walker 1969). Innovation is also positively correlated with higher numbers of urban districts in the state legislature, relatively high levels of political competition, and frequent state legislative turnover (Gray 1973; Walker 1969). Institutional factors, such as major industries, political partisanship, and robust legislative and executive branches of government, are key determinants of the development and implementation of public policy in the states (Walker 1969).

Several other scholars agree with Walker’s emphasis on the importance of institutional factors, especially the powers and characteristics of state legislatures and governors. As Lewis, Schneider, and Jacoby (2015, 447) and Jacoby and Schneider (2009) write, high levels of legislative professionalism as well as the presence of high-powered legislative leaders have been shown to enhance innovation, especially that which relates to “particularized benefits,” such as health and welfare policies. Robust gubernatorial authority over the state budget also increases innovation potential, particularly for “collective goods,” such as education, transportation, and environmental policies (Jacoby and Schneider 2009; Lewis, Schneider, and Jacoby 2015, 447). There are two main explanations for these trends. First, governors have statewide constituencies; they are elected to represent every resident of their state, which justifies their focus on policies that benefit all or most of the population rather than a certain subset of it (Barrilleaux and Berkman 2003; Lewis, Schneider, and Jacoby 2015). Second, some governors have the
powers to 1) spend federal dollars without legislative approval, and/or 2) use the line-item veto on select provisions of the state budget (Barrilleaux and Berkman 2003; Lewis, Schneider, and Jacoby 2015). Taken together, these powers grant governors considerable leeway to drive their policy agendas forward without consulting legislators, thus furthering their own political ambitions and shaping their states according to their visions.

Once legislative and executive policies go into effect in some states, policy makers in other states often clamor to follow suit. It is natural for states to draw on each other’s experiences when developing public policy. As mentioned earlier, geographic proximity matters a great deal to patterns of state policy diffusion; this is because policy makers tend to communicate closely with their counterparts in neighboring states, media markets overlap, and states in the same region are more likely to resemble one another demographically and culturally (Berry and Berry 1990; Karch 2007). Technological advances in recent decades, however, have made geographic diffusion less dominant than it used to be. Policy dispersal is now spurred by a variety of additional agents, including influential policy entrepreneurs and financial incentives from the national government (Berry and Berry 1990; Karch 2007; Shipan and Volden 2012; Volden 2006). Policies are customized and sometimes radically transformed when they spread from state to state or from the national government to state governments; they become “conscious reinventions” of their original versions (Karch 2007, 70). They are more likely to change when state policy makers, including legislators and governors, are at odds with national policies or with the ideologies of members of Congress and/or the President of the United States (Shipan and Volden 2012).
Most scholars of political science, public policy, and public administration concur with Shipan and Volden (2008) on the four primary mechanisms of policy diffusion: learning, economic competition, imitation, and coercion. While these scholars’ groundbreaking typology is used to comment on policy diffusion among cities, it can be and has been applied to policy diffusion at the state level. First, learning (or emulation, as it is also called) is the mechanism that empowers states to fulfill their destinies as “laboratories of democracy” [Shipan and Volden 2008]. It occurs when policy makers in one state see another state adopting a policy, note their success, and decide to try it for themselves (Shipan and Volden 2008). The success of a policy is key here. State legislators and governors, when learning lessons from other states, only want to spend time and resources on policies with proven track records in order to bolster their political legacies and secure the best chances of reelection (Shipan and Volden 2008). The second diffusion mechanism, economic competition, involves a state seeking “positive economic spillovers” from adopting a certain policy and avoiding negative ones (Karch 2007; Shipan and Volden 2008, 842). It and learning are the two most common techniques of the four (Shipan and Volden 2008). Economic competition can be explained by “race to the bottom” or “RTB” theory, which asserts that states go out of their way not to become “welfare magnets,” overwhelmed by the needs of low-income residents who other states have refused to assist (Bailey and Rom 2004, 326-327). The diffusion of state welfare policy and economic development policy is typically motivated by economic competition (Karch 2007; Shipan and Volden 2008).

The four processes are not always so distinct and clear-cut; policies can and often do diffuse according to more than one of them (Shipan and Volden 2008). Changes to the
Children’s Health Insurance Program (CHIP) diffused according to a combination of learning and economic competition. A new program established by the 1997 Balanced Budget Act, CHIP extends health insurance to children in families with incomes too high to qualify for Medicaid but too low to afford most private insurance plans – typically below 200% of the federal poverty level (Volden 2006). When the law containing CHIP was passed, state policy makers became free to customize their own administrations of it, and so they did, making alterations to various aspects of their programs, including their eligibility thresholds, benefits packages, lengths of waiting periods to enroll in CHIP coverage, monthly premiums, and copays (Volden 2006). While these policy makers wanted to provide health insurance to as many low-income children as possible in order to please their families and earn their electoral support, they also did not want to risk an influx of low-income Americans to their states because their versions of CHIP were better and more accessible than those of neighboring states.

Third on Shipan and Volden’s (2008) list of policy diffusion mechanisms is imitation. This involves policy makers in one state copying a policy that another state adopted without much concern for its level of success (Shipan and Volden 2008). In this regard, it distinguishes itself from learning. The goal of imitation is to appear more like another state government (Shipan and Volden 2008). It is often resorted to when there is uncertainty around a particular policy decision, such as one that is largely symbolic or one that is tied to morals (Karch 2007; Shipan and Volden 2008). Several states imitated each other’s bans on same-sex marriage before the United States Supreme Court ruled in Obergefell v. Hodges (2015) that such bans were unconstitutional [Karch 2007; Shipan and Volden 2008]. Since the enactment of S.B. 8, a restrictive abortion law, in Texas in
September 2021, governors and state legislators in Arkansas, Florida, Idaho, Indiana, Oklahoma, and South Dakota have expressed interest in imitating that policy [Oppenheim 2021]. This is because abortion is more of a social issue than an economic one, and economic policies are much more likely to be diffused in other ways (Karch 2007). Coercion is the fourth and final policy diffusion mechanism that Shipan and Volden (2008) enumerate. It transpires when a higher level of government, such as the national government, exerts pressure on a lower level of government, such as a state government, to either adopt or abandon a policy (Shipan and Volden 2008). Preemptive policies, including those adopted prior to the onset of a local, state, or national emergency, are especially coercive (Shipan and Volden 2008). Imitation and coercion are perhaps more pertinent to the field of comparative politics; the United Nations (UN) and the International Monetary Fund (IMF) have used them to characterize the policy making habits of countries rather than states, but they are still relevant to conversations about domestic policy diffusion [Shipan and Volden 2008].

Some of these diffusion mechanisms are wiser for state policy makers to rely upon than others. Imitation tends to bring about shorter-term policy changes because it is done quickly, its effects are soon to show up, and if those effects are not favorable, then policy makers are able to revert to another tactic (Shipan and Volden 2008). Learning and economic competition, on the other hand, lend themselves to longer-term consequences because their effects take longer to show up and be assessed (Shipan and Volden 2008). Different types of governments have been shown to rely on different mechanisms. Larger states have proven themselves to be more likely to learn from others, less likely to engage in economic competition, less likely to imitate others, and
less likely to be coerced (Shipan and Volden 2008). Smaller states, on the other hand, are less likely to learn from others, more likely to engage in economic competition, more likely to imitate others, and more likely to be coerced (Shipan and Volden 2008). This is primarily because larger states have greater concentrations of human and financial resources than smaller states and thus more leverage vis-à-vis the national government. The fact that some states even get to choose between diffusion mechanisms at all is because of federalism. As a constitutional structure, federalism empowers state policy makers to come to their own conclusions about whether, when, and how they will follow in the footsteps of their neighbors.
Chapter 2: Federalism and COVID-19 in the United States

Many scholars and journalists have already begun to study and comment on how President Trump and the nation’s governors responded to the COVID-19 pandemic. This chapter will elaborate on their virus mitigation efforts as well as their rhetoric and identify a gap in current literature that I seek to fill.

President Trump and the National Response to COVID-19

Elected officials, pundits, and journalists repeatedly describe the coronavirus crisis as an “unprecedented” event. While this may be true, the United States was supposed to have been the best prepared country for a global pandemic (Singer et al. 2021). It spends more than any other country on the maintenance of its health care system, which should have provided it with a reliable safety net, but it has made minimal investments in public health infrastructure in recent years, which are vital components of any emergency preparedness strategy (Singer et al. 2021). The failure to prioritize public health, combined with the United States’ statuses as a federal system, a presidential system, and a political environment rife with misinformation, caused policy makers to fumble the national response to COVID-19 (Singer et al. 2021). The consequences of their inactions proved fatal: in August 2020, five months after the World Health Organization (WHO) first declared the pathogen a pandemic, the United States reported the highest COVID-19 death rate of any country in the world [Singer et al. 2021].

Political scientists are almost entirely in agreement that the initial federal response to the COVID-19 pandemic in the United States was excessively decentralized. Congress, for its part, passed three rounds of substantive legislation – the Coronavirus Preparedness
and Response Supplemental Appropriations Act; the Families First Coronavirus
Response Act; and the Coronavirus Aid, Relief, and Economic Stability (CARES) Act –
in March 2020, as well as the Paycheck Protection Program and Health Care
Enhancement Act in April 2020 and the Consolidated Appropriations Act in December
2020, all of which provided economic relief to families and businesses and aid to state
and local governments [Grisales 2020; Snell 2020; Wu and Zarracina 2021]. The
executive branch, however, pushed substantial public health authority into the hands of
the states. Some of the decisions made at the national level were facilitated by structural
factors, while others can be attributed to individuals. Since the 1980s, Americans have
generally aligned themselves under an anti-federalist sentiment, and the inauguration of a
conservative populist president in 2017 only reinforced that as the prevailing attitude
(Agnew 2021). Prior to the onset of the pandemic in March 2020, President Donald
Trump spent the first few years of his administration passing tax cuts for the wealthy and
for major corporations, packing the federal courts with right-wing judges, refusing to
appoint several agency heads, rolling back government regulations, and defunding the
Postal Service (Agnew 2021). Like President Ronald Reagan did before him, Trump
made it his mission to further shrink the size of the national government. He also
dismantled the country’s pandemic warning system, gutted the Centers for Disease
Control and Prevention (CDC), neglected to devise a national plan to curb the spread of
COVID-19, and declined to work in tandem with any other countries, including longtime
allies, on a global plan [Williamson and Morris 2020]. While he focused on his
reelection campaign, nearly all pandemic-related responsibilities fell to governors
(Agnew 2021). Although the Constitution stipulates that states have authority in the
realm of public health, Trump’s decision to respond in this manner did not encourage unity, nor did it empower governors to take initiative in a time of crisis; it left state and local leaders to fend for themselves (Haffajee and Mello 2020). Trump’s highly individualized crisis leadership style caused “polyphonic federalism,” or the overlapping of responsibilities between the national and state governments, to recede during the pandemic, giving way to a resurgence of dual federalism, wherein the states reigned supreme (Agnew 2021, 517).

The national government did not issue guidelines for COVID-19 diagnostic testing, nor did it serve as a reliable distributor of testing kits. In March 2020, Trump proclaimed that “anybody that needs a test, gets a test,” but that was far from the truth in a majority of the states (Goldberg 2020). When the testing process finally began to accelerate, it provided no centralized database of results, leaving case counts and test positivity rates unclear (Singer et al. 2021). States and localities had to report their own data, but there were no national standards for reporting, causing many jurisdictions to publish misleading and even flat-out inaccurate numbers of cases, hospitalizations, and deaths (Bergquist, Otten, and Sarich 2020). This put the United States on the back foot in its effort to curb the spread of the virus. In June 2020, Trump called for states to “slow the testing down” because he believed that the country’s overall case count was too high and thus a credible threat to his reelection prospects (Agnew 2021, 513). His administration subsequently defunded major testing centers in five states experiencing summer surges (Agnew 2021). In August, a group of states – Maryland, Virginia, Michigan, Ohio, Louisiana, Massachusetts, and North Carolina – abandoned the national government’s procedures and formed their own coalition to quicken the pace and the scope of testing
This maneuver was significant because not all of the states in the coalition were in the same region, and they were led by both Republican and Democratic governors. Their willingness to work together revealed that geography and partisanship do not have to be barriers to interstate collaboration.

The national government also neglected to issue guidelines for the distribution of personal protective equipment (PPE), such as masks, gloves, and face shields, or other vital medical supplies, such as ventilators, to “front line” health care workers [Gordon, Huberfeld, and Jones 2020]. This led to shortages in nearly all states, including those that were hit hardest by COVID-19. Trump declared that the national government would not serve as the states’ “shipping clerk,” spurring Governor Larry Hogan (R-MD) to use his personal ties to South Korea to import the PPE his state needed [Williamson and Morris 2021, 11]. Likewise, business closures and stay-at-home orders were not standardized at the national level, as this country’s founders intended. Institutions shut down either of their own accord or in response to governors’ orders (Singer et al. 2021). Generally, red (Republican-controlled) states were less restrictive than blue (Democratic-controlled) states at this stage of the pandemic, allowing more institutions to remain open and operate at high capacity.

Some praised the national government’s hands-off approach, citing the fact that the virus hit different areas of the country at different times and at varying intensities; the concentration of decision making at the state and local levels spurred the development of effective, community-based solutions (Bergquist, Otten, and Sarich 2020; Gordon, Huberfeld, and Jones 2020). The public health emergency served as an impetus for policy makers in multiple states to increase access to health care for their residents by
enhancing telehealth benefits, expanding their Medicaid programs, or a combination of the two, and providing free COVID-19 testing to all residents, regardless of insurance status (Butler 2020). At the same time, Trump and his staff were sharply criticized for generating chaos and fomenting coordination difficulties that led to a devastating and unnecessary loss of life, which was primarily concentrated in Black, Latino, Native, low-income, and rural communities (Agnew 2021; Singer et al. 2021). People of color and immigrants, especially low-wage “front line” workers in the health care and service industries, were disproportionately put at risk of being infected by COVID-19 and experiencing economic fallout as a result of the pandemic (Huberfeld, Gordon, and Jones 2020). Many of them were concentrated in the South and in northern cities – in counties whose officials had historically underfunded public health and social safety net programs, disregarded the social determinants of health, and left their residents wholly unprepared for a pandemic should one arise (Huberfeld, Gordon, and Jones 2020). This was the case in the Mississippi Delta, a majority-Black region of the South wherein many residents have chronic health conditions, are food insecure, have been relegated to unsafe housing in neighborhoods with high crime rates, work low-wage jobs (due to Mississippi’s refusal to raise its minimum wage) or are unemployed, and are facing the possibility of eviction [Huberfeld, Gordon, and Jones 2020]. The Mississippi Delta is a health care desert; it encompasses several Health Professional Shortage Areas (HPSAs), less than half of its residents have access to employer-sponsored insurance (ESI), and because the state of Mississippi has yet to expand its Medicaid program, its hospitals are struggling to stay open, and a majority of its residents remain uninsured [Huberfeld, Gordon, and Jones 2020]. The health care system in this region was under serious strain before COVID-19
hit; the onset of the pandemic has spelled disaster for the community (Huberfeld, Gordon, and Jones 2020). As the example of the Mississippi Delta shows, and as Gordon, Huberfeld, and Jones (2020, 1) note, “U.S. public health federalism assures that the coronavirus response depends on zip code.”

For months, Trump downplayed the threat of COVID-19. In January 2020, he stated that the virus was “totally under control,” and in February 2020, he predicted that it was “going to disappear” (Goldberg 2020). Throughout the month of March 2020, he contended that his administration was doing “a great job” with its response and repeatedly insisted that the virus would soon “go away” (Goldberg 2020). When it finally grew too big of a problem to ignore, he refused to heed scientists’ advice on how to address it, relying instead on his signature appeals to white conservatives who generally distrust the national government (Agnew 2021). He labeled the coronavirus as the “China virus” and “kung flu,” and these phrases were further circulated by conservative media outlets, leading to a spike in hate crimes committed against Asian Americans (Yam 2020; Salcedo 2021). Blaming the presence and persistence of COVID-19 in the United States on immigrants and travelers from other countries, Trump claimed that the real emergency powers in this case rested not with him but with governors (Agnew 2021; Singer et al. 2021). The fact that 2020 was an election year gave Trump ample political opportunity to tout some Republican governors’ lax responses to the pandemic and disparage the more robust ones deployed by some Democratic governors (Huberfeld, Gordon, and Jones 2020; Singer et al. 2021). In a March 2020 press conference, he described Governor Ron DeSantis (R-FL) as “a great governor” who “knows exactly what he’s doing,” despite the lack of a stay-at-home order
and a rapidly climbing case count in the Sunshine State (Allyn 2020). In April 2020, he issued a series of tweets: “LIBERATE MINNESOTA!,” “LIBERATE MICHIGAN!,” and “LIBERATE VIRGINIA, and save your great 2nd Amendment. It is under siege!”; these were widely perceived as direct attacks on Governors Tim Walz (D-MN), Gretchen Whitmer (D-MI), and Ralph Northam (D-VA) and the stay-at-home orders they issued for their constituents, all of which led to armed protests at the governor’s mansion in St. Paul and the state capitols in Lansing and Richmond [McCord 2020]. Trump actively undermined most Democrats’ and some Republicans’ attempts to mitigate the spread of the virus, thus politicizing the neutral issue of public health (Singer et al. 2021). True to his public persona as a businessman who prizes loyalty above all else, Trump practiced “transactional federalism,” pitting the governors against each other to vie for scarce PPE and medical supplies from national stockpiles and rewarding only those who supported his administration’s policies (Bowling, Fisk, and Morris 2020, 512; Williamson and Morris 2020, 6). The Trump administration’s embrace of transactional federalism during the early months of the COVID-19 pandemic, coupled with the now-endemic partisan polarization in the United States, has great potential to set a dangerous precedent for future national emergencies.

Trump’s adoption of transactional federalism did not come from out of nowhere. He had developed a legacy of deregulation leading up to and during the COVID-19 pandemic that closely resembled that of Reagan (Agnew 2021). He sought a return to a Reagan-era interpretation of federalism, which was aided by his party’s pushback on the more active national government that President Barack Obama had conducted during his two terms in office (Bowling, Fisk, and Morris 2020). Republican opposition to Obama-
era immigration, education, environmental, and health policy has seen states emerging once again as leaders rather than followers, whether as plaintiffs in courtrooms or as constructive policy makers in their own right (Bowling, Fisk, and Morris 2020; Bulman-Pozen and Metzger 2016). This has been particularly true in the case of the Patient Protection and Affordable Care Act (ACA), which Obama signed into law in 2010 and has since become his central policy legacy. The decisions of several states to set up their own health insurance exchanges under the ACA rather than opt into a national one, as well as the ruling from the Supreme Court’s conservative majority in *National Federation of Independent Business v. Sebelius* (2012) that made the ACA’s Medicaid expansion provision optional instead of mandatory for states, empowered individual state governments at the expense of the national government [Béland, Rocco, and Waddan 2020; Bowling, Fisk, and Morris 2020; Gluck and Huberfeld 2019; Jost and Keith 2020; Maher and Pathak 2013]. As president, Trump capitalized on the appetite for enhanced state sovereignty among members of his party. While he did not fulfill his campaign promise to completely “repeal and replace” the ACA, he issued a slew of executive orders that rolled back Obama-era regulations and safeguards and created loopholes for states to disregard parts of the health care law (Jost and Keith 2020). In doing so, he has worked tirelessly to ensure that federalism and partisanship remain closely intertwined. He rewards Republican-led states for disregarding policies implemented by Democratic officials that they find unsavory or restrictive. This has led to bitter competition between Republican and Democratic governors as well as a surge in academic and media attention to gubernatorial emergency powers and pandemic responses.
Governors, whose emergency powers were previously understudied in political science, have emerged as the protagonists (and antagonists) of the COVID-19 pandemic. By March 16, 2020, the governors of all fifty states had declared either a state of emergency or a public health emergency within their respective jurisdictions, officially authorizing themselves to begin to deploy emergency powers (Bergquist, Otten, and Sarich 2020). These included but were not limited to dispatching emergency personnel, setting up relief funds, broadening access to health care, closing schools, placing bans on large gatherings, shuttering non-essential businesses, implementing stay-at-home orders, setting limits on bar and restaurant capacities, and postponing primary elections (Bergquist, Otten, and Sarich 2020). Scholars stress that partisanship played an outsized role in dictating how governors interpreted these powers. Republican governors tended to have more expansive definitions of “essential business” than blue states did, often classifying institutions of hospitality and gun stores as such (Bergquist, Otten, and Sarich 2020). Republican and Democratic governors also differed in their approaches to stay-at-home orders. The states whose governors imposed such orders earlier in the spring of 2020 had, on average, fewer Republican elected officials and had voted for President Trump in smaller numbers than those whose governors imposed them later (Kettl 2020). They had also prioritized greater investments in state public health infrastructure, and most of them had expanded their Medicaid programs – two typically Democratic priorities (Kettl 2020). Republican-led states that had not expanded their Medicaid
programs, many of which were concentrated in the South, implemented stay-at-home orders later on in the spring of 2020 and were among the first to reopen non-essential businesses and eliminate bar and restaurant capacity limits (Mallinson 2020).

Friction was present between red and blue states in 2020, with the former neglecting to implement restrictions or lifting them too early in the eyes of the latter, and between states and localities, with most mayors following their governors on the implementation of stay-at-home orders but deviating from them on the issuance of eviction moratoria and on the exercise of other emergency powers (Benton 2020; Farris, Holman, and Sullivan 2021; Kettl 2020; López-Santana and Rocco 2021). Mask mandates varied by state and by locality. Democratic governors were more likely to adopt mask mandates than their Republican counterparts, and urban mayors in both red and blue states were more likely to require masks than suburban or rural mayors (Bergquist, Otten, and Sarich 2020). This trend was due at least in part to Trump’s dismissal of masks as unnecessary; many Republican governors believed him. On July 20, 2020, Trump reversed his position, tweeting that wearing a mask was a “patriotic” act (Bergquist, Otten, and Sarich 2020). One tweet can indeed make a difference: two weeks later, the governors of six states had implemented mask mandates for the first time in response to it (Bergquist, Otten, and Sarich 2020). Still, Trump’s pattern of downplaying COVID-19 and Republican governors’ dogged attempts to curry favor with him during the spring and summer months of 2020 led to significant disparities in state outcomes. Large states with Democratic governors, such as New York and California, experienced early outbreaks, while small states with Republican governors, such as South Dakota, experienced
delayed surges because their leaders either hesitated or altogether neglected to deploy the full extent of their emergency powers (Kettl 2020).

The “heterogeneous policy response” that the United States displayed during the pandemic under President Trump was enabled by federalist tradition and by deeply entrenched partisan polarization (Bergquist, Otten, and Sarich 2020, 16). It revealed that state-local relations, like federal-state relations, were not strong across the board. Some local officials, particularly mayors of medium to large cities, pressured state officials for alternate COVID-19 guidelines and received them, while others received mixed messages from their governors and were left to respond to the virus on their own (Benton 2020; Farris, Holman, and Sullivan 2021). Predictably, this incited a great deal of conflict. State and local officials, as well as state and national officials, from both political parties had difficulty collaborating because they had to balance security and liberty, two paramount American values (Mallinson 2020). They were also tasked with treating COVID-19 as both a public health emergency and the catalyst for an economic crisis. Governors gradually eased off on lockdowns, but they did so at different times because they needed to protect both lives and livelihoods (López-Santana and Rocco 2021). States with economies that relied on accommodations, food services, tourism, and other, similar industries were especially impacted by the pandemic, regardless of the partisanship of their governors (López-Santana and Rocco 2021). The overall response to the pandemic in the United States, as shown at the national, state, and local levels, is best described by the notion of “fend for yourself federalism” (López-Santana and Rocco 2021, 365).
While strife was rampant, some cooperation did occur. Interstate and inter-city coalitions either sprung up or were revived out of an absence of national leadership, with groups of governors and mayors coordinating measures such as the implementations of stay-at-home orders and traveler quarantines so as to provide consistency within their respective regions (Benton 2020; Kreitner 2020; Mallinson 2020). In March 2020, Governors Andrew Cuomo (D-NY), Phil Murphy (D-NJ), Ned Lamont (D-CT), and Tom Wolf (D-PA) collaborated on when to close schools, businesses, parks, and beaches; their states’ close geographic proximity to one another made them concerned that an outbreak in one state could easily spread to the others [Benton 2020]. Just days after they announced their plans, Governors Gina Raimondo (D-RI), John Carney (D-DE), and Charlie Baker (R-MA) decided to hop on board with them (Benton 2020). Similar associations formed out west (with Governors Gavin Newsom [D-CA], Jared Polis [D-CO], Steve Sisolak [D-NV], Kate Brown [D-OR], and Jay Inslee [D-WA] in harmony) and in the Midwest (with Governors J.B. Pritzker [D-IL], Eric Holcomb [R-IN], Andy Beshear [D-KY], Gretchen Whitmer [D-MI], Tim Walz [D-MN], Mike DeWine [R-OH], and Tony Evers [D-WI] working together) at the same time [Benton 2020]. Local jurisdictions also coordinated more than usual. Officials in Hillsborough and Pinellas Counties in Florida, as well as in the cities of Charleston, Georgetown, and Horry in South Carolina, have tried to match each other’s protocols because their economies rely similarly on tourism as a source of income (Benton 2020). The mayors of four cities in Tennessee united to form the Major Metros Task Force, and officials in five counties in Southeast Texas have joined forces on screening and testing initiatives (Mallinson 2020). These coalitions are not new; they have been mainstays of policy innovation and
implementation in the United States since the 1990s (Benton 2020). Many of them have emerged from previously formed groups, such as the Emergency Management Assistance Compact (EMAC), or accords, such as the Tri-State agreement on the legalization of marijuana [Mallinson 2020]. Having these kinds of structures already in place made COVID-19 collaboration much more seamless than it might otherwise have been. While it may seem beneficial for states to join forces to fight a deadly virus, allowing them to do so now for this noble purpose may open the floodgates to more controversial coalitions down the road; if states are allowed to team up for any given reason, we may see a bloc of New England states offering universal health care, a group of Southern states banning abortion, or some other consortium with a regionally distinct, partisan goal, which would put this country well on its way to becoming the Divided States of America (Kreitner 2020).

A few scholars have highlighted the importance of governors’ rhetoric, as well as their mitigation efforts, in their responses to the COVID-19 pandemic. Sadiq, Kapucu, and Hu (2020) analyzed the rhetorical tactics of Governors Greg Abbott (R-TX), Andrew Cuomo (D-NY), Ron DeSantis (R-FL), and Gavin Newsom (D-CA), comparing and contrasting their decision making, collaboration, and communication strategies. They found that Cuomo and Newsom acted faster to slow the spread of COVID-19 in their states than did Abbott or DeSantis, again underscoring the relevance of partisanship to this conversation (Sadiq, Kapucu, and Hu 2020). All four governors collaborated with other entities (such as state legislatures and private sector companies) when responding to the crisis, and all but Abbott worked in tandem with leaders in other states [Sadiq, Kapucu, and Hu 2020]. All four held regular press briefings to keep the public apprised of the state of the
pandemic, but DeSantis never incorporated scientific data into his presentations, nor did he ever hire an American Sign Language (ASL) translator to increase the accessibility of his briefings, while the other three did both [Sadiq, Kapucu, and Hu 2020]. Sadiq, Kapucu, and Hu selected these four governors for their study because their states were the most populous and had the highest COVID-19 infection rates in the country. They also happened to be the subjects of numerous headlines about crisis leadership in multiple major media outlets in 2020 (Alvarez 2020; Milligan 2020; Walmsley 2020; White and Colliver 2020). I found their methodology and results fascinating, but I expected to find a study that covered more than just four governors. As of yet, no such study exists. This is the gap that my research will fill.

A rhetorical analysis of all fifty state governors’ responses to the COVID-19 pandemic has the potential to help determine whether American federalism is headed towards greater centralization or further discord in times of crisis. It will provide insight as to exactly which governors are embracing strict containment measures in order to protect public health and safety and which are favoring lax guidelines in the name of personal liberty. Given that federalism in its current form favors enhanced state sovereignty, it is likely that the states’ pandemic policies will either collectively preserve or threaten national unity. I will discuss this further in a later chapter, wherein I review all of the governors’ responses and the potential consequences they pose.
Chapter 3: Methods and State Data

Methods of Research

In order to determine how different interpretations of federalism and approaches to state policy innovation shaped the response to COVID-19 in the United States, I will perform a fifty-state analysis of the governors’ rhetoric and pandemic mitigation efforts in each of their respective jurisdictions under the Trump administration. My research will include data from March 13, 2020, the day that the World Health Organization (WHO) first declared COVID-19 a pandemic, to January 20, 2021, President Trump’s last day in office.
I will begin by grouping the states into seven geographic regions: 1) the Pacific; 2) the Mid-Atlantic; 3) New England; 4) the South; 5) the Great Plains; 6) the West; and 7) the Midwest. The Pacific will include Washington, Oregon, California, Hawaii, and Alaska. The Mid-Atlantic will consist of New York, New Jersey, Pennsylvania, Delaware, and Maryland. New England will comprise Maine, Vermont, New Hampshire, Massachusetts, Connecticut, and Rhode Island. The South will cover Virginia, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Arkansas, and Texas. The Great Plains will incorporate North Dakota, South Dakota, Nebraska, Kansas, and Oklahoma. The West will contain Idaho, Montana, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico. The Midwest will encompass West Virginia, Kentucky, Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, and Missouri. I will present the regions in this order because it reflects the general pattern in which COVID-19 hotspots flared across the country in 2020 (Cardwell 2020; G. Lopez 2020a; Schumaker 2020b). The mayor of the District of Columbia and the governors of the five United States territories (American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands) will be discussed in a later chapter. I will use these regional groupings to determine whether geographic collaboration and diffusion of public policy among the states is still salient, a matter that scholars (Walker 1969; Berry and Berry 1990; Krislov 2001; Volden 2006; Karch 2007; Shipan and Volden 2012) have debated. I expect to find substantial variation in gubernatorial rhetoric and pandemic mitigation efforts within each region, and I will compare and contrast the states within each one.
For each region, I will highlight each governor’s most noteworthy words and actions relating to the COVID-19 pandemic response while Trump was in office. I will consider: implementation and enforcement of stay-at-home orders (using data from the National Academy for State Health Policy [NASHP]); definitions of “essential business” under such orders (using data from the National Governors Association [NGA] and the National Conference of State Legislatures [NCSL]); enactment and enforcement of travel restrictions (using data from NASHP); implementation and enforcement of mask mandates (using data from NASHP); issuance of eviction moratoria (using data from The Eviction Lab at Princeton University); and communication regarding social distancing protocols, diagnostic testing, vaccines, the national government’s response, and public health experts’ messaging (drawing on official statements, interview transcripts, media quotes, and general news coverage). I will emphasize different factors for each governor, depending on which ones generated the most press coverage.

Given that gubernatorial rhetoric and pandemic mitigation efforts are inextricably linked to partisanship, I will note the party affiliation of each governor and that of any relevant mayors, as well as the party control of any relevant state legislatures. Further, I will distinguish between “red” and “blue” states by summarizing how each state has trended in the Electoral College since 2000 (using data from 270toWin). I will also consider the status of Medicaid expansion (adopted, not adopted, or adoption pending) in each state (using data from the Kaiser Family Foundation [KFF]). Medicaid expansion was once viewed more favorably by Democrats, but more Republicans are warming to the idea, and it has been shown to bolster states’ health care systems. I would like to determine whether or not it leads to better COVID-19 outcomes.
All of the aforementioned factors will be considered alongside various indicators of success or failure, including the degree to which each governor prioritized: public health, measured by each state’s COVID-19 hospitalization, death, and early vaccination rates per capita, as well as infections per hospitalization (using data from POLITICO, The New York Times, John Hopkins University & Medicine, and individual state dashboards); economic health, measured by each state’s GDP, job creation, and unemployment rate when compared to pre-pandemic values (using data from POLITICO and the Bureau of Labor Statistics); racial and socioeconomic equity, measured by the presence or absence of equity-focused initiatives in each state as well as the governors’ rhetoric surrounding racial justice (using data from KFF, NGA, the Duke-Margolis Center for Health Policy, and NASHP, as well as news coverage and profiles of the governors); strong state/local relations, measured by documented collaboration or competition with local officials (particularly mayors) of both parties in the press; positive performance reviews from journalists, measured by the general flavor of national, state, and local press coverage for each governor; and positive performance reviews from constituents, measured by each governor’s average approval rating from April 2020 to January 2021. In many cases, these indicators directly impacted gubernatorial rhetoric. I will then identify the regional and nationwide trends shown in my research and assess their potential consequences for federal-state relations going forward.

Throughout my analysis, I will deploy both critical race theory and Kimberlé Crenshaw’s (1989) theory of intersectionality, particularly when explaining the meaning of “states’ rights” in the context of American federalism and the disproportionate impacts of COVID-19 on low-income communities of color. I expect that both of these theories
will further accentuate the disparities in COVID-19 outcomes between and within states, especially those that were hit hardest by the pandemic.
Pacific

Introduction

Washington, Oregon, and California were on the front lines of the initial coronavirus outbreak in the United States in March 2020. Given their proximity to Asia, where COVID-19 was already raging across the continent, the governors of these three states took swift action, coordinating most of their aggressive mitigation efforts and, later, their reopening timelines in order to provide consistency throughout the region (National Academy for State Health Policy 2020). This uniformity, combined with their deference to public health officials, prevented them from seeing the early surges that governors in other regions experienced (Johns Hopkins University & Medicine 2021). Hawaii and Alaska, included in this grouping for geographic purposes, had more time to prepare for COVID-19 to hit their shores; in this regard, their remoteness from the contiguous United States proved an advantage. Their governors had to strike a delicate balance: protect the health of locals and encourage safe travel and tourism so as not to devastate their states’ economies. All together, the five Pacific states fared remarkably well until late in 2020, when pandemic fatigue began to set in.

Washington

The first case, first outbreak, and first full-blown COVID-19 emergency in the United States all took place in Washington, where Governor Jay Inslee (D) was propelled into action with no prototype for leadership in a crisis of such magnitude. As the virus devastated a nursing home in Kirkland, Inslee’s administration implemented a statewide stay-at-home order and closed schools and nonessential businesses while simultaneously
begging for assistance from the national government, which they perceived to be idling in the face of grave danger (Abrams 2020; Bacon 2021; Balz 2020; The Office of the Governor 2020; Scher 2020). Inslee urgently requested more PPE and medical supplies for health care workers in his state, as well as a national testing strategy, and President Trump responded by calling him a “snake” and suggesting that Vice President Mike Pence, then the head of the White House Coronavirus Task Force, “stop dealing with Inslee” [Balz 2020; Choi 2020b; Goldberg and Ollstein 2020; Scher 2020; Sun and Goldstein 2020]. This sparked a war of words that would continue for months. Inslee, who is known for his calm demeanor, made no secret of his disapproval of the Trump administration’s response, venting that the president “did not have the intense focus he needed” and “our work would be more successful if the Trump administration stuck to the science and told the truth” (Balz 2020; Fausset and Bosman 2020; Knowles 2020). He repeatedly encouraged Trump to invoke the Defense Production Act to replenish the Strategic National Stockpile of PPE, lambasted him for merely serving as a “backup” to state efforts and fomenting competition between the governors, and likened handling COVID-19 to “running a marathon while pulling an anchor, a dead weight…and unfortunately that’s the president” (Costa, Vozzella, and Dawsey 2020; Rayasam 2020a; Rojas and Swales 2020; Sargent 2020). This animosity toward Trump, however, did not distract Inslee from the task at hand. He was widely commended for allowing scientists, rather than politicians, to take the lead in his state’s COVID response (Baker 2021; Baker and Jordan 2020; Duhigg 2020; Frosch and Carlton 2020; Nagourney and Martin 2020). Professionals associated with the Epidemic Intelligence Services (EIS), a program of the CDC, crafted guidance and steered all health communications in
the Evergreen State, providing simple, cohesive messaging that resonated with the
general public [Duhigg 2020]. These scientists’ expertise, as well as the Inslee
administration’s conscious decision to prioritize the protection of nursing home residents
and workers at high risk for severe COVID, kept hospitalizations down; Washington,
along with Oregon and California, was in good enough shape in April 2020 to be able to
ship 1,000 ventilators to the East Coast, where the situation was much more dire (Doherty
et al. 2020; Nagourney and Martin 2020; Washington State Department of Health
2021). The case count was also under control, thanks in large part to Microsoft, Amazon,
and other tech industry giants based in the Seattle area, who made working from home a
statewide – and later nationwide – trend (Baker 2021; Nagourney and Martin 2020;
Washington State Department of Health 2021). Most Washingtonians demonstrated a
remarkable willingness to comply with public health directives, though there was some
resistance in rural communities in the eastern parts of the state, where working from
home was not always feasible (Abrams 2020; Armus 2020). Sheriffs and citizens there
were eager to rebel against their liberal governor and what they saw as “unconstitutional
and unenforceable” orders, such as mask mandates (Abrams 2020; Armus 2020). With
exceptions for his frequent and fervent criticism of Trump, Inslee handled the COVID
crisis with the steady, even presence he has become known for, keeping cases and
hospitalizations in his state comparatively low and even complimenting Vice President
Pence for being “continually helpful” to his administration (Balz 2020). In the absence
of a leader in Washington, D.C., the governor of Washington state emerged as a role
model for other executives.
Oregon

Governor Kate Brown (D) of Oregon had established herself as a collaborative leader prior to the onset of COVID-19, a reputation that she harnessed during the pandemic. A governor “who likes to discuss her options widely before making a decision,” Brown worked closely with Inslee and Governor Gavin Newsom (D) of California to lift restrictions at the same time, prioritizing the health and safety of all West Coasters [Calfas, Restuccia, and De Avila 2020; Farzan et al. 2020; Governor Kate Brown 2020; Parti and Elinson 2020; Rizzo 2020; VanderHart and Dake 2020]. Their “Western States Pact” was formed in response to President Trump’s false declaration of “total authority” over the states’ decisions to reopen (Calfas, Restuccia, and De Avila 2020; Rizzo 2020). It helped significantly in preventing disaster in the spring and summer of 2020, when governors across the country lifted their stay-at-home orders (Oregon Health Authority 2021). While managing COVID-19, Brown also had to handle a “challenging fire season,” for which she and her administration developed special COVID modules to keep firefighters safe, plus historic Black Lives Matter protests in the capital city of Portland, which she encouraged, so long as participants wore masks and practiced social distancing (CBS News 2020b; KGW Staff 2020b). The pandemic and the protests provided fodder for conflict between Brown and Mayor Ted Wheeler (D) of Portland. Brown accused Wheeler of making her look incompetent for hesitating to issue a stay-at-home order in March 2020 out of concern for the state’s economy and criticized him for requesting that National Guard troops be sent in to curtail demonstrations, quipping that “having soldiers on the street across America is exactly what President Trump wants” (VanderHart and Dake 2020). A fierce critic of Trump, Brown blasted his
administration for not giving her state the medical supplies and testing kits she requested in spring 2020 and not releasing enough vaccines for Oregon from the federal reserve in winter 2021, calling it “deception on a national scale” (Holmes 2021; Wesley and KATU Staff 2020). “This coronavirus is exposing cracks, I would actually say canyons, in our federal health care system,” she pointed out (Wesley and KATU Staff 2020). Once Joe Biden was elected in November 2020, Brown also condemned the outgoing president’s racially charged rhetoric and discriminatory actions, stating that she was looking forward to having “a strong, competent, and trustworthy partner we can work with at the federal level” and “an administration that will denounce white supremacy and white nationalism” (Holmes 2021; Sherwood and Ross 2021; The Takeaway 2020). Brown worked hard to keep cases and hospitalizations down over the spring and summer of 2020 so that small businesses – “the heart and soul of our economy” – and schools could reopen in the fall (Dake 2020; KGW Staff 2020a; Monahan 2020; Sabatier and Miller 2020; The Takeaway 2020). While Brown did have to order a two-week “freeze” in November 2020 due to an uptick in cases, particularly in the state’s rural areas, her strategy was largely successful (Cline 2020; Conger 2020; Havrelly 2020; Hayes 2021; Oregon Health Authority 2021). Some grew frustrated with Brown’s back-and-forth, and her strict containment measures were the subjects of a few lawsuits and complaints from state legislators, but she was widely credited for acting in her constituents’ best interest and without regard for partisanship (Associated Press 2020h; Flaccus and Selsky 2020; Greenblatt 2020b; Griffin 2020; Huffman 2020). “I don’t give a damn if you’re Democrat or Republican,” she professed, “we need you to work together” (The Takeaway 2020).
California

Due to the sheer size of its population and its economy, Governor Gavin Newsom (D) has taken to calling California a “nation-state” (Cowan 2020; Purdum 2020; White, Kahn, and Nieves 2020). “That narrative is a big part of the California spirit, of being dreamers and doers…we sort of transcend during times of crisis,” he boasted (Purdum 2020). While Newsom encountered a few obstacles along the way, the first-term governor proved himself to be up to the challenge that COVID-19 presented. On March 19, 2020, he issued the very first stay-at-home order of any state, prompting other governors, including his neighbors Inslee and Brown, to follow suit (“Essential Workforce” 2020; Executive Department 2020). He did this after Mayor London Breed (D) of San Francisco and seven Bay Area counties jointly issued a similar order for their residents, acknowledging that “a state as large as ours…is many parts, but at the end of the day, we’re one body” (Luna 2021). Newsom’s decision to shut down early, coupled with a refreshing lack of infighting within his administration and with prominent mayors over what to do, meant that fewer Californians were hospitalized and died in the first wave than was the case in other states (California for All 2021). Unlike most in his party, Newsom lavished praise upon President Trump, calling him “thoughtful,” “responsive,” and “collaborative” (Associated Press 2020b). While this certainly marked a change in tone from a man who once proudly called California “the most un-Trump state in America,” it was entirely strategic: Newsom knew that Trump would reward those who extended their gratitude to him (Associated Press 2020b; Rosenhall 2020). Sure enough, the president noted that “Governor Newsom has been very generous in his words, and I’m being generous to him too” (Bollag and Wilner 2020). Once the Trump
administration caught wind of the many compliments they had received, they sent 90,000 testing swabs to California, fulfilling Newsom’s latest request (Associated Press 2020b). Compliance with the state’s social distancing guidelines was high at first, leading to a welcome reprieve of COVID-19 over the summer, but as cases soared again in the fall, Californians – including Newsom himself – grew weary of life on lockdown. In November 2020, the governor came under fire for attending a lobbyist friend’s birthday party at French Laundry, an exorbitantly expensive restaurant in Napa Valley; while his attendance was technically allowed under the standing orders at the time, it was widely and understandably viewed as a glaringly out-of-touch faux pas (Cillizza 2020c; The Editorial Board 2020b; Fuller 2020; Wilson, Achenbach, and Del Real 2020). To his credit, Newsom issued a sincere apology: “I made a bad mistake…The spirit of what I’m preaching all the time was contradicted. I need to preach and practice, not just preach” (Cillizza 2020c). Personal accountability was a recurrent theme in Newsom’s COVID response. He repeatedly called on his constituents, especially those in more conservative inland areas, to protect themselves and each other by wearing masks, but he also challenged himself to set a better example (Wilson 2020). While he had to “pull the emergency brake” and impose a regional shutdown based on hospital availability in winter 2020, he pledged to be “more mindful than ever” of the economic consequences of such a decision, and he owned up to not having done enough to prevent such a dramatic surge (Marinucci, White, and Siders 2020; Munguia 2020; Wilson 2021). Another theme of his was unity. Newsom refused to politicize the pandemic, characterizing his actions as “all in the spirit of all of us stepping into this moment and doing what we can” (Singh 2020). His brand of crisis leadership – and the
pithy soundbites he offered to reporters – caused #PresidentNewsom to trend on Twitter, prompting many to wonder about his future political ambitions (Purdum 2020; Singh 2020).

**Hawaii**

Governor David Ige (D) was in charge of Hawaii, the far-flung island status of which gave him a head start in the fight against COVID-19. He did not, however, take immediate action. Instead, the mayors of multiple Hawaiian cities scrambled to order their residents to stay home; these sporadic announcements and the lack of any statewide declaration of pandemic policy caused many Hawaiians to panic (Boerger 2020). On March 19, 2020, state House Speaker Scott Saiki (D) criticized the Ige administration for staying silent and forcing mayors to make the first moves, writing in a letter that the governor’s response thus far “has been utterly chaotic and there is mass confusion among the public” (Boerger 2020). Saiki, the mayors, and Lieutenant Governor Josh Green, the latter a medical doctor, called on Ige to take action, which he finally did, mandating that all residents and visitors arriving in Hawaii self-quarantine for fourteen days and issuing a stay-at-home order for those already on the island (Boerger 2020; Governor of the State of Hawai‘i 2020). Those two directives had a considerable impact. From March through July 2020, the Aloha State reported fewer than 2,000 total cases of the coronavirus, achieving one of the lowest infection rates in the country (Ansari 2020). This tremendous success, though, was a double-edged sword. Over a quarter of Hawaii’s economy comes from tourism, and during the summer, tourist visits hit record lows while unemployment (primarily in the hospitality sector) soared, peaking at 14.3% – the highest
of any state – by October 2020 [Ansari 2020; De La Garza 2020; Mackerel 2020]. Despite their efforts, which included paying some visitors to go home, Ige and other officials didn’t stop “crisis tourism,” or “coronacations,” as they came to be called, when wealthy, mostly white people from the mainland United States came to the island to sunbathe, showing little concern for Native Hawaiians’ health and safety (Glusac 2020a and b; Mzezewa 2020; Nguyen 2020). This prompted many locals to stage protests at airports and organize convoys to block incoming travelers, holding signs that read, “please keep your distance ocean length” (Nguyen 2020). Hawaiians did not hold back their resentment at Ige; his approval ratings plummeted to dismal levels (Warner 2020). The governor weathered bipartisan blowback for his administration’s indirect and jumbled communications, his reluctance to aggressively expand testing, his decision to keep Lieutenant Governor Green out of press conferences and strategy sessions, and his repeated prioritization of tourism dollars over locals’ lives (Blair 2020; Boerger 2020; Fernandez et al. 2020; Nguyen 2020; Ollstein and Goldberg 2020). When cases in the state skyrocketed tenfold in August 2020, Hawaii’s 2,500-mile distance from the mainland United States proved a liability rather than an asset; the state’s hospital system was quickly strained, and patients couldn’t easily be transferred to facilities in other states (Ansari 2020; De La Garza 2020; Disease Outbreak Control Division 2021; Ollstein and Goldberg 2020). Ige attempted to deflect from later failures by emphasizing early successes, noting that “people took the mandates to stay at home and self-isolate seriously” and patting himself on the back for his travel restrictions and testing regime (Richardson 2021; Warner 2020). What he didn’t acknowledge was the fact that Native Hawaiians and other Pacific Islanders were disproportionately reflected in the state’s
infection rate, hospitalization rate, and death toll; they were also significantly more likely to be unhoused as a result of the economic downturn, causing major race and class disparities on the island to persist (Ollstein and Goldberg 2020; Siemaszko 2020).

Alaska

Governor Mike Dunleavy (R) and local officials wasted no time in ordering Alaskans to “hunker down” and prepare for the COVID-19 storm (Brehmer and Earl 2020; Office of the Governor 2020b). In March 2020, like Ige did in Hawaii, Dunleavy instituted a fourteen-day self-quarantine requirement for all residents and travelers trying to enter the state, with critical infrastructure workers as the only exception (Grove and Hanlon 2020). These were not decisions that he made lightly, given that Alaska also depends on tourism, especially during fishing season, but they were necessary steps to take (Brehmer and Earl 2020). The state’s sizable Indigenous population still lives with the intergenerational trauma of the 1918 influenza pandemic, which killed over half the residents in most Native Alaskan communities; with COVID-19 on the horizon, Dunleavy was determined not to let history repeat itself (Baker 2020; Patterson 2020). He was also painstakingly aware of the fact that his state had limited hospital capacity (especially in intensive care units), and that its health care system relied on the labor of temporary employees from out-of-state, who would be scarce that year [Baker 2020; Hughes 2020]. In an attempt to stop the virus in its tracks, Dunleavy oversaw the most expansive testing and contact tracing regime of almost any state, in which public health professionals managed to keep testing samples refrigerated by transporting them across the Last Frontier in fish boxes, snowmobiles, trucks, and even the noses of
airplanes (Baker 2020; Hughes 2020; Patterson 2020). This impressive feat, combined with guidance from Chief Medical Officer Dr. Anne Zink to enjoy the great outdoors as much as possible to slow the spread of COVID-19, kept the pandemic under control throughout the spring and summer, allowing some businesses to reopen and fishing season go on as scheduled, so long as visiting fishermen complied with the quarantine mandate (Alaska Department of Health and Social Services 2021; Baker 2020; Grove and Hanlon 2020; Hertz 2020; Hughes 2020; Mazurek 2020). While Dunleavy was commended by many within and outside his state, he was criticized by some for not issuing a statewide mask mandate and leaving too much responsibility to the discretion of local officials and individual Alaskans (Cole 2020; Hertz 2020; Kurle 2020; Olsen 2020). Dunleavy was loath to impose what he viewed as needlessly harsh restrictions, stressing that, “If we keep working on this as individuals, and looking out for ourselves and each other, we should be able to get the cases flattening out” (Hughes 2020; Olsen 2020). As soon as fall rolled around, cases began to tick up, and he was forced to ask Alaskans to limit public activity and work from home whenever feasible, proclaiming that “My job as governor is not to tell you how to live your life. My job is to ensure the security and safety of Alaska. I can’t do that without your help,” (Downing 2020; “Governor Dunleavy Urges Alaskans to Take Immediate Action to Slow COVID-19” 2020). This taught the rest of the country a valuable lesson: COVID-19 tends to be more virulent in colder temperatures and will require additional mitigation efforts when the seasons change (Baker 2020).

Conclusion
While no two Pacific states had exactly the same experience, the governors of Washington, Oregon, and California followed a similar course of action, as did the governors of Hawaii and Alaska. None of them were perfect, but all five of them, thanks to their willingness to collaborate and eagerness to serve as models of crisis leadership for the rest of the country, were able to avoid thousands of deaths in 2020. While pandemic fatigue may not have been entirely within their control, by the end of 2020, most of their once-tough rhetoric began to wane, causing later surges that might have been prevented.
Mid-Atlantic

Introduction

New York, New Jersey, Pennsylvania, Delaware, and Maryland saw the second major coronavirus outbreak in the United States. This region quickly surpassed the Pacific in terms of hospitalizations and deaths (Johns Hopkins University & Medicine 2021). All five Mid-Atlantic governors implemented stay-at-home orders and a variety of other restrictions, and they were especially vocal in their critiques of the national response to COVID-19, but some of them dawdled at the outset of the pandemic, causing the virus to run rampant in ways that could have been prevented (National Academy for State Health Policy 2020). The Mid-Atlantic also spawned three “rockstar” governors, whose rhetoric resonated far beyond the boundaries of their states. These executives were widely perceived as “presidential” in their words and actions and were thus looked upon for guidance and inspiration – a consequence, perhaps, of a devolution of power to the states in a time of crisis.

New York

For better or for worse, the COVID-19 pandemic transformed Governor Andrew Cuomo (D) of New York into America’s Governor. He made a point of acting “New York Tough,” which involved stepping up to the plate and displaying grit and empathy during a period of inaction by the national government (Farago 2020). His calm, rational communication style, succinct PowerPoint presentations, and heartfelt personal anecdotes at his daily press briefings elicited praise among journalists, pundits, and the general public, many of whom were pleasantly surprised to see the governor show genuine
emotion for the first time in his political career (Dwyer 2020a). Of the virus, Cuomo said impassionedly that “this is going to form a new generation and it will transform who we are and how we think. But you’re not alone. You’re not alone. Nobody is alone” (Mehta and Mason 2020). His briefings quickly became must-see TV for Americans across the country who were stuck at home and desperate for a reassuring, competent leader in the fight against COVID-19 (Ellison and Terris 2020; Mehta and Mason 2020). Cuomo, who had been historically unpopular and characterized as a bully, suddenly found himself enjoying record levels of support from both sides of the political aisle (Binelli 2020; Dwyer 2020a). He was practically elevated to icon status among Democrats, a shocking number of whom publicly proclaimed their adoration for the governor and proudly referred to themselves as “Cuomosexuals” (Ellison and Terris 2020; G. Lopez 2020c). It is hardly an understatement to say that throughout much of 2020, the eyes of the nation were on Andrew Cuomo. The primary reason for this spotlight, however, was a grim one: the Empire State – New York City in particular – was the epicenter of the pandemic, home to the largest and deadliest outbreak in the United States and among the worst in the world (Gold and Robinson 2020; G. Lopez 2020c; New York State Department of Health 2022). Cuomo repeatedly blamed the “dysfunctional and incompetent” Trump administration for the “war zone” he was facing, calling COVID the “virus of American division and federal incompetence” and the national response “the worst government blunder in modern history” (Borter 2020; Italie 2020; Lovelace and Higgins-Dunn 2020). He called on the federal government to “do a better job,” floated the idea of a national lockdown, and went so far as to accuse the president of “actively trying to kill New York” (Editorial Board 2020a; Francescani
While some of his critiques were valid, Cuomo deserves a share of the blame. He was exceptionally slow to recognize the threat that the virus posed and the responsibilities he would have to assume, declaring in early March 2020 that “we think we have the best health-care system on the planet” and that “governors don’t do global pandemics” (Gold and Robinson 2020; McKinley 2020; Ramachandran, Kusisto, and Honan 2020). He lagged behind his fellow governors on the West Coast, which is no small part of the reason why California fared so much better than New York (Goodman 2020). The crisis in the Empire State was also a direct result of nonstop bickering between Cuomo and New York City Mayor Bill de Blasio (D). These two men have never gotten along, and throughout the critical early days of the pandemic, they both focused more on upstaging each other than on protecting New Yorkers (Binelli 2020; Durkin and Gronewald 2020). Neither one of them wanted to shutter public schools in New York City, but when it became clear that doing so was inevitable, Cuomo scrambled to be the first to make the announcement so that he would generate headlines and de Blasio would look indecisive (Durkin and Gronewald 2020). On March 17, 2020, de Blasio issued an order for all New York City residents to “shelter in place,” but Cuomo walked it back on grounds that the mayor’s rhetoric was too alarmist (Vielkind, Palazzolo, and Gershman 2020). “I’m as afraid of the fear and the panic as I am of the virus, and I think that the fear is more contagious than the virus right now,” Cuomo expressed (Goodman 2020). His administration then implemented a policy that prohibited all localities from issuing stricter restrictions than the state at large without approval from his health department, thus pushing New York City’s shutdown back to March 22, when the statewide “NY Pause” went into effect (Vielkind, Palazzolo, and
Gershman 2020). De Blasio and Cuomo also issued a series of conflicting directives about business closures that elicited mass confusion as well as vocal protests from Orthodox Jews in the city, who felt that Cuomo’s restrictions targeted them specifically and impinged on their religious freedom (McKinley et al. 2020; Rubinstein and Kim 2020). Meanwhile, the virus continued to spread like wildfire, and by the time Cuomo forced de Blasio to get on the same page as him, it became clear that he would be stuck in an endless game of catch-up. He was the first governor to issue a mask mandate, and he collaborated with other governors, namely Phil Murphy (D-NJ) and Ned Lamont (D-CT), on travel restrictions and reopening timelines, but the virus still ravaged the Mid-Atlantic more than just about any other region [“Cuomo Admits Rare Misstep in His COVID-19 Response for New York” 2020; Villeneuve 2020]. He also saw a devastating number of senseless deaths, most of which were concentrated in nursing homes. In March 2020, as hospitals in the state were rapidly filling up and in desperate need of relief, Cuomo directed all nursing homes to accept patients who were or may have been COVID-positive (Andrew 2020). Given the fact that older adults are much more susceptible to severe COVID-19, this was a controversial move, especially since New York, unlike most states, did not count the deaths of nursing home residents who died of the virus in hospitals as nursing home deaths (Andrew 2020). This was understandably viewed by many as a cover-up. Cuomo attempted to defend himself by claiming that he was following CDC guidance, but that was not true, and he was berated for lying to his constituents and jeopardizing the lives of older, more vulnerable New Yorkers (Andrew 2020). He ended up backtracking in May 2020, instructing hospitals not to send COVID patients to nursing homes until they had tested negative, but that may well have been too
late (Andrew 2020). In late January 2021, the office of New York Attorney General Letitia James (D) issued a report on the matter, proclaiming that nursing home deaths in the state were “extremely undercounted” (Blake 2021). Cuomo responded by saying “look, whether a person died in a hospital or died in a nursing home, it’s – the people died,” and “who cares?” (Blake 2021). This was damning for a governor who had preached transparency but refused to practice it himself (Blake 2021). Cuomo thought he was God; he marshaled all authority in the state, but except for wishing that he’d issued a mask mandate earlier and that he hadn’t wrongly suggested asymptomatic people couldn’t spread the virus, he largely refused to shoulder any of the blame when things went wrong (“Cuomo Admits Rare Misstep in His COVID-19 Response for New York” 2020; Vielkind, Palazzolo, and Gershman 2020). Instead, over the summer of 2020, he wrote a book on his response to the pandemic as though it was over, although it was very much still going on when the book hit shelves in October (Italie 2020). As New Yorkers and Americans were reminded of Cuomo’s egotistical tendencies, he fell from grace as quickly as he had risen.

New Jersey

Despite being perhaps the most progressive governor in the country, Governor Phil Murphy (D) of New Jersey was not seen as a commanding figure before COVID-19 hit. While he did not have the bravado of Andrew Cuomo, he quickly became known for decisive leadership and reassuring affirmations to the people in his state. New Jersey was hit almost as hard as New York, and Murphy responded accordingly, imposing some of the nation’s strictest restrictions and working closely with nearby states to coordinate
A former United States Ambassador to Germany, he also communicated with European leaders, who were seeing earlier spikes in cases, hospitalizations, and deaths and provided him with crucial insight on how to stay ahead of the curve (Washington Post Live 2020b). Murphy developed a reputation for “brutal honesty” and skillful policy promotion at his daily press briefings, where, once COVID was reasonably under control in New Jersey, he used his platform to advocate for criminal justice reform, small business supports, tax hikes for the rich and for corporations, climate change legislation, and voting accessibility, thus bolstering his administration’s credibility on a wide range of issues (LeBlanc 2020a; Pfeiffer 2020; Sutton 2020). He tried hard not to criticize Trump, explaining that “I don’t wake up in the morning with the luxury of picking who my president is that day. We need all the help we can get from them, and so that doesn’t mean we’re going to pull our punches” (Corasaniti 2020). His approach worked, at least for a bit: Trump called Murphy a “terrific guy,” and Murphy noted that “there is no call we’ve placed (to the administration) that has gone unanswered. Even if we don’t like the answer, we get an answer” [Corasaniti 2020; Dovere 2020]. Instead, Murphy leveled criticism at Senate Republicans, who he urged to move faster on providing desperately needed assistance to small businesses and low-income workers (Pfeiffer 2020; Washington Post Live 2020b). He also lambasted the Treasury Department for the limitations it placed on federal aid to states, lamenting that “if the federal government doesn’t do its job and support New Jersey’s families, we may not be able to keep our teachers, cops, firefighters, and paramedics employed, the very people who are on the front lines every
day. And we’ll have to send this money back to Washington” (Romm 2020). Trump weighed in on this, musing that “the states that are in trouble do happen to be blue” and that New Jersey in particular had “a lot of problems long before the plague came” (Romm 2020). Murphy refused to take Trump’s bait and engage in a fight, attesting that “this is an American problem and it runs to red and blue states alike” (Pfeiffer 2020). The governor received some criticism for being too slow to reopen his state; some members of the Restart and Recovery Council felt they were not listened to, as the Murphy administration was determined to move at the pace of a snail when easing off on their stay-at-home order (Sutton 2020). Although he was extremely cautious, Murphy still saw a COVID surge in fall 2020, and he was very blunt about its potential consequences. He implored New Jerseyans to mask up and stay home as much as possible, despite it being an inconvenience (D. Li 2020). When asked what he would say to people experiencing COVID fatigue, he didn’t hold back: “You know what’s really uncomfortable and annoying? When you die. That’s my answer.” (D. Li 2020). While some raised concerns about Murphy’s reelectability in 2021, given his consistent reluctance to lift restrictions, he enjoyed fairly high approval ratings throughout the duration of the crisis (Corasaniti 2020). It was clear to people in the Garden State and beyond that Murphy had met the moment.

Pennsylvania

In Pennsylvania, Governor Tom Wolf (D) managed to fly fairly under the radar. This did not come as a disappointment to him, as he repeatedly insisted and demonstrated that he was focused on his constituents and not on national politics (Otterbein 2020). “I’ve
been like this since I was a little kid,” he commented about his tendency to shy away from the limelight (Otterbein 2020). “If maybe I were a more seasoned politician, I’d be trying to get people in New York or Massachusetts or California to like me, but that’s not who I’m working for” (Otterbein 2020). Wolf imposed an aggressive set of restrictions while attempting to assuage both public health and economic concerns (Office of the Governor 2020; Pennsylvania Department of Community and Economic Development 2020). He established himself as an amenable collaborator with other governors, but he didn’t hesitate to put pressure on local officials in Pennsylvania who defied his lockdown orders: “To those politicians who decide to cave in to this coronavirus, they need to understand the consequences of their cowardly act,” he warned, threatening to withhold federal aid from them and revoke insurance, liquor licenses, and certificates of occupancy from restaurants and other businesses that reopened too soon (Gabriel 2020a). He received a fair amount of bipartisan kudos for this, but some Republicans were not happy (Seidman 2020). In May 2020, officials in Butler, Fayette, Greene, and Washington Counties sued the governor for his closure of “non-life-sustaining” businesses and limits placed on gathering sizes (The Editorial Board 2020c; Kornfield 2020). President Trump expressed his approval of the lawsuit during a visit to Allentown, voicing that “you have to get your governor of Pennsylvania to start opening up a little bit. You have areas of Pennsylvania that are barely affected, and they want to keep them closed. Can’t do that,” (Gittleson 2020). In September 2020, a federal judge ruled that Wolf’s definition of “life-sustaining businesses” was arbitrary and thus unconstitutional, violating both the First and Fourteenth Amendments (The Editorial Board 2020; Kornfield 2020). Wolf refused to treat this as a setback, accusing both President Trump and the Republican-
controlled Pennsylvania General Assembly of “celebrating a court ruling while refusing to help anyone but themselves” (Treisman 2020). He called their actions “irresponsible” and encouraged his constituents to remain vigilant in protecting themselves and others from COVID-19 (Treisman 2020). Although Pennsylvania didn’t escape the fall surge that swept most of the country, and the governor weathered some blowback for exceptionally high death rates among nursing home and long-term care facility residents, Wolf stayed significantly more popular among Pennsylvanians than his counterparts in states with looser restrictions (Mahon 2020; Pennsylvania Department of Health 2022; Phillips 2020). His resilience throughout the crisis and unwillingness to appease his Republican adversaries may have been instrumental in flipping Pennsylvania from red to blue in the 2020 presidential election.

*Delaware*

Governor John Carney (D) of Delaware tried to walk the middle of the road in his response to the coronavirus. He joined the Northeast Pact, the East Coast version of the Western States Pact, to coordinate reopening schedules because he “wanted to learn from the experience of other states” (Hobson 2020b). He didn’t appear to mind that the nation’s governors were left to bear the brunt of the pandemic and figure out how best to reopen without much assistance from the national government. “We should be the ones that open it back up based on the situation on the ground. I’m sure that I know a lot more about what’s happening on the ground here in Delaware than the task force in Washington, DC, the president and vice president,” he declared (Hobson 2020b). Carney saw collaboration with other governors as a necessity because of Delaware’s “porous
“border,” as both I-95 and the Amtrak Northeast Corridor run through the state; he could not afford to operate solo and risk contributing to the worst regional outbreak of COVID-19 in the country (Hobson 2020b). Despite issuing a stay-at-home order, shuttering essential businesses, and following the guidance of public health experts, Delaware became a big enough hotspot for the virus that in July 2020, New York, New Jersey, Connecticut, and Pennsylvania all put the state on their quarantine list (Associated Press 2020c; Irizarry 2020; My Healthy Community – Delaware Health and Social Services 2022; Office of the Governor John Carney 2020). Carney was “mad as hell” about this decision and claimed that his state was being “penalized” for a high case count because of its robust testing initiative (Associated Press 2020c). At Carney’s urging, Delaware was removed from the quarantine lists (Associated Press 2020c). The governor clarified that “we’re going to be on and off, unless we stop testing. And we’re not going to stop testing” (Associated Press 2020c). Although his approval ratings started off strong, Carney was less popular than some of his neighboring governors after reopening began over the summer and cases began to skyrocket again (Rainey 2020). It didn’t help that he received substantial pushback on his administration’s definition of “essential business.” Guidance from Carney’s office originally did not classify gun stores as essential; when Republicans protested, Carney allowed them to reopen, so long as they operated by appointment only and scheduled no more than two appointments every half hour in an effort to practice social distancing (WGMD News 2020). The essential business guidance also specified that churches were essential but subject to restrictions that other such businesses were not (The Editorial Board 2020a). When a pastor sued, Carney settled with him and agreed to treat churches “neutrally,” repealing the additional
restrictions (The Editorial Board 2020a). His decisions to tack to the right on these issues, particularly churches, may have contributed to the overwhelming COVID surge that Delaware experienced in late 2020 (Ryan 2020; 6abc Digital Staff 2020).

_Maryland_

When asked to describe the experience of governing during a pandemic, Governor Larry Hogan (R) of Maryland answered with his trademark bluntness: “This is like a hurricane that hits all fifty states every single day. And it continues in intensity. It doesn’t go away. It just keeps hitting, hitting, hitting” (Ball 2020). A moderate Republican in a solid blue state, Hogan has long enjoyed high approval ratings from his constituents for saying what he thinks, not necessarily what they want to hear. “Maybe I’m one of the few Republican governors who does that, but I have gone out of my way to try to be as constructive and direct as possible,” he acknowledged (Kroll 2020). He received an outpouring of praise from both sides of the aisle for his response to COVID-19 in Maryland, where his proximity to DC vaulted him onto national radar. He pilloried President Trump for forcing states to go it alone, fuming that governors were “flying blind” without necessary supplies and quipping that “we expected something more than constant heckling from the man who was supposed to be our leader,” but he wasted no time in implementing a slew of statewide restrictions, engaging in bipartisan collaboration with Governor Ralph Northam (D) of Virginia and Mayor Muriel Bowser (D) of DC, and taking the matter of testing into his own hands (All Things Considered 2020; Ball 2020; Cox, Dawsey, and Wiggins 2020; Cummings 2020; Glenn 2020; Marimow, Tan, and Cox 2020; The Office of Governor Larry Hogan 2020; Rupar 2020b;
With the help of his wife, Yumi Hogan, who is Korean American, the governor managed to negotiate the sale of 500,000 diagnostic COVID-19 tests from South Korea and fly them into Baltimore/Washington International Airport on Korean Air planes, then transfer them to a warehouse patrolled by the Maryland National Guard and by state police (Ball 2020; Washington Post Live 2020c). In order to ensure that Maryland would reap the benefits of this deal, the Hogans coordinated it behind the backs of federal officials, who had a habit of commandeering states’ supplies and adding them to the national stockpile (Ball 2020). This was a truly unprecedented maneuver, one that Hogan valiantly defended: “If I didn’t do something dramatic,” he divulged, “we simply would not come close to having enough tests in Maryland” (Cummings 2020). Hogan described the $9.5 million purchase as “an exponential, game-changing step forward,” but he hid one detail from the public that came to light only later: many of the tests from the original shipment were unusable, so the Hogan administration spent another $2.5 million of state funding on a replacement shipment (Editorial Board 2020b; Thompson 2020). In all of his public speech on testing, Hogan never addressed the blunder, calling the initial deal the “backbone of our testing strategy” (Editorial Board 2020b). Once the national government caught wind of what had gone down in Maryland, they saw an opportunity: National Institute of Health (NIH) Director Francis Collins reached out to Hogan and asked for his assistance on testing [Duster and Kelly 2020]. “I could only shake my head at that,” Hogan disclosed later (Duster and Kelly 2020; Hogan 2020). “The federal government – a much bigger and better funded institution, with tens of thousands of scientists and physicians in the civil service – wanted my help!” (Duster and Kelly 2020; Hogan 2020). With the exception of a few tongue-in-cheek remarks like
this one, Hogan’s continued criticism of the federal government was profoundly straightforward. In April 2020, he condemned President Trump for furthering misinformation about the virus and encouraging people to inject bleach, explaining that “people listen to these press conferences, they listen when the governor holds a press conference, and they certainly pay attention when the president of the United States is standing there giving a press conference” (Aleem 2020). When the president implied that all fifty states had all the supplies they needed to fight the virus, Hogan said “that’s just not true” (Cox, Dawsey, and Wiggins 2020; Robinson 2020). He reminded the public time and time again that he did not vote for Trump in 2016 and that “he hasn’t done anything to make me change my mind” in 2020 (Ball 2020). His comments irked Trump administration staffers so much that they asked Hogan’s aides to get their boss to quit dissing the president (Cox, Dawsey, and Wiggins 2020). Hogan became a regular guest on national television, which didn’t play well to some Marylanders, who felt that he was too focused on his own ego when he should be focused on helping his constituents (Cox, Dawsey, and Wiggins 2020). The governor justified his frequent public appearances, candidly expressing that “it’s not because I have nothing else to do and want to see my mug on TV. It’s because I think it’s critically important” (Cox, Dawsey, and Wiggins 2020). Hogan saw it as his duty to remain as apolitical as possible and communicate facts rather than opinions. When cases rose again in the DC metro area in fall 2020, Hogan urged residents to take additional precautions while taking a few subtle swipes at Trump: “This is not the flu. It’s not fake news. It’s not going to magically disappear just because we’re all tired of it and we want our normal lives back” (Maryland Department of Health 2022; Wood and Knezevich 2020). Despite his claims that “I really hadn’t
given any thought at all to the politics of it,” Hogan’s opposition to Trump and escalating calls for a “bigger tent” GOP have led many to assume that he has presidential ambitions of his own (Broadwater 2020; Cox, Dawsey, and Wiggins 2020).

Conclusion

Some Mid-Atlantic governors made more headlines than others, but this region commanded national and international attention throughout much of the pandemic. Their examples showed, though, that collaboration with one another and condemnation of the Trump administration are not sufficient in preventing a devastating caseload. There are no substitutes for quick, decisive, early mitigation efforts when lives are at stake.
**New England**

*Introduction*

Maine, Vermont, New Hampshire, Massachusetts, Connecticut, and Rhode Island are all relatively reliable Democratic strongholds, but three of them had Republican governors during the first ten months of the coronavirus pandemic. All six of their governors, regardless of party, implemented stay-at-home orders in their states either in late March or early April (National Academy for State Health Policy 2020). They enacted and enforced travel restrictions, often exempting fellow New Englanders (National Academy for State Health Policy 2020). For the most part, they followed the guidance supplied by public health experts, used strict tones in their public-facing communications, and spoke out strongly against the Trump administration and members of Congress for leaving the states to fight the pandemic largely on their own. All six of them – at least at some point during the crisis – were applauded for keeping their states’ outbreaks relatively under control when compared to the rest of the country (Johns Hopkins University & Medicine 2021). This is noteworthy because of New England’s high population density and its proximity to New York City, a major COVID-19 hotspot.

**Maine**

Governor Janet Mills (D) had to juggle the needs and demands of liberal, populous, southern Maine, with those of the state’s conservative, sparse, northern regions. She issued a stay-at-home order on April 2, 2020, slightly later than the other New England governors; she was one of five governors in the country to issue one just for the months of April and May because her state relies heavily on tourism for income, and she did not
want to jeopardize the summer season (National Academy for State Health Policy 2020). During those months, she announced that her state would keep “essential businesses” open, and in an executive order, she made some Maine-specific clarifications, noting that any business relating to food processing, agriculture, fishing, or forest products would be considered essential and would continue to operate (Office of Governor Janet T. Mills 2020). Mills began diagnostic testing early enough to avoid a major outbreak in the spring, and by summer 2020, when cases in many states were surging, Maine had the lowest estimated virus reproductive rate in the country (Democratic Governors Association 2020). She permitted rural areas with fewer active cases to reopen faster than urban areas like Portland and Bangor (Office of Governor Janet T. Mills 2021). Mills made it a goal not to politicize the pandemic, though she emerged as a harsh critic of President Trump and the national response, or, as she saw it, lack thereof (Hogan, Wolman, and Lundy 2021). She repeatedly asked the administration for more PPE and expressed frustration when her state did not receive its fair share (Mistler 2020). “We’ve seen this pandemic spread in every county in the state and this president has done nothing to stop it,” Mills stated ahead of Trump’s visit to Maine in October 2020, before the election (Pendharkar 2020). She admonished the president for not modeling mask-wearing, stating that he “doesn’t care about” her constituents and is just “desperate for every electoral vote” (Pendharkar 2020). Mills’s independence is the trademark of a Mainer, and her resourcefulness in the face of perceived presidential inaction led her to receive many early kudos. Later in the fall and winter, though, when cases began to tick up in her state’s rural areas, she became the target of substantial backlash (Maine Center for Disease Control and Prevention 2021).
While he is not much of a national figure, Governor Phil Scott (R) made a name for himself as a COVID hero in his home state of Vermont. Scott was heralded by public health experts for leading an excellent response to the pandemic, causing Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, to suggest that Vermont serve as a “model for the country” (Belluz 2020; Jacobson 2021). Many would assume that Vermont’s status as a remote and rural state made its residents accustomed to social distancing, which might be partly true, but the state’s general healthiness, history of investing in public health infrastructure, and inherent trust of government, when combined with Scott’s leadership, produced one of the best responses in the nation (Deliso 2020b). With the help of public health commissioner Mike Levine and members of his cabinet, Scott coordinated a targeted approach to testing and an equity-driven enforcement of social distancing measures, offering free motel rooms to unhoused Vermonters, enhanced hazard pay for essential workers, meal deliveries to those in isolation or quarantine, and free pop-up testing sites in low-income communities around the state (Belluz 2020). These efforts, when coupled with a gradual reopening that, in Scott’s words, turned “the spigot” a bit at a time, were successful: Vermont ended up with one of the lowest COVID-19 infection rates in the United States, and its hospital system never came close to exceeding capacity (Belluz 2020; Office of Governor Phil Scott 2020; Van Dine 2020; Vermont Department of Health 2021). Scott is extremely well-liked among his constituents. A former state legislator with strong working relationships on both sides of the aisle, his experience with bipartisan dealmaking fits
well within Vermont’s spirit of “political open-mindedness” (Berman 2021; Jacobson 2021). In November 2020, he won reelection in the biggest gubernatorial landslide in the country (Berman 2021). He managed to achieve something that virtually no other governor could: unite progressives and conservatives in the fight against COVID-19.

New Hampshire

In New Hampshire, Governor Chris Sununu (R) was assigned the task of balancing an extremely high population of older adults at disproportionate risk of severe COVID-19 with the Granite State’s prevailing sentiment of “Live Free or Die.” He was quick to recognize the crisis he was facing and became the only Republican governor in the country to extend his stay-at-home order beyond the month of May 2020 (National Academy for State Health Policy 2020; Office of the Governor 2020d and h). Sununu enjoyed a very high approval rating of his handling of the pandemic during its first few months, and like other governors in the region, he centered his state’s summer reopening around the prioritization of tourism (DiStaso 2020; New Hampshire Department of Health and Human Services 2021b). In June and July 2020, he encouraged Black Lives Matter protestors as well as anti-lockdown demonstrators to continue exercising their First Amendment freedoms while wearing masks and practicing social distancing (Lahut 2020). He had a difficult needle to thread: curry favor with Republicans in his state, who control both houses of the state legislature, while simultaneously criticizing President Trump and members of Congress for what he viewed as an inadequate national response (Cullen 2021; Lahut 2020). “Fire them all,” he spat at a reporter when reminded of Congress’s inability to unite behind a fourth COVID relief package in October 2020
“I think the people of America are sick and tired of nothing,” he continued (Stankiewicz 2020). “You’ve got to manage. You’ve got to move the ball forward. You have to show leadership in something” (Stankiewicz 2020). Sununu may have had a point about the gridlock in DC, but when cases skyrocketed in New Hampshire in the fall of 2020, he received criticism from people on the left, who were angry that he let individuals and businesses flout his restrictions openly and without penalty, and on the right, who begrudged his updated mask mandate and tightened restrictions as gubernatorial overreach (Citizens Count 2021a & 2021b; Cullen 2021; New Hampshire Department of Health and Human Services 2021a & 2021b; Ramer 2021; Sexton 2020). He was not the only Republican governor in New England to be attacked from both sides of the political spectrum.

Massachusetts

Throughout much of 2020, Governor Charlie Baker (R) was praised for his containment of the coronavirus in Massachusetts. On March 26, 2020 he became one of the first elected officials in his party to stand up to the president, venting about how the Trump administration made governors bid against each other to receive PPE from the national stockpile (DeCosta-Klipa 2020). Baker described the process as “an incredibly messy thicket that’s enormously frustrating for all of us” and challenged the administration to do better for all fifty states (DeCosta-Klipa 2020). This dearth of national assistance forced Baker to get creative, setting up a first-in-the-nation contact tracing initiative and importing 1.7 million N95 masks from China to the city of Boston, courtesy of the New England Patriots (Markos 2021). Boston quickly became a regional
hotspot for cases and deaths; when Baker activated his phased reopening plan in the
summer of 2020, the capital city operated on a delayed schedule (Markos 2021; Office of
Governor Charlie Baker and Lt. Governor Karyn Polito 2021a and b). By the fall, when
students went back to school in person, COVID-19 was raging across every county in the
Bay State, and many didn’t think Baker was doing enough to contain it (Department of
Public Health and Executive Office of Health and Human Services 2021). He was
criticized by several prominent public health experts, including Dr. Ashish Jha, Dean of
the Brown University School of Public Health, as well as local leaders in Boston and
surrounding areas, who mulled imposing stricter restrictions of their own (Leung, Logan,
and Hilliard 2020). In November 2020, Baker reluctantly updated his state’s mask
mandate, issued a curfew, and rolled back reopening plans, prompting progressives to
amp up their calls for more action and conservatives to critique his measures as draconian
(Leung, Logan, and Hilliard 2020; Markos 2021). His approval rating took a dive,
especially among women, rural residents, and Latino residents (Kail 2020). He continued
to place blame on the Trump administration, namely after the president refused to accept
the results of the 2020 election: “I can’t think of a worse time to stall a transition than
amid a deadly pandemic that the federal government continues to own primary
responsibility for responding to” (WBUR News & Wire Services 2020). Baker took
matters into his own hands in his state while repeatedly bemoaning the lack of a more
coordinated national response. Whether he did a good job or not depends entirely on who
you ask.

Connecticut
The state of Connecticut was hit hard early on in the pandemic, prompting Governor Ned Lamont (D) to take quick action to rein in the spread of COVID-19. One of the most densely populated states in the country, Connecticut had the seventh-highest case rate per 100,000 people in the spring of 2020 and the second-highest deaths per 100,000, after only New Jersey (E. Moser 2020). From the beginning, Lamont relied on scientific data to inform his response, then led an aggressive testing and tracing regime and issued a fairly far-reaching and long-lasting eviction moratorium to protect tenants in his state (Eviction Lab 2021; Jain and Sonnenfeld 2021; The Office of Governor Ned Lamont 2020). He exhibited a collaborative leadership style, convening weekly meetings of all fifty of the nation’s governors and frequently deferring to experts at his press conferences (Jain and Sonnenfeld 2021; Krasselt 2020). “I’ve got the best people in the world advising me. I know what I know, and I know what I don’t know,” he explained (Krasselt 2020). Lamont moved slowly in allowing businesses to reopen in Connecticut, and his residents took caution to wear masks and practice social distancing when they returned to public life (CT Department of Public Health 2021; E. Moser 2020). Lamont’s success in flattening his state’s curve may be attributed to his visibility during the pandemic, outspoken criticism of the president’s carelessness (he called Trump’s behavior “totally inappropriate”), and accessible, conversational tone, which he prioritized in all of his communications [Krasselt 2020; Pazniokas 2020]. It led to Connecticut’s infection, test positivity, and reproduction rates declining until they became some of the lowest in the country (CT Department of Public Health 2021; E. Moser 2020).
Rhode Island

Governor Gina Raimondo (D) was in charge of Rhode Island, the smallest and the most densely populated state in the country. The size of the state was beneficial in that it allowed her to communicate with all of her constituents rather easily, but the enforcement of social distancing proved to be a challenge (Chang 2020). Raimondo wasted no time in implementing the first wave of restrictions in spring 2020, and she looked internationally – to countries like New Zealand and South Korea – for inspiration rather than at the national response in DC (Grunwald 2020). She set up a public-private testing partnership with CVS, which is headquartered in her state; became the first governor in the nation to reach out to the National Guard for testing assistance; shut down nursing home visits to protect some of the most at-risk Rhode Islanders; and “cold-called CEOs of diagnostic companies” to obtain the PPE that the national government refused to give her (Chang 2020; Grunwald 2020). She distinguished herself as a leader with an honest, straight-shooting attitude, insisting that she was “focused on outcomes, not optics” (Bruni 2020; Chang 2020; Grunwald 2020). She balanced compassion with strictness, expressing great reluctance when shutting down businesses and places of worship, while assuring residents that she was acting in their best interest, and ordering those who dared to violate her rules to “knock it off” (Bruni 2020). Raimondo was a relentless critic of Trump, asserting that “this entire crisis would have played out so differently with leadership and a national plan from the federal government” and classifying the president’s response as “obviously an abdication of his duty” (Grunwald 2020). The Providence Journal Election Panel agreed, giving her As on her response in Rhode Island and doling out Ds and Fs to Trump (Staff Writer 2020). While Raimondo blamed her state’s high unemployment and
death rates on the lack of help she received from the feds, many at home chided her for not shutting bars and restaurants down when cases climbed over the winter (Rhode Island Department of Health 2021; Rock 2021). When she accepted her nomination as President Joe Biden’s Secretary of Commerce and headed to DC, she was lambasted for leaving her home state in a lurch.

Conclusion

The New England governors’ responses saw mixed success from March 2020 to January 2021. That said, all of them demonstrated eagerness to strike out alone and tough rhetoric when it came to keeping the residents of their states safe. While thousands of New Englanders, especially those in nursing homes and assisted living communities, became infected and died, the governors’ innovation and collaboration with one another allowed them to circumvent the total disaster that other regions experienced.
Introduction

Virginia, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Arkansas, and Texas have a great deal in common. They all seceded from the Union and joined the Confederacy during the Civil War; they were sites of high COVID-19 transmission, hospitalization, and death, particularly in communities of color; and many of their (white, conservative) governors refused to acknowledge the deeply entrenched racism that made this the case in 2020 [Johns Hopkins University and Medicine 2021]. While most Southern governors issued stay-at-home orders and several relied upon religious rhetoric to appeal to Christian constituents, they were far from monolithic when it came to mask mandates and other statewide mitigation efforts (National Academy for State Health Policy 2020). Some deferred to local control, some opted for local preemption, and a few led the region with collaborative, science-driven responses. The South provides an important case study of the relevance of history to modern-day discussions of American policy making.

Virginia

The only physician to lead a state through the pandemic, Governor Ralph Northam (D) of Virginia made a commitment to follow the science and let his response be guided by facts and data (Schneider and Vozzella 2020). For the most part, he kept his promise. Northam was aggressive with restrictions from the beginning, and he even tightened them in winter 2020, implementing what he called a “modified stay-at-home order” when northern Virginia (NOVA), along with the rest of the DC metropolitan area,
became a national hotspot [Former Virginia Governor Ralph S. Northam 2020; Schneider, Hedgpeth, and Cox 2020; Virginia Department of Health 2022; Vozzell et al. 2020]. At the urging of local officials in NOVA’s Fairfax, Loudoun, and Prince William counties, Northam increased collaboration between the state government and local governments, particularly on the issue of reopening (Schneider and Vozzella 2020). “We’ll never recover economically unless we get the health crisis under control and behind us,” he stated, encouraging localities and school districts to operate with stricter restrictions than the state at large if necessary for public safety (Gaudiano 2020; Schneider and Vozzella 2020). Striving to be a helpful partner to local governments, Northam criticized the national government for its “total disconnect” with the states, calling out the president for being too “cavalier” about the virus and for asking governors “to fight a biological war without supplies” (Cancryn 2020; Vozzella 2020). By the time the COVID crisis began, Northam was still reeling from a scandal in which his yearbook pictures, featuring him either in blackface or dressed in a Klansman costume (the governor admitted he did not remember which), were released to the public [Herndon 2021]. Despite vociferous calls from across the country for him to resign, Northam refused to do so, instead pledging to use the remainder of his time in office to prioritize racial justice and work to uproot the foundation of white supremacy on which his Commonwealth was built (Herndon 2021). During the pandemic, the Northam administration convened a Health Equity Leadership Task Force, which met twice a day, and a Unified Command Health Equity Working Group, which met once a week; leaders from those bodies helped launch a pilot program in the city of Richmond that distributed PPE to the city’s most underserved, hardest hit communities (Policy and
Communications 2020). They worked with religious leaders to build trust in Black communities regarding tests and vaccines, and like many other state officials, they prioritized racial and socioeconomic equity in vaccine distribution (Weekend Edition Sunday 2020). Northam and his team received some pushback on certain elements of their response. They saw some issues with compliance in rural communities, where governments declared themselves “First Amendment Sanctuaries” and passed “nullification resolutions” pledging to defund local law enforcement if they dared to enforce the governor’s COVID orders (Chappell 2020; Leahy 2020). They faced resistance in southern Virginia, where constituents felt left behind and angry that Northam’s entire strategy was catering only to the interests of people in NOVA (Schneider and Vozzella 2020). They also earned criticism from public health experts on their lack of transparency with testing data and from advocates who felt that the Northam administration did little to ameliorate the disproportionate havoc wreaked on Latino communities (Cheslow 2020; Madrigal and Meyer 2020). Racism – from health disparities to the resurgence of “nullification” rhetoric from the Civil War era – runs deep in Virginia. While it was far from perfect, Northam led one of the most aggressive and equitable responses to the pandemic in the South.

Tennessee

A small-government conservative through and through, Governor Bill Lee (R) of Tennessee held off on statewide mitigation efforts for as long as he could, expressing that protecting personal liberty was “deeply important” to him (Allison 2020; Lemos 2020). Mayors, namely those of Memphis, Knoxville, and Nashville, had to lead the way
on stay-at-home orders, business closures, and social distancing requirements; Lee only followed suit after a group of Tennessee doctors “tipped the scale” and pushed him into action (Allison 2020; Lemos 2020; Tennessee Secretary of State 2020). This set the tone for how his response would go. Lee emphasized local control throughout the pandemic, but that approach posed challenges when he found that he didn’t always get along with local officials, particularly those in Nashville, who he thought were not paying enough attention to economic concerns (Associated Press and Kruesi 2021; Martínez-Beltrán 2020). When the city’s mayor, John Cooper (D), asked for another $83 million in coronavirus relief aid, the governor denied his request, explaining that “Metro Nashville is the least rapidly recovering economy of all metro regions in the United States, as of right now. That means, in my view, that our strategy in that particular place from an economic standpoint is not an effective one” (Martínez-Beltrán 2020). He went on to say that giving Nashville yet more money would deny those funds to other localities that needed it to stay afloat (Martínez-Beltrán 2020). A devout Christian, Lee stuck to religious rhetoric, encouraging his advisors and constituents to pray for relief from the virus, and chose to issue guidance rather than strong suggestions, bragging that “We don’t have to mandate people not to do certain behavior because Tennesseans follow suggestions” (Allison 2020; Renkl 2020). Residents of the Volunteer State, however, were not nearly as obedient as their governor made them out to be. Cases skyrocketed over the summer as businesses reopened, with young people flocking to Nashville bars and driving infection and hospitalization rates to new heights (Stolberg 2020; Tennessee Department of Health 2022). Tennessee’s failure to expand its Medicaid program plunged many hospitals into financial peril and fears of exceeding capacity (Hunt
While Lee initially dismissed concern over the record numbers as “sticker shock,” he eventually galvanized health workers into helping slow the spread, noting that “testing may be the most important thing in addressing the unknown” (Stockard 2020; Stolberg 2020; Tennessee Senate Democrats 2020). Tennessee did increase its testing capacity, but Lee was not particularly aggressive on other fronts, despite repeatedly quoting Charles Albert Tindley and saying that “the storm is passing over” (Allison 2020). He received a healthy dose of criticism for moving too slowly, calling mask mandates “counterproductive,” and generally not doing enough to save his constituents’ lives (Tennessee Senate Democrats 2020).

**North Carolina**

In North Carolina, Governor Roy Cooper (D) was handed the task of progressively leading a state with some strong conservative tendencies. Like his neighbor Ralph Northam of Virginia, Cooper took aggressive action to curb the spread of COVID-19 in the Tar Heel State, cementing himself as another leader within the region. He was the second Southern governor (after Northam) to issue a stay-at-home order, and despite pushback from a few recalcitrant localities, he received bipartisan praise for his response, with independents and even some conservatives praising him for prioritizing their safety [Conrad 2020; Gabriel 2020; NC Governor Roy Cooper 2020]. When cases soared again in winter 2020, he issued a modified stay-at-home order, threatening that “we will do more if our trends do not improve” and expressing that “this is truly a matter of life or death” (Molero 2021; North Carolina Department of Health and Human Services 2022; WBTV Web Staff 2020). Cooper tried to avoid harsh criticism of President Trump,
saying that “I oppose him when I disagree with him. I will support his actions when they help North Carolina. I always put North Carolina first (B. Anderson 2020a). He did exactly that leading up to the Republican National Convention (RNC), which was scheduled to take place in Charlotte in August 2020 [B. Anderson 2020b; Rubin 2020]. As early as May, Cooper told Trump not to hold his party’s convention in North Carolina, as he felt it was not safe; Trump moved his nomination acceptance speech to Jacksonville, Florida, but it was cancelled due to a COVID surge in the Sun Belt, and he moved it back to Charlotte, where he had to abide by Cooper’s rules (B. Anderson 2020b). Despite Trump protesting that “we can’t do social distancing” at the convention and mocking the governor for still being “in shutdown mood,” the state of North Carolina announced that the RNC in Charlotte would go on, but with social distancing and masking strongly enforced (B. Anderson 2020b; Linskey and Dawsey 2020). “It’s okay for political conventions to be political,” Cooper allowed, “but pandemic response cannot be” (Linskey and Dawsey 2020). Cooper ruffled some Republican feathers when he called the national pandemic response “nonexistent” and when he pushed for an aggrandizement of executive power in the state, but he won over enough admirers by November 2020 to carry him into another term as North Carolina’s governor (B. Anderson 2020a; Craver 2020; Vinopal 2020).

South Carolina

Governor Henry McMaster (R) of South Carolina sought to walk “a road less traveled” during the COVID-19 pandemic (Phillips 2021). “We want to be able to slingshot around the competition and get back up to full speed as soon as we can,”
McMaster proclaimed (Burns 2020). “We can’t keep businesses closed forever; we can’t isolate South Carolina from the rest of the world” (Schumaker 2020a). The Palmetto State was one of the last in the country to shut down and one of the first to reopen, despite not meeting the guidelines specified by the White House Coronavirus Task Force (Burns 2020; Harrison and Baer 2020; Schumaker 2020a). The governor’s decision to charge forward anyway resulted in a massive surge in cases that made national headlines (Parker 2020; Schumaker 2020a; South Carolina Department of Health and Environmental Control 2022). Most of the new cases were concentrated in Charleston, Myrtle Beach, and coastal towns heavily frequented by tourists, which turned South Carolina into a cautionary tale for other Southern states ready to lift their lockdowns (Parker 2020). McMaster was widely criticized for his indecisiveness, with conservative critics lamenting the fact that he ever instituted a stay-at-home order if he didn’t think it was legally sound to do so, and his laissez-faire approach to governing during a pandemic, with progressive detractors accusing him of playing with people’s lives (FITSNews 2020; Shain 2020). When his state’s case count soared over the summer of 2020, he refused to reimpose any old restrictions or implement a mask mandate (FITSNews 2020). The only action he took was to blame the rampant spread of the virus on young people and ban the sale of alcoholic beverages in bars and restaurants after 11:00pm; this move had little impact and spawned several Internet memes that poked fun at the governor for insinuating that COVID only struck at midnight (FITSNews 2020). As the situation worsened, state epidemiologist Dr. Linda Bell, who had previously stood silently by the governor, distanced herself from him, declaring that “I don’t want to continue to walk this fine line as more and more lives are at risk”
McMaster repeatedly insisted that the key to flattening the curve “is individual responsibility, it’s not mandates by the government,” but the data told a different story (Schumaker 2020a). During his annual State of the State speech in January 2021, the governor crowed that South Carolina was financially stronger “than virtually every state in the country” thanks to “thinking ahead;” he neglected to mention his state’s strained hospital capacity and high death rate that persisted throughout much of 2020 (Parker 2020; Phillips 2021).

**Georgia**

Preceding McMaster in the race to reopening was none other than Governor Brian Kemp (R) of Georgia. Of the forty-three state governors who implemented stay-at-home orders, Kemp was the very first to lift his, drawing bipartisan criticism for prioritizing politics over public safety (Associated Press 2020d; Cillizza 2020a; Governor Brian P. Kemp Office of the Governor 2020). A prominent ally of the president, he even received criticism from Trump himself for torpedoing the guidelines set for his state by the White House Coronavirus Task Force (Associated Press 2020d; Cillizza 2020a). While Trump allegedly expressed support for the move in a private phone call with Kemp, he backtracked publicly after it was done, telling the press “I think it’s too soon” and that “I disagree strongly with his decision to open certain facilities which are in violation of the phase one guidelines for the incredible people of Georgia” (Cillizza 2020a; Holmes, Collins, and Bradner 2020). “I was not happy with Brian Kemp, I will tell you that,” Trump huffed (Fausset and Rojas 2020). Kemp also received backlash from Atlanta Mayor Keisha Lance Bottoms (D), who divulged that she was not consulted about
reopening and stated that her city was not ready to move forward (Fausset and Rojas 2020). This marked the beginning of what would become an extremely fraught relationship between the governor and the state’s most prominent mayor. In July 2020, Bottoms announced that Atlanta would revert to Phase 1 amid the uptick in cases it was experiencing from Kemp’s reopening; he dismissed that as “non-binding and legally unenforceable” and told Atlantans to listen to him rather than her (Deliso 2020a; Neuman 2020b). He issued an executive order banning localities from issuing mask mandates, describing them as a “bridge too far” and a threat to college football season, then began voiding any local orders requiring face coverings, including those in Atlanta, Augusta, Rome, and Savannah (Cillizza 2020f; Deliso 2020a). On July 16, he sued Bottoms and the Atlanta City Council over their mask mandate, trumpeting that “I refuse to sit back and watch as disastrous policies threaten the lives and livelihoods of our citizens. We will fight to stop reckless actions and put people over pandemic politics” (Deliso 2020a; Forgey 2020a). Bottoms fired back, decrying Kemp’s claims as “propaganda,” “completely inaccurate,” and “very bizarre, quite frankly;” she also commented that she “didn’t think it was happenstance” that Kemp filed his lawsuit just one day after Trump visited Atlanta and that she perceived his legal action as “personal retaliation” because “he did not sue the city of Atlanta. He filed suit against myself and our city council personally” (Forgey 2020). Journalists and pundits also raised the point that Kemp, who even attempted to prevent Bottoms from speaking to the press, may have been trying to undermine her specifically because she was a prominent Black woman seen as a possible running mate for Joe Biden in 2020 (Michael King 2020; Mull 2020). From City Hall, Bottoms continued to chart her own course, looking at the mayors of San Francisco,
California; Birmingham, Alabama; St. Paul, Minnesota; and Los Angeles, California for inspiration rather than her own governor and offering advice to other mayors who sought her counsel; she became a household name in and beyond the state of Georgia (McCaskill 2020b; Okeowo 2020; Stuart 2021). Meanwhile, back at the governor’s mansion, Kemp was accused of perpetuating misinformation about COVID (falsely claiming that asymptomatic people could not spread the virus), rejecting the facts provided to him by epidemiologists at the state and national levels, and silencing the state public health department in a deliberate attempt to undermine its credibility [Judd 2021; Landman 2020]. He and some of his advisors went so far as to manipulate state data to make the status of the pandemic look much better than it actually was, taking a graph of cases per capita over time and mixing up the months on the x-axis in an attempt to project a downward trajectory (Landman 2020). The truth, regardless of Kemp’s valiant efforts to say otherwise, was that after he reopened the state, COVID-19 exploded and wreaked disproportionate havoc on Black communities in and around the city of Atlanta, particularly in Fulton, Gwinnett, DeKalb, and Cobb counties (Amy 2020; Maya King 2020; McCaskill 2020a; Georgia Department of Public Health 2022). It should not have come as a surprise that Kemp, a former Secretary of State who administered his own election in 2018 and ushered himself into office on the suppression of Black voters, did nothing to address the stark racial health disparities in his state; at one point, the demographic breakdowns for hospitalizations and deaths on the state’s COVID dashboard conveniently disappeared (Landman 2020). Kemp remained focused on what he saw as the task at hand: following in the footsteps of authoritarian leaders and encouraging other Southern governors to join him (Mull 2020).
Florida

Few governors attracted as much reverence from Republicans and denigration from Democrats as did Governor Ron DeSantis (R) in 2020 and 2021. Since the day he announced his candidacy for governor of Florida, rumors have been swirling around DeSantis as a potential future president; his approach to the pandemic has only added fuel to those fires (Kruse 2021). A vocal critic of lockdowns, like many of his contemporaries, DeSantis held out for a long time before closing beaches to spring breakers in March 2020, expressing that he didn’t think he had the authority to stop them from partying: “It’s just unfortunate, but no matter what you do you’re going to have a class of folks who are going to do whatever the hell they want to” (Z. Anderson 2020; Barbash and Horton 2020; Merica 2020). He did impose a stay-at-home order in April (albeit a delayed and brief one), but he decided to reopen his state almost immediately after Brian Kemp and Henry McMaster opened theirs [Governor Ron DeSantis 2020]. “We’ve succeeded and I think that people just don’t want to recognize it,” DeSantis bragged (Tolan et al. 2020). While it is true that Florida didn’t see an immediate spike in cases after reopening, the governor’s premature decision resulted in a summer surge that many public health experts said could have been avoided (Florida Department of Health 2022; G. Lopez 2020b). It was from this moment on that DeSantis appeared to take nearly all of his cues from the Trump playbook. He downplayed the severity of the situation in the Sunshine State, musing that “I think there has been a lot that’s been done to promote fear, to drive hysteria. I think people should know that the worst-case scenario thinking has not proven to be true,” and dismissing his state’s rising
death toll as a “lagging indicator” (Z. Anderson 2020; Terris and Dawsey 2020). He voiced staunch opposition to what he described as “draconian, arbitrary restrictions that have nothing to do with public health” and opined that “absolutely it’s gotten out of hand” (Musgrave 2020; Tolan et al. 2020). When asked if negative national press coverage was contributing to his high levels of support among conservatives, he replied in the affirmative: “100 percent” (Caputo 2021). He expressed interest in herd immunity as a possible strategy, muzzled credible public health experts, and gave air time to peddlers of misinformation about the virus (Campo-Flores 2020a and b; Tolan et al. 2020). He blamed his state’s persistently high COVID numbers on young people and on increased testing capacity, touted the use of hydroxychloroquine as a treatment for people sick with the virus, and engaged in a great deal of local preemption, banning mayors and other local officials from implementing their own stay-at-home orders or fining people for going maskless in public (Allen 2020; Alvarez 2020; Atterbury and Dixon 2020; Downey 2020; Orlando Sentinel Editorial Board 2020; Tolan et al. 2020). He also furthered the use of racist, xenophobic rhetoric, observing that “the number one outbreak we’ve seen is in agricultural communities,” which are “overwhelmingly Hispanic” and home to many immigrants (Chang, Conarck, and Contorno 2020). “Some of these guys go to work in a school bus, and they are all just packed there like sardines, going across Palm Beach County or some of these other places, and there’s all these opportunities to have transmission” (Rodriguez-Jimenez 2020). His utter lack of appreciation for frontline workers and disregard for health equity led critics to assign him a variety of nicknames: “Duh-Santis,” “DeathSantis,” and “DeSatan,” to name a few (Alvarez 2020). Their expressions of discontent grew louder when the governor, who had patted
himself on the back for prioritizing the safety of nursing home and long-term care facility residents and avoiding the blunders made by Andrew Cuomo, joked that Florida was “God’s waiting room” for older adults dying of COVID-19 (Dunkelberger 2020; Zilber and Associated Press 2020). These comments didn’t appear to bother conservatives, who applauded him for keeping the state’s economy booming, particularly in the real estate, tourism, and entertainment sectors, as the NBA season and NASCAR races were moved to Florida (Goodman and Mazzei 2020). They expressed great pride that their state didn’t have to lock down again in fall 2020, as a second wave of COVID swept the country; public health experts, however, attribute Florida’s relative success at that point to low spread caused by warmer weather, not by anything DeSantis had done (Finley 2021; Jacobson and Sherman 2020). Reactions to the governor’s COVID response, as well as what some journalists have described as his “robotic” personality, were extremely polarized, but one thing is for certain: despite his alleged hatred of the mainstream media, he used the pandemic as a vehicle to catapult himself onto national radar (Kruse 2021; Thompson 2021). Love him or hate him, Florida’s governor has positioned himself at the forefront of the next generation of American politics. If Trump declines to mount another run for the presidency in 2024, DeSantis is predicted to be the de facto Republican frontrunner.

Alabama

Like other governors in the South in spring 2020, Governor Kay Ivey (R) of Alabama saw the issue of a stay-at-home order as a last resort. She projected confidence in her state’s ability to evade COVID’s wrath, professing in March that “Y’all, we are not
Louisiana, we are not New York State, we are not California. Right now is not the time to order people to shelter in place” (Bump 2020; Lyman 2020a). What she did not say, though, was that the number of new cases as a function of the state’s population was rising quickly, already surpassing California and New York and catching up to Louisiana (Bump 2020). “The bottom line,” she insisted, “is we just simply do not need to close our businesses. We need to keep our people being able to earn a good livelihood, keep the economy going” (Cagle n.d.). Public health concerns, however, began looming too large for Ivey to ignore, and she was forced to turn her recommendations into requirements. “Folks, April stands to be very tough, and potentially very deadly. You need to understand we are past urging people to stay at home. It is now the law,” she stated; her stay-at-home order, one of the latest in the country, went into effect on April 4. (Cason 2020; Office of the Governor of Alabama 2020) She was criticized from many sides for taking so long on this front, as the city of Montgomery and other localities with large populations of older adults, people of color, and low-income residents, had already become hotspots; Black Alabamians were being hit especially hard by the virus (Alabama Department of Public Health | Division of Infection Diseases & Outbreaks 2022; Cagle n.d.; Cason 2020; Wootson and Craig 2020). She defended her hesitation, conveying that she had “tried to find the right balance, something that was measured, while not overreacting, that would look out for people’s health while keeping government from choking the life out of business and commerce” (Cason 2020). Just a few weeks later, despite not meeting the White House guidelines for reopening, she downgraded her order from stay-at-home to safer-at-home, allowing Alabamians more freedom to move about the state; she also expressed that she didn’t think her office had the power to enforce
more stringent restrictions, like widespread business closures or a statewide mask mandate (Lyman 2020b; Wootson and Craig 2020). Montgomery, Selma, and Jefferson County, still seeing surges in their infection and hospitalization rates, instituted their own face covering rules, and in July 2020, Ivey finally relented and followed their lead: “I still believe this is going to be a difficult order to enforce. And I always prefer a personal responsibility over a government mandate. Yet, I also know, with all of my heart, that the numbers and the data over the past few weeks are definitely trending in the wrong direction” (Lyman 2020b and c). In the spring and summer of 2020, Ivey waited as long as she could, but she was eventually persuaded to issue more sweeping orders. She followed the same pattern with the second wave of COVID-19 that hit Alabama in the fall. In November 2020, she fought hard against any kind of economic shutdown, tweeting that “I will not shut down businesses; the business community certainly has my support. As I’ve said many times, you cannot have a life without a livelihood” (Helean 2020). Although she promised that she was “not trying to be Governor Memaw,” she was talked into issuing another safer-at-home order and extending her mask mandate until the situation improved (WBRC Staff 2020). Ivey was loath to invoke the heavy hand of government, and although her case proves that conservative governors can be encouraged to lead more aggressively, countless lives could have been saved had she acted faster.

Mississippi

When the first cases of COVID-19 were reported in the Magnolia State, Governor Tate Reeves (R) of Mississippi was on vacation in Europe with his family (B. Moser
He had to cut their trip short and return home to handle the situation (B. Moser 2020). Like Kay Ivey in Alabama, Reeves dragged his feet on any kind of lockdown, insisting that “Mississippi’s never going to be China. Mississippi’s never going to be North Korea” and pledging to “reject dictatorship models” (Hauser 2020; B. Moser 2020). Instead, when the outbreak began, he urged his constituents to trust in “the power of prayer” (Downie 2020b). He finally issued a stay-at-home order and even had to extend it by a week, although reluctantly, because “We are looking in the eyes of the greatest economic crisis in our memories. Not because our economy failed like back in 2007 and 2008, but because of a deadly, contagious pandemic unleashed from China,” pulling a line directly from President Trump’s script (Bologna and Ramseth 2020; Office of the Governor 2020 f and g). This executive order from Reeves was accompanied by another in which he classified nearly all businesses as essential; he received so much criticism for this that he was forced to publicly admit that localities could be stricter than the state, but he immediately contradicted himself and forbade local officials from restricting the operations of any of the businesses on his list (Hauser 2020; Office of the Governor f and g). Although Reeves consistently framed the pandemic as an “economic crisis” rather than a public health one, he did not offer any union or labor leader a spot on his reopening task force, catering instead to corporate interests: “We don’t need union bosses to tell us how to take care of our people. We never have, and we never will” (Bologna and Ramseth 2020). The majority of Mississippians, including some mayors, expressed support for the governor’s brand of crisis leadership, while others felt he could be doing more; Reeves dismissed the latter group, saying that they “had a hard time understanding what our intent was,” that “Democrat” mayors were “trying to make
political points,” and that “in some of the more liberal jurisdictions, they wanted to shut down every business” (Bologna and Ramseth 2020; Corder 2020; B. Moser 2020). He also castigated journalists who dared to critique the Trump administration, claiming that “they’ve decided to attack the president by attacking us” (B. Moser 2020). Surprisingly, Reeves briefly held back on reopening in May 2020 amid a surge in cases, and he did issue a statewide mask mandate, but it only lasted through the months of August and September; after it expired, he reverted to his initial county-by-county approach, calling statewide orders counterproductive and likening them to requesting that hurricanes in the Gulf of Mexico simply not hit the state of Mississippi: “It just doesn’t work that way” (Carrega 2020; Chang and Pao 2020; Gallant 2020; Mississippi State Department of Health 2022). When cases climbed again in the fall and winter, Reeves practically ceased all press conferences (and instead hosted a series of prayer sessions on Facebook Live), referred to state medical professionals as “so-called experts,” and rebuffed their calls for another statewide mask mandate until the situation grew so dire that he had to impose another for nearly all of the state’s counties [Downie 2021a; Gallant 2020; Ganucheau 2020; B. Moser 2020]. He placed limits on gatherings, allowing no more than ten people indoors and no more than fifty outdoors, then proceeded to invite approximately 150 people to a Christmas party at the governor’s mansion; he defended the move by telling the press that he didn’t think all of those invited guests would actually show up (Jackson 2020; Peiser 2020). Reeves’s holiday bash was the pinnacle of ‘do as I say, not as I do’ – a mantra for many governors during the pandemic.

*Louisiana*
Governor John Bel Edwards (D) of Louisiana is no stranger to emergency declarations. He has learned from years of experience weathering tropical storms and hurricanes not to rankle the president or any officials in Washington, as they hold the key to disaster relief (McGill and DeSlatte 2020; Reckdahl, Robertson, and Fausset 2020). “I don’t care who the leader is,” he equivocated, “you need to have the best possible working relationship with them if you want your request to be considered in the most favorable light” (Montgomery 2020). This lesson came in handy when the pandemic hit in March 2020. Louisiana quickly reported some of the highest COVID-19 infection, hospitalization, and death rates in the country; many public health experts attributed its early hotspot status to the occurrence of Mardi Gras in New Orleans just weeks before, which went on as scheduled because – at the time – there were “no red flags” from the national government (Calvert 2020a and b; Fausset and Kravitz 2020; Louisiana Department of Health 2022; Montgomery 2020; Reckdahl, Robertson, and Fausset 2020). A pragmatist Democrat in a deep red state, Edwards distinguished himself from other governors in his party and in his region by refusing to criticize the Trump administration, instead calmly asking the White House for assistance; this paid off, as Trump approved a major disaster declaration for the state and even backhandedly complimented Edwards for being “a very good governor, though he’s a Democrat” (Faulders, Kim, and Rubin 2020; McGill and DeSlatte 2020). The governor was quick to issue a stay-at-home order for the state, and he also not only allowed but encouraged local officials, namely Mayor LaToya Cantrell (D) of New Orleans, to implement stricter restrictions than the state at large (McGill 2020; Office of the Governor 2020 a and c). Cantrell did exactly that, issuing the state’s first local stay-at-home order and quickly
moving to shutter all non-essential businesses, including restaurants and bars (McGill 2020). She and Edwards considered this profoundly necessary; the Crescent City is defined by its tourism and hospitality industries and its culture of celebration and human connection, but allowing any of those businesses to remain open would only foment the spread of the virus. Edwards knew that COVID would hit New Orleans especially hard, and he was right. The city was ravaged by death, experiencing more fatalities per capita throughout the spring of 2020 than even New York; many of these deaths were concentrated in Black neighborhoods, where generations of health, housing, and economic inequities took a devastating toll (Adelson 2020; Turk and Eyewitness News 2020; Washington Post Live 2021a). The Louisiana State Legislature, both houses of which are controlled by Republicans, was less than thrilled by Edwards’ robust pandemic mitigation efforts and by what they perceived as his decision to cater to New Orleans at the expense of the rest of the state (Alford 2020). Many conservative lawmakers expressed interest in negating some of the governor’s orders, although they were ultimately unsuccessful in doing so; he wrote off their petition as “completely irresponsible to the point of being asinine” (Alford 2020; Calvert 2020a). Outside of the legislature, however, Edwards received an outpouring of bipartisan praise for his handling of the pandemic (Montgomery 2020). He paid close attention to the state’s COVID data, encouraged widespread testing (including through mobile units), and alternated between tightening and relaxing restrictions as he saw fit, especially with the small surges that followed each storm that battered the state throughout the summer and fall of 2020, when testing centers were closed and Louisianans were scattered to the winds in search of food and shelter [Ansari and Prang 2020; Feur 2020; Washington Post...
Live 2021a]. He strongly encouraged people to prioritize the safety of themselves and others, as compliance with social distancing guidelines and mask mandates outside of metropolitan areas was concerningly low (Potter and Stucka 2020). He talked openly about his Catholic faith and his reluctance to limit religious gatherings: “I haven’t missed Mass in more than six years…To have people of faith questioning my commitment to the First Amendment and to their ability to continue to worship wasn’t something that I found pleasant” (Montgomery 2020). He and his staff – which consisted of both Democrats and Republicans – made a tremendous effort to appear flexible and appreciative but also tough and decisive (Montgomery 2020). “If there was ever a time to govern and not be focused on politics, it is during a public health emergency like we’re having right now,” he declared (Montgomery 2020; Washington Post 2021a). While Louisiana and New Orleans were blindsided by COVID, unemployment, severe weather, pandemic fatigue, and vaccine hesitancy throughout 2020 and into 2021, their cautious, resourceful, collaborative governor worked hard to keep their many, often competing interests at the forefront of his mind.

Arkansas

Although he believed wholeheartedly in masking and social distancing to slow the spread of COVID-19, Governor Asa Hutchinson (R) of Arkansas was the only Southern governor who did not issue a stay-at-home order (Doubek 2020; Yglesias 2020). “Ours is a targeted response that has proven to be effective,” he stated smugly (Doubek 2020). In May 2020, he reported that “It’s going very well. I think we made the right decision. And every governor has to make a decision based upon the unique
circumstances of their state” (Washington Post Live 2020d). Hutchinson repeatedly promised that “if we need to do more, we will,” but he clarified that “it would really have to be a dire circumstance in order to go to a shelter in place in Arkansas” (Doubek 2020; Washington Post Live 2020d; Yglesias 2020). He claimed that Arkansas had “consistently been below state and national trend line predictions” and that there were “no hot spots of community spread” (Godfrey 2020b). This was a lie. Arkansas was home to several hot spots throughout 2020, many of which were concentrated in the state’s northwestern regions, where several meatpacking plants are located (PBS NewsHour 2020c). The state also saw higher numbers of COVID cases, hospitalizations, and deaths in metropolitan areas, like Little Rock, and in Black communities, Latino communities, and prisons throughout the state (Brantley 2020; Kruse 2020; PBS NewsHour 2020c; Potts 2020). Hutchinson’s refusal to acknowledge this reality proves that his commitment to health equity was dubious at best. Some local officials, including Little Rock Mayor Frank Scott, Jr., encouraged their constituents to stay at home for maximum safety, despite pushback from Hutchinson (A. Harris 2020). While he never locked down, the governor did temporarily close some businesses, although he allowed them to reopen early in the summer of 2020, causing cases to soar once again; he was quick to refute epidemiologists and deny any correlation between these two events, blaming the surge on “essential industries that are open regardless” (Arkansas Department of Health 2022; PBS NewsHour 2020c). It is clear that Hutchinson prioritized economic concerns over public health ones for the duration of the crisis, except for his surprisingly heavy-handed rhetoric encouraging the use of face masks (Doubek 2020; Peterson 2020). He perpetuated a popular, yet inaccurate, conservative
talking point: that Arkansans were “taking advantage” of unemployment and other benefits offered during the pandemic, and such behavior could not continue (Potts 2020). That appeared to be a motivating factor in his decision to get all of his constituents back to work and school as soon as possible, despite admitting that doing so might cause an uptick in cases (Washington Post Live 2020d). Hutchinson clearly felt as though he, the Trump administration, and Congress all did a handy-dandy job with COVID-19, but epidemiologists, journalists, and activists beg to differ (CBS News 2020a; Washington Post Live 2020d).

**Texas**

Texas prides itself on its rugged individualism and distrust of government more than just about any other state (Fernandez and Montgomery 2020; Narea 2020b). It is no surprise, then, that its voters elected Governor Greg Abbott (R) to lead them. While Abbott is a reliable conservative, he is not a particularly decisive executive, and that turned into a major liability when the pandemic hit (Hooks 2020; Plott 2020). Abbott made a name for himself as one of the most unilateral governors in the country; this was due in large part to the fact that the Texas Legislature was out of session for the entire public health emergency and thus unable to either provide assistance with or sow conflict in the state’s response (Fernandez and Montgomery 2020; Platoff 2020). Despite the fact that he was going it alone, and that President Trump considered him “one of the great governors,” Abbott, along with his staff, came under fire for multiple episodes of mixed messaging (Dart 2020; Plott 2020). Abbott couldn’t have his cake and eat it, too, although he desperately wished he could. He issued a statewide stay-at-home order,
although he refused to refer to it as a stay-at-home order: “That is obviously not what we have articulated here. This is a standard that is based on essential services and essential activities” (Plott 2020). Texas took cues from other Southern states, joining their ranks as one of the last states to shut down and the first to reopen, beginning Phase 1 on May 1, 2020 (Ansari, Armour, and Leary 2020; Fernandez and Goodman 2020). This generated such a surge in cases, particularly in Austin, that Abbott was required to backtrack and close bars again, just days after he publicly stated that he would not postpone his state’s reopening: “Closing down Texas again will always be the last option” (Ansari, Armour, and Leary 2020; Cobbler 2020; Dart 2020; Fernandez, MacFarquhar, and Mervosh 2020; Findell, Abbott, and Collins 2020; Texas Department of State Health Services 2022). At first, Abbott had touted the idea of a localized response, pointing out that “What is right for the urban areas may not be right at this particular point in time for the 200 counties that have no cases of COVID-19. They have the full authority at the local level to implement stricter standards, and if they choose to do so I would applaud them” (Findell 2020). Abbott soon backtracked on that, too, and emerged as a strong proponent of local preemption, banning localities from issuing their own stay-at-home orders and mask mandates on grounds that the initial statewide lockdown had “done its job” (Ansari, Armour, and Leary 2020; Fernandez and Goodman 2020; Fernandez, MacFarquhar, and Mervosh 2020). Some progressive local officials, including Harris County Judge Lina Hidalgo and others in urban areas, attempted to resist his policy, and he even took heat from Republicans, who criticized him for caving to certain liberal interests, as shown by their lawsuit over his statewide mask mandate, which Abbott had promised he would not resort to ordering (Dart 2020; Fernandez and Goodman 2020; Fernandez, MacFarquhar,
and Mervosh 2020; Fernandez and Montgomery 2020; Rayasam 2020b; Weber 2020). “I know that many of you do not like the mask requirement. I don’t either. It is the last thing I wanted to do. Actually, the next to last. The last thing that any of us want is to lock Texas back down again. We must do all that we can to prevent that,” he explained (Fernandez and Goodman 2020; Vidal 2020). Abbott later reversed on local preemption once again and in a very confusing way, notifying Bexar County that he would not block them for instituting orders stricter than his (Swartz 2020). Despite discordant communication tactics, it is clear that Abbott, like many of his fellow Republican governors, paid little attention to any epidemiological metrics other than hospital capacity (Svitek 2020). Since becoming governor, he has refused to address the critical lack of public health infrastructure in Texas, which caused health inequities to be laid bare during the pandemic, particularly in the Rio Grande Valley, a predominantly Latino area that is home to many immigrants, where social distancing is a challenge and health care access is scarce (Dart 2020; Narea 2020a and b). Abbott did not appear to care that Texas has the largest number of uninsured Americans of any state in the country, that Texas workers would need paid sick leave, or that some of his constituents would need to proceed with life-saving medical procedures during the crisis, as he tried to pause abortions statewide, setting off a cascade of states trying similar initiatives (Dart 2020; Findell 2020; Fernández 2020; Keating, Tierney, and Meko 2020; Kendall and Findell 2020; Rayasam 2020d). He oversaw one of the most inadequate testing regimes in the country (Rayasam 2020d). He even permitted the Texas Education Agency to withhold funding from K-12 public schools that did not offer full-time in-person instruction to their students for the 2020-2021 school year, even though at that time, cases of the virus
were soaring, and parents in the Lone Star State were rightfully concerned about their children’s safety (Interlandi 2020). While Abbott wasn’t much of a straight shooter, Lieutenant Governor Dan Patrick (R) filled that void. Described as “an outspoken arch-conservative,” Patrick generated unfavorable headlines when he said on Fox News that “there are more important things than living,” appearing to propose that older adults sacrifice their lives for young people (Fernandez, MacFarquhar, and Mervosh 2020; Fernández 2020; Platoff 2020). Abbott’s administration received a tremendous amount of press coverage during the pandemic, and although he is a fairly establishment politician and not a conservative firebrand, his particular mode of governing – sometimes hands-off, sometimes overzealous – has influenced many Republican leaders throughout the country (Fernandez and Goodman 2020; Fernández 2020; Keating, Tierney, and Meko 2020).

Conclusion

The South was widely cited in the media as a coronavirus disaster zone. Some of this is attributed to governors’ failures to prioritize desirable outcomes, while some of it is rooted in historic inequities that Black political and social justice organizers are actively working to ameliorate. Its COVID-19 data and its multiple examples of local preemption by Republican governors provide strong evidence of the racist implications of American federalism as it exists today.
Great Plains

Introduction

North Dakota, South Dakota, Nebraska, Kansas, and Oklahoma, all bastions of political conservatism, fared well in the initial months of the pandemic but later produced sizable COVID-19 hotspots that their governors struggled – or refused – to address. Out of the five Great Plains governors, only one – the region’s lone Democrat – implemented a stay-at-home order (National Academy for State Health Policy 2020). Few of the governors closed or even bothered to define “non-essential business,” travel restrictions were practically nonexistent, and mask mandates were generally left for local officials to implement (National Academy for State Health Policy 2020). Many Plains governors dismissed the recommendations coming from public health experts, expressed their support for President Trump’s response to the crisis, and demurred when pressured to enact stronger statewide restrictions, emphasizing a need to prioritize “personal liberty” and local discretion over one-size-fits-all mandates. All five of them, but particularly the four Republicans, were widely rebuked for causing COVID cases in their sparsely populated, predominantly rural states to spiral out of control.

North Dakota

In North Dakota, Governor Doug Burgum (R) made a point of establishing himself and his administration as mandate-averse. For months, he resisted calls to implement a stay-at-home order, shutter more of his state’s businesses, and impose statewide mask requirements, instead focusing on testing, contact tracing, and empowering his constituents to make smart personal choices (Karlgaard 2020). “We believed in North
Dakota that a light touch from government and a strong reliance on individual responsibility was the right solution,” Burgum stated (Karlgaard 2020). “At the end of the day,” he continued, “it’s not what government says, it’s what people do” (Karlgaard 2020). This laissez-faire approach, augmented by a fairly robust testing operation, worked well enough until summer 2020, when cases of COVID in the state began to climb rapidly (Springer and Turley 2020). COVID fatigue set in early in North Dakota, despite the fact that Burgum ordered only a partial economic shutdown that impacted just a few businesses; the people who had once worn masks jumped at the chance to go without them (Moch 2020; North Dakota Department of Health, North Dakota Department of Commerce, and North Dakota Office of the Governor 2021; Springer and Turley 2020). This caused clusters of cases to pop up, first in the Bismarck metropolitan area, and then throughout the state, including on the Standing Rock Sioux reservation, which spans both Dakotas and implemented stronger restrictions than either but was still affected by the rampant spread of the virus throughout the region (Moch 2020; Springer and Turley 2020; Stone 2020). In August 2020, Burgum found himself on the receiving end of criticism from Democrats and public health professionals for refusing to reclassify “low-risk” counties in which cases were skyrocketing (Springer and Turley 2020; North Dakota Department of Health 2020). Three months later, after White House coronavirus response coordinator Dr. Deborah Birx lambasted Burgum for his “deeply unfortunate” lack of a statewide mask mandate, the governor finally implemented one, although he carved out an exception for religious services (“Birx Calls Bismarck’s Virus Protocols the Worst She’s Seen” 2020; J. Kelly 2020). Up until that point, Burgum had openly expressed support for mask requirements at the local level, but he denigrated statewide
mandates as an “obsession of the media” (Springer and Turley 2020). Burgum stood directly in line with Trump and his administration’s interpretation of federalism, declaring that “giving states more flexibility now during this crisis and going forward will be great for the country and great for the recovery” (Karlaard 2020). That was not the case in his state, where the hospital system became so overwhelmed with COVID patients that he was forced to issue an executive order allowing health care workers who had tested positive but were asymptomatic to keep coming to work (Silva 2020; Sykes, Hylton, and Berk 2020).

_South Dakota_

The situation was not too different in South Dakota, where Governor Kristi Noem (R) received national attention for her handling of the pandemic. She became a darling of the right and a villain of the left for refusing to ever issue a stay-at-home order, a partial economic shutdown, or a mask mandate at any point in 2020 or 2021 (National Academy for State Health Policy 2020; National Conference of State Legislatures 2020). She actively encouraged people to travel to her state when cases there were surging. On July 4, 2020, she hosted an Independence Day celebration with President Trump at Mount Rushmore (where she gifted him a bust of his head attached to the iconic landmark), and in August, she permitted over 400,000 people to gather for the annual Sturgis motorcycle rally; in the weeks leading up to each, she proudly announced that she would not enforce social distancing, and she encouraged people to “come, be ready to celebrate, to enjoy the freedoms and the liberties that we have in this country” [Cillizza 2020e; Groves 2020; Klein 2020]. In September 2020, she posted a video on social media in which she
mocked social distancing by shooting a bird out of the sky and calling for “less COVID, more hunting,” which prompted her official merchandise store to begin selling t-shirts emblazoned with those words (Blake 2020). She also spent $5 million in federal coronavirus relief aid on a “South Dakota is Open for Adventure” tourism ad of which she was the star that ran on commercial breaks of the 2020 Republican National Convention (RNC) and Tucker Carlson Tonight (Levin and Lebeau 2021; Rodrick 2021; Strubinger 2020). Noem repeatedly stated that all of her pandemic executive orders were optional and not mandatory (Vondracek 2021). They were strategically worded to allow South Dakotans to decide for themselves whether to follow them or not. She focused on empowering her constituents to exercise personal liberty and went out of her way to undermine medical experts and proven facts, falsely claiming that masks do nothing to slow the spread of COVID-19, that Dr. Deborah Birx “has expressed a lot of opinions,” and that Dr. Anthony Fauci is “wrong a lot” (Groves 2020; Rodrick 2021). Touting what she perceived to be a “balanced” response in her state, Noem repeatedly gushed about President Trump, thanking him for giving her “the flexibility to do the right thing” (Blake 2020; Dosani and Westbrook 2021; Heredia Rodriguez 2021; Noem 2020; Shannon 2020; Snodgrass 2021). By fall 2020, South Dakota saw some of the most daily cases, hospitalizations, and deaths per capita of any state in the country, and it even competed globally on those metrics (Silva 2020; South Dakota Department of Health 2021). Because Noem’s administration failed to prioritize equity in their response, cases and deaths were concentrated among meatpacking plant workers, many of whom were immigrants, and on Native American reservations (Levin and Lebeau 2021; Rodrick 2021). She even went so far as to threaten the Cheyenne River Sioux and Oglala Sioux
Tribes with lawsuits if they did not remove their reservations’ coronavirus checkpoints (R. Hopkins 2020; Levin and Lebeau 2021). Noem used the pandemic as an opportunity to maximize personal gain, raking in $850,000 in campaign donations from May to October 2020, while COVID cases in her state increased fivefold in that time frame (Sneve 2020). She has become a rising star within the Republican Party, and if Trump secures the Republican nomination for president in 2024, Noem is a top contender to be his running mate.

Nebraska

Governor Pete Ricketts (R) of Nebraska touted his own response to the pandemic, as well as those of the other Plains governors, while turning a blind eye to the rising case counts in his state and in those nearby. Like in South Dakota, the biggest clusters of cases formed in the Cornhusker State’s meatpacking communities, located in predominantly rural areas (Associated Press 2020e; Nebraska Department of Health and Human Services 2021). One such locality, Grand Island, only had one hospital, and it reached capacity in April 2020; when the town’s mayor asked the governor for a statewide stay-at-home order and a closure of the meatpacking plant, Ricketts dismissed the idea out of hand, arguing that the numbers of cases reported at the beef plant in Grand Island were inaccurate and claiming that there would be “social unrest” if he shut the plant down (Associated Press 2020e; Grabell 2020; Ollstein, Goldberg, and McCaskill 2020). Rebuffing calls to implement a mask mandate, Ricketts did the opposite, telling local government officials that if they dared to implement their own mandates, he would not give them any coronavirus relief funds from the national government (Cillizza 2020d;
While the severity of the pandemic in Nebraska heightened over the spring, summer, and fall of 2020, Ricketts, like his friend Kristi Noem, continued to issue recommendations over restrictions and encourage the exercise of “personal responsibility” through his public speech and on Parler, a conservative social media platform (Jenkins and Dvorak 2020; Lundgren 2020). When he was called out for his carelessness, he merely shrugged, saying “It’s a virus. You cannot stop it from coming” (Jenkins and Dvorak 2020). When his state’s rural hospitals were on the brink of collapse, he brushed off criticism for not protecting them and expanding Nebraska’s Medicaid program, calling it “purely political” (Knapp 2020). He consistently expressed profound gratitude for the “leadership” of the Trump administration and patted himself on the back for “cutting red tape to keep Nebraskans working” (Silverstein 2020; Walton 2020b). Crafting a plan “tailored specifically” to his state, Ricketts, in his eyes, “created a model for success that can be applied throughout the country” (Gordon et al. 2020; Walton 2020a). Whether or not he actually did that is up for debate.

Kansas

As a Democrat in the deep red state of Kansas, Governor Laura Kelly (D) faced the most challenging intrastate dynamics of any governor in the Great Plains. She managed to direct the most robust COVID-19 response in the region while simultaneously waging power struggles against the Republican-controlled state legislature and conservative local officials. Kelly acted quickly to slow the spread of the virus and became the only Plains governor to implement a statewide stay-at-home order, close multiple sectors of businesses deemed “non-essential,” and enact travel restrictions for people entering and
leaving the Sunflower State (Dwyer 2020; Governor of the State of Kansas 2020). She also implemented a mask mandate, but a conservative one that maximized municipal sovereignty, giving each community one week to come up with its own face covering requirements, be automatically covered by the state’s protocol, or opt out entirely (Williams and Godburn 2020). She later reflected on that policy as having been ineffective at slowing the spread of the virus throughout the state, admitting that “one of the things we learned is that a patchwork approach to a pandemic does not work” (Godburn 2020; Hanna 2020; Kansas Department of Health and Environment 2021). Kelly attempted to curry favor with Republican state legislative leaders by keeping meatpacking plants open and signing a comprehensive bill that shielded those and other businesses from COVID-19 liability, two acts that caught the attention of President Trump, who commended her for doing a “fantastic job” of handling the crisis in Kansas [Associated Press 2020j; Barrientos, Ehrlich, and Naeger 2020; Carpenter and Smith 2020]. She ran into conflict, however, with top Republicans in her state, who passed a bill attempting to curtail her gubernatorial emergency powers (which she vetoed, calling it “unconscionable”) and revoked her executive order that limited gathering sizes for religious services (for which she sued them, condemning it as “a purely political move, one that I find incredibly unfortunate”) [Flynn and Stanley-Becker 2020; Mitchell 2020]. While she made a valiant effort to heed public health experts’ advice, Governor Kelly’s constant jockeying for authority with Kansas lawmakers and mayors prompted many outside the state to question who was actually in charge (Smith 2021).

*Oklahoma*
In March 2020, just as a pandemic was declared, Governor Kevin Stitt (R) of Oklahoma began flouting COVID-19 restrictions and never stopped. Regularly appearing maskless at crowded restaurants and events, Stitt became one of the first governors to test positive for the virus [BWSTimesStaff 2020; LeBlanc 2020b]. His constituents soon followed his example. Like the other Republican governors in the Great Plains, Stitt resisted calls for a stay-at-home order, issuing instead a less coercive statement that encouraged Oklahomans to remain “safer at home” (Felder 2020). In keeping with popular conservative sentiment, he hyped up the role that “personal responsibility” could play in flattening the state’s curve (Felder 2020). He was careful not to let any of his administration’s policies infringe on the free exercise of religion, proclaiming an “Oklahoma Day of Prayer and Fasting” for those impacted by the pandemic and vowing that “There is no possible way I’m going to let a police officer arrest a pastor in the state of Oklahoma as long as I’m governor” (Felder 2020; Hoberock 2020; KOCO Staff 2020). As the Sooner State’s case count soared, Stitt categorically denied the accuracy of the COVID-19 statistics being reported by both his own state public health department and the White House Coronavirus Task Force (Oklahoma State Department of Health 2021; Polansky 2020). He continued to repudiate the need for a mask mandate, encouraging Oklahomans to “do the right thing” by wearing face coverings at their own discretion, and, taking a page out of Kristi Noem’s playbook, pursued a “business-friendly approach” to the pandemic by encouraging out-of-state visitors to come and experience everything his state had to offer (Associated Press 2020a; Lang 2020; Smith 2020). On November 19, 2020, the same day that the Centers for Disease Control and Prevention (CDC) urged Americans not to travel for the
Thanksgiving holiday, Stitt posted a tourism ad on YouTube proclaiming that “Today, we all need a place that offers hope. Oklahoma is open to the challenge” (Associated Press 2020a). For their part, the people of Oklahoma indicated their openness to challenging what many perceived to be gubernatorial incompetence. In July 2020, a majority of voters in the state approved a ballot initiative that Stitt vociferously opposed, effectively expanding Medicaid to hundreds of thousands of previously uninsured adults (Fortier 2020). In doing so, they ensured broad access to health care during a deadly pandemic in which their governor remained committed to doing nothing.

Conclusion

From March 2020 to January 2021, the majority of Great Plains governors employed many of the same tactics: skipping stay-at-home orders and mask mandates while preaching the gospel of personal responsibility. Aligning themselves with President Trump, they basked in the glory of being able to come up with their own state-specific plans rather than having to follow a one-size-fits-all model. Their actions, however, had consequences. Their defensiveness over rising case counts, coupled with their lack of respect for Natives’ safety and sovereignty, caused their sparsely populated states to be ravaged by infection and death.
West

Introduction

Idaho, Montana, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico comprise one of the most politically diverse regions in the entire United States. That diversity is reflected in their governors’ pandemic responses. Partisanship was not a strong predictor of gubernatorial rhetoric in the West; pro-business Democrats and a Republican who opposed local control bucked trends that have appeared in other regions. These executives were all over the map – literally and figuratively – when it came to stay-at-home orders, mask mandates, and press conference talking points (National Academy for State Health Policy 2020). Montana and Utah even elected new governors in November 2020, both of whom struck different tones than their predecessors. The varying priorities of these ten executives saw, perhaps unsurprisingly, an uneven set of results (Johns Hopkins University & Medicine 2021).

Idaho

Governor Brad Little (R) of Idaho is no fan of regulation. He likes it when local officials, rather than state officials, are in charge of COVID-related restrictions (KTVB Staff 2020). “My general feeling on this is if your mother tells you to do something you probably do it. And the closer it is to your mother the more apt you are to do it,” he explained (Petcash 2020). Although he did issue a statewide stay-at-home order in March 2020, Little relied on persuasion rather than mandates, encouraging Idahoans to use “peer pressure” instead of fining those who violated public health directives (Decker 2020; S. Harris 2020). This approach saw mixed success, with some localities imposing
strict restrictions on their residents and others devolving into anti-science conspiracy theories (Scholl and Brown 2020). Deploying one of the most consistent communication strategies of any governor in the country, Little repeatedly emphasized the severity of the crisis, particularly where hospital capacity was concerned (Richert 2020). “Our healthcare and public safety workers are putting themselves in harm’s way to respond to the coronavirus emergency, and we owe it to them to do our part,” he urged his constituents (S. Harris 2020). He continued, however, to beg for “compliance” while doing little to enforce any of his administration’s guidance, most likely because the residents of his state prefer recommendations to rules (Scholl and Brown 2020). This caused cases to spike exponentially over the winter, especially in Ada County, the most populous in the state (Idaho Official Government Website 2022). Little was a textbook conservative in his handling of the pandemic, but he still received substantial pushback from Republicans to his right, including Lieutenant Governor Janice McGeachin (R), and a group of state legislators who called him a “mighty dictator” and – disgustingly – likened his stay-at-home order to the Nazi regime (Cillizza 2020b; Dawson 2020a and b; Richert 2020). The case of Idaho goes to show that in some states, just one temporary restrictive policy is one too many.

**Montana**

Governor Steve Bullock (D) thought he would be able to coast to the end of his time in office. Term limits barred him from serving another term as Montana’s governor, so on March 9, 2020, he announced his run for the U.S. Senate (Dietrich 2020; Sakariassen 2020). Four days later, the novel coronavirus was declared a pandemic, subjecting
Bullock to undesired national scrutiny for the rest of his tenure (Fram and Volz 2020). He was notably proactive, establishing a COVID-19 task force before the first case of the virus was reported in Big Sky Country (MTN News 2020a). “I’d rather be accused of overreacting than have a health care system overwhelmed and unable to help our most at-risk Montanans when they need it most,” he announced (Wise 2020). Bullock’s quick, decisive actions and no-nonsense rhetoric – he told skeptical constituents to “wear the damn mask” – helped ward off an initial surge, but come fall 2020, he was forced to step up his administration’s response (Drake 2020; Governor’s Coronavirus Task Force 2021; MTN News 2020b; Siegler 2020). He pleaded with individual Montanans to do their part, stating that “pandemics don’t go away on their own, and they also don’t spread on their own,” but he didn’t shy away from mandates: “I don’t strive to be South Dakota,” he clarified (Riley 2020; Trevellyan 2020). Bullock repeatedly called on the Trump administration and members of Congress to accelerate the distribution of testing supplies and pass additional economic relief legislation, acknowledging that “this is a storm that cannot be weathered without federal support” (S. Collins 2020; Drake 2020; Trevellyan 2020). While he received some backlash, Bullock’s talent for leveling critiques at Republicans in Washington while simultaneously refusing to politicize the issue of public health at home led many to believe that his pandemic response could win him a Senate seat (Krawczyk 2020; Riley 2020; Siegler 2020; Woodall 2020). In November 2020, however, he lost the race, and two months later, he was replaced by Greg Gianforte (R), who promised he would discontinue the statewide mask mandate, allowing localities to make their own rules and maximize “personal responsibility,” and make drastic cuts to state spending (Kaiser Health News
Montana is the only example of a Democrat-to-Republican gubernatorial transition during the pandemic; it reveals a great deal about how partisanship can shape rhetoric and preferences of state versus local authority.

**Wyoming**

Like his neighbor Brad Little in Idaho, Governor Mark Gordon (R) of Wyoming favored a localized approach to mitigating the spread of COVID-19. He gave public health powers to individual counties, acknowledging that each had its own “particular dynamic” and arguing that rural counties with few confirmed cases did not deserve to be subjected to the same rules as more urban ones (Coulter 2020; O’Dowd 2020). While he frequently reiterated the elevated risks faced by long-term care (LTC) facilities and the state’s precariously small hospital system, he rebuffed the idea of a stay-at-home order, declaring that his orders to shutter select businesses and limit gathering sizes “talk less and say more” while preserving “Wyoming values” (“Defiant Gordon Defends Reluctance On ‘Stay-At-Home’ Order” 2020). He also procrastinated on issuing a statewide mask mandate, choosing to merely recommend masking until the state of the pandemic became dire in December 2020 (Kocher 2020; MTN News 2020c). Gordon often used silly language when chastising people who weren’t taking the crisis seriously, calling them “knuckleheads” and observing that his constituents were “running around like chickens with their heads cut off;” this unthreatening rhetoric led some to question whether he himself recognized the gravity of the situation (Coulter 2020; Gruver 2020). He lamented the fact that the pandemic had become politicized, but that did not stop him from aligning himself with President Trump, who he said “respects states’
rights” and “recognizes that a healthy country must be free,” and sparring with public health experts, who had been pushing him to impose more stringent restrictions for months before the fall “surge upon a surge” that overwhelmed hospitals (Associated Press 2020; Elfrink 2020; Gordon 2020; Wyoming Department of Health 2021). Gordon attempted to steer Wyoming in the direction of the Great Plains states, a scientifically questionable but politically popular move for a Republican governor of a deeply conservative state.

**Nevada**

Governor Steve Sisolak (D) tried to thread the needle between public health and economic concerns in Nevada. He compared the experience to “walking on the edge of a knife” (Davidson 2020). In March 2020, he ordered the closure of all non-essential businesses – which included casinos, theaters, bars, strip clubs, brothels, and concert venues – and faced immediate backlash, as the entertainment and hospitality industries are the heart and soul of Nevada’s economy (Office of the Labor Commissioner 2020; Stapleton 2020). Sisolak found himself in a public feud with Mayor Carolyn Goodman (I) of Las Vegas, who called him a “dictator” and infamously belittled those who had died of COVID-19, proclaiming that “those whom we’ve lost represent less than a half of one percent of our population, which has caused us to shut down our entire state and everything that makes Nevada unique. From my perspective, we must open our city, we must open Southern Nevada, and we must open the state of Nevada” (Johnson 2020b; Stapleton 2020). In April 2020, Goodman announced a plan to use the city of Las Vegas as a “control group,” reopening casinos and hotels for business without any COVID-safe
guidelines to speak of (Chiu 2020). When questioned about the safety of her proposal, she responded by saying “They better figure it out. That’s their job. That’s not the mayor’s job” (Chiu 2020). Goodman and Sisolak have a history of trading barbs, and this time, the governor fired back at the mayor with great gusto, affirming the importance of cohesive messaging and declaring that “I will not allow the citizens of Nevada, our Nevadans, to be used as a control group, as a placebo, whatever she wants to call it” (Chiu 2020; Johnson 2020a). Cases of the virus remained under control throughout much of the summer of 2020, but by the fall, Nevada’s numbers reached “wildfire levels,” and Sisolak imposed a statewide “pause,” a policy he described as a “mimic” of his original stay-at-home order (Nevada Governor’s Office and Nevada Department of Health and Human Services 2022; Oh and Adami 2020; ThisIsReno 2020). While he admitted that another lockdown would be “as bad, or worse, than the Great Depression” for the state, he proclaimed that “we must do what we can to protect the health and safety of the public (Lochhead 2020; Wright and Olvera 2020). During the “pause,” however, unlike his original shutdown, he allowed casinos, hotels, restaurants, and bars to remain “open with strict restrictions so that we can protect our economy;” he was subsequently accused of prioritizing the satisfaction of tourists over the lives of locals (Lochhead 2020; Messerly and Valley 2020). Sisolak stood behind his decisions as being the right choices for his state while skewering Trump’s response to the pandemic, commenting that “the lack of a national plan has been devastating to states” (Oh and Adami 2020; Wright and Olvera 2020). When Trump traveled to Henderson, Nevada in September 2020 for his first indoor rally in months, after the state had banned gatherings of fifty people or more, Sisolak labeled the president as “shameful, dangerous, and irresponsible,” calling his
decision to hold the rally “an insult to every Nevadan who has followed the directives, made sacrifices, and put their neighbors before themselves” (Bella 2020). Sisolak attempted to appease as many people as possible with his words and actions, but he ended up disappointing many.

_Utah_

At the beginning of 2020, Governor Gary Herbert (R) wanted nothing more than to “wave to the crowd and take the old victory lap” (Greenblatt 2020a). He had just announced that he would not seek reelection for a third term as Utah’s governor when COVID-19 hit (Greenblatt 2020a). Like Steve Bullock in Montana, Herbert sought to end his administration on a high note, viewing his final year in office as “a sprint to the finish line” (Greenblatt 2020a). He undoubtedly took the crisis seriously, but he did so “the Utah Way,” striking a decidedly pro-business tone in all of his communications (Romboy 2020). While he was able to keep Utah’s unemployment rate one of the lowest in the country, he weathered considerable blowback for launching public-private testing partnerships that taxpayers had to fund, reopening businesses before public health experts felt comfortable, and hesitating to issue a statewide mask mandate until infection and hospitalization rates soared (McKellar 2020; McKellar and Raymond 2020; Reese 2020; Stevens 2020a; Utah Department of Health 2022). His Office of Management and Budget also came under fire for purchasing $800,000 worth of hydroxychloroquine, an anti-malarial drug that had not been proven effective in treating COVID-19 but that was touted by Trump; the purchase was quickly refunded and blamed on “breakdowns of communication between state agencies” (McKellar 2020). Herbert was loath to issue too
many statewide restrictions out of respect for local sovereignty and “individual freedom;” he opted for a stay-at-home order in March 2020 and a mask mandate in November 2020 only because hospital capacity was under severe strain and “masks do not negatively affect our economy and wearing them is the easiest way to slow the spread of the virus” (Fitzsimons 2020; Imlay 2020; KUTV 2020; Mondeaux 2020; Salcedo 2020; Utah Department of Health 2022). It certainly helped that the Church of Jesus Christ of Latter-Day Saints, a prominent religious domination in Utah, led the way by suspending in-person worship in March 2020, moving their General Conference online in April, and limiting youth activities in November to those with explicitly religious purposes (McCombs 2020; Stauffer 2020; Walch 2020). Herbert insinuated support for the Trump administration’s response to the pandemic in which the states took the lead, hoping that President-Elect Joe Biden would let states issue “our own mandates rather than a national mandate,” and stressing that “when the states are successful, the country is successful” (Stevens 2020b). Herbert was succeeded by Lieutenant Governor Spencer Cox (R), who was well prepared for the job after having chaired the state’s COVID-19 task force (McCombs 2020). Cox appeared set to follow in Herbert’s footsteps, but in his first few days, he placed stronger emphases on condemning misinformation, fostering unity, and addressing the urgent “crisis of empathy” that the pandemic had exposed in Utah (Eppolito 2021).

*Colorado*

Governor Jared Polis (D) of Colorado has personal values that are well-suited to his state. The libertarian in him expressed great reluctance to issue statewide mandates

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during the COVID-19 pandemic, but the realist in him did so anyway (after the Denver metropolitan area made the first moves) because he knew that “clarity of message” was necessary to protect public health and safety [Allassan 2020; Colorado Governor Jared Polis 2020; Colorado Department of Public Health & Environment 2020; Hoffman 2020; Paul 2021]. From day one onward, he kept his word to “lead with data and be transparent” (Monaghan 2021). Even though it was not his area of expertise, he made a concerted effort to understand the epidemiological aspect of the pandemic so that he could justify the restrictions he was imposing on his constituents (Monaghan 2021; Paul 2021). This is no small part of the reason why Colorado fared much better in terms of infection, hospitalization, and death rates than most nearby states, even during the fall and winter resurgences [Colorado Department of Public Health and Environment and Colorado State Emergency Operations Center 2022; Paul 2021]. Of course, there are always tradeoffs, and for Polis, those included Colorado’s 8.4% unemployment rate in December 2020 and the criticism he received for calling anti-maskers “selfish bastards” (Hoffman 2020; Paul 2021). Despite a few missteps, his approval rating remained steady throughout the duration of the crisis (Paul 2021). For months, out of fear of being blacklisted, Polis worked tirelessly to maintain a civil relationship with President Trump, reciting platitudes like “he’s the president that we have” and “I’ll work with anybody and everybody to help the people of Colorado” (Burness 2020). He finally reached a point at which he could not take it anymore, blasting Trump for being “notoriously vindictive and personal,” failing to supply the states with adequate testing resources, torpedoing a deal he made with a private company to obtain 500 ventilators in April 2020, and withholding from him a promised 200,000 doses of the COVID-19 vaccine in January 2021 (Burness
I mean, we should’ve known not to believe a word that comes out of his lips. But when he lies about things like this, it costs lives,” the governor fumed (Fulcher and Cleveland 2021). Polis bemoaned the fact that there were “fifty different responses in each state” and “each of us governors has been largely on our own to do the best we can” (Allassan 2020). “I think the biggest thing is President Trump’s brand of politics does not play well here, an educated state, a thoughtful state,” he chaffed (Washington Post Live 2020a). “Frankly, it’s a state that values competence and pragmatism, I think, above ideology” (Washington Post Live 2020a).

Arizona

The state of Arizona made it onto national radar during the COVID-19 pandemic, thanks to the actions of Governor Doug Ducey (R). Wandering down a markedly different path than other Republicans in his region, who preferred to have localities make their own rules and essentially let them do what they wanted, Ducey followed in the footsteps of some Southern Republican governors and barred all local officials from passing stricter restrictions than the state at large (Christie 2020; Duda, Stanley-Becker, and Janes 2020). For three months, he forbade any version of a local mask mandate, leading Mayor Regina Romero (D) of Tucson to accuse him of “tying the hands of mayors and county health departments” (Duda, Stanley-Becker, and Janes 2020). He was forced to reverse course over the summer, when his decision to reopen bars at full capacity caused cases and hospitalizations to skyrocket, most notably among young people in Tucson and Phoenix and throughout Maricopa County (Arizona Department of
Health Services 2022; Christie 2020; Duda, Stanley-Becker, and Janes 2020). With the preface that “Arizonans have been, by and large, terrific, fantastic, and responsible,” the governor ordered all bars, gyms, movie theaters, and water parks in the state to close for at least thirty days, then delayed the start date for public schools, in a “targeted approach” that he hoped would “pump the brakes” on the spread of the virus (Neuman 2020a). He began permitting localities to issue the full spectrum of virus-related restrictions but put his foot down when it came to a statewide mask mandate (Christie 2020; O’Gara 2020). “I believe we should instead focus on accountability and enforcing the rules we have now,” he voiced, as Arizona became the worst COVID-19 hotspot in the country; he then made no effort to follow through on his promise of enforcement (O’Gara 2020; Popovich 2020; Roberts 2020). He described his approach as “measured, steady, and reasonable,” proposing that “the critics can say what they want, but the path I’ve outlined is the right path for Arizona” (McNeil 2021). Many of Ducey’s decisions were inspired by his intense longing to impress President Trump. In May 2020, just one day before the president was scheduled to visit Arizona, Ducey announced an early rollback of his stay-at-home order, allowing salons and barbershops to reopen and restaurants to offer indoor dining (Duda, Stanley-Becker, and Janes 2020; Office of the Governor Doug Ducey 2020a and b). His efforts paid off, at least initially. Trump heralded Ducey’s response to the pandemic, saying that “He was tough. He was strong. He did the right thing” (Oxford 2020). Trump also referred to Arizona as a model for other states, just weeks after its governor had become the target of bipartisan criticism for remaining idle when hundreds of Arizonans were dying of the virus every week (Christie 2020; KAWC 2020). By November 2020, Trump’s praise turned to criticism, but not over COVID-19:
Ducey’s concession that Trump had lost his state’s electoral votes to Joe Biden earned him a seething Twitter thread in which he was accused of “betraying the people of Arizona” (O’Gara 2020; Polletta 2020). In the end, Ducey wound up disappointing not only his constituents, local officials, and public health experts, but also the one person he had deliberately set out to please.

New Mexico

Governor Michelle Lujan Grisham (D) of New Mexico is herself a public health expert, having previously served as her state’s Secretary of Health and commanding strong knowledge of infectious disease prevention and mitigation. This was good news for one of the poorest states in the country, wherein hospital capacity is famously low, and the governor kept reiterating that “this virus is nonpartisan. It will attack you no matter where you are or who you are” (Bort 2020). “We’re going to demand in New Mexico that science guide every decision we make,” Lujan Grisham pledged (Bort 2020). “We don’t want to go backwards and shut everything down” (Bort 2020). The governor, known to constituents as “a dogged fighter,” worked tenaciously to keep that promise, swiftly implementing a stay-at-home order, deploying “a pioneering telemedicine initiative” to teach rural health care providers how to take care of COVID-19 patients, and coordinating a massive testing operation – that included asymptomatic individuals – with quick turnaround on results (Breuninger 2020; New Mexico Department of Health n.d. and 2020; New Mexico Environment Department 2020; Romero 2020b; Rayasam 2020c). She strongly enforced all of her public health orders, entrusting local officials to levy fines on people who did not comply, and only allowing
localities to begin reopening businesses if they scored well on two key metrics: virus positivity rate and new cases per capita per day (E. Collins 2020; McKay and Boyd 2020; Weekend Edition Saturday 2020). These decisions, meant to “empower local governments and constituents to work more closely together,” were later estimated to have helped save hundreds of lives, positively distinguishing Lujan Grisham from other governors in her region (McKay and Boyd 2020; New Mexico Department of Health 2022; Romero 2020b). Along with Arizona and Utah, New Mexico surrounds part of Navajo Nation, a remote Native community that was hit hard by the pandemic. Its residents lack quick access to health care services and face higher rates of poverty and several chronic diseases than their counterparts in surrounding areas; these factors placed them at an elevated risk for COVID-19 (Cape Up 2020). In April 2020, approximately a quarter of positive cases in the state of New Mexico were coming from Navajo Nation and other Indigenous communities (Klar 2020). Lujan Grisham was quick to sound the alarm, warning that the pandemic could “wipe out” tribal nations and mobilizing her administration to provide them with additional support, such as food deliveries to reservations from the National Guard and state-funded isolation sites for families who tested positive (Bort 2020; Cape Up 2020; Klar 2020; Leins 2020). She described Indigenous communities’ struggles as “a complete failure of the federal government” and called out the governors of Arizona and Utah for not joining her initiatives in support of tribal leaders, stating that if she’d had better cooperation from all sides, “these equity challenges could have been incredibly mitigated and tens of thousands of lives across this nation would have been saved” (Bort 2020; Cape Up 2020; Rayasam 2020c). Lujan Grisham found fault not only with the Trump administration’s inaction on health equity
but with their entire COVID-19 strategy, which she decried as “malpractice” (Rayasam 2020c). In November 2020, she expressed gratitude to President-Elect Biden for “leading with science and depoliticizing the federal government’s pandemic response” (Mulvihill and Lieb 2020; Rayasam 2020c). She joined the Biden-Harris transition team, and though she ultimately was not offered a position in the new administration, she was considered as a possible Vice President and Secretary of Health and Human Services because of her track record of success in New Mexico (Bruenninger 2020; E. Collins 2020; PBS NewsHour 2020b; Zeleny et al. 2020).

Conclusion

The Western states whose governors prioritized safety precautions for businesses, masking, and health equity generally fared better than those whose governors focused solely on personal responsibility. That aside, it is challenging to identify regional trends when each of these eight states took an emphatically unique approach to handling the pandemic. The West provides the strongest evidence yet that there were not just two (Democratic and Republican) but fifty disparate state responses to COVID-19 in 2020 and 2021.
**Midwest**

**Introduction**

Like their Western counterparts, the Midwestern states of West Virginia, Kentucky, Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, and Missouri had COVID-19 peak later – and in many cases, higher – than it did in the rest of the country (Johns Hopkins University & Medicine 2021). The vast majority of this region’s ten governors (five Republicans and five Democrats) implemented stay-at-home orders and mask mandates, but they varied substantially on the timing of those restrictions and their rhetoric surrounding them [National Academy for State Health Policy 2020]. There were also a few prominent governors in this region whose public disagreements with President Trump were deemed newsworthy and vaulted them onto national radar, proving that governors who took the pandemic seriously are more than simply indicative of a devolution of power from the national government to the states: these executives may well be their parties’ future leaders.

**West Virginia**

In West Virginia, Governor Jim Justice (R) has a population that skews older and faces higher rates of poverty and chronic health conditions than the country at large – three factors that made the Mountain State a COVID-19 hotspot (Harold 2021; Koma et al. 2020; Osnos 2020; Washington Post Live 2021c; West Virginia Department of Health & Human Resources 2022). Justice claimed to be taking the situation very seriously, repeatedly referring to it as a “critical time” for West Virginia, but he was criticized by some public health experts and constituents for not responding as aggressively as he
could have, particularly in September 2020, when West Virginia attained the worst rate of COVID-19 spread in the country and Justice dawdled on tightening statewide restrictions (McElhinny 2020a). A Republican who ran for governor as a Democrat but switched his party affiliation back in 2017, Justice established himself as a staunch supporter of Trump and his administration’s pandemic response, particularly his delegation of practically all public health authority to governors, a maneuver he described as “really, really clear” and “a good plan” (McElhinny 2020b and c; Osnos 2020; Washington Post Live 2021c). Justice, however, was no Trump 2.0. Beginning in March 2020, he set up a joint interagency task force to work out how to handle COVID-19 in West Virginia (as had previously been done for natural disasters in the state), issued a stay-at-home order and a mask mandate (the latter of which he tasked police officers with enforcing), and focused more of his energy on his daily press briefings than on his reelection (which he won handily) [Dil 2020; Harold 2021; McElhinny 2020b; Office of the Governor Jim Justice 2020]. Toward the end of 2020, he oversaw an impressive vaccine distribution effort that employed an online preregistration program, prioritized nursing home and assisted living facility residents, and mobilized locally owned pharmacies to get shots in arms as quickly as possible (Harold 2021; MetroNews Staff 2020; Washington Post Live 2021c). It was heralded as one of the best distribution initiatives in the country, which came as a surprise to many commentators, but not the governor; “West Virginia is a diamond in the rough that a lot, a lot, a lot of people have missed,” he declared (Harold 2021; Washington Post Live 2021c).

Kentucky
“Action is unpopular, but inaction is deadly,” Governor Andy Beshear (D) reasoned, effectively summing up the experience of being a Democratic governor in a deep red state during a pandemic (Rogers 2020). Beshear remained compassionate but firm throughout the crisis, as he sought to implement restrictions that would achieve “maximum impact” with “minimum disruption” (Rogers 2020). He was quick to issue a stay-at-home order, close non-essential businesses, and convince his constituents to practice social distancing as much as possible; this fueled his detractors, who challenged him in court for what they saw as a “one size fits all approach,” but paid off in that Kentucky fared much better on hospitalizations and deaths than its neighboring states, even as cases climbed nationwide late in 2020 and into 2021 (Bacon 2021; Barton 2020; Casselman and Wright 2020; “Gov. Beshear Issues New Guidance to Help Halt the Spread of COVID-19” 2020; Kentucky Cabinet for Health and Human Services 2022; Kentucky Governor Andy Beshear 2020; WHAS11 Staff 2020). While Beshear received many kudos from out of state on his response to COVID-19, he was pilloried by many Kentuckians for shutting down the economy and allowing rates of unemployment, poverty, and hunger to skyrocket in several counties, widening the divide between rural and urban areas (Casselman and Wright 2020). Beshear was loath to close businesses in his state, but given the magnitude of the crisis, he felt as though he had no choice. He pleaded with religious conservatives and Republican officials to obey his rules, expressed not only willingness but eagerness to work across the aisle on the best solutions for Kentucky, and made repeated use of soaring, inspirational rhetoric (Rogers 2020). At the beginning of the pandemic, he expressed that “it's probably going to get tougher before it gets easier, but we are resilient people and we can and we will do this together;” he
followed that up by acknowledging that “battling this coronavirus is our patriotic duty as Kentuckians and as Americans. And I could not be prouder of how Kentuckians have banded together” (“Gov. Beshear Issues New Guidance to Help Halt the Spread of COVID-19” 2020; PBS NewsHour 2020a). His commendation of selfless sacrifice and relentless pursuit of statewide unity have been a subject of discussion among political pundits, who have already named him a potential 2024 Democratic presidential candidate.

Ohio

Before the COVID-19 pandemic, Governor Mike DeWine (R) of Ohio kept a fairly low profile. The onset of the public health emergency in March 2020 turned the mild-mannered career politician into a household name (Broderick 2020). DeWine emerged as a surprisingly strong proponent of early, aggressive action to curb the spread of the coronavirus. He became the first governor to move his state’s public schools online for the remainder of the school year, and unlike many of his counterparts in states nearby, he didn’t resist issuing a stay-at-home order, closing non-essential businesses, and, later, implementing a mask mandate to prevent further surges in cases and hospitalizations (Broderick 2020; Grieve and Cohn 2021; Ohio Department of Health 2020 and 2022). “In a sense, these were tough decisions, but in a sense, they were not. This is life and death,” he expressed candidly (Witte and Zezima 2020). DeWine honed a reputation as a straight-shooting, no-nonsense communicator who paid more attention to public health professionals, most notably his own state health department director Amy Acton, than political advisors (Broderick 2020; Elliott 2020). He held daily televised press
briefings at 2:00 p.m. (some of his constituents referred to this midday ritual as “Wine with DeWine”), at which he explained his policy decisions using scientific facts and data, frequently deferred to the epidemiologists in the room, and occasionally admitted uncertainty in uncharted territory [Broderick 2020; Gabriel 2020c; Welsh-Huggins and Smyth 2021; Witte and Zezima 2020]. He also led daily conference calls with the mayors of the seven largest cities in Ohio, all of whom were Democrats, in an effort to practice bipartisanship and balance the needs of localities with those of the entire state (Gabriel 2020). “The way I’ve approached this is to get all the information, to rely on the best science that’s available,” he revealed, a strategy that earned him plaudits from Democrats, Republicans, business leaders, doctors, and public health experts – a broad coalition of stakeholders that few other governors managed to win over (Broderick 2020; Gabriel 2020c; M. Li 2020). A tried and true conservative in a battleground state, DeWine refused to substantively criticize President Trump, except for wishing that he “had a more happy relationship with masks” (M. Kelly 2020). In fact, he defended the president on multiple counts, claiming that “there is a lot more sharing of information and ideas between the governors and the White House than I think sometimes gets reported” and cheerily reporting that he was “very happy to be voting for Donald Trump” come November (DeNatale 2020; Washington Post Live 2021b). Ohio, like many Midwestern states in 2020, was home to an insurgent anti-science movement with white supremacist sympathies; after being targeted with antisemitic hate speech and armed protests outside her home, state health department director Amy Acton resigned (Broderick 2020; Kaiser Health News 2020a; Welsh-Huggins and Smyth 2021). The months following her departure marked a turning point for DeWine in both his rhetoric and mitigation efforts;
he came under fire for caving too far in to political pressures and trying to appease his boisterous alt-right constituents (Buchanan 2020; USA TODAY Network Ohio 2020).

**Indiana**

Governor Eric Holcomb (R), the traditional Republican governor of the solid red state of Indiana, took the pandemic more seriously than many in his party but was careful to tread lightly on his constituents’ liberties. In the first few months, he listened intently to the advice of public health experts, issued a stay-at-home order, and stressed the importance of social distancing (E. Hopkins 2020; Indiana Governor Eric J. Holcomb 2020; Wren 2020). “COVID-19 does not discriminate. It does not care what crowd you’re in. This disease will prey on large gatherings. We have it within us to prevent that,” he contended (E. Hopkins 2020). As was customary among conservatives, Holcomb repeatedly asserted the importance of local control as opposed to statewide mandates, encouraging mayors, public health directors, and school officials to craft their own rules: “Local jurisdictions can always be stricter than what we have said,” he clarified (Davies 2020). He did, however, issue a statewide mask mandate in July 2020, which became particularly controversial – even after he stripped it of any viable enforcement mechanisms (Associated Press 2020f; Davies and Smith 2020). He also succumbed to pressure to reopen all businesses weeks before Election Day in November, when he had to stand for reelection to a second term, and, predictably, COVID-19 exploded in the Hoosier State (Indiana State Department of Health 2022; Wren 2020). These two missteps frustrated both Democrats (who criticized him for shrugging his shoulders the recent rise in cases) and Republicans (who were bitter about having
their personal freedoms infringed on once again), leading to a last-minute surge in support for the Libertarian gubernatorial candidate, Donald Rainwater [Davies and Smith 2020; Wren 2020]. Holcomb was ultimately reelected by a wide margin, which might say more about the Republican Party’s tight hold on Indiana than the governor’s pandemic response (Associated Press 2020g & 2021).

**Illinois**

When the novel coronavirus descended upon his home state of Illinois, Governor J.B. Pritzker (D) came out swinging – in favor of science and against President Trump. “If the government has one job, it’s to respond to a life-threatening emergency. But when the same emergency is crashing down on every state at once, that’s a national emergency, and it requires a national response,” he declared (Harring 2020). Pritzker went on to tear apart just about every aspect of the Trump administration’s handling of COVID-19, from their generally “muddled” strategy to how they “muzzled” the CDC and withheld vital PPE, lamenting that “in the midst of a global pandemic, states were forced to play some sort of sick *Hunger Games* show to save the lives of our people. This is not a reality TV show. These are real things that are happening in the United States of America in the year 2020” (Arnold 2020; Harring 2020). He griped about “having to make decisions based on some businessperson’s desire for a greater profit,” and projected that “if action had been taken earlier, a lot fewer lives would be lost” (Arnold 2020; Clauss 2020; Davis and Ewing 2020). This, along with Pritzker’s decision to circumvent the national government and spend over $1.7 million on a covert operation to import medical supplies from China directly to Illinois, prompted Trump to fire back, jeering that Pritzker was
“complaining all the time” and “has not performed well” and that Illinois “could use a new governor” (Clauss 2020; Davis and Ewing 2020; Klebnikov 2020). Pritzker took heat from Republicans in his state for issuing restrictions, like a stay-at-home order and mask mandate, that applied to the whole state rather than just the hardest-hit areas, but the governor defended his decisions by stressing his reliance on infection and death rates and noting that a piecemeal approach “would be doing a massive disservice to our downstate residents;” he turned out to be right, as Illinois in its entirety became a hotspot for the virus (Governor JB Pritzker 2020; Hansen 2020; Illinois Department of Public Health 2022; “Illinois’ Response to the COVID-19 Outbreak: A Brief Look Back” 2020). Chicago was hit hard, particularly in the city’s Black communities; in April 2020, Black residents made up just 30% of the city’s population but accounted for two-thirds of its COVID-19 deaths (Hobson 2020a). Both Pritzker and Chicago Mayor Lori Lightfoot (D) were criticized for stalling on their promise to release people from prisons in order to slow the spread of COVID; racial justice activists vilified them for releasing white people much faster and at higher volumes than Black and Latino people, many of whom were at higher risk for the virus (Hobson 2020a; Kampf-Lassin 2020; Rivera 2020). Pritzker eventually dialed back on statewide mitigation efforts, dividing the state into eleven regions for reopening rather than lifting all restrictions at the same time, but he refused to tone down his obvious contempt for Trump (Clauss 2020; “Illinois Divided into 11 Separate Regions for Coronavirus Response, Pritzker Announces” 2020). He denounced the president for “modeling bad behavior” by refusing to wear a mask and blamed his state’s ever-rising case counts on what he saw as the commander-in-chief’s deliberate denial of science and endangering of the American public (Clauss 2020).
**Michigan**

In 2020, Governor Gretchen Whitmer (D) of Michigan was catapulted from relative obscurity straight into the limelight. She became one of the country’s best-known governors, gaining equal parts admiration and antipathy for her aggressive response to the pandemic in her state. Whitmer, a former state legislator, ran a localized campaign for governor in 2018 (her slogan was “Fix the Damn Roads,” a reference to Michigan’s notoriously potholed streets), but when staring down a national and global crisis, she proved herself to be a formidable leader, balancing tough rhetoric with the Midwestern folksiness that constituents had come to expect from her [Alberta 2020; Mahler 2020; North 2020]. Michigan, particularly the Detroit metropolitan area, was hit hard by the virus, and Whitmer responded accordingly, issuing one of the nation’s strictest stay-at-home orders and repeatedly calling on the Trump administration to step up its assistance and coordinate a national response (Austin and Hershbein 2020; Barrett 2020; Hutchinson 2021; The Office of Governor Gretchen Whitmer 2020; State of Michigan 2022). “I don’t want to be in a sparring match with the federal government. But we are behind the eight ball because they didn’t do proper planning,” she pointed out, lamenting what she perceived as “the vacuum of leadership in Washington, D.C.” (North 2020; Wong 2020). Despite Whitmer’s tireless efforts to slow the spread, her state, as the heart of the manufacturing industry, was also ravaged by economic fallout, reporting some of the highest unemployment rates in the country in spring 2020 (Austin and Hershbein 2020). As a result, she drew ire from multiple Republicans, most notably President Trump, who designated Whitmer as his primary punching bag. He referred to her as the
“failing Michigan governor,” sneered that she “liked blaming everyone for her own ineptitude,” and tweeted that “We are pushing her to get the job done. I stand with Michigan!” (Barrett 2020; North 2020). Whitmer responded in kind: “Now that I’ve got your attention, Mr. President - attack tweets won’t solve this crisis. But swift and clear guidance, tests, personal protective equipment, and resources would. FYI - here’s what I’ve done so far,” she tweeted, creating a thread of everything her administration had done to curb the spread of COVID-19 (Barrett 2020). Trump’s treatment of Whitmer grew increasingly ugly and misogynistic, as he nicknamed her “Gretchen ‘Half’ Whitmer” and dismissed her as “the woman in Michigan;” in April 2020, when armed white supremacists descended on the Michigan capitol in Lansing “with Confederate flags and Nazi symbolism” to protest Whitmer’s stay-at-home order, Trump tweeted that “The governor of Michigan should give a little, and put out the fire. These are very good people, but they are angry” and issued a call to “LIBERATE MICHIGAN!” (Alberta 2020; Booker 2020; Karson 2020; Mahler 2020). Some have suggested that Trump’s response to the Michigan protests was a harbinger of what would occur in Washington, D.C. on January 6, 2021, when a mob of Trump supporters, at the president’s urging, led an armed insurrection at the U.S. Capitol. Trump continued to target Whitmer throughout 2020, most memorably in October, when it came to light that the governor had been at the center of a kidnapping plot led by members of an alt-right militia; ten days later, at a campaign rally in Muskegon, Michigan, he led his supporters in the infamous “lock her up” chant – this time directed not at former Secretary of State Hillary Clinton (D), but at Whitmer (Booker 2020; Forgey 2020b). The governor responded that it was “incredibly disturbing that the president of the United States…is at it again and
inspiring and incentivizing and inciting this kind of domestic terrorism” (Forgey 2020b). The president’s incendiary speech, Whitmer stressed, “has put me, my family, and other government officials’ lives in danger while we try to save the lives of our fellow Americans. It needs to stop” (Forgey 2020b). As if the president’s bullying wasn’t enough, Whitmer also received some of the strongest pushback of any governor from state legislators of the opposing party, who wanted power in the hands of local health departments, and conservatives on the Michigan Supreme Court, who, in October 2020, invalidated all of her pandemic-related executive orders as violations of “separation-of-powers principles,” forcing her to rely on the state health department to issue future directives (Dodge 2020; Oosting, Beggin, and House 2020). Despite mounting resistance from nearly all sides, Whitmer remained dogged in her pursuit of low COVID numbers in Michigan. She worked closely with Dr. Joneigh Khaldun, the state’s chief medical officer, to address racial inequities exacerbated by the pandemic; they broke down statewide COVID-19 data by race, urged health care workers that “complaints of symptoms should be taken seriously in any patient and particularly those from racial and ethnic minority groups,” and established the Michigan Coronavirus Task Force on Racial Disparities, which focused primarily on assisting Black communities in and around Detroit as they healed from the disproportionate devastation that the virus inflicted on them (Mahler 2020; Nichols 2020; Stuart 2020). Whitmer’s persistence did go unnoticed by the leaders of her party. She was asked to serve as a national co-chair of Joe Biden’s 2020 presidential campaign, and her name surfaced on Biden’s short list of possible vice presidential candidates (Alberta 2020; Barrett 2020). While some constituents accused her of auditioning for the role of Vice President, focusing too much
on her media appearances and not enough on helping struggling Michiganders, Whitmer was quick to defend herself, explaining that “I was thrust into this moment because of this pandemic. I’m going to take every opportunity I can to help people understand how serious this moment is, so we can save lives” (North 2020). Viewed by many as a rising star in the Democratic Party, Whitmer was not ultimately selected as Biden’s running mate, but surely that won’t be the last time she will appear on national political radar.

**Wisconsin**

Like his next-door neighbor Whitmer in Michigan, Governor Tony Evers (D) of Wisconsin was forced to reckon with a severe outbreak of COVID-19 and extreme partisan polarization in his state government. Evers tried to keep the virus at bay throughout the spring and summer of 2020, issuing a stay-at-home order and mask mandate, while going to painstaking lengths to quell conservatives’ anger about infringements on their personal liberties (Gerlach 2020; Wisconsin Department of Health Services 2020 and 2022a). “While I know emotions are high when it comes to wearing face coverings in public, my job as governor is to put people first and to do what’s best for the people of our state, so that’s what I’m going to do,” he vowed (Gerlach 2020). This rationale didn’t satisfy everyone. In May 2020, Evers attempted to extend his state’s stay-at-home order, but the Wisconsin Supreme Court blocked him from doing so on the grounds that he hadn’t consulted with the Republican-controlled state legislature (Bauer 2021; Danbeck 2021). In September, Evers elongated the statewide mask mandate, and the Supreme Court took up consideration of a challenge to that executive order on the same grounds as before (Danbeck 2021; Gerlach 2020; Wisconsin
Department of Health Services 2022b). Evers made clear his disdain for President Trump, who he alleged “has vacillated up and down on whether there is such thing as a pandemic,” and he took aim at the Republicans who did away with his restrictions “in almost a nanosecond, which was very disconcerting” (Beck 2020; “Playing Lethal Politics with the Pandemic in Wisconsin” 2022; Washington Post Live 2021d). But in the fall, when President Trump held rallies in Wisconsin and called for the state to “open it up,” Evers didn’t hold the line; he relented, causing COVID-19 cases to soar (G. Lopez 2020d). This, coupled with what many saw as a failure to deescalate demonstrations in Kenosha after Jacob Blake was shot by police there in September 2020 and white supremacist Kyle Rittenhouse fired his gun at protestors, caused people across the political spectrum to cast Evers as weak and ineffective (Korecki 2020). By October, despite last-ditch efforts by Evers to contain it, Wisconsin’s outbreak was as bad as those in the Dakotas; the governor admitted to not having done enough and that the dire situation “was a direct result of our inability to mitigate in the state” (G. Lopez 2020d; Washington Post Live 2021d; Wisconsin Watch 2020).

**Minnesota**

Governor Tim Walz (D) took office with a vision for “One Minnesota,” a promise that proved difficult to keep. The harsh realities of COVID-19, longstanding tensions between the Twin Cities metro area and greater Minnesota, and systemic racism laid bare by the murder of George Floyd at the hands of Minneapolis police officers made division – not unity – the state’s overarching theme of 2020 (F. Harris 2020). Walz had never previously been one to rock the boat, but the events of the last year forced him to reckon
with what had become an “untenable situation” in which “a racism we didn’t want to talk about” occupied center stage and responses to both it and the pandemic saw partisan polarization soar to unprecedented heights (F. Harris 2020). Walz expressed tremendous reluctance at every restriction he issued while simultaneously underscoring the severity of the situation his state was facing. He instructed Minnesotans to “buckle it up” and stay safe at home, acknowledging that “we all want to open up tomorrow, but people will die if we do that” (R. Lopez 2020; MPR News Staff 2020; Office of Governor Tim Walz & Lt. Governor Peggy Flanagan 2020). “The thing that Minnesota is going to do,” Walz pledged, “is ensure if you need an ICU, it’s there” (MPR News Staff 2020). This was not a winning strategy in the eyes of some of his constituents, who begrudged his designation and closure of non-essential businesses in the spring and again when cases spiked statewide in the fall (Bakst and MPR News Staff 2020; Minnesota COVID-19 Response 2022; Shortal 2020). When asked to grade his own response to the pandemic, Walz gave himself a B, conceding that “I think there’s things we could have done differently” (Shortal 2020). He did not dismiss the possibility that he might only be a one-term governor, stating that “if that’s the choice of Minnesotans as I have always said, I respect their right to do that. I have to do the things that need to be done, not the easy things” (Shortal 2020). Walz did, though, remain strikingly on message throughout the duration of 2020 and 2021, suggesting that “I think leaders, governors, presidents, others…we needed to do a better job of being unified” (Shortal 2020).

_Iowa_
“Our liberties we prize, and our rights we will maintain,” says the Iowa state motto, a message that Governor Kim Reynolds (R) took to heart during the COVID crisis (Lenz 2021). Using the Great Plains states as prototypes, Reynolds pursued a laid-back approach to governing in a pandemic, adhering to the beloved Republican talking point of “personal liberty” (Molteni 2020). It did not go well. Reynolds refused to ever issue a stay-at-home order, citing her unwillingness to “prioritize lives over livelihoods” – a remark that raised some eyebrows and caused hotspots to form in the state’s meatpacking communities, where plants were still staffed to capacity (Berch 2020; Biggers 2020; Iowa COVID-19 Information 2022). While she did encourage social distancing in public spaces, she echoed Kristi Noem of South Dakota when she clarified that her directive on that “was never meant to prohibit First Amendment rights to allow people to gather” (Gabriel and Herndon 2020). The governor created her own quarantine rules, which did not require people who had been exposed to the virus to quarantine so long as all involved parties were masked during the exposure; this ran contrary to CDC guidance and elicited mass confusion in Iowa as to who should be trusted (Florko 2020). At the end of May 2020, Reynolds announced that sports could resume and casinos could reopen in Iowa by June 1; when asked if smoking would still be permitted at casinos given the circumstances, she replied with “we are not changing any of that” (6 News 2020). The following month, Reynolds falsely proclaimed that Iowa had “turned the corner” and ordered all local school districts to offer in-person classes for the start of the upcoming school year, even though the White House Coronavirus Task Force still listed Iowa as a “red zone” state, where the spread of COVID was out of control (Biggers 2020). By October, hospitalizations were at record highs, and Reynolds was carrying on
with business as usual: “This is disappointing news, and sadly, it’s what can happen when we are experiencing community spread,” she reacted, later adding that “We can’t let COVID-19 dominate our lives” (Sostaric 2020). In November, though, hospitals across the state were being pushed beyond capacity, and Reynolds was essentially forced to issue a mask mandate, although she carved out an impressive list of exceptions to the rule for businesses (Godfrey 2020a; Mervosh et al. 2020). “No one wants to do this. I don’t want to do this,” she moped, a stunning reversal from a governor who had dismissed mask mandates of any kind as mere “feel-good actions” only months before (Gabriel and Herndon 2020; Mervosh et al. 2020; Molteni 2020). Reynolds was consistent, however, in her enthusiastic support for President Trump; she could be seen maskless at his multiple campaign rallies held in her state, grinning from ear to ear as she gleefully tossed MAGA hats into the crowd (Mervosh et al. 2020; Sostaric 2020). By the end of 2020, her approval rating dropped precipitously, as months of her inaction and doubting of science led to catastrophic death and devastation in the Hawkeye State (Godfrey 2020a; Mendenhall 2020).

**Missouri**

Like other Republicans in nearby states, Governor Mike Parson (R) of Missouri preferred to encourage local officials to issue their own COVID-19 restrictions rather than rule by edict from the governor’s mansion. At the beginning of the pandemic, he scoffed at the idea of a stay-at-home order: “The effects that’ll have on everyday people are dramatic. That means businesses will close, people will lose their jobs, the economy will be in worse shape than ever,” he forecasted (Valdivia 2020). After the Columbia, St.
Louis, and Kansas City metropolitan areas went under lockdown, though, the governor finally issued one for the whole state (Office of Governor Michael L. Parson n.d.; Valdivia 2020). Parson was also a big fan of Trump, and he shared the president’s ‘do as I say, not as I do’ mentality (Lees 2020). In July 2020, after pleading with Missourians not to gather in large groups, Parson showed up maskless to a crowded Missouri Cattlemen Association steak fry and trumpeted that “you don’t need government to tell you to wear a dang mask. If you want to wear a dang mask, wear a mask” (Rodriguez 2020). That same month, the governor came under fire for his comments on in-person education for the 2020-2021 school year: “These kids have got to get back to school. They’re at the lowest risk possible. And if they do get Covid-19, which they will – and they will when they go to school – they’re not going to the hospitals. They’re not going to have to sit in doctor’s offices. They’re going to go home, and they’re going to get over it” (Beer 2020). Parson was excoriated for his lack of empathy; his Democratic opponent in the 2020 governor’s race, state auditor Nicole Galloway, chalked his rhetoric up to “stunning ignorance” (Beer 2020). Over the summer, Parson campaigned against a ballot initiative that would expand Medicaid coverage to thousands of uninsured Missourians, but it passed anyway, providing yet more ammunition for Galloway in a race that was becoming increasingly competitive and pandemic-focused (Driscoll et al. 2020; Guth et al. 2021; Lieb 2021). In November, though, Parson won reelection handily; Missouri voters clearly appreciated his campaign’s focus on law and order and hands-off approach to the pandemic, even though the state’s high case count and infection rate could have been addressed earlier (Associated Press 2020k; Missouri Department of Health & Senior Services 2022).
Conclusion

A decidedly purple region, the Midwest in 2020 and 2021 was full of governors attempting to satisfy their constituents on both ends of the political spectrum. Many of them, including some of the Democrats, leaned to the right, issuing fewer new restrictions even when COVID cases surged so as not to incite violent alt-right protests at their state capitols. Even still, evidence from the Midwest bolsters the idea that no two Democrats and no two Republicans saw the pandemic in exactly the same light.
**Chapter 4: The District of Columbia and the U.S. Territories**

*Introduction*

While they are part of the United States, the District of Columbia and the five territories – American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands – are not states. Therefore, they deserve their own chapter in the story of the American response to COVID-19. The District of Columbia (DC) is a federal district; despite its being the home of the federal government, its residents were only allowed to vote for president starting in 1973, and they still do not have voting representation in Congress [Michael 2020]. This is why Mayor Muriel Bowser (D) and many Washingtonians, lamenting their subjection to “taxation without representation,” are staunch supporters of DC statehood (Michael 2020). Bowser, one of if not the most important mayor in the country, made headlines throughout 2020 and 2021 for her efforts to control the coronavirus in DC and her war of words with President Trump over the pandemic and Black Lives Matter protests. DC is slighted by many politicians, but the territories are almost completely – conveniently – forgotten. The United States annexed them throughout the nineteenth and twentieth centuries, applying the philosophy of “manifest destiny” – typically associated with westward expansion – overseas (Mack 2017). These acquisitions were strategic: they were intended to serve as military outposts and stand in for colonies within an American empire of sorts, providing the United States with control over the oceans, as well as a sense of imperial superiority, much like that which other countries throughout history have derived from their empires (Mack 2017). The subordination of the territories was justified by the Supreme Court of the United States in the *Insular Cases*, a series of decisions made in the early twentieth
century that essentially classified the territories as colonies; the justices stated in these cases that the territories “belong” to the United States and that they do not deserve the same constitutional protections as states because they are “inhabited by alien races” (Hernández-Delgado 2020; Mack 2017). These cases have been valiantly defended by almost every presidential administration the United States has seen, and they are the reason why territories are at the mercy of Congress and why no territory has yet become a state (Mack 2017). They gave way to the case of *Harris v. Rosario* (1980), in which a majority of Supreme Court justices decided that there was “rational basis” for the territories to receive less federal funding for Medicare, Medicaid, and the Aid to Families with Dependent Children Program than states (Hernández-Delgado 2020; Mack 2017; Stolyar, Orgera, and Rudowitz 2021). These decisions have had significant repercussions. Today, most people who live in the territories are people of color (Native Hawaiians and Pacific Islanders [NHPI], to be specific), and because the national government has neglected to adequately fund their health care systems and social safety net programs, they face higher rates of poverty and chronic health conditions than residents of the states (Hall, Rudowitz, and Gifford 2019; Hernández-Delgado 2020; Ramirez 2020; Stolyar, Orgera, and Rudowitz 2021). The territories are also on the front lines of climate change, as shown by the barrage of hurricanes, earthquakes, and other natural disasters that have pummeled them in recent years (Stolyar, Orgera, and Rudowitz 2021). In the aftermath of each crisis, the national government has denied them the financial aid and resources they need to survive. When COVID-19 hit, public health professionals predicted that the virus would hit the territories hard due to their general lack of infrastructure and scant health care providers and facilities, but they fared much
better than most Americans expected. Their governors relied heavily on lockdowns and border closures, and residents willingly complied with their orders in the spirit of looking out for their communities (Stolyar, Orgera, and Rudowitz 2021).

**District of Columbia**

Mayor Muriel Bowser (D) is “the mayor, the county executive, and the governor” for the District of Columbia (DC) [Bash and Nolan 2020]. Despite having more authority than most other mayors, Bowser is subservient to all fifty state governors, and her abilities to control what goes on in her jurisdiction are subject to limitations by Congress and the president. In 2020, Bowser worked hard to mitigate the spread of COVID-19 in DC and its surrounding areas, coordinating with Governors Ralph Northam (D-VA) and Larry Hogan (R-MD) to provide relative consistency on stay-at-home orders, mask mandates, and traveler quarantines for certain out-of-state visitors (Custis 2020; Grablick 2021). Exempt from Bowser’s directives were all federal facilities, including the halls of Congress and the White House, where politicians and staffers – many of them Republicans – flagrantly disregarded the mayor’s rules (Choi 2020a; Steinhauer 2020). The White House went so far as to refuse to share data on positive tests with DC health officials, spurring Bowser to write a letter to Chief of Staff Mark Meadows and insist on greater collaboration between the national and local governments in the District (Choi 2020a; Khalil 2020). This carelessness at the national level had grave consequences for the health and safety of DC residents. By July 2020, the District was reporting the worst COVID-related racial health disparities in the country, with Black residents 5.9 times more likely to die of the virus than white residents; at that point, Black
Washingtonians accounted for 74% of the city’s COVID deaths despite only comprising 46% of its population (Gathright 2020; Grablick 2021; Peak 2020). Bowser’s administration made some blunders that contributed to this tragedy. They failed to set up a free coronavirus testing site east of the Anacostia River (where a majority of Black DC residents live) until the summer, and the Medicaid administrator neglected to perform sufficient outreach to people of color with underlying health conditions that would put them at greater risk of severe COVID-19 [Peak 2020]. Even so, the actions of national officials – including the National Park Service’s decision to override Bowser’s limit on gatherings and issue permits for large marches on the National Mall – contributed significantly to DC’s status as a COVID hotspot and the devastation of the city’s Black community (Government of the District of Columbia 2022; Steinhauer 2020). Bowser acknowledged the glaring inequities that plague the District, stating that “while this is not new in the COVID-19 response, it certainly calls for national and local actions that are going to change the trajectory for African American health outcomes in our nation” (Beavers 2020). The mayor pushed repeatedly for a stronger national response to COVID-19 and for better communication from the White House, expressing that “it has been a constant fight to make sure that DC is on all of those calls with the President and the governors to make sure FEMA and everybody knows that we are treated for emergency response just like the fifty states” (Aaron 2020; Bash and Nolan 2020). She also requested more aid, but when Congress passed the first rounds of pandemic relief legislation, lawmakers classified DC not as a state, but as a territory, effectively cheating it out of over $750 million that it could have used to prop up its struggling economy (Bash and Nolan 2020). Over the summer of 2020, when her city became the site of
“nonstop protest activity” after the murder of George Floyd and the resurgence of the Black Lives Matter movement, Bowser found herself in an all-out power struggle with the president (Michael 2020). Trump, desperate to bring about “law and order,” went over Bowser’s head and called federal law enforcement and National Guard troops to DC to quell the demonstrations (Kanno-Youngs, Steinhauer, and Vogel 2020). Bowser demanded that he ask the officers, many of whom were hiding their affiliations, to stand down: “These additional, unidentified units are operating outside of established chains of command. This multiplicity of forces can breed dangerous confusion” (Kanno-Youngs, Steinhauer, and Vogel 2020). She had to ask the president to take action because she did not have the authority to do so herself; while governors are in charge of their own National Guard troops, DC’s National Guard reports not to the mayor but to the President of the United States (Kanno-Youngs, Steinhauer, and Vogel 2020). Trump responded by claiming that the National Guard had “saved her from great embarrassment,” threatening that “if she doesn’t treat these men and women well, then we’ll bring in a different group of men and women,” and dismissing her as “incompetent” – to which Bowser quipped “You know that thing about the pot and the kettle?” (Kanno-Youngs, Steinhauer, and Vogel 2020). Bowser’s experiences leading the city through a pandemic and a summer of protests show that while these were not the first times the federal government trumped DC, they will not be the last. Statehood, of which Bowser is an outspoken supporter, is the only mechanism that would bring about real equity for the people of DC (Kanno-Youngs, Steinhauer, and Vogel 2020; Michael 2020). While the nature of her position placed her at a tremendous disadvantage, Bowser, according to a report by the Office of
the D.C. Auditor, led the DC metropolitan region with her aggressive response and managed to curb the spread of COVID more than most state governors (Grablick 2021).

*American Samoa*

Governor Lolo Matalasi Molina (D) of American Samoa was the only governor in the United States to pursue a zero-COVID strategy. His response was informed in large part by the island’s experience handling a measles outbreak at the end of 2019 (Romero 2020a). On March 23, 2020, Molina declared a “continuing” public health emergency, grounding all flights from Hawaii and nearby Samoa and effectively isolating the territory from the rest of the world (“American Samoa Travel Restrictions” 2021; Office of the Governor American Samoa Government 2020; Romero 2020a). He made this move so quickly because he was watching the virus rage across Asia, and because American Samoa is geographically closer to New Zealand than it is to Hawaii and the contiguous United States, he was inspired by that country’s goal of COVID elimination and decided to try it at home (Romero 2020a). He also knew that his constituents were at elevated risk of severe disease due to the island having just one hospital with the capacity to treat only ten COVID patients at once, as well as the prevalence of diabetes, hypertension, obesity, and other chronic health conditions in the population (Romero 2020a). Under Molina’s declaration, schools and churches were temporarily shuttered, but no stay-at-home order was necessary; American Samoans were free to move about the island, although some businesses – like bars and restaurants – had to operate at reduced capacity in order to observe social distancing (Moreland et al. 2020; Romero 2020a). American Samoa had emerged victorious from a public health crisis before – it
was one of the only places in the world to report no deaths from the 1918 flu pandemic – and Molina was determined to keep that record going (Romero 2020a). He succeeded. The island didn’t report a single case of COVID-19 until September 2021, when Lemanu Peleti Mauga (D) had assumed the governorship (Durkee 2021; Firozi and Shammas 2021; WHO Health Emergency Dashboard 2022a). Mauga stressed that that positive test result “highlights the importance of why our process is critical to prevent the spread of COVID-19” (Durkee 2021).

*Commonwealth of the Northern Mariana Islands*

A fast and early traveler quarantine proved to be a recipe for success not only for Molina, but also for Governor Ralph Torres (R) of the Commonwealth of the Northern Mariana Islands (CNMI) [Heaton 2021; “Northern Mariana Islands Travel Restrictions” 2021]. Torres desperately wanted to preserve some tourism, as that is the dominant industry in his jurisdiction (like it is in most of the territories), so he issued an advisory stay-at-home order; he never had to make it mandatory [“CNMI Governor Seeks Report Detailing 102 Govt Trips” 2021; Heaton 2021; Moreland et al. 2020; WHO Health Emergency Dashboard 2022]. In May 2020, Torres attracted attention when he secured additional emergency allocations from the national government for public schools and the Northern Marianas College in the CNMI; all of the territories except Puerto Rico had initially been excluded from this federal funding for education (Gonzalez 2020). “We need to hold all who are responsible for helping our community navigate this crisis accountable,” he declared (Gonzalez 2020). “Students in the CNMI should not be treated as any less important than those throughout the states and Puerto Rico” (Gonzalez 2020).
Guam

In Guam, Governor Lou Leon Guerrero (D) also acted quickly to slow the spread of the novel coronavirus. While she didn’t adopt American Samoa’s zero-COVID approach, she went further than Torres did in the CNMI, issuing a stay-at-home order for residents and subjecting all incoming travelers to a fourteen-day government quarantine unless they could provide a negative test result from within the past seventy-two hours (Department of Public Health and Social Services 2020; “Guam Travel Restrictions” 2021; National Governors Association 2020a). Guam is a key locale for the United States military – over a third of its territory is comprised of military bases – and when COVID broke out on the nearby USS Theodore Roosevelt in March 2020, Guerrero and Admiral John Aquilino, the commander of the Navy’s Pacific fleet, decided to allow positive crew members to isolate at the naval base and all others to quarantine for two weeks in the island’s hotels (Gelardi 2020). Many Guamanians expressed discontent with this policy, raising concerns about risking the health of their elders, but Guerrero stood firm: “I know there will be a small chorus of cynics who will oppose the position,” she acknowledged, “but now is not the time for ‘us versus them’” (Gelardi 2020). Guerrero’s administration managed to keep COVID numbers strikingly low, but they saw some protests of the lockdown as unemployment rose and the territory’s economy suffered (Kaur 2020; Office of Epidemiology and Research, Department of Public Health and Social Services 2022). In September 2020, Guerrero testified before the U.S. House of Representatives Financial Services Committee in Washington, where she implored members of Congress to “treat your fellow citizens residing in our nation’s
territories with continued fairness” and asserted that “Guam should be included in any federal relief package, including direct unemployment aid” (Staff Reports 2020). While Guam never got as much federal aid as its governor wanted, she gradually began to ease restrictions as she saw the status of the pandemic improve (Sablan 2020). Using a metric called the COVID Risk Area (CAR) Score, which considers “the incidence of new cases, the effectiveness of testing, and the rate of spread,” Guerrero challenged Guamanians to “Strive for 5” and keep the island’s CAR at or below 5 if they wanted life to return to normal [Sablan 2020]. Over the fall and winter of 2020, when cases were rising elsewhere in the United States, Guam managed to achieve and maintain a CAR below 2.5 (Sablan 2020).

Puerto Rico

As the governor of the largest and best-known U.S. territory, Governor Wanda Vázquez Garced (New Progressive) attracted more attention for her COVID response in Puerto Rico than any other territory governor. While Governor Gavin Newsom (D-CA) is credited with issuing the first stay-at-home order of any state, Vázquez issued the very first stay-at-home order in the country, which followed travel restrictions and a strict curfew; she inspired Newsom to follow her lead (McMahon 2021; Moreland et al. 2020). Her order was strongly enforced: violators could be punished with a fine of up to $5,000 or a six-month stint in jail, and by early April 2020, hundreds of people had already received citations (Ayala and Mazzei 2020; Kim 2020). Puerto Rico has a population that skews older than that of most states, a limited amount of medical supplies, severely underfunded medical infrastructure, and a dwindling number of
doctors, as many leave for better-paying jobs in the states, so Vázquez had little choice but to issue stringent restrictions if she wanted to avoid straining the island’s delicate health care system (Acevedo 2021; Cheatham 2020; Kim 2020; Mazzei 2020; Patron 2017). While she was commended for keeping virus numbers fairly low due to her curfew and lockdown, she was lambasted for overseeing an inadequate testing regime (which made it difficult to know when to reopen and forced mayors to fill the void by recruiting public health professionals to conduct testing and contact tracing initiatives), purchasing $38 million worth of diagnostic tests from two companies who were major donors to her New Progressive Party (only to find that their tests were unusable because they were not FDA-approved), supervising a succession of unqualified health department directors (that resulted in a series of resignations), barring journalists from attending COVID press conferences, and perpetuating a lack of transparency that reinforced a mistrust of government in many of her constituents [Acevedo 2021; Cheatham 2020; Hernández 2020; Kim 2020; Puerto Rico Department of Health 2022; Riotta 2020; Semanaz 2020]. Vázquez was also criticized for disregarding Puerto Rico’s economy, which has been in a long-term recession that has only worsened following a series of natural disasters, including Hurricanes Irma and Maria in 2017 and a slew of earthquakes in January 2020 (Cheatham 2020). “My first instinct was to save lives,” she confessed (Hernández 2020). “We didn’t base our response to the pandemic on fears of the economic consequences” (Hernández 2020). This came back to haunt her when unemployment insurance, food stamps, and stimulus checks became backed up and Puerto Ricans couldn’t access the safety nets they needed to stay afloat (Hernández 2020). While the island kept its case count low for a while, and restrictions were relaxed,
it soared in August 2020, forcing Vázquez to re-issue a lockdown (but a partial one this time) and a Sunday curfew [Acevedo 2021; Coto 2020b; Puerto Rico Department of Health 2022]. These measures had their desired effect: Puerto Rico avoided the winter surge that most states experienced (Acevedo 2021). Much of Puerto Rico’s COVID success is attributed to its residents’ compliance with restrictions and genuine concern and care for their community, not to its governor’s prowess (Acevedo 2021). Vázquez lost her primary for governor in August 2020, and she was ultimately replaced by Pedro Pierluisi (New Progressive) [Coto 2020a; Florido 2020]. In his acceptance speech, Pierluisi, a supporter of statehood for the territory, expressed excitement about working with the incoming Biden administration “for the benefit of all Puerto Ricans in their fight for progress and equality” (Coto 2020a). Puerto Rico is by far the most likely of the territories to achieve statehood; if it does, it may force national policymakers to reckon with issues of environmental, health, racial, and socioeconomic justice that it has swept under the rug for generations.

**U.S. Virgin Islands**

Governor Albert Bryan (D) of the U.S. Virgin Islands mirrored a few of his fellow territory governors’ responses to COVID-19. Early on in the crisis, he issued a stay-at-home order for locals and travel restrictions for visitors (Office of the Governor Government House 2020b; Palmer 2020). He also welcomed boaters – who had been turned away from just about every other harbor in the Caribbean in spring 2020 – to a “safe haven under U.S. Flag protection at this grave time” so long as they abided by territory guidelines; this raised a host of public health and environmental concerns
pertaining to hospital capacity, resource availability, and waste disposal, but monthly anchoring fees were enacted, and these understandable worries were assuaged (Office of the Governor Government House 2020a; Palmer 2020). Bryan’s administration followed a five-step path to reopening that went from “total quarantine” to “stay at home,” “safer at home,” “open doors,” and, finally, a “new normal;” the “total quarantine” level likely would not have been an option in any of the fifty states (Government House - US Virgin Islands 2020). Most territory residents, it seems, are more amenable to temporary constraints on their personal liberties than state residents. Once again, the dutiful compliance of Virgin Islanders with COVID protocols was the key ingredient in the territory’s success (“USVI Governor Predicts Tourism Boom Post-COVID-19” 2020). There was an uptick in infections when the islands reopened for tourism in August 2020, so they shut down again, but they reopened in September 2020 with temperature checks upon arrival and a negative test requirement for all visitors (Compton and McMahon 2021; Romero and Mazzei 2020; Virgin Islands Department of Health 2020 and 2022). Tourism is the lifeblood of the U.S. Virgin Islands’ economy, accounting for a third of the territory’s income (Romero and Mazzei 2020). “I see light at the end of the tunnel on this,” Bryan proclaimed, expressing that he foresees a tourism boom for his territory and others in the near future: “I just want people to come to the Caribbean so that we all can benefit from it, because you see one island, you want to see more” (“USVI Governor Predicts Caribbean Tourism Boost Post-COVID-19” 2020). Bryan also stated that he was “really impressed” with his constituents’ acquiescence, lauding the “amazing social shift that has happened because we are a
hugging, kissing place. We love people in the Caribbean” (“USVI Governor Predicts Caribbean Tourism Boom Post-COVID-19” 2020).

Conclusion

The District of Columbia is included in most COVID-19 heat maps of the United States, but the territories are almost always literally left out of the picture (Sierra-Zorita 2020). There is little news coverage of them and their executive officials compared to the states and their governors. These jurisdictions must be included in all visuals and conversations about the pandemic in the United States. Their leaders deserve kudos for their proactivity, and their residents should be commended for their community-mindedness during a time of sacrifice and struggle. Many scholars, journalists, and public health professionals in the states likely thought DC and the territories were doomed by the arrival of COVID-19; they never considered the strengths they might show when put to the test. Despite the odds being stacked against them, the territories largely prevailed; many state governors could stand to look to them as examples.
Chapter 5: Observations and Consequences

Two Types of “Corona-Federalism”

As other political scientists have observed in their research, federal-state relations during the COVID-19 pandemic (or “corona-federalism”) under the Trump administration can be characterized as “transactional.” Trump developed a habit of praising Republican governors, such as Ron DeSantis (R-FL), who mirrored his own response, while excoriating Democratic executives, namely Gretchen Whitmer (D-MI) who criticized his administration and deviated from his approach to governing. A few prominent Democrats – including Gavin Newsom (D-CA) and John Bel Edwards (D-LA) – managed to win presidential plaudits for their crisis leadership, but that was likely because they made deliberate efforts to compliment the administration, not because of the letters next to their names. Likewise, Trump criticized a fellow conservative and close ally, Brian Kemp (R-GA), but he only did so because Kemp’s decision to lift his state’s stay-at-home order in April 2020 ran contrary to guidelines published by the White House Coronavirus Task Force. Governors were incentivized to impress the president. Those who remained on his “good side” were rewarded not only with kind words and highly sought-after supplies, such as medical equipment, diagnostic testing swabs, and PPE for frontline workers; his favorite Republicans – namely DeSantis – managed to earn valuable political capital that they may use to rise in the party’s ranks and eventually seek higher office. The executives who crossed him, on the other hand, including Larry Hogan (R-MD), were denied these resources and left to devise creative strategies for obtaining them on their own. Some moderate governors, including Phil Scott (R-VT) and
Laura Kelly (D-KS), tried to cast themselves as “apolitical” and didn’t comment much on the national response to the pandemic; this paid off for them, as Trump barely mentioned their names in his public-facing communications. Since the inauguration of President Joe Biden (D) on January 20, 2021, “transactional federalism” in the context of the pandemic has mostly been cast aside, but this does not mean we have seen the last of it. This toxic strain of federalism is especially likely to return with a vengeance if Trump is reelected to the presidency in 2024 or if another politician with authoritarian tendencies is vaulted into the Oval Office.

My research supports my initial hypothesis that this pandemic will bring about another interpretation of American federalism, one that is likely to stick around for a long time. The response to COVID-19 in the United States can also be characterized by what I will call “experimental federalism.” It goes without saying that a global pandemic was uncharted territory for everyone involved, as the last one took place in 1918. Governors in particular had to scramble to come up with plans for their states while the national government stalled. This uncertainty and panic explains why so many governors, including Greg Abbott (R-TX) and Andrew Cuomo (D-NY), sent mixed messages and backtracked from their initial plans. Even public health experts – at the national, state, and local levels – had yet to live through an experience such as this, a fact which supplied some (mostly Republican) governors with a reason not to trust their guidance. Many of the policies that states “experimented” with since the onset of COVID-19 are likely to become set in stone and diffuse to other states as they chart a path beyond the pandemic. These include but are not limited to: decisions in Oklahoma and Missouri to expand Medicaid and increase access to health insurance; initiatives in Michigan, New Mexico,
and Virginia to address racial health disparities; and gubernatorial preemption of local officials’ orders in Arizona and Georgia. Such “experiments” with various aspects of public policy are likely to become increasingly frequent, as states deal with more emergencies like pandemics and natural disasters.

Regionalism and Federalism

No region was completely homogeneous in its response to COVID-19, although some regions were home to more harmonious groups of governors than others. The Mid-Atlantic, New England, the Great Plains, and the U.S. territories each contained a few like-minded executives. All five of the Mid-Atlantic governors worked together and looked to each other for guidance on when to issue stay-at-home orders and mask mandates and when to reopen businesses. Their collaboration may have been facilitated by the fact that four of them were Democrats and one was a moderate Republican in a blue state; still, it distinguished them as a relatively cohesive regional cohort. New England, though evenly split between Democratic and Republican governors, did not fall victim to partisan gridlock; the leaders of all six of its states were not only willing but eager to work closely together and bounce ideas off one another at each new stage of the pandemic. Similarly, the four Republicans in the Great Plains echoed each other when denouncing stay-at-home orders and touting “personal responsibility” over government mandates. While the five territory governors were in charge of islands and thus didn’t have to collaborate with neighbors, they all took varying versions of the same approach: swift, aggressive action to limit unnecessary travel from the states and from other countries.
In both the Pacific and the South, some governors were on the same page while others were not. This pattern was dictated by geography (in the Pacific) and partisanship (in the South). For instance, Jay Inslee (D-CA), Kate Brown (D-OR), and Gavin Newsom (D-CA) collaborated on a unified West Coast strategy for locking down and reopening, while Mike Dunleavy (R-AK) and David Ige (D-HI) struck out on their own for each of their remote, noncontiguous states. Likewise, most of the Republican governors in the South exhibited similarly timed actions and rhetoric, but the region’s Democrats – Ralph Northam (D-VA), Roy Cooper (D-NC), and John Bel Edwards (D-LA) – expressed more willingness to deviate from the Trump playbook, listened more closely to public health experts, and placed greater emphasis on working towards health equity in their states.

The West and the Midwest were extremely diverse in terms of gubernatorial pandemic responses. This was due in part to ideological divergence, but it was also caused by fundamental differences in the states’ demographics and political cultures. Both the West and the Midwest are home to many predominantly rural states, a few of which are known to have a major city (like Illinois) or house a distinctive industry (like Nevada). Some of these states are red (like Indiana), some are blue (like Minnesota), and some are decidedly purple (like Ohio), making quadrennial appearances as battleground states in presidential elections. Some of their governors, like Mark Gordon (R-WY), kept relatively low profiles during the pandemic, focusing mainly on direct communication with their constituents, while others, like Gretchen Whitmer (D-MI), made the most of their sudden fame and strategically positioned themself to be recognized as rising stars within their parties.
I made note of a few states that fit the descriptions of what Walker (1969) refers to as “regional pace setters” in terms of their development of pandemic policy. These jurisdictions were quick movers that other governors looked to for inspiration. Washington, Oregon, and California collectively took on this role in the Pacific when their governors established the Western States Pact. New York, as the epicenter of the East Coast outbreak, led the way for the Mid-Atlantic. Georgia and Florida served as the prototypes for many states in the South, and South Dakota was the crowning jewel of the Great Plains. Illinois and Michigan, two particularly hard-hit states, ended up becoming models for the Midwest. This is not to suggest that all governors in these regions followed in the footsteps of the aforementioned states, nor does it assert that any region’s response can be defined by that of a single state. It is also important to note that local officials in some of the states – including Mayors London Breed (D) of San Francisco, Bill de Blasio (D) of New York City, Keisha Lance Bottoms (D) of Atlanta, and Lori Lightfoot (D) of Chicago – were either the first to move, inspiring their governors to follow them, or took on obstructionist roles, resisting their governors’ orders at every possible opportunity. Either way, a select group of mayors managed to exert significant influence on gubernatorial rhetoric.

In my literature review, I discussed Shipan and Volden’s (2008) four primary mechanisms of policy diffusion. In my own research, I observed that learning was the most common mechanism by which pandemic policy diffused among the states. This occurred in the Mid-Atlantic: when Andrew Cuomo (D-NY) became the first governor to implement a mask mandate, others around him and across the country saw that the order was reducing virus transmission and decided to try it for themselves. It also occurred in
the South: when Bill Lee (R-TN), Henry McMaster (R-SC), and Brian Kemp (R-GA) became the first states to lift their stay-at-home orders, other governors saw their economies gradually returning to life and chose to follow in their footsteps. Imitation was the second most common mechanism. It was employed primarily by Republican governors – including Kay Ivey (R-AL) and Doug Burgum (R-ND) – who generally paid less attention to public health guidance than their Democratic counterparts and found themselves searching desperately for ways to control their states’ delayed but severe outbreaks. Economic competition was the third most common mechanism. It, too, was more common among red states than blue ones, as their governors wanted people in nearby “lockdown states” to come across the borders, partake in tourism, and jumpstart their economies. Kristi Noem (R-SD), Kevin Stitt (R-OK), and Ron DeSantis (R-FL) were perhaps the most vocal proponents of this policy diffusion mechanism. There was only occasional coercion, and most of it was driven by localities – for instance, Mayors London Breed (D) of San Francisco and Lori Lightfoot (D) of Chicago pushed their governors to issue statewide stay-at-home orders – rather than the national government, as is normally the case. While governors of the same party and in the same region certainly collaborated on their COVID-19 responses and adopted some of each other’s strategies and talking points, bipartisan and transnational cooperation occurred as well. Even with this collective action, each governor pursued an individualized response that was tailored to their jurisdiction. There were not just two (Democrat and Republican) or eight (one per region) different responses to COVID-19 in the United States: there were fifty-six.
There is no denying that President Trump’s words and actions throughout 2020 and into early 2021 defined this country’s response to COVID-19. Governors, however, are poised to retain their roles as leading figures in American politics well after the pandemic comes to an end. This is because Trump designated them as primary sources of authority for their constituents during a national emergency. They attracted more media attention than any other time in recent history, as evidenced by their numerous prime-time TV appearances and the onslaught of gubernatorial profiles that have appeared in news publications and magazines over the last two years.

The pandemic has illuminated the personality and particular leadership style of every governor and several mayors in the United States. It has elevated just a handful of them, though, to political superstardom. Gavin Newsom (D-CA), Andy Beshear (D-KY), and Gretchen Whitmer (D-MI), all center-left leaders who took aggressive, science-driven approaches to the pandemic and made frequent use of unifying, inspirational rhetoric, are likely to be future leaders in the Democratic Party. Larry Hogan (R-MD), Ron DeSantis (R-FL), and Kristi Noem (R-SD), on the other hand, are likely to be torchbearers of the Republican Party, with DeSantis and Noem representing the Trump-supporting base and Hogan offering a more traditionally conservative alternative to that ideology. All of these governors are white, and most of them are men, as most governors and presidents thus far have been; given that governors have always been a source of presidential candidates, the homogeneity in this pipeline underscores how important it is for the United States to diversify its political leadership at all levels of government. This does not mean, of course, that the fates of both major political parties will be decided by governors.
alone. What it does mean is that these six politicians have shouted into the megaphones they were handed and are likely to be rewarded electorally for doing so.

Even with President Biden now in the White House, the effects of Trump’s decision to let states and territories fend for themselves in 2020 remain abundantly clear, especially now that the country has watched the governors oversee the distribution of COVID-19 vaccines, support or oppose vaccine mandates, and ride the rollercoaster of imposing and relaxing restrictions with each new variant that crops up. While this does not fall within the window of time that my research covers, it appears that once again, each governor has taken a decidedly different approach to this stage of the pandemic. The consequences of their varying tactics remain to be seen. This is a major area for future political science research. Scholars can determine if and how the vaccine, Delta, and Omicron stages of the pandemic mark departures from the “transactional federalism” and “experimental federalism” that characterized the initial stage. They can also investigate which governors have kept up with aggressive mitigation strategies as the virus has become progressively more contagious, which governors have lost steam as the pandemic has dragged on, and which governors have been restrained the whole time, as well as whether this data contains any partisan, regional, or other noteworthy trends.

It is worth noting that some states now have different governors than they had during the first ten months of the pandemic, the period of time that this project spans. In August 2020, Andrew Cuomo (D-NY) resigned after an investigation revealed that he sexually harassed multiple women who worked for him over the course of his ten years in office (Ferré-Sadurní and Goodman 2021). He was replaced by Lieutenant Governor Kathy Hochul (D), who became the first woman governor of New York (Ferré-Sadurní and
Goodman 2021). Although it is early in her tenure, Hochul, another Democrat, has yet to deviate much from the policy stances of her predecessor. That is not the case in Virginia, where Glenn Youngkin (R) was elected to replace the outgoing Ralph Northam (D) in November 2021. Youngkin wasted no time in beginning to undo Northam’s policy legacy. In January 2022, immediately after walking through the doors of the governor’s mansion, he legally opposed vaccine mandates and eliminated mask requirements in K-12 schools; in the months since, he has led a crusade against critical race theory and adopted other talking points that are popular among members of his party (Portnoy, Schneider, and Vozzella 2022). This Democrat-to-Republican transition in the commonwealth of Virginia underscores the connections between partisanship, federalism, and pandemic policy. It also goes to show that gubernatorial elections, although they are all too often ignored by voters and journalists, matter immensely; people should pay more attention to who is running to be their governor.

Successes and Failures

Trump afforded the governors tremendous flexibility in designing their own COVID-19 responses. Naturally, some of them did better than others. There are multiple ways to define “success” and “failure” in the context of pandemic response. In order to account for partisan and other differences of opinion on this subject, I will use the following indicators:

• Prioritization of public health (measured by general trends in each state’s COVID-19 hospitalization, death, and early vaccination rates per capita, as well as infections per hospitalization);
• Prioritization of economic health (measured by GDP, job creation, and unemployment rate in each state when compared to pre-pandemic values);

• Prioritization of racial and socioeconomic equity (measured by the presence or absence of equity-focused initiatives in each state, as well as the governors’ rhetoric surrounding racial justice);

• Prioritization of strong state-local relations (measured by documented collaboration or competition with state legislators, mayors, and other local officials of both political parties);

• Positive performance reviews from journalists (measured by the general flavor of national, state, and local press coverage for each governor);

• And positive performance reviews from constituents (measured by each governor’s average approval rating over the course of 2020).

This data will highlight the strengths and weaknesses of the “transactional federalism” and “experimental federalism” that characterized this stage of the pandemic. I will only include the fifty state governors in my scorecard, as these metrics have yet to be made available for the territory governors and the mayor of DC.
As Reynolds and McMinn (2021) also observe, all six New England governors performed well across the board where public health metrics were concerned. Phil Scott (R-VT) boasted the best health outcomes of any state in the country (Reynolds and McMinn 2021). All five of the Pacific governors did similarly well and outpaced their counterparts in the Mid-Atlantic, with the exception of Larry Hogan (R-MD). Ralph Northam (D-VA) and Roy Cooper (D-NC) in the South, Gary Herbert (R-UT) and Jared Polis (D-CO) in the West, and Tim Walz (D-MN) in the Midwest led the most science-driven responses in their regions. Governors in neighboring states – including some in the Great Plains – performed rather poorly on these metrics. The governors of the territories evidently prioritized public health more than most state governors, as they
reported negligible numbers of cases in their jurisdictions until late in 2021. Democratic governors were generally more apt to do better on this front than Republicans; although, as the examples show, several Republican governors – particularly moderate ones – provided exceptions to that rule.

This pandemic was, at the end of the day, both a public health emergency and an economic crisis. Some governors hesitated or altogether neglected to issue stay-at-home orders and outlined sweeping definitions of essential businesses to keep as many of their constituents employed as possible. The three governors with the lowest unemployment rates in 2020 were Pete Ricketts (R-NE) with 4.1%, Kristi Noem (R-SD) with 4.3%, and Gary Herbert (R-UT) with 4.7% [Bureau of Labor Statistics 2021]. The three governors
with the highest unemployment rates in 2020 were Steve Sisolak (D-NV) with 13.5%, David Ige (D-HI) with 12.0%, and Gavin Newsom (D-CA) with 10.2% [Bureau of Labor Statistics 2021]. Clearly, there was a stark partisan divide on this indicator, with Republican governors significantly more likely than Democrats to prioritize low pandemic-related unemployment. Nevada, Hawaii, and California in particular are especially reliant on tourism and hospitality as primary sources of income; since their governors issued strict lockdowns and travel restrictions to curb the spread of COVID-19, their economies and workers suffered. It is worth noting, however, that several of the governors who triumphed in this category were among the worst performers when it came to health outcomes. This goes to show how difficult it was for governors to prioritize both public health and economic health; most of them opted to focus more on one than the other.
Given the fact that the COVID-19 pandemic overlapped with a resurgence of the Black Lives Matter movement and a national reckoning on race and racism in the United States, governors faced additional pressures to prioritize racial and socioeconomic equity in their responses to the health crisis. Phil Scott (R-VT), Ralph Northam (D-VA), Michelle Lujan Grisham (D-NM), and Gretchen Whitmer (D-MI) took this responsibility especially seriously, helping to set up and oversee initiatives in their states that provided additional support to the Black, Latino, Asian, Native, immigrant, and low-income communities that were hit hardest by the pandemic. Several other governors, but particularly Brian Kemp (R-GA), Ron DeSantis (R-FL), and Kristi Noem (R-SD), not only shrugged their shoulders at the concept of equity but blamed people of color and
immigrants, many of whom could not afford to stay at home or practice social distancing, for driving up their states’ case counts. Democratic governors were generally more likely than Republican governors to acknowledge health disparities in their states and to discuss their plans to address them.

Some governors became known as collaborative leaders during the pandemic, working closely with mayors to implement similar sets of restrictions or at least letting localities craft their own responses without interference. Others were more competitive, taking every opportunity they were given to preempt local orders and even withhold relief funds or pursue legal action against mayors they disliked. In the Pacific, Gavin Newsom (D-CA) was a collaborator, as he followed in the footsteps of Mayor London Breed (D) of
San Francisco when he initially shut down the state; he continued to work closely with her and Mayor Eric Garcetti (D) of Los Angeles as the pandemic progressed and those cities became hotspots. In the South, John Bel Edwards (D-LA) gave Mayor LaToya Cantrell (D) significant leeway to chart her own path for the city of New Orleans, the site of one of the deadliest outbreaks in the country. In the West, Michelle Lujan Grisham (D-NM) collaborated with and provided aid to President Jonathan Nez of Navajo Nation; she was the only governor in her region to devote time to this partnership, despite the fact that Utah and Arizona also surround the territory. In the Midwest, Mike DeWine (R-OH) dedicated time every day for a conference call to strategize with the mayors of his state’s seven most populous cities – all of whom were Democrats. Meanwhile, Andrew Cuomo (D-NY), Bill Lee (R-TN), Brian Kemp (R-GA), Greg Abbott (R-TX), Steve Sisolak (D-NV) and Doug Ducey (R-AZ), among others, attracted significant media attention for their public feuds with the mayors of their states’ largest cities. Democratic governors were more likely to be collaborators during the pandemic, while Republican governors were more likely to fashion themselves into competitors, although this was not true across the board. Governors of both parties also found themselves in tugs of war with state legislators. In 2020 and 2021, several Republican-controlled state legislative chambers passed bills curtailing state executive powers during pandemics and other emergencies; some even overrode their governor’s vetoes (Krueger 2021). While this phenomenon may appear to pertain more to the separation of powers than federalism, it is significant here in that it presented yet another roadblock for several governors, while they were trying to fill a void at the national level. If Congress and the president won’t act, and governors’ hands are tied, then who is left to enact public health policy?
Although the two governors who received the best treatment from journalists were both Republicans, generally, Democratic governors received more positive press coverage for their handlings of the pandemic, and Republican governors received more negative coverage. This is not to suggest that the mainstream media is inherently biased against conservatives. It is likely due to the fact that most Democrats paid more attention to various public health metrics in their states than most Republicans; fewer people per capita were hospitalized and died in blue states than in red ones. It may also be a function of Democrats issuing more restrictions and talking about the pandemic more than Republicans; their words and actions provided more content to report and opine on. Virtually all of the “rockstar” governors, as well as those with more name recognition
and who represent larger states, received mixed reviews from journalists on their responses to the pandemic; both their strengths and weaknesses were subjected to heightened scrutiny.

Most governors started off with high approval ratings during the initial months of the COVID-19 crisis that tapered off with time; some of them climbed back up as 2020 progressed, a few continued on a downward trajectory, and others remained fairly constant. Their initial high numbers may show that they command strong knowledge of their states’ political cultures and have mastered the art of communicating with their constituents; they may also reflect a tendency of citizens to rally around their leaders in times of crisis. Phil Scott (R-VT) and Larry Hogan (R-MD) were among the most popular governors in 2020; both of their statuses as Republicans proves that conservatives as well as progressives won plaudits for aggressive responses (Lazer et al. 2021). Conversely, David Ige (D-HI), Kim Reynolds (R-IA), and Doug Ducey (R-AZ) were among the least popular governors in 2020; this was likely due to their inconsistent communication tactics (Lazer et al. 2021). For line graphs by region depicting the governors’ approval ratings throughout 2020 and into early 2021, see Figures 3 – 9 in the Appendix.

As these results show, partisanship was a factor in determining how a governor would respond to the pandemic, but it was not the only factor. Indeed, Republicans were more inclined to emphasize “personal liberty,” prioritize the economy, and impose fewer and less stringent restrictions, while Democratic governors were more likely to emphasize “collective responsibility,” prioritize public health, and impose more and stricter restrictions, but there were several governors on both sides of the aisle that made it
impossible to bifurcate all responses. Each state, district, and territory in this country has a distinctive political culture and was led by a governor with a specific personality who relied on rhetoric that would resonate in their jurisdiction. For a brief synopsis of what made each governor unique, alongside various state political indicators (partisanship of governor and state legislative chambers, Electoral College results 2000-2020, and Medicaid expansion status), see Figures 1 and 2 in the Appendix.

Consequences

As I foreshadowed in my literature review, the “transactional federalism” and “experimental federalism” that have come to define the American response to COVID-19 will have repercussions for future generations. Federalism leads to considerable divergence in state outcomes; this has been true since 1789, and its tendency to foment inequity is plain as day in 2022. Devolution of emergency policy making to the states means that the national government will not likely hold states’ policies to high standards, or even to any standards at all; it essentially presents states with invisible stamps of approval, even if their plans do not take racial and socioeconomic justice into consideration. Trump didn’t care that Kristi Noem (R-SD) threatened to sue Native tribes for the coronavirus checkpoints on their reservations, or that Ron DeSantis (R-FL) faulted Hispanic Floridians and immigrants for causing outbreaks in rural communities. He wanted the governors to figure things out for themselves, and that is precisely what they did, or attempted to do. Governors also started banding together in regional coalitions to decide on the imposition and lifting of lockdowns and travel restrictions. This allowed Jay Inslee (D-WA), Kate Brown (D-OR) and Gavin Newsom
(D-CA) – who formed the Western States Pact – to be touted for their innovation and to set an example for the rest of the country. Going forward, though, as Kreitner (2020) also muses, these alliances are likely to continue but become more politically controversial. We are already seeing groups of states pass near-total bans on abortion, the teaching of critical race theory, and any acknowledgement of LGBTQ+ identities in elementary and middle school classrooms. This is only the beginning of what is to come, particularly from red states.

I predict that the federalisms laid bare by the COVID-19 pandemic will lead to increased levels of political apathy and decreased levels of political efficacy in the general public. While Trump was the director of the national response, the governors were the actors, with many of them vying for the lead role. Due to his hands-off approach, many Americans may lose respect not only for the presidency but for other national political institutions and government agencies, including the CDC, which was essentially rendered toothless in April 2020, when a Trump appointed federal judge ruled that it did not have the power to enforce a national mask mandate on airplanes and public transportation (Yuko 2022). It remains to be seen whether or not people will in turn gain respect for governors, mayors, and state and local political institutions. This presents yet another avenue for future political science research on the link between federalism and COVID-19.

The “rockstar governors” who emerged from this pandemic are likely not only to be leaders of their parties themselves but also to serve as role models for aspiring politicians. Democrats who run for office at all levels of government are likely to follow the “Newsom model:” balancing progressivism with centrist and placing extreme
emphasis on accountability and unity. Likewise, it is probable that Republicans who run for office at all levels of government will follow the “DeSantis model:” encouraging mistrust of Democrats, the mainstream media, immigrants, and people of color. The governors of the next generation, Democrats and Republicans alike, will have enhanced capacity to effect policy change in their states. Perhaps Nikki Haley, former Ambassador to the United Nations and governor of South Carolina, said it best, writing that “governors are in the best position to control what happens on the ground, better than any president could be” (Haley 2020).
Conclusion

From March 13, 2020 to January 20, 2021, the United States produced fifty-six disparate responses to the COVID-19 pandemic. Even though the scales of federalism have been tipping towards enhanced state sovereignty for decades, this signified a clear “breaking up” of the country that would have been hard to fathom had there been any other president in the White House at the time. The ten months that my research spans were characterized by “transactional federalism” and “experimental federalism,” with President Trump stepping back and instigating division while governors stepped up (or didn’t) to face unprecedented public health, economic, and social challenges in their states. These two “corona-federalisms” are not new, but their recent, conspicuous resurgences make them all the more likely to persist and become deeply entrenched in American politics, even now that the pandemic appears to be receding. While state borders may have been arbitrarily defined long ago, at the birth of this country, the federalisms brought about by the COVID-19 pandemic will ensure that those borders will continue to dictate quality of life for millions of Americans.
### Appendix

**Figure 1: Synopsis of Governors’ Responses**

<table>
<thead>
<tr>
<th>State</th>
<th>Governor</th>
<th>Response Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>Mike Dunleavy (R)</td>
<td>Oversaw an aggressive testing and tracing regime; prioritized fishing season; worked with Natives and sought to prevent the disaster of the 1918 pandemic; left a lot of mitigation to personal discretion; no statewide mask mandate</td>
</tr>
<tr>
<td>AL</td>
<td>Kay Ivey (R)</td>
<td>Viewed restrictions as a last resort and thought her state could avoid them; prioritized the economy until she had no choice but to backtrack; saw extreme racial health disparities; loath to invoke heavy hand of government but was eventually persuaded to step up her response</td>
</tr>
<tr>
<td>AR</td>
<td>Asa Hutchinson (R)</td>
<td>Very lax with restrictions and never intensified them; lied about there being no community spread; paid no mind to health equity; prioritized the economy but strongly encouraged masking; discouraged people from &quot;taking advantage&quot; of pandemic benefits</td>
</tr>
<tr>
<td>AS</td>
<td>Lolo Matalasi Molina (D) and Lemanu Peleti Mauga (D)</td>
<td>Both: Zero-COVID strategy; modeled their response after that of New Zealand; didn’t report a single case until September 2021; touted their process for preserving public safety</td>
</tr>
<tr>
<td>AZ</td>
<td>Doug Ducey (R)</td>
<td>Fan of local preemption; applauded his constituents for taking the crisis seriously but was forced to implement more restrictions; refused to enforce his administration’s orders; prioritized impressing Trump, which worked until it didn’t; received some of the most negative press coverage of any governor</td>
</tr>
<tr>
<td>CA</td>
<td>Gavin Newsom (D)</td>
<td>Inspirational preacher of unity; focused on accountability; cohesive administration; took lessons from mayors; praised Trump; pithy soundbites; potential future Democratic presidential candidate</td>
</tr>
<tr>
<td>CO</td>
<td>Jared Polis (D)</td>
<td>Balanced liberty with public safety; focused on transparency; made an effort to understand the epidemiological aspect of the pandemic; criticized for high unemployment and for insulting anti-maskers; was civil with Trump until he wasn’t; expressed exasperation with the federal response</td>
</tr>
<tr>
<td>CT</td>
<td>Ned Lamont (D)</td>
<td>Took quick action to mitigate virus spread; prioritized testing and tracing; issued a strong eviction moratorium; collaborative and deferential to experts; visible; conversational tone</td>
</tr>
<tr>
<td>DC</td>
<td>Muriel Bowser (D)</td>
<td>Worked closely with neighboring governors; dealt with pushback on restrictions from federal officials; saw extreme racial health disparities; engaged in turf wars with the president on Black Lives Matter protests; vocal proponent of DC statehood</td>
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<tr>
<td>DE</td>
<td>John Carney (D)</td>
<td>Walked the middle of the road; collaborated with other governors; didn’t mind the states being on the front lines of the pandemic; threw a fit about being on neighboring states’ quarantine lists; backpedaled on essential business definition</td>
</tr>
<tr>
<td>FL</td>
<td>Ron DeSantis (R)</td>
<td>Very polarizing figure; vocal critic of lockdowns and the mainstream media; bragged a lot; took nearly all cues from Trump; fan of local preemption; racist/xenophobic rhetoric; lots of events moved to FL due to lack of restrictions; “robotic” personality</td>
</tr>
<tr>
<td>GA</td>
<td>Brian Kemp (R)</td>
<td>Very first to lift stay-at-home order; prominent Trump ally who was criticized by the president; had a major feud/legal dispute with Atlanta mayor; perpetuated misinformation; silenced state public health department; manipulated state data; neglected/covered up significant racial health disparities</td>
</tr>
<tr>
<td>GU</td>
<td>Lou Leon Guerrero (D)</td>
<td>Imposed strict travel restrictions; received criticism for allowing Navy crew members to isolate/quarantine on the island after an outbreak on their ship; saw some protests of restrictions; pushed for enhanced federal aid; allowed reopening with reduction of risk</td>
</tr>
<tr>
<td>HI</td>
<td>David Ige (D)</td>
<td>Stalled on initial action; indirect communicator; did not get along with lieutenant governor; crisis tourism became a problem; criticized for prioritizing tourism over locals’ lives</td>
</tr>
<tr>
<td>IA</td>
<td>Kim Reynolds (R)</td>
<td>Laid-back approach; refused to “prioritize lives over livelihoods;” created her own quarantine rules that contradicted CDC guidance; reopened the state when cases were still surging; forced to issue a mask mandate but allowed several exceptions for businesses; enthusiastic Trump supporter</td>
</tr>
<tr>
<td>ID</td>
<td>Brad Little (R)</td>
<td>Empowered local officials; relied on peer pressure rather than mandates; extremely consistent communicator; prioritized hospital capacity; received criticism from both sides of the aisle</td>
</tr>
<tr>
<td>IL</td>
<td>J.B. Pritzker (D)</td>
<td>Wasted no time in criticizing Trump; imported medical supplies from China directly to his state behind Trump’s back; criticized along with Chicago mayor for stalling on prison releases; divided state into regions for reopening</td>
</tr>
<tr>
<td>IN</td>
<td>Eric Holcomb (R)</td>
<td>Treaded lightly on constituents’ liberties; statewide mask mandate caused a ruckus even though it wasn’t enforced; reopened businesses too early and received criticism from both sides; Libertarian candidate was a viable challenger to him in 2020 but he prevailed</td>
</tr>
<tr>
<td>KS</td>
<td>Laura Kelly (D)</td>
<td>Led her region on public health focus but dealt with power struggles; mask mandate maximized local sovereignty; she later admitted that she could have done more; constant jockeying for authority with Republican state legislators and mayors</td>
</tr>
<tr>
<td>KY</td>
<td>Andy Beshear (D)</td>
<td>Challenged by his state’s deep conservative streak; compassionate but firm; received praise from out of state but criticism from constituents for widening the urban/rural divide with his response; eager to work across the aisle; commended selfless sacrifice and pursuit of unity; Democratic rising star</td>
</tr>
<tr>
<td>LA</td>
<td>John Bel Edwards (D)</td>
<td>Pragmatist skilled in disaster response; worked in a bipartisan manner and received an outpouring of praise; catered to New Orleans; balanced a lot of competing interests; fought with Republicans in state legislature; religious rhetoric</td>
</tr>
<tr>
<td>MA</td>
<td>Charlie Baker (R)</td>
<td>One of the first Republicans to stand up to Trump; lambasted the process of PPE competition; oversaw first-in-nation contact tracing initiative; New England Patriots imported masks; rolled back reopening plans after criticism for moving too fast</td>
</tr>
<tr>
<td>MD</td>
<td>Larry Hogan (R)</td>
<td>Tells it like it is; very popular; made multiple snide remarks about Trump and the federal government; imported tests from South Korea behind Trump’s back; bipartisan approach; huge media presence; potential future Republican presidential candidate</td>
</tr>
<tr>
<td>ME</td>
<td>Janet Mills (D)</td>
<td>Challenged by political geography; prioritized tourism season; let rural areas reopen first, didn’t politicize the pandemic but had strong words for Trump; focused on independence and resilience</td>
</tr>
<tr>
<td>MI</td>
<td>Gretchen Whitmer (D)</td>
<td>Democratic rising star; balanced tough rhetoric and Midwestern folksiness; issued some of</td>
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<tr>
<td>State</td>
<td>Governor</td>
<td>Characteristics</td>
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<tr>
<td>MN</td>
<td>Tim Walz (D)</td>
<td>Promise of unity proved difficult to keep; addressed systemic racism in policing and public health; direct, consistent messaging; admitted that he could have done better</td>
</tr>
<tr>
<td>MO</td>
<td>Mike Parson (R)</td>
<td>Preferred local restrictions rather than statewide ones; “do as I say, not as I do;” prioritized in-person school; criticized for playing politics with students’ lives; Medicaid expansion ballot initiative passed despite his vociferous opposition; won reelection in 2020 due to focus on law and order</td>
</tr>
<tr>
<td>MP</td>
<td>Ralph Torres (R)</td>
<td>Prioritized tourism and emergency funding for education; issued advisory (not mandatory) stay-at-home order</td>
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<tr>
<td>MS</td>
<td>Tate Reeves (R)</td>
<td>Rejected “dictatorship” models; religious rhetoric; perpetuated anti-Asian sentiments, classified nearly all businesses as essential; reopening catered to corporate interests; very partisan; “do as I say, not as I do”</td>
</tr>
<tr>
<td>MT</td>
<td>Steve Bullock (D) and Greg Gianforte (R)</td>
<td>Bullock: Proactive; criticized Republicans in DC but didn’t politicize the pandemic at home; very popular; couldn’t run for reelection due to term limits so ran for U.S. Senate in 2020 instead but lost Gianforte: Elected in November 2020; promised to discontinue statewide mask mandate, let localities make their own rules, and cut state spending on public health</td>
</tr>
<tr>
<td>NC</td>
<td>Roy Cooper (D)</td>
<td>Led with facts and data and received bipartisan praise; feudled with Trump over RNC and got his way on social distancing; pushed for more executive power; reelected in 2020</td>
</tr>
<tr>
<td>ND</td>
<td>Doug Burgum (R)</td>
<td>Mandate-averse; focused on individual responsibility; did well on testing for a while; inaction was harmful to Natives; refused to reclassify low-risk counties; allowed COVID-positive health care workers who were asymptomatic to still come to work because of statewide hospital surges</td>
</tr>
<tr>
<td>NE</td>
<td>Pete Ricketts (R)</td>
<td>Believer in local preemption; prioritized meatpacking plants; promoted personal responsibility; used Parler to communicate with constituents; Medicaid expansion would have helped the state; often touted his own response</td>
</tr>
<tr>
<td>NH</td>
<td>Chris Sununu (R)</td>
<td>Tried to balance the concerns of older adults and libertarians; prioritized tourism season; didn’t hesitate to criticize his own party but got blowback from Republican state legislators; restrictions were flouted which led to criticism from Democrats</td>
</tr>
<tr>
<td>NJ</td>
<td>Phil Murphy (D)</td>
<td>Communicated with European leaders; used pandemic platform to promote progressive policies; very blunt rhetoric but wouldn’t say much about Trump; criticized for being slow to reopen</td>
</tr>
<tr>
<td>NM</td>
<td>Michelle Lujan Graham (D)</td>
<td>Public health expert; led with science; oversaw robust testing and telehealth initiatives; strongly enforced all orders; prioritized health equity; worked closely with Navajo Nation; blamed federal government and neighboring governors for health disparities; considered for a Biden administration role</td>
</tr>
<tr>
<td>NV</td>
<td>Steve Sisolak (D)</td>
<td>Tried to balance public health and economic concerns; received strong criticism for not performing well on either metric; sparred with Las Vegas mayor over reopening; prioritized hospitality industry; harsh Trump critic</td>
</tr>
<tr>
<td>NY</td>
<td>Andrew Cuomo (D)</td>
<td>“America’s Governor,” known for press briefings and PowerPoints, led with emotion, competed with New York mayor at every turn; wrote a book while the crisis was ongoing; refused to admit wrongdoing; icon of the left until nursing home/sexual harassment scandals brought him down</td>
</tr>
<tr>
<td>OH</td>
<td>Mike DeWine (R)</td>
<td>Career politician who became a household name; very aggressive early response; no-nonsense communicator; paid more attention to public health officials than political advisors; daily press briefings were must-see TV for constituents; didn’t hesitate to admit uncertainty; led conference calls with Democratic mayors; refused to really critique Trump; criticized for dialing down his rhetoric and catering to all-right science-deniers</td>
</tr>
<tr>
<td>OK</td>
<td>Kevin Stitt (R)</td>
<td>Flouted public health guidelines and never stopped; religious rhetoric; explicitly denied statewide statistics; encouraged travel and tourism; opposed Medicaid expansion ballot</td>
</tr>
<tr>
<td>State</td>
<td>Governor</td>
<td>Notes</td>
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<tr>
<td>OR</td>
<td>Kate Brown (D)</td>
<td>Collaborative except with Portland mayor; prioritized safe reopenings for small businesses and schools; criticized for flip-flopping but tried to be non partisan</td>
</tr>
<tr>
<td>PA</td>
<td>Tom Wolf (D)</td>
<td>Focused on state concerns and didn’t seek to build a national profile; tried to balance public health and economic health; strict with local officials who defied his orders and dealt with a lawsuit; unwilling to appease Republicans</td>
</tr>
<tr>
<td>PR</td>
<td>Wanda Vázquez Garced (New Progressive) and Pedro Pierluisi (New Progressive)</td>
<td>Vázquez: First to issue a stay-at-home order and strongly enforced it; lambasted for inadequate testing regime, corruption, and a lack of transparency; caused many constituents not to trust the government but they still complied with her orders; admitted that she focused more on public health than the economy; lost primary election in 2020 Pierluisi: campaigned on a stronger COVID response; supporter of Puerto Rican statehood</td>
</tr>
<tr>
<td>RI</td>
<td>Gina Raimondo (D)</td>
<td>Looked internationally for inspiration; led with empathy; prioritized public-private testing/PPE partnerships; straight shooter; relentless Trump critic; tapped for Biden administration</td>
</tr>
<tr>
<td>SC</td>
<td>Henry McMaster (R)</td>
<td>Prioritized the economy; one of the first three governors to reopen their states despite not meeting White House guidelines; criticized for indecisiveness and carelessness; blamed young people for spread; state epidemiologist spoke out against him</td>
</tr>
<tr>
<td>SD</td>
<td>Kristi Noem (R)</td>
<td>Republican rising star; extremely mandative averse; actively encouraged travel and tourism during the worst of the outbreak; huge Trump groupie; executive orders were optional and not mandatory; undermined public health and medical experts; absolutely no focus on health equity; anti-Native rhetoric; maximized personal gain</td>
</tr>
<tr>
<td>TN</td>
<td>Bill Lee (R)</td>
<td>Hesitated to issue restrictions and only did so when doctors pushed him to; emphasized local control but didn’t get along with Nashville mayor; religious rhetoric; Medicaid expansion would have helped the state; didn’t think mask mandates worked</td>
</tr>
<tr>
<td>TX</td>
<td>Greg Abbott (R)</td>
<td>Sent mixed signals; among the first to reopen but had to backtrack due to a surge; strong proponent of local preemption; received some criticism from Trump Republicans for statewide mask mandate; spearheaded entire response with no legislative input; paid no attention to health equity; inadequate testing regime; prioritized in-person school</td>
</tr>
<tr>
<td>UT</td>
<td>Gary Herbert (R) and Spencer Cox (R)</td>
<td>Herbert: Pro-business rhetoric; received criticism for poor communication and rejection of public health guidance; followed the lead of the Church of Jesus Christ of Latter-Day Saints in issuing restrictions; term limits prevented him from running again in 2020 Cox: Elected in November 2020; condemned virus-related misinformation; focused on unity and empathy</td>
</tr>
<tr>
<td>VA</td>
<td>Ralph Northam (D)</td>
<td>Followed the science and led his region; issued aggressive restrictions tailored to NOVA; prioritized equity with several initiatives; saw some resistance in southern, rural localities</td>
</tr>
<tr>
<td>VI</td>
<td>Albert Bryan (D)</td>
<td>Issued a stay-at-home order and travel restrictions; welcomed boaters to dock nearby so long as they followed the rules; followed a five-step path to reopening; prioritized tourism with safeguards; constituents were extremely compliant</td>
</tr>
<tr>
<td>VT</td>
<td>Phil Scott (R)</td>
<td>Coordinated arguably one of the best responses in the country; encouraged trust of government and public health experts; targeted testing; multiple equity initiatives; gradual reopening; bipartisan dealmaker; saw high compliance with orders</td>
</tr>
<tr>
<td>WA</td>
<td>Jay Inslee (D)</td>
<td>Let scientists take the lead; set an example for other governors; calm but resolute; harshly criticized Trump; prioritized nursing home safety</td>
</tr>
<tr>
<td>WI</td>
<td>Tony Evers (D)</td>
<td>Went out of his way to placate conservatives; dealt with extreme pushback from Wisconsin Supreme Court; criticized Trump but acquiesced to his demands to open up the state; cast as an ineffective leader on the pandemic and racial justice protests</td>
</tr>
<tr>
<td>WV</td>
<td>Jim Justice (R)</td>
<td>Very proactive initial response; loath to tighten restrictions later; staunch Trump supporter; focused more on pandemic press briefings than reelection campaign; oversaw one of the best vaccine distribution efforts in the country</td>
</tr>
<tr>
<td>WY</td>
<td>Mark Gordon (R)</td>
<td>Let county officials lead the way; rebuffed stay-at-home order; unthreatening rhetoric; lamented politicization of the virus but aligned himself with Trump and fought with public health experts</td>
</tr>
</tbody>
</table>
Figure 2: State Political Indicators + Scorecard of Governors’ Responses

Key:
ME = Medicaid Expansion Status
PH = Public Health
EH = Economic Health
EQ = Equity
LR = State/Local Relations
PC = Press Coverage
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Source: Lazer et al. 2021
Figure 4:

Approval Ratings: Mid-Atlantic

Source: Lazer et al. 2021
Figure 5:

Approval Ratings: New England

Source: Lazer et al. 2021
Figure 6:

Approval Ratings: South

Source: Lazer et al. 2021
Figure 7:

Approval Ratings: South

Source: Lazer et al. 2021
Figure 8:

Approval Ratings: West

Source: Lazer et al. 2021
Figure 9:

Approval Ratings: Midwest

Source: Lazer et al. 2021


Chang, Daniel, Ben Conarck, and Steve Contorno. 2020. “Ron DeSantis Blames Florida Farmworkers for COVID. Aid Groups Say Testing Help Came Late.” Tampa Bay Times,


Farris, Emily M., Mirya R. Holman, and Miranda Sullivan. 2021. “Using the Emergency in Emergency Orders: Municipal Policy Action and Federalism During the COVID-19 Crisis” [Unpublished Manuscript]. Department of Political Science, Texas Christian University; Department of Political Science, Tulane University; Department of Government, University of Texas, Austin.


Nevada Governor’s Office and Nevada Department of Health and Human Services. 2022. “COVID-19 Statistics Dashboard.” https://app.powerbigov.us/view?r=eyJrIjoiMjA2ZThiOWUtM2F1NS00MGY5LWFmYjUtNmQwNTQ3Nzg5N2I2IiwidCI6ImU0YTM0MGU2LWJ4OWUtNGU2OC04ZWFhLTE1NDkMjcyMzI3MTIi (January 9, 2022).


