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PANDEMIC GOVERNANCE

YANBAI ANDREA WANG*
JUSTIN WEINSTEIN-TULL**

Abstract: The COVID-19 pandemic created an unprecedented need for governance by a multiplicity of authorities. The nature of the pandemic—globally communicable, uncontrolled, and initially mysterious—required a coordinated response to a common problem. But the pandemic was superimposed atop our existing decentralized and uncoordinated governance structures, and the result was devastating: the United States led the world in COVID-19 infections and deaths. COVID-19’s effects have been particularly destructive for communities of color, women, and intersectional populations.

This Article makes sense of the early pandemic response by distilling a typology for the predominant intergovernmental relationships that emerged, some conflictual and some collaborative. Governments undermined each other by destabilizing each other’s actions upward (when local governments undermined states), downward (when the federal government undermined states), and across (when the federal government undermined itself). They abdicated responsibility by failing to act. Governments collaborated by actively working together to harmonize policies. And they engaged in bandwagoning to avoid being the first mover in making pandemic policy, opting instead to follow or oppose the leads of others.

Despite the seeming chaos of the early pandemic response, these behaviors were the predictable result of well-worn structural and political dynamics. Structurally, pandemic policy lies uncomfortably on two poles of the federal-state division of responsibilities. Ambiguous hierarchies and overlapping policy roles pushed governments toward conflict rather than coordination. Politically, intense partisanship transformed nearly every governance decision into symbolic, two-sided battles, providing a default set of relationships that became organizing principles for the early pandemic response.

This Article uses these insights to sketch the contours of a way forward. It proposes a federal pandemic statute that emphasizes role clarity, state independence, and explicit governmental action to disrupt inequality. It additionally advocates for

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* Assistant Professor of Law, University of Pennsylvania Carey Law School.
** Associate Professor of Law, Arizona State University, Sandra Day O’Connor College of Law.

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decentralized but inclusive subject-matter networks among federal, state, and local authorities to lessen the pull of partisanship.

INTRODUCTION

The nature of the COVID-19 pandemic—globally communicable, uncontrolled, and initially mysterious—gave rise to an unprecedented need for swift and coordinated action by a multiplicity of authorities. But the pandemic was superimposed atop our domestic governmental structures, which are highly decentralized. As a result, the governmental voices that emerged were largely uncoordinated and often combative, with devastating consequences. The United States leads the world in COVID-19 infections and deaths. As of April 2022, the United States was responsible for nearly 16% of cases and deaths worldwide—almost eighty million infections and one million deaths—despite constituting only 4% of the world’s population. The virus’s spread has had vastly unequal impacts across the country, with some states having cases ten

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2 Responsibilities are decentralized from the federal government down to states, which in turn send many of those responsibilities down to their local governments. See Justin Weinstein-Tull, Abdication and Federalism, 117 COLUM. L. REV. 839, 841 (2017) (describing the many policy areas where the federal government has delegated responsibilities to states and noting that once states delegate those responsibilities downward to local governments, “[t]hey do not monitor local compliance with those laws”); Richard Briffault, Our Localism: Part I—The Structure of Local Government Law, 90 COLUM. L. REV. 1, 1 (1990) (describing how states have “conferred significant political, economic and regulatory authority on many localities”); Richard Briffault, “What About the ‘Ism’?” Normative and Formal Concerns in Contemporary Federalism, 47 VAND. L. REV. 1303, 1318 (1994) [hereinafter Briffault, Concerns in Contemporary Federalism] (noting that state-local delegations of authority are “often quite broad and . . . rarely revoked” and that “[i]n most states, local governments operate in major policy areas without significant external legislative, administrative, or judicial supervision”).

times higher than others.\textsuperscript{4} The pandemic has also had particularly destructive effects on women,\textsuperscript{5} communities of color,\textsuperscript{6} and intersectional populations.\textsuperscript{7}

Governance—defined as the collective management of common problems by a multiplicity of often overlapping authorities that together constitute a system of rule—looked like chaos during the early pandemic. It was states waiting for guidance from the federal government but receiving it too late to be helpful.\textsuperscript{8} It was local governments unsure of their authority, but acting anyway.\textsuperscript{9} It was the Trump Administration providing contradictory statements on


\textsuperscript{8} See James N. Rosenau, \textit{Governance, Order, and Change in World Politics, in GOVERNANCE WITHOUT GOVERNMENT: ORDER AND CHANGE IN WORLD POLITICS} 1, 4 (James N. Rosenau & Ernst-Otto Czempiel eds., 1992) (explaining that governance “is a more encompassing phenomenon than government” because it denotes a system of rule by a range of actors and mechanisms exercising authority).


\textsuperscript{10} See, e.g., Zeeshan Aleem, \textit{3 California Counties Are Defying State Orders on Reopening Businesses}, VOX (May 2, 2020), https://www.vox.com/policy-and-politics/2020/5/2/21245163/california-
the role of states in addressing the pandemic, sometimes in the span of mere
days.11

In this Article, we find patterns in that governance chaos. First, we
demonstrate that pre-pandemic public health policies lacked a clear blueprint
for intergovernmental coordination, creating a void that governments had to
fill as the pandemic unfolded. To effectively respond to a pandemic, crisis
management theory tells us that political leaders must identify the crisis, make
sense of it, and clearly communicate and coordinate their response.12 By con-
trast, pandemic policies at federal, state, and local levels lack effective coordi-
nation mechanisms. Thousands of state and local public health authorities hold
broad but dispersed power to respond to outbreaks through quarantines, stay-
at-home orders, and business restrictions.13 Meanwhile, federal public health
authorities play a largely secondary role by providing resources and technical
guidance.14

Second, we chronicle the governance that filled this policy void by distil-
ling a typology of intergovernmental behaviors that emerged during the pan-
demic. Two of these behaviors describe intergovernmental conflict. Govern-
ments undermined each other by destabilizing and criticizing each other’s ac-
tions. They did so in all directions: up (when local governments undermined
states), down (when the federal government undermined states), and across
(when the federal government undermined itself).15 Governments abdicated
responsibility when they failed to act. At times, lower-level governments filled
those gaps.16 Two additional behaviors describe intergovernmental coordina-
tion. Governments collaborated when they actively worked together, both ver-

11 During the first reopen phase of the pandemic in April 2020, for example, President Donald
Trump claimed “total authority” to reopen the country only to ultimately announce that he would
leave it to the governors. Jeremy B. White, Trump Claims ‘Total Authority’ Over State Decisions,
total-authority-over-state-decisions-1275506 [https://perma.cc/K76T-BAPT] (“‘When somebody’s
president of the United States, the authority is total’ . . . . ‘And that’s the way it’s got to be. It’s total.
It’s total. And the governors know that.’” (quoting President Donald Trump)); cf. Peter Baker & Mi-
chael D. Shear, Trump Says States Can Start Reopening While Acknowledging the Decision Is theirs,
guidelines.html [https://perma.cc/6BRR-HJFV] (“President Trump told the nation’s governors on
Thursday that they could begin reopening businesses, restaurants and other elements of daily life by
May 1 or earlier if they wanted to, but abandoned his threat to use what he had claimed was his abso-
lute authority to impose his will on them.”).

12 See infra Section I.A.
13 See infra Subsection I.B.1.
14 See infra Subsection I.B.2.
15 See infra Subsection II.A.1.
16 See infra Subsection II.A.2.
tically and horizontally, to harmonize their policies. And they engaged in bandwagoning when they avoided taking initiative in making pandemic policy, opting instead to follow the leads of others.

Finally, we explain how these behaviors were the predictable result of well-worn structural and political dynamics. Structurally, pandemic policy lies uncomfortably on two poles of the federal-state division of responsibilities. Whereas public health is traditionally a local responsibility, states and local governments were ill-equipped to respond to a national crisis. Ambiguous hierarchies and overlapping policy roles pushed governments toward conflict rather than coordination. Politically, intense polarization during an election year transformed nearly every governance decision, even those that should have been clear from the science, into symbolic, two-sided national battles. These battles provided a fallback set of governance relationships and policy positions that became organizing principles for the pandemic response.

We use the insights that flow from our analyses to sketch the contours of a way forward. To address the role confusion that arose from our multi-sovereign system of governance, we propose a federal pandemic statute pursuant to Congress’s spending power that places particular emphasis on role clarity and explicit governmental action that disrupts inequality. To preserve the benefits of federalism and state independence, we propose that states be able to negotiate their role in a pandemic response with the federal government ahead of time. To lessen the pull of politics and provide counterweights to existing partisan networks, we advocate for the creation of decentralized but inclusive subject-matter networks among federal, state, and local authorities.

To craft these arguments, we comprehensively gathered pandemic-related governance decisions taken in select jurisdictions during the early months of the pandemic. We focused our attention on the period beginning with the first actions in January 2020 and extending through mid-July 2020. We examined decisions made by federal authorities, as well as by eight states and select local governments within each state. We selected the individual states to span three

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17 See infra Subsection II.B.1.
18 See infra Subsection II.B.2.
19 See infra Subsection III.A.1.
20 See infra Subsection III.B.1.
21 See infra Subsection III.A.2.
22 See infra Subsection III.B.2.
23 As these dates indicate, our data came primarily from early pandemic governance. But as we discuss later, the framework that we propose also describes later pandemic governance, even after President Trump left office.
24 Those states are Arizona, California, Michigan, Mississippi, New York, Texas, Vermont, and Washington. We additionally collected governance data from three to five local governments within each state.
axes: Democratic/Republican (as measured by FiveThirtyEight’s “partisan lean” index), urban/rural (as measured by the percentage of state residents living in urban areas), and rich/poor (as measured by state gross domestic product per capita). We did not limit our analysis to actions taken in those jurisdictions, but we used them as our starting points.

Although legal scholars have produced an avalanche of COVID-19 research, scholarship on governance in the time of the pandemic is sparse and piecemeal. The scholarship that exists, though illuminating in many ways, uses specific examples of pandemic governance as support for related topics, like the nature of the state-federal relationship or the extent of federal authority to intervene. This Article, by contrast, takes governance as its primary concern, allowing it to both deeply probe the layered set of intergovernmental

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28 But see Cary Coglianese & Neysun A. Mahboubi, Foreword, Administrative Law in a Time of Crisis: Comparing National Responses to COVID-19, 73 ADMIN. L. REV. 1, 7–18 (2021) (introducing a collection of essays comparing the regulatory responses to COVID-19 in key countries, as well as the operation of the World Health Organization (WHO)).


interactions that arose and comprehensively describe the governance spectrum—including at the local, state, and federal levels. This targeted approach is crucial for reform efforts, as any reform that overlooks or decenters intergovernmental relationships will result in policy that fails to move beyond the scattershot response that we see now.

The Article proceeds in three Parts. Part I describes the governance needs created by the pandemic and the ways that our governance capabilities fell short. Part II provides a framework that describes and characterizes the intergovernmental behaviors that arose in the absence of preexisting pandemic guidance. Part III offers structural and political explanations for these intergovernmental behaviors and proposes reforms that mitigate the potential for intergovernmental conflict and passivity, thereby increasing the chances of effective pandemic management. Finally, the Conclusion describes how our framework and insights can apply beyond the context of the early COVID-19 pandemic, potentially to other crises requiring robust and coordinated governmental response.

I. PANDEMIC THEORY AND POLICY

There is both a robust academic literature on pandemics and crisis management and a host of federal, state, and local policies already in place that seek to respond to pandemics and related public health problems. Examining the theory and policy of pandemics together—as we do in this Part—reveals a gap between the serious demands that pandemics place on governments and the pandemic-related policies that we possess.

Crisis management theory tells us that effectively responding to a pandemic requires extensive intergovernmental work: governments must identify and define the crisis and then clearly communicate and coordinate their response. Our existing pandemic policies largely failed to accomplish these tasks,

31 Examining governance at all four of these levels is particularly important given the global nature of COVID-19. Looking solely at the state and federal responses is inadequate. Pandemics are global problems and so long as borders remain open, even a perfect domestic response will be insufficient. See, e.g., Lawrence O. Gostin, I. Glenn Cohen & Jeffrey P. Koplan, Viewpoint, Universal Masking in the United States: The Role of Mandates, Health Education, and the CDC, 324 JAMA 837, 837 (2020) (noting the spillover effects of health emergencies). Additionally, local governments are often neglected in scholarship but have provided much of the relevant governance during the pandemic. See, e.g., Dana Bash & Bridget Nolan, Four Mayors Reflect on Their Evolving Response to the Coronavirus Pandemic, CNN (July 25, 2020), https://www.cnn.com/2020/07/25/politics/mayors-coronavirus-response/index.html [https://perma.cc/95CL-4VPF] (“Since the pandemic began, mayors have been at the front lines of the battle to contain the coronavirus in cities all across the country.”).
32 See infra notes 36–118 and accompanying text.
33 See infra notes 119–227 and accompanying text.
34 See infra notes 228–300 and accompanying text.
35 See infra notes 301–313 and accompanying text.
opening up space for the more ad hoc governance that we discuss in Part II. Na-
tionally, there is no clear blueprint for a concerted response to a widespread in-
fecious outbreak. The United States has not experienced a pandemic on the
scale of COVID-19 for over a century, and infectious disease has received little
federal policy attention until recent decades, when concerns about bioterrorism
recast infectious disease in security terms. State and local public health authori-
ties hold broad powers to respond to outbreaks but largely lack coordination
mechanisms. This absence of a clear template for action formed the backdrop
against which COVID-19 arose. Section A of this Part discusses the crisis man-
agement theory as applied to pandemics. Section B describes the local, state,
and national pandemic policies in place before the COVID-19 pandemic.

A. Pandemics and Crisis Management Theory

Crises in general, and pandemics in particular, place heavy demands on
leaders and governments. A crisis is typically defined as a phase of disorder
marked by elevated levels of threat, urgency, and uncertainty. Crises require
actions to be taken on a compressed time scale. And they are characterized by
a high degree of uncertainty surrounding the nature of the threat, its conse-
quences, the search for solutions, and the public’s response to the emerging
situation. A crisis simultaneously generates an overload of raw data and a
shortage of clear, accurate information, making it hard to parse signal from
noise. When a crisis is global in scope, lengthy and complex chains of causa-
tion may magnify uncertainty. Crises call on political leaders to serve as cri-
sis managers and solve complex problems with incomplete information.

As crisis managers, political leaders face varied tasks during the lifecycle
of a crisis. First, they must determine that a crisis is occurring and make sense

36 See, e.g., Public Health Security and Bioterrorism Preparedness and Response Act of 2002,
law amended the Public Health Service Act in response to anthrax concerns to better prepare the fed-
eral government to respond to a bioterrorism or other public health emergency.

37 See infra notes 39–52.

38 See infra notes 53–118.

39 See Arthur L. Stinchcombe, Review Essay: Tilly on the Past as a Sequence of Futures, in
ROADS FROM PAST TO FUTURE 387, 405 (Charles Lemert ed., 1997).

40 Uriel Rosenthal, Paul ‘t Hart & Michael T. Charles, The World of Crises and Crisis Manage-
ment, in COPING WITH CRISES: THE MANAGEMENT OF DISASTERS, RIOTS AND TERRORISM 3, 10
(Uriel Rosenthal, Michael T. Charles & Paul ‘t Hart eds., 1989) (defining crisis as “a serious threat to
the basic structures or the fundamental values and norms of a social system, which—under time pres-
sure and highly uncertain circumstances—necessitates making critical decisions” (citing Uriel Rosen-
thal, Crisis Decision Making in the Netherlands, 22 NETH. J. SOCIO. 103 (1986))).

41 This description of crisis encompasses a wide range of events, from natural disasters to politi-
cal unrest. For more examples, see generally Eric Stern and Bengt Sundelius, Crisis Management
of it. Identifying an event as a crisis is critical to raising public awareness, placing the crisis on the political agenda, and facilitating a collective response. Yet crises are often hard to detect at the outset. Leaders must weigh the consequences of waiting for more information against committing resources on the basis of the limited or fragmented information available. They must identify what the crisis is, the level of threat it poses, and how the situation is likely to evolve over time. And they must frame the crisis with a compelling story that shapes attitudes and behaviors in a productive way.

Second, political leaders must mount an effective response based on strategies that resonate with how they have framed the crisis. Such a response requires clear communication and competent coordination. During a crisis, the public is in a state of anxiety and has a heightened need for transparency and guidance. Uncertainty and fear are highest at the outset of a crisis, limiting the public’s ability to process information. Early communication, therefore, needs to be clear, simple, and frequent, relaying accurate information—good and bad—quickly. The public needs straightforward instructions on how to stay safe so that they are not left to individually assess risk in complex situations—a task that human cognition research has long shown people cannot adequately perform. And the guidance must be repeated. One study found

42 See BOIN ET AL., supra note 1, at 23–45.
44 BOIN ET AL., supra note 1, at 80–85.
46 Id.
47 See generally Fran H. Norris et al., Community Resilience as a Metaphor, Theory, Set of Capacities, and Strategy for Disaster Readiness, 41 AM. J. CMTY. PSYCH. 127 (2008) (describing the community benefits to conveying accurate information quickly and frequently in the aftermath of disasters).
that an audience needs to hear a message related to health risk nine to twenty-one times to effectively understand the risk.\textsuperscript{50}

Effective crisis management also requires clear lines of authority and coordinated effort by different actors. Coordination is needed to avoid conflicts, redundancy, and miscommunication.\textsuperscript{51} When a crisis extends across multiple jurisdictions or its scope exceeds the response capacity of local authorities, there can be an upward shift in decision-making as the task of coordinating the response moves up to regional, national, or international authorities.\textsuperscript{52}

**B. Pandemic Policy**

The demands of successful pandemic management were at odds with our pandemic policies. Because the U.S. Constitution disperses power between state and federal authorities,\textsuperscript{53} pandemic policies—to the extent they exist at all—exist at all levels of government. Across the country, thousands of state and local-level public health authorities hold broad but dispersed power to respond to outbreaks through quarantines, stay-at-home orders, and business restrictions. Federal public health authorities, by contrast, play a supporting role by injecting resources and providing technical guidance. This supporting role is shaped by federal statutes of relatively recent vintage that were created to address the particular concern of bioterrorism but do not provide marching orders for a nation-wide response to a widespread and protracted outbreak.

To control a pandemic, all levels of government must work together at surveillance, testing, implementing protective measures, developing drugs and vaccines, and maintaining hospital and equipment capacity. In theory, multi-level pandemic policies allow the federal government to act on questions of national importance while permitting states and local governments to enact laws more tailored to the needs and preferences of their constituents.\textsuperscript{54} In practice, the existence of policies at multiple levels requires tremendous coordination, both vertically among governments and horizontally within governments—coordination that our governments lack.\textsuperscript{55}

\textsuperscript{50} Xi Lu, Xiaofei Xie & Lu Liu, Inverted U-Shaped Model: How Frequent Repetition Affects Perceived Risk, 10 JUDGMENT & DECISION MAKING 219, 222 (2015).

\textsuperscript{51} BOIN ET AL., supra note 1, at 16.

\textsuperscript{52} See id. at 17, 64 (“When local authorities cannot cope, they request assistance from higher authorities.”).


\textsuperscript{55} LAWRENCE O. GOSTIN & LINDSAY F. WILEY, PUBLIC HEALTH LAW: POWER, DUTY, RESTRAINT 394 (3d ed. 2016) (“The vast expansion of emergency preparedness laws has raised concerns about
1. State and Local

State and local governments possess a “police power” which includes the authority “to enact quarantine laws and ‘health laws of every description.’”\footnote{56 Jacobson v. Massachusetts, 197 U.S. 11, 25 (1905) (quoting Gibbons v. Ogden, 22 U.S. (9 Wheat.) 1, 203 (1824)).} The power to regulate public health “has long been regarded as one of the states’ primary and most important ‘police powers.’”\footnote{57 Women’s Cmty. Health Ctr. of Beaumont, Inc. v. Tex. Health Facilities Comm’n, 685 F.2d 974, 980 n.11 (5th Cir. 1982) (citing Supreme Court cases). For an overview of the state police power as it relates to public health, see James G. Hodge, Jr., The Role of New Federalism and Public Health Law, 12 J.L. & HEALTH 309, 318–30 (1997–98).} States have historically enacted a host of laws responsive to health emergencies—and outbreaks in particular—including forced isolations, quarantines, and detentions.\footnote{58 See generally Hodge, supra note 57, at 325–30 (examining early examples of police powers exercised in public health emergencies); Adam Klein & Benjamin Wittes, The Long History of Coercive Health Responses in American Law, LAWFARE (Apr. 13, 2020), https://www.lawfareblog.com/long-history-coercive-health-responses-american-law [https://perma.cc/9HQT-QUQT] (examining historical responses to health crises).} More recently, states have responded to the security concerns raised by the September 11th, 2001 attacks. Following 9/11, the Centers for Disease Control and Prevention (CDC) commissioned the creation of the Model State Emergency Health Powers Act (MSEHPA) to provide a statutory framework for states to respond to public health emergencies, especially those related to terrorism.\footnote{59 GOSTIN & WILEY, supra note 55, at 399–400.} Thirty-nine states and the District of Columbia have adopted the MSEHPA.\footnote{60 Id. at 394.}

The MSEHPA and other state laws provide broad powers to governors to take action to respond to emergencies.\footnote{61 Some have criticized the MSEHPA for granting unchecked emergency powers that may infringe on civil liberties. See, e.g., Model State Emergency Health Powers Act, ACLU, https://www.aclu.org/other/model-state-emergency-health-powers-act [https://perma.cc/CQM6-YDLV].} Governors are empowered to declare emergencies in outbreaks of communicable disease.\footnote{62 See, e.g., ARIZ. REV. STAT. ANN. § 26-301(15) (2022) (defining “State of emergency” as a “condition[] of disaster or of extreme peril” caused by, among other things, “epidemic”); CAL. GOV’T CODE § 8558(b) (West 2022) (same).} Some states specify that state emergencies are partly defined as emergencies so severe that they exceed the capacities of local governments to handle.\footnote{63 See ARIZ. REV. STAT. ANN. § 26-301(15) (requiring that states of emergency be “likely to be beyond the control of the services, personnel, equipment and facilities of any single county, city or town, and which require the combined efforts of the state and the political subdivision”); GOV’T CODE § 8558(b) (requiring that states of emergency be “beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat”).}
governors consolidate the authority of the state executive branch, including its agencies.64 Specific powers vary by state, but as a general matter, governors and other state actors may prevent people from gathering together,65 administer quarantines, detentions, and disinfection,66 use state funding for relief spending,67 commandeer private property for the emergency response,68 suspend state laws,69 engage in enhanced surveillance techniques,70 and regulate businesses.71

Some of these state laws encourage coordination with other governmental authorities, but only weakly. The MSEHPA, for instance, requires the development of a plan “to provide a coordinated, appropriate response” to public

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64 See, e.g., ARIZ. REV. STAT. ANN. § 26-303(E) ("During a state of emergency: 1. The governor shall have complete authority over all agencies of the state government and the right to exercise, within the area designated, all police power vested in this state by the constitution and laws of this state in order to effectuate the purposes of this chapter."); CAL. GOV’T CODE § 8627 ("During a state of emergency the Governor shall . . . have complete authority over all agencies of the state government and the right to exercise within the area designated all police power vested in the state by the Constitution and laws of the State of California in order to effectuate the purposes of this chapter."); N.Y. EXEC. LAW § 29 (McKinney 2022) ("Upon the declaration of a state disaster emergency the governor may direct any and all agencies of the state government to provide assistance under the coordination of the disaster preparedness commission."); TEX. GOV’T CODE ANN. § 418.015(c) (West 2021) (giving the governor broad executive power in a state of emergency); VT. STAT. ANN. tit. 20, § 9(1) (2021) (same).

65 MICH. COMP. LAWS § 333.2253(1) (2022) ("If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws."); TEX. GOV’T CODE ANN. § 418.018 (empowering the governor to regulate the “[m]ovement of [p]eople”).

66 TEX. HEALTH & SAFETY CODE ANN. § 81.082(f) (West 2021) (empowering state officials to regulate "(1) immunization; (2) detention; (3) restriction; (4) disinfection; (5) decontamination; (6) isolation; (7) quarantine; (8) disinfection; (9) chemoprophylaxis; (10) preventive therapy; (11) prevention; and (12) education").

67 See, e.g., CAL. GOV’T CODE § 8566 ("The Governor is empowered to expend any appropriation for support of the California Emergency Services Act to carry out the provisions of this chapter.").

68 See, e.g., CAL. GOV’T CODE § 8572 ("In the exercise of the emergency powers hereby vested in him during a state of war emergency or state of emergency, the Governor is authorized to commandeer or utilize any private property or personnel deemed by him necessary in carrying out the responsibilities hereby vested in him as Chief Executive of the state and the state shall pay the reasonable value thereof."); TEX. GOV’T CODE ANN. § 418.017(c) ("The governor may commandeer or use any private property if the governor finds it necessary to cope with a disaster, subject to the compensation requirements of this chapter.").

69 See, e.g., N.Y. EXEC. LAW § 29-a(1) ("[T]he governor may by executive order temporarily suspend specific provisions of any statute, local law, ordinance, or orders, rules or regulations, or parts thereof, of any agency during a state disaster emergency, if compliance with such provisions would prevent, hinder, or delay action necessary to cope with the disaster.").

70 See, e.g., ARIZ. REV. STAT. ANN. § 36-782 (2022).

71 See, e.g., WASH. REV. CODE § 43.06.220(2)(g) (2022) (authorizing the governor to issue “statutory and regulatory obligations or limitations prescribing the procedures for conduct of state business”).
health emergencies. Upon the declaration of a public health emergency, the MSEHPA requires the state public health authority to coordinate response efforts between state and local authorities as well as to collaborate with relevant federal government authorities and elected officials of other states. Vermont’s emergency management director, for example, is required to “[m]aintain liaison and cooperation with emergency management agencies and organizations of the federal government, other states, and Canada.” Nevertheless, these state directives lack policy specificity, clear lines of authority, and mechanisms for decision-making that would enable a coordinated response to a nation-wide pandemic.

Local governments are also important sources of pandemic policy. They are technically creations of the state. In practice, however, local governments are often independent from their states and exercise significant discretion of their own. State laws both grant legal authority to local government actors to respond to pandemics and constrain local power. In Arizona, for example, local government leaders may declare local states of emergency and exercise a wide range of powers, including ordering curfews and closing access to public spaces. New York designates its local governments as “the first line of defense in times of disaster,” with support from the state, and empowers local executives to establish curfews, suspend sales, and regulate public gatherings. State laws constrain these local powers as well. In Arizona, local orders

73 Id. § 403(b).
74 VT. STAT. ANN. tit. 20, § 3(b)(2) (2021); see also MICH. COMP. LAWS § 30.407(1) (2022).
75 See Hunter v. City of Pittsburgh, 207 U.S. 161, 178 (1907) (holding that local governments are “subdivisions of the State, created as convenient agencies for exercising such of the governmental powers of the State as may be entrusted to them”).
76 See Griffault, Concerns in Contemporary Federalism, supra note 2, at 1318 (“In practice, [local governments] function as representatives of local constituencies and not as field offices for state bureaucracies.”); Justin Weinstein-Tull, State Bureaucratic Undermining, 85 U. CHI. L. REV. 1083, 1105 (2018) (noting that “[l]ocal governments are quirky hybrids” between state creation and independent entity).
77 Those delegations of authority may track the diversity of state-local relationships more broadly. See Weinstein-Tull, supra note 2, at 877–83 (describing how the broader relationships between states and their local governments inform the state-local balance of power in the context of specific policy areas).
79 N.Y. EXEC. LAW § 20(1)(a) (McKinney 2022). Other states grant similarly broad local powers. See, e.g., MICH. COMP. LAWS § 333.2453(1).
80 N.Y. EXEC. LAW § 24.
may not conflict with state action.\textsuperscript{81} In Vermont, state actors—and not local ones—appoint the members of local emergency planning committees.\textsuperscript{82}

State and local public health policies also reflect and perpetuate existing income inequalities. Pandemic policy exists at all levels of domestic government, but it is enacted by a myriad of public health systems that vary greatly, both between and within states, in capacity and preparedness. The degree of inequality in local public health spending approximates household income inequality, ranging from less than $1 per capita to $400 per capita.\textsuperscript{83} Due to long-term underfunding of public health and emergency preparedness systems,\textsuperscript{84} only five states have over half of their population served by a comprehensive public health system.\textsuperscript{85} More generally, significant differences in health care access and outcomes exist across the country, with rural populations faring worse than their urban and suburban counterparts.\textsuperscript{86}

2. National

Sitting above state and local governments, the federal government has used its policy-making authority predominantly to play a supportive role in public health emergencies.

The Constitution does not provide pandemic-specific federal powers, but it does provide Congress with general commerce and spending powers it can use to enact pandemic-related policies. The Commerce Clause empowers Congress “To regulate Commerce . . . among the several States.”\textsuperscript{87} Although not as broad a power as it once was,\textsuperscript{88} the commerce power still permits the federal

\begin{itemize}
  \item \textsuperscript{81} ARIZ. REV. STAT. ANN. § 26-307(A) (“[C]ounties, cities and towns may make, amend and rescind orders, rules and regulations necessary for emergency functions but such shall not be inconsistent with orders, rules and regulations promulgated by the governor.”).
  \item \textsuperscript{82} VT. STAT. ANN. tit. 20, § 32(a) (2021).
  \item \textsuperscript{84} See Laurie Garrett, \textit{Betrayal of Trust: The Collapse of Global Public Health} 316, 480 (2000) (describing deep cuts to the U.S. public health infrastructure during the second half of the twentieth century).
  \item \textsuperscript{87} U.S. CONST. art. I, § 8, cl. 3.
  \item \textsuperscript{88} See generally United States v. Lopez, 514 U.S. 549, 567–68 (1995) (striking down the Gun-Free School Zones Act as beyond Congress’s Commerce Clause authority and noting that although prior Commerce Clause cases had “giv[en] great deference to congressional action,” the Court “de-
government to regulate even private action in areas of traditional state regulation so long as those activities “substantially affect interstate commerce.”
The Spending Clause empowers Congress “to pay the Debts and provide for the . . . general Welfare of the United States,” and allows Congress, with some limitations, to offer federal funding to states in exchange for state action that enacts federal priorities. Emergencies, like pandemics, do not create additional constitutional powers, and though the President may take action to respond to emergencies, the Court has generally required those actions to find support in existing legislation.

Over the past two decades, Congress has used these powers to enact a host of pandemic-related laws. Most were shaped by the September 11, 2001 terrorist attacks and the ensuing anthrax attacks of 2001, when letters laced with anthrax appeared in the United States mail targeting news media offices and two Democratic Senators. Around the same time, Congress enacted the Public Health Threats and Emergencies Act, the Public Health Security and
Bioterrorism Preparedness and Response Act,\textsuperscript{98} Project BioShield Act,\textsuperscript{99} the Public Readiness and Emergency Preparedness Act,\textsuperscript{100} and the Pandemic and All-Hazards Preparedness Act,\textsuperscript{101} and the executive branch created the National Response Framework\textsuperscript{102} and the National Strategy for Pandemic Influenza.\textsuperscript{103} These laws and action plans joined pre-existing public health statutes

\textsuperscript{98} Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, 116 Stat. 594 (codified as amended in scattered sections of the U.S. Code). This law amended the Public Health Service Act in response to anthrax concerns to better prepare the federal government to respond to a bioterrorism or other public health emergency.


\textsuperscript{102} U.S. DEP’T OF HOMELAND SEC., NATIONAL RESPONSE FRAMEWORK (4th ed. 2019), https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf [https://perma.cc/MYH6-9YQ2]. The National Response Framework sought to create a guide for how to best organize federal, state, local, and private responses to any type of domestic incident, whether or not an emergency has been declared.

\textsuperscript{103} HOMELAND SEC. COUNCIL, NATIONAL STRATEGY FOR PANDEMIC INFLUENZA (2005), https://www.cdc.gov/flu/pandemic-resources/pdf/pandemic-influenza-strategy-2005.pdf [https://perma.cc/YPM4-R3JD]. The National Strategy for Pandemic Influenza was established by the George W. Bush Administration in 2005, and an implementation plan was published in May 2006 by the Department of Homeland Security. Its purpose was to prepare for a response to a potential pandemic with a focus on the avian flu.
such as the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act),\textsuperscript{104} the Public Health Service Act,\textsuperscript{105} and the Federal Food, Drug, and Cosmetic Act.\textsuperscript{106} A number of bureaucratic agencies administer these statutes, including the CDC,\textsuperscript{107} the FDA,\textsuperscript{108} and the Homeland Security Council.\textsuperscript{109}

These statutes enable the federal government to play largely supporting roles—like providing financial assistance, technical guidance, and research support—in public health emergencies. The Stafford Act, for example, authorizes the federal government to assist state and local governments during declared disasters or emergencies, but governors typically need to initiate the request.\textsuperscript{110} The Public Health Threats and Emergencies Act, the Public Health Security and Bioterrorism Act, and the Pandemic and All-Hazards Preparedness Act each authorizes the provision of funding and assistance to states and


\textsuperscript{105} Public Health Service Act, Pub. L. No. 78-410, 58 Stat. 682 (1944) (codified as amended in scattered sections of 42 U.S.C.). The statute gave HHS the responsibility of limiting the spread of communicable diseases in the United States. 42 U.S.C. § 247d. It also gave the HHS Secretary broad discretion to declare a public health emergency, which frees up federal funds for the executive branch to use, without having to wait for a governor to request it.


\textsuperscript{107} The CDC is responsible for preventing entry and spread of communicable diseases from foreign countries into the United States and between states pursuant to the Public Health Service Act. See Legal Authorities for Isolation and Quarantine, CDC, https://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html [https://perma.cc/KX7U-8UFR] (Sept. 17, 2021).


\textsuperscript{109} The Homeland Security Council created the National Strategy for Pandemic Influenza Implementation Plan that advises the President on potential threats. Other agencies with some responsibility for pandemic response include the Biomedical Advanced Research and Development Authority, the Department of Veteran Affairs, the Federal Emergency Management Agency, the General Services Administration, the National Security Council, and the Department of State.

\textsuperscript{110} 42 U.S.C. § 5121. There are two types of declarations under the Stafford Act that allow the President to access additional federal funding and other resources. First, a “major disaster” declaration is limited to “any natural catastrophe” that overwhelms state capabilities and must be initiated by a governor’s request for federal assistance to which the President agrees. Id. §§ 5122(2), 5170. It is not clear if a pandemic qualifies as a major disaster. Second, an “emergency” declaration can be “any occasion or instance” and can be either initiated by a governor’s request for assistance or unilaterally declared by the President where the incident involves primarily federal responsibility. Id. §§ 5122(1), 5170.
local governments to assess readiness and improve capacity in areas such as surveillance, reporting, laboratory infrastructure, and personnel training.\textsuperscript{111}

By contrast, the federal government engages in limited \textit{direct} response and regulatory activities. These activities are rare in practice and focus on individuals suspected or confirmed to be infected who are arriving from foreign countries or moving between states.\textsuperscript{112} The CDC also provides guidelines to states, but these are not legally binding, nor does the CDC have personnel on the ground to implement them.

Many of these federal statutes place federal agencies in a coordinating role, but like their state statute counterparts, the coordination envisaged is vague. For instance, the Pandemic and All-Hazards Preparedness Act established a National Health Security Strategy that promotes a “whole-of-government” and “whole-of-nation” response, but it does not provide a clear action plan or lines of authority.\textsuperscript{113}

The lack of a coordinated response plan at the national level has also affected the existing framework for international cooperation led by the World Health Organization (WHO). Over a decade ago, the WHO enacted the 2005 International Health Regulations (2005 IHR),\textsuperscript{114} an international law for coordinating international infectious disease control efforts that has been adopted by 196 state parties, including the United States.\textsuperscript{115} Among other things, the law requires state parties to assess public health events within their territory and to notify the WHO of “all events which may constitute a public health emergency of international concern,”\textsuperscript{116} and to develop and maintain the do-

\begin{itemize}
\item \textsuperscript{112} The Division of Global Migration and Quarantine within the CDC can apprehend, detain, or examine individuals arriving from a foreign country. 42 U.S.C. \textsection 264(c). It can also apprehend and examine individuals who are moving between states that it “reasonably believe[s]” are infected and can detain them if they are confirmed to be infected. \textit{Id.} \textsection 264(d)(1).
\item \textsuperscript{114} The WHO has since updated the 2005 IHR in subsequent editions. \textit{WORLD HEALTH ORG., INTERNATIONAL HEALTH REGULATIONS (2005)} (3d ed. 2016), https://www.who.int/publications/i/item/9789241580496 [https://perma.cc/A9BN-B8QD] [hereinafter 2005 IHR].
\item \textsuperscript{115} \textit{See International Health Regulations (2005): Overview}, \textit{WORLD HEALTH ORG.}, https://www.who.int/publications/i/item/9789241580410 [https://perma.cc/2SYB-D47V]. Adoption of the 2005 IHR is voluntary, and member states of the WHO can opt out. \textit{WORLD HEALTH ORG. CONSTITUTION} art. 22.
\item \textsuperscript{116} 2005 IHR, \textit{supra} note 114, art. 6.
\end{itemize}
mestic public health capacity necessary to detect, report, and respond promptly to public health emergencies of international concern. But, the 2005 IHR’s implementation has been hampered by domestic governance constraints. In adopting the law, the United States “reserve[d] the right to assume obligations under [the agreement] in a manner consistent with its fundamental principles of federalism.” In other words, it agreed to the framework but subordinated compliance to its decentralized form of governance. The lack of coordination domestically thus places a great burden on state and local governments to solve an ultimately international problem.

II. INTERGOVERNMENTAL BEHAVIORS

Without a clear blueprint for a coordinated governance response, a dischordus of governmental voices emerged. As Section I.A describes, the nature of the pandemic required not just independent actions from each governmental authority, but coordinated governance across them. Federal authorities, who possessed resources and expertise, needed to lead a nation-wide response and provide assistance to those governments that did not. State authorities, who possessed bird’s-eye views of their states, had to decide which public health measures to enact on a statewide basis and which to delegate to local govern-

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117 Id. arts. 5(1), 13(1). These capacity building requirements must be met within five years of the 2005 IHR entering into force with the possibility of two two-year extensions.


119 See Carl Hulse, Financial Aid to Struggling States Is Next Big Congressional Battle, N.Y. TIMES (Apr. 23, 2020), https://www.nytimes.com/2020/04/23/us/politics/congress-state-aid-coronavirus.html [https://perma.cc/47EC-A66H] (“Anxious governors on the front lines of battling the pandemic have been clamoring for more federal help, saying their budgets are being stretched to the breaking point and their revenues are collapsing as they pour resources into health care while their economies are shut down.”).
Neighboring authorities needed to work together to ensure a consistent set of regulations in any given regional area. Viewed holistically, however, early pandemic governance did not correspond with the recommendations of the crisis management literature. The multi-sovereigned, decentralized nature of our governments resulted in a disarray of policies that operated at times in tension and at times in tandem.

This Part distills patterns of intergovernmental cooperation and conflict from the hodge-podge of governmental action and inaction in the early months of the pandemic. Focusing on the actions taken by the federal government, eight contrasting states, and select local governments within each state from January through mid-July 2020, we identify and categorize these intergovernmental behaviors. Emergent pandemic behaviors fell into two categories: those that implicated intergovernmental conflict and those that implicated intergovernmental coordination. Both types of actions had forms that were more passive and forms that were more active.

**Intergovernmental Behaviors**

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Active conflict is what we call *undermining*: governments destabilized and frustrated each other’s actions in various ways and at all levels. Passive conflict consisted of *abdication*: governments failed to act when necessary and abdicated their responsibilities, leaving gaps that were sometimes filled by the unilateral—but largely uncoordinated—efforts of lower-level authorities. Active coordination consisted of *collaboration*: governments explicitly worked together, both vertically and horizontally, to harmonize their policies as well as benefit from each other’s knowledge and mistakes. Finally, passive coordination consisted of *bandwagoning*: governments avoided taking initiative in making pandemic policy, opting instead for inaction and then following the leads of others.

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A. Conflict

Intergovernmental conflict is built into our system of governance. The founders believed this kind of conflict would prevent any single political actor from becoming too powerful, and thus protect individual freedom against governmental overreach.\textsuperscript{122} Conflict is thus a “feature” of our federal system,\textsuperscript{123} but it also imposes costs, especially during a deadly pandemic. Because nearly any governmental action during an outbreak requires some cooperation with other governments, intergovernmental conflict can frustrate the effectiveness of most public policies.\textsuperscript{124}

1. Active: Undermining

One of the most prominent features of early pandemic governance was intergovernmental undermining: when one authority took an action or made a statement that diminished the effectiveness of another authority’s action. Undermining occurred at all levels of government during the response to the pandemic. The federal government undermined the states and local governments. States undermined their local governments, and local governments undermined their states. There was horizontal undermining as well, largely in the form of the federal government undermining itself.

As we describe at greater length in Section III.A below, undermining is a tool made available to governments by our system of federalism, which provides overlapping responsibilities to multiple layers of government.\textsuperscript{125} Some have argued that undermining has the potential to stimulate discourse and thus

\textsuperscript{122} See New York v. United States, 505 U.S. 144, 181 (1992) (“[T]he Constitution divides authority between federal and state governments for the protection of individuals.”); THE FEDERALIST NO. 28, at 181 (Alexander Hamilton) (Clinton Rossiter ed., 1961) (“Power being almost always the rival of power, the general government will at all times stand ready to check the usurpations of the state governments, and these will have the same disposition towards the general government.”).

\textsuperscript{123} See Heather K. Gerken & Ari Holtzblatt, The Political Safeguards of Horizontal Federalism, 113 MICH. L. REV. 57, 61 (2014) (“Conflict is a recurring feature of . . . federalism. . . . State–federal friction has long been understood to be both a problem and a valuable part of a well-functioning democracy.”).

\textsuperscript{124} See Weinstein-Tull, supra note 76, at 1086–87.

\textsuperscript{125} See Robert A. Schapiro, Toward a Theory of Interactive Federalism, 91 IOWA L. REV. 243, 246 (2005) (“The federal government and the states have extensive areas of concurrent authority. In many realms, from narcotics trafficking to securities trading to education, federal and state laws regulate the very same conduct.”) (footnotes omitted)). Federalism provides each layer with its own base of constituents and voters, empowering each to disagree and compete with one another. See Heather K. Gerken, Foreword, Federalism All the Way Down, 124 HARV. L. REV. 4, 40–41 (2010) (describing how government actors at different levels are responsible not only to the actors above them, but to the constituents below and that independent sources of authority can empower them to resist directives from above).
move national policy-making forward.126 Others have argued that it can unproductively and opaquely frustrate governmental aims.127 Both of these dynamics were at work during the early months of the pandemic.

Upward undermining allowed lower-level governments (local and state) to publicly register disapproval with higher-level governments (state and federal) and push for policy change. In Georgia, for example, when the governor sought to aggressively reopen the state, he was met with resistance from Keisha Lance Bottoms, the mayor of Atlanta. “His authority as governor is what it is,” Bottoms stated, “and it certainly supersedes my authority as mayor on paper, but it doesn’t supersede my voice, and I will continue to use my voice to urge our communities, our business owners and our residents to stay in.”128

On the other side of the political aisle, the small County of Modoc, California, with no cases of COVID-19, resisted California’s slow reopening plan by reopening its businesses ahead of California’s schedule.129 Officials in that same county, as well as officials in Nevada City, Orange County, Sacramento County, Fresno County, Tulare County, and Placer County refused to enforce California’s mask requirement.130 This upward undermining actually resulted in the State of California loosening restrictions on some smaller jurisdictions.131


127 See generally Weinstein-Tull, supra note 76 (arguing that states and local governments may quietly and sometimes unintentionally undermine federal laws in a way that both harms politically disempowered communities and quiets dissent).


129 Aleem, supra note 10.


Downward undermining allowed states to press their local governments to come into step with state law. The Governor of Nebraska, for example, threatened to withhold COVID-19 funding from local governments that required people using public services to wear masks. The Texas Attorney General threatened Austin, San Antonio, and Dallas with lawsuits if they did not roll back their mask and shelter-in-place requirements to match the State’s more relaxed laws. Conversely, the California Governor threatened to withhold funding to local police departments that refused to enforce the state’s mask mandate. Although some of these local governments were more in line with federal guidelines than their states, undermining nevertheless permitted states to assert downward control over their local governments.

Other times, undermining served no useful function and was aimed instead at political gaming and distraction. The federal government—and President Donald Trump in particular—undermined actors at every level of government, including at the federal level, causing confusion and inconsistency. President Trump engaged in downward undermining of state pandemic responses, but unlike the above instances of downward undermining, the President’s undermining was not aimed at securing any kind of centralized approach. During the first reopen phase of the pandemic in April 2020, for example, President Trump and his administration undermined the reopen schedule that certain states had set. Just a day after stating that he would leave the reopen schedule to the governors, President Trump issued three tweets meant to undermine governors in three states: “LIBERATE MICHIGAN!,” “LIBERATE MINNESOTA!,” and “LIBERATE VIRGINIA . . . .” These tweets sought to encourage people in each of these states who were protesting the


shutdowns put in place by their state governments.\textsuperscript{138} Rather than promote harmony with the CDC’s response guidelines, these tweets seemed intended to politically harm three Democratic governors who had been critical of the President.

In addition to political downward undermining, the federal government also engaged in administrative and legal downward undermining. On the administrative front, despite President Trump’s admonitions to states that they should get their own equipment rather than rely on the federal government,\textsuperscript{139} the federal government actively undermined that state effort. One report detailed that state leaders in Massachusetts,\textsuperscript{140} Kentucky,\textsuperscript{141} and Colorado\textsuperscript{142} confirmed orders for personal protective equipment (PPE) only to have the Trump Administration take control of those shipments and redirect them to the federal government, costing weeks of delay.\textsuperscript{143}

On the legal front, the federal government threatened to sue states that did not open quickly enough. In an interview, U.S. Attorney General William Barr stated that the Justice Department attempted to badger governors to prevent them from implementing policies the Trump Administration opposes, saying, “If we think one goes too far, we initially try to jawbone the governors into rolling them back or adjusting them . . . [a]nd if they’re not and people bring

\textsuperscript{138} Trump Foments Protests Against Governors; Experts Warn of Testing Shortages, N.Y. TIMES, https://www.nytimes.com/2020/04/17/us/coronavirus-cases-news-update.html [https://perma.cc/8CA5-KRQ8] (Apr. 20, 2020) (“President Trump on Friday openly encouraged right-wing protests of social distancing restrictions in states with stay-at-home orders, a day after announcing guidelines for how the nation’s governors should carry out an orderly reopening of their communities on their own timetables.”).


\textsuperscript{141} Id. (“In Kentucky, the head of a hospital system told members of Congress that his broker had pulled out of an agreement to deliver four shipments of desperately needed medical gear after the supplies were commandeered by the Federal Emergency Management Agency.”).

\textsuperscript{142} Id. (“Gov. Jared Polis of Colorado thought his state had secured 500 ventilators before they were ‘swept up by FEMA.’”).

\textsuperscript{143} These redirections of medical equipment from states to the federal government were a consequence of a federal administration working group headed by Jared Kushner. See Jonathan Allen, Phil McCausland & Cyrus Farivar, Behind Closed Doors, Trump’s Coronavirus Task Force Boosts Industry and Sows Confusion, NBC NEWS, https://www.nbcnews.com/politics/white-house/trump-s-coronavirus-task-force-amassed-power-it-boosted-industry-n180786 [https://perma.cc/53NB-KP86] (Apr. 13, 2020); see also id. (“At the same time Trump and other White House officials are saying it is up to states, cities and hospitals to find and acquire their own medical supplies, the task force is undermining those efforts by cutting deals with companies to reroute equipment away from lower-level buyers.”).
lawsuits, we file statements of interest and side with the plaintiffs.”144 These threats were particularly bizarre coming from the federal government, because they existed in tension with the CDC’s guidelines, which promoted many of the state policies that Attorney General Barr hoped to quash.

The federal government also engaged in self-undermining. President Trump often flouted his administration’s own guidance for reopening. For example, he refused to wear a mask, despite his administration’s guidance to the contrary145 (and ultimately contracted COVID-19 himself).146 He praised states that reopened, even when those states did not meet the federal guidelines for reopening.147 He rejected draft CDC guidelines for reopening the economy.148 And he criticized his own experts’ judgments on how and when to reopen schools.149


145 See Associated Press, Trump Tells Allies His Wearing a Mask Would ‘Send the Wrong Message,’ Make Him Look Ridiculous, NBC NEWS, https://www.nbcnews.com/politics/donald-trump/trump-tells-allies-his-wearing-mask-would-send-wrong-message-n1202001 [https://perma.cc/RJ4R-YSHU] (May 7, 2020) (“Within minutes of the CDC announcing its updated mask recommendations last month, the president said, ‘I don’t think that I’m going to be doing it.’”).


147 Toluse Olorunnipa, Griff Witte & Lenny Bernstein, Trump Cheers on Governors Even as They Ignore White House Coronavirus Guidelines in Race to Reopen, WASH. POST (May 4, 2020), https://www.washingtonpost.com/politics/trump-cheers-on-governors-as-they-ignore-white-house-coronavirus-guidelines-in-race-to-reopen/2020/05/04/bedc6116-8e18-11ea-a0bc-4e9ad4866d21_story.html [https://perma.cc/3KQX-TVJE] (“Trump and some of his aides have backed away from their own guidelines, opting instead to hail the broad economic reopening that health experts say has started too quickly.”). Being in an election year, President Trump had political motivations for downplaying the severity of the pandemic, as well.

148 See Abby Goodnough & Maggie Haberman, White House Rejects C.D.C. ’s Coronavirus Reopening Plan, N.Y. TIMES, https://www.nytimes.com/2020/05/05/us/politics/trump-cdc.html [https://perma.cc/9EZR-5JF2] (July 14, 2020) (“White House and other administration officials rejected the [CDC’s] recommendations over concerns that they were overly prescriptive, infringed on religious rights and risked further damaging an economy that Mr. Trump was banking on to recover quickly.”).

149 See Katie Rogers, Trump Pointedly Criticizes Fauci for His Testimony to Congress, N.Y. TIMES, https://www.nytimes.com/2020/05/13/us/politics/fauci-trump-coronavirus.html [https://perma.cc/MPT3-JIYP] (June 30, 2020) (“President Trump on Wednesday criticized congressional testimony delivered a day earlier by Dr. Anthony S. Fauci, the nation’s top infectious disease expert, who had warned against reopening the country too quickly and stressed the unknown effects the coronavirus could have on children returning to school.”). For more examples, see Camacho & Glicksman, supra note 29, at 356–58.
Finally, in an attempt to shift blame for the pandemic to the WHO, President Trump engaged in upward undermining. He falsely accused the WHO of failing to investigate reports that conflicted with the Chinese government’s accounts and “push[ing] China’s misinformation about the virus.” He temporarily halted U.S. funding for the WHO, despite concerns from experts that doing so would undercut the WHO’s ability to function, and he ultimately withdrew the United States from the WHO altogether.

In sum, governments of all kinds undermined each other during the early pandemic response. In some cases, this allowed less powerful local governments to voice disagreement with higher level governments, and it allowed states to bring their local governments into check. In other cases, it allowed the federal government to diminish the effectiveness of state and local pandemic policies.

2. Passive: Abdication

Another prominent intergovernmental behavior during the early pandemic response was abdication of responsibility. Government officials at all levels declined to exercise their authority. We define abdication to occur in two situations. The first is when one government has a legal obligation to act and declines to do so. The second, and more common, is when a problem can only be comprehensively addressed at one level of government, and that government declines to act. Like undermining, abdication is a feature of multi-layered governance. Our contemporary federal system is built such that each layer

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153 This definition excludes situations where one level of government has the authority but not the obligation to act and credibly believes the problem is best addressed at lower levels of government, thus making the considered decision not to act.

154 See generally Weinstein-Tull, supra note 2 (describing how states regularly abdicate their federal responsibilities to local governments).
of government has responsibilities, but those responsibilities overlap in ways that allow for intergovernmental substitution.\textsuperscript{155} By far the most prominent abdicator during the early pandemic response was the White House. The porous nature of our states\textsuperscript{156} joined with the highly infectious nature of COVID-19 and the resource-intensive treatment for the virus to make a purely state response to the pandemic inadequate.\textsuperscript{157} Yet, as it became clear that the pandemic required national action to prevent widespread disease and inequality, the federal government “declined to pursue a unified national strategy”\textsuperscript{158} and instead abdicated its responsibilities to both slow the spread of the disease and prevent unequal burdens caused by the disease.\textsuperscript{159}

Although Congress enacted economic relief legislation and national border controls, neither Congress nor the President enacted public health laws or issued comprehensive guidance for states and local governments to follow during the early days of the pandemic. As a result, states and local governments were initially operating without adequate information about the nature of the disease. As one report detailed, “cities and counties wrestled with how to handle individuals who tested positive or were placed under mandatory quarantine, and . . . who was going to pay for it all. With scant information about the virus and no warnings against large gatherings,” some cities held large celebrations in February that may have become COVID-19 hotspots.\textsuperscript{160}

\textsuperscript{155} For example, the federal government abdicates when it imposes responsibilities onto states without providing funding. The Americans with Disabilities Act (ADA) is one example: the ADA prohibits governments from excluding persons with a disability from programs and services. See 42 U.S.C. § 12132. In practice, this provision requires states and local governments to spend money making their public services accessible to persons with disabilities, but the federal government provides no money to assist states and local governments in complying. See Weinstein-Tull, supra note 76, at 1099 & n.92. States abdicate when federal laws make them responsible for certain tasks—like administering election laws, for instance—and they fail to fulfill their responsibilities, forcing local governments to pick up the slack. See Justin Weinstein-Tull, \textit{Election Law Federalism}, 114 Mich. L. Rev. 747, 755–64 (2016) (describing federal election laws that impose election-related responsibilities onto states, which in turn abdicate those responsibilities, forcing local governments to fill in).


\textsuperscript{157} See supra Subsection I.A.1.


\textsuperscript{159} See David E. Pozen & Kim Lane Scheppele, \textit{Executive Underreach, in Pandemics and Otherwise}, 114 Am. J. Int’l L. 608, 608 (2020) (noting that in the United States, “the national executive’s efforts to control the pandemic [has] been disastrously insubstantial and insufficient”).

\textsuperscript{160} Nicole Dungca, Jenn Abelson & John Sullivan, \textit{As Trump Declared Coronavirus Under Control, Local Leaders Faced Confusion and Chaos as Cases Piled Up}, Wash. Post (Mar. 29, 2020),
The federal government also abdicated by failing to provide adequate testing and medical equipment to states. Although the federal government began by spearheading efforts at developing and rolling out diagnostic tests, its early failures soon led federal agencies to lift restrictions on testing so that others could fill the gap.161 Despite this additional flexibility, states simply lacked the resources to acquire sufficient tests and medical equipment to treat the onslaught of COVID-19 patients. The states hit hardest at the beginning of the pandemic made it clear that they did not have adequate treatment equipment—including ventilators for patients and masks to protect medical workers162—and made specific requests to the federal government for these resources.163


161 For example, the CDC lifted all individual restrictions on testing on March 3, 2020. U.S. Will Drop Limits on Virus Testing, Pence Says, N.Y. TIMES, https://www.nytimes.com/2020/03/03/world/coronavirus-live-news-updates.html [https://perma.cc/VJ28-PX23] (Mar. 17, 2020) (‘‘Vice President Mike Pence said the Centers for Disease Control and Prevention was lifting all restrictions on testing for coronavirus . . . .’’). Further, HHS granted states additional flexibility to approve diagnostic tests on March 13, 2020. See Expanding State-Approved Diagnostic Tests, 85 Fed. Reg. 15,335 (Mar. 13, 2020) (‘‘Should additional States request flexibility to authorize laboratories within the State to develop and perform tests used to detect COVID-19, the Secretary shall take appropriate action, consistent with law, to facilitate the request.’’).

162 See, e.g., Luz Lazo, Erin Cox & Hannah Natanson, Maryland and Virginia Governors Blast Trump Over Protests and Lack of Coronavirus Testing as Cases Continue to Rise in the Capital Region, WASH. POST (Apr. 19, 2020), https://www.washingtonpost.com/local/maryland-and-virginia-governors-blast-trump-over-protests-and-lack-of-covid-19-testing-as-cases-continue-to-rise-in-the-capital-region/2020/04/19/0b878724-81d1-11ea-a3ee-13e1ae0a3571_story.html [https://perma.cc/Y345-ALRB] (‘‘We are fighting a biological war, and we have been asked as governors to fight that war without the supplies we need,’ [Virginia Governor Ralph] Northam said Sunday on CNN’s ‘State of the Union’ . . . . ‘Every governor in America has been pushing and fighting and clawing to get more tests, not only from the federal government, but from every private lab in America and from across the world,’ [Maryland Governor Larry] Hogan said. ‘It’s nowhere near where it needs to be.’’); Greg Sargent, Opinion, As Trump’s Failures Mount, One Governor Sounds an Ominous Warning, WASH. POST (Apr. 9, 2020), https://www.washingtonpost.com/opinions/2020/04/09/trumps-failures-mount-one-governor-sounds-an-ominous-warning [https://perma.cc/9UEU-F42A] (‘‘As dogged reporting has shown, the federal government’s handling of medical supply chains has left states and health-care providers scrambling in a state of confusion and without badly needed supplies.’’). California, on the other hand, quickly decided to work around the federal government and leverage its formidable economy in order to produce sufficient supplies. See Phil Willon, California to Get More Than 200 Million Masks a Month in Coronavirus Fight, Gov. Newsom Says, L.A. TIMES (Apr. 7, 2020), https://www.latimes.com/california/story/2020-04-07/california-gavin-newsom-200-million-masks-coronavirus-rachel-maddow [https://perma.cc/7K5Q-7ZVF] (‘‘Let’s use the power, the purchasing power of the state of California, as a nation-state,’ Newsom told MSNBC host Rachel Maddow.”).

163 See, e.g., Robert Farley, Trump’s Misleading Ventilator Counter-Punch at Cuomo, FACTCHECK. ORG (Mar. 26, 2020), https://www.factcheck.org/2020/03/trumps-misleading-ventilator-counter-punch-at-cuomo/ [https://perma.cc/33WB-7PCE] (“Cuomo said at a press conference on March 24 that the state had an urgent need for more ventilators to deal with an anticipated peak in demand in two weeks for patients needing help to breathe. . . . ‘The only way we can obtain these ventilators is from the federal government. Period.’”).
President Trump and his administration resisted these requests for help from mayors and governors, stating that “[g]overnors are supposed to be doing a lot of this work . . . . The Federal government is not supposed to be out there buying vast amounts of items and then shipping. You know, we’re not a shipping clerk.”\textsuperscript{164} Jared Kushner, President Trump’s son-in-law and advisor, communicated a similar sentiment: the federal stockpile is “supposed to be our stockpile. It’s not supposed to be states’ stockpiles that they then use . . . .”\textsuperscript{165}

As the federal government abdicated, other actors stepped into the void. Individual states and local governments filled the gap as best they could. Some state and local orders “preceded federal directives by days or even weeks as local officials sifted through news reports and other sources of information to educate themselves about the risks posed by the coronavirus.”\textsuperscript{166} Gavin Newsom, the Governor of California, announced California’s independence from the federal government and “declared that California [would] chart its own course, relying less on the White House and leveraging its considerable economic power as ‘a nation-state.’”\textsuperscript{167} Michael Hancock, the Mayor of Denver, Colorado, similarly noted how responsibility had fallen to state and local leaders: “Governors and mayors have had to make the tough decisions that Washington has refused to make . . . . It wasn’t the president who decided to shut cities, schools, businesses down . . . [a]nd it won’t be his call to get everyone back to work in terms of our states and our cities.”\textsuperscript{168}

In cases where no governmental actors at any level took action, people were left with corporate governance.\textsuperscript{169} Private corporations and universities filled gaps left by governments by voluntarily shutting down their physical workspaces and campuses,\textsuperscript{170} helping to provide scarce PPE to hospitals,\textsuperscript{171}

\textsuperscript{164} Forgey, supra note 139.
\textsuperscript{166} Dungca et al., supra note 160.
\textsuperscript{167} Bierman et al., supra note 156.
\textsuperscript{168} Id.
\textsuperscript{169} The mayor of Las Vegas, Nevada, for example, stated that casinos should open and that they—and not the local government—were responsible for ensuring that they could open safely. Justin Wise, Las Vegas Mayor Doubles Down on Push to Reopen Casinos, Says It’s Not Her Job to Do It Safely: ‘They Better Figure It Out,’ THE HILL (Apr. 22, 2020), https://thehill.com/homenews/state-watch/494193-las-vegas-mayor-doubles-down-on-push-to-reopen-casinos-says-its-not-her [https://perma.cc/GJ46-ZFFH].
giving COVID-19 tests to employees when governmental testing was not available, and increasing the availability of vaccines.

Finally, governments also abdicated their responsibilities to fight COVID-19-related inequality. As others have described, the COVID-19 pandemic has affected us unequally. African Americans, Latinos, and Native Americans have become infected with and died from COVID-19 at higher rates than white people. The pandemic has also had a disparate effect on women. The sectors of the economy that the pandemic has hit hardest are those that disproportionately employ women: restaurants, retail businesses, health care, and state and local governments. And the closure of schools and daycare facilities has created another burden—childcare—that women disproportionately bear.

U.S. universities have announced plans to move classes online in response to the coronavirus pandemic.

171 See Press Release, Jenny A. Durkan, Mayor, City of Seattle, City Surpasses 700,000 Items in PPE Collection (Apr. 29, 2020), https://durkan.seattle.gov/2020/04/city-surpasses-700000-items-in-ppe-collection/ ("[C]ompanies, organizations, and individuals have contributed over 700,000 pieces of personal protective equipment (PPE) to the City of Seattle . . . .").


175 As of March 25, 2022, the CDC reported that African Americans were approximately 1.1 times more likely to be infected with COVID-19 than white people, Latinos were approximately 1.5 times more likely, and Native Americans were approximately 1.6 times more likely. African Americans were 2.4 times more likely than white people to be hospitalized with COVID-19, and 1.7 times more likely to die from it. Latinos were 2.3 times more likely than white people to be hospitalized with COVID-19, and 1.8 times more likely to die from it. And Native Americans were 3.1 times more likely than white people to be hospitalized with COVID-19, and 2.1 times more likely to die from it. Risk of COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity, CDC, https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html (Mar. 25, 2022); see also Oppel et al., supra note 6. Racial disparities continued into the later pandemic stages as well: African Americans and Latinos have been disproportionately under-vaccinated compared to their white counterparts. Abby Goodnough & Jan Hoffman, The Wealthy Are Getting More Vaccinations, Even in Poorer Neighborhoods, N.Y. TIMES, https://www.nytimes.com/2021/02/02/health/white-people-covid-vaccines-minorities.html (Mar. 4, 2021); see Emma G. Fitzsimmons, Black and Latino New Yorkers Trail White Residents in Vaccine Rollout, N.Y. TIMES, https://www.nytimes.com/2021/01/31/nyregion/nyc-covid-vaccine-race.html (Sept. 29, 2021).


177 See Titan Alon, Matthias Doepke, Jane Olmstead-Rumsey & Michèle Tertilt, The Impact of Covid-19 on Gender Equality, COVID ECON., 14 Apr. 2020, at 62, 63 (“Based on the existing distribu-
pandemic has caused intersectional inequality as well. Women of color experienced not just the diminished health outcomes associated with communities of color broadly, but also the economic pressures the pandemic imposed on women.

Although addressing inequality may not seem like an intergovernmental problem, it is. The pandemic was superimposed atop all our existing societal and economic inequalities. Without affirmative governmental intervention, inequality reproduces itself in new contexts—even without intentionally discriminatory action along racial or gender lines. And given the infectious nature of COVID-19, poor outcomes and greater disease spread in some locations and communities is bound to spillover and threaten more effective disease control in others.

In other words: inequality in; inequality out. The pandemic was bound to reproduce a highly unequal society unless those in power acted to disrupt that reproduction. But local governments experiencing these inequalities did not have the resources to disrupt the kind of systemic inequality that COVID-19 unleashed, and at least in the early months, aid from states and the federal government for that purpose did not come. Ignoring these inequalities was thus another form of intergovernmental abdication.

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178 See Kimberlé Crenshaw, *Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color*, 43 STAN. L. REV. 1241, 1243–44 (1991) (describing how “intersecting patterns of racism and sexism . . . tend not to be represented within the discourses of either feminism or antiracism” (footnote omitted)).


181 See Yearby & Mohapatra, supra note 174, at 1422. In later months, some governments began focusing on inequality. The federal American Rescue Plan Act, for example, which came a year into the pandemic, provided money for loans to businesses in “underserved areas, especially those that are minority-owned.” Jeanne Sahadi, What’s in the $1.9 Trillion Rescue Plan for Small Businesses, CNN BUS., https://www.cnn.com/2021/03/10/success/rescue-plan-small-businesses-feseries/index.html [https://perma.cc/6UUQ-RXQA] (Mar. 25, 2021). California’s reopen plan, as another example, explicitly incorporates health equity measures. See Emily A. Largent et al., Analytic Essay, *Incorporat-
B. Coordination

Although the most visible intergovernmental behavior may have been conflict, the pandemic response also engendered intergovernmental coordination. Like conflict, intergovernmental coordination is a feature of our decentralized system of governance.\(^{182}\) Without an existing blueprint for a coordinated governance response, two forms of impromptu coordination emerged. This Section provides an account of government officials actively coordinating through horizontal and vertical collaboration, as well as passively coordinating through bandwagoning. Whereas collaboration involves explicit efforts to work together, bandwagoning involves similar decisions cascading across the same or different levels of government as later actors follow in the footsteps of earlier actors.

1. Active: Collaboration

Lower levels of government sometimes filled the gaps created by the lack of comprehensive governance by engaging in horizontal and vertical collaboration. Horizontal collaboration occurs when lower-level authorities work with others at the same level, forming horizontal networks for sharing practices, harmonizing policies, and coordinating efforts. These networks are either created ad hoc or repurposed from pre-existing networks. Generally, horizontal networks are often regional in geography and include governments with similar political leanings, as adjacent jurisdictions take joint action to combat a common problem. But they may also form between far-flung jurisdictions that face similar challenges. These horizontal networks allow states to share knowledge and can help to equalize resource differences between them.\(^{183}\)

Horizontal collaboration became increasingly prevalent as the pandemic persisted and effective higher-level governance failed to materialize. One of the earliest examples was the joint Bay Area order on March 16, 2020 requiring residents in seven adjacent counties to stay home and limit activities and

\(^{182}\) See Weinstein-Tull, supra note 76, at 1085 (noting that because our governments are fractured and varied, compliance with various federal laws requires extensive coordination between governments).

businesses to those defined as “essential.” The order pre-dated a similar California-wide order and resulted from the public health officers of Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties coordinating a unified strategy across the seven jurisdictions. The Bay Area counties also worked together to devise a unified set of reporting requirements for labs that test for COVID-19. On April 2, they jointly recommended that residents use face coverings when performing essential activities. On the east coast, Governor Andrew Cuomo announced on April 22 that New York would coordinate its contact tracing program with New Jersey and Connecticut.

Horizontal collaboration has also been used to confront shortages in medical and personal protective equipment, given the federal government’s failure to act as a central supplier. In early April, California’s Governor Newsom ordered two hundred million masks a month and noted that California was looking to coordinate rather than compete with other states in procuring them. In mid-April, New York State gave a hundred ventilators to Michigan and fifty to Maryland. By May, the governors of New York, New Jersey, Connecticut, Pennsylvania, Delaware, Rhode Island, and Massachusetts announced a multi-

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state agreement to create a regional supply chain for personal protective and other medical equipment.190

The processes of loosening social distancing requirements and resuming economic activities were particularly shaped by horizontal collaboration. Several regional networks emerged. On the west coast, California, Oregon, and Washington entered into an agreement to devise a coordinated approach for reopening their economies.191 The states jointly developed a shared vision of when it was safe to reopen and worked together to ensure that there was enough testing supplies and contact tracing staff.192 Colorado and Nevada subsequently joined the Western States Pact, creating an alliance between the five Democratic governors.193 On the east coast, the governors of seven states—New York, New Jersey, Pennsylvania, Delaware, Rhode Island, Massachusetts, and Connecticut—created a multi-state task force to reopen their economies in a coordinated way.194 New York, New Jersey, and Connecticut also coordinated the reopening of marinas and boatyards.195 In the Midwest, the governors of seven states—Michigan, Ohio, Wisconsin, Minnesota, Illinois, Indiana, and Kentucky—created a partnership to coordinate the reopening of their regional economy.196 Republican governors also networked secretly on questions like mask wearing and business restrictions as they broke with the President’s inaction.197

190 States agreed to work together to aggregate their demand, reduce costs with greater purchasing power, stabilize the supply chain, and coordinate policies regarding stockpiling personal protective equipment. Amid Ongoing COVID-19 Pandemic, Governor Cuomo, Governor Murphy, Governor Lamont, Governor Wolf, Governor Carney, Governor Raimondo & Governor Baker Announce Joint Multi-state Agreement to Develop Regional Supply Chain for PPE and Medical Equipment, N.Y. STATE (May 3, 2020), https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-governor-murphy-governor-lamont-governor-wolf [https://perma.cc/2PSU-DQYL].
At the city level, mayors and other municipal officials across the country and around the world have connected formally and informally with each other to share their experiences facing similar challenges. C40, an existing network of over forty megacities formally committed to collaboratively addressing climate change, was temporarily repurposed to address the pandemic. Mayors convened over Zoom to share knowledge and best practices, reporting strong feelings of solidarity free of the geopolitical pressures that shaped interactions between their national counterparts. In April, C40 launched the Global Mayors COVID-19 Recovery Task Force, which is led by the Mayor of Milan and includes the Secretary for the Environment of Hong Kong and the mayors of Freetown, Lisbon, Rotterdam, Medellín, Melbourne, Montréal, New Orleans, Seattle, and Seoul.

The Deputy Mayor for International Affairs of Los Angeles, Nina Hachigian, also created a WhatsApp group of city leaders below the mayoral level, which proved useful for fast information exchange. Through the WhatsApp group, Hachigian connected with the heads of emergency management departments of other cities, providing each other with moral support, technical advice, and, occasionally, personal protective equipment.

Vertical collaboration occurs when authorities at different levels explicitly work together to share practices, align policies, and coordinate efforts. Like horizontal networking, vertical networking can be a product of our federal system. Vertical collaboration can benefit both more centralized and more de-
centralized governments: it allows centralized governments to expand their influence and provides more decentralized governments with resources they may lack.

Vertical collaboration occurred between the federal government and the states during the early pandemic response. In April, for example, Vice President Mike Pence spoke with all fifty state governors and provided each with a list of laboratories with additional testing capacity within their respective states. President Trump later promised to help both California and New York increase testing supplies. There was a general agreement that the federal government would be responsible for managing international supply chains and ensuring that manufacturers had sufficient materials, while the states would be responsible for running laboratories.

States and local governments cooperated vertically as well, particularly as overlapping jurisdictions instituted “shelter in place” policies. The City of Seattle, for example, aligned with King County and the State of Washington in early closures. Santa Clara County acknowledged Governor Newsom’s stay-at-home order, “urg[ing] all residents to comply with the restrictions in both the County and State orders.” Ventura County’s shut down order on March 30.


Peter Baker & Jesse McKinley, Trump and Cuomo Put Aside Disputes During White House Meeting, N.Y. TIMES (Apr. 21, 2020), https://www.nytimes.com/2020/04/21/us/politics/trump-andrew-cuomo-meeting.html [https://perma.cc/84A8-H4KH] (“Mr. Cuomo said that he secured a commitment from the president to try to increase the number of tests in New York for both the coronavirus and the antibodies to 40,000 a day.”).


Press Release, Cnty. of Santa Clara Pub. Health Dep’t, County of Santa Clara Statement on Governor Newsom’s Executive Order for All Californians to Stay at Their Home (Mar. 19, 2020),
20 repeatedly referenced Governor Newsom’s executive order and emphasized that it “should be interpreted... to be consistent with and in furtherance of the Governor’s Executive Order....” Meanwhile, Mississippi’s Governor Tate Reeves issued a supplement to the statewide executive order, clarifying that local government shut downs instituted prior to the state’s order continued to be valid “so long as [they] provide the minimum applicable restrictions set out” in the statewide order.  

2. Passive: Bandwagoning

As governments began to act, they often built off and influenced each other, even when they were not explicitly collaborating. We call this behavior “bandwagoning,” a dynamic of passive coordination in which similar decisions cascaded across the same or different levels of government. This domino effect could be rapid, as authorities mimicked each other in quick succession and earlier actors made it easier for subsequent actors to follow. Bandwagoning is similar to the political science concept of policy imitation, “a sort of herding activity, wherein states are hesitant to be first movers but also do not desire to be left behind and appear out of sync with others, especially if doing so casts a negative light on elected policy makers.”

Bandwagoning operated both in defiance of as well as in the absence of policy guidance from higher levels of government. Bandwagoning was particularly striking when it occurred across jurisdictions experiencing different stages of the outbreak, suggesting that it was less about putting in place an appropriate response to the pandemic than it was about joining an emerging crowd and gaining political cover.

Bandwagoning describes the impetus behind many U.S. jurisdictions enacting similar measures during a two-week period around mid-March despite experiencing different extents of disease spread. The decision to issue emergency declarations was one example of this dynamic. Jurisdictions issued states of emergency in a cluster, beginning around March 7. Of the states we


The decision to issue shelter-in-place orders followed a similar dynamic. On March 16, seven Bay Area counties jointly issued an order requiring all individuals to shelter at their place of residence except when engaging in essential business.\footnote{E.g., Cnty. of Santa Clara Pub. Health Dep’t, supra note 184.} A cascade of similar orders from Democratic jurisdictions followed suit over the next few days. The City of Fresno enacted a similar order on March 18,\footnote{Wilma Quan, City Manager of the City of Fresno, Emergency Order 2020-02 (Mar. 18, 2020), https://www.fresno.gov/wp-content/uploads/2020/03/EMERGENCY-ORDER-2020-02_SHELTER-IN-PLACE-3.18.20.pdf [https://perma.cc/Z3KG-HMGR].} followed by the City of Los Angeles.\footnote{E.g., Cnty. of Santa Clara Pub. Health Dep’t, supra note 184.}
County, the State of California all on March 19, the State of New York on March 22, and the State of Washington on March 23. A number of local governments in Texas issued shelter-in-place orders on March 23 and 24. These orders came close together, despite the fact that the state of the pandemic differed dramatically across jurisdictions at that time. The imposition of mask-wearing requirements followed similar bandwagoning dynamics. And bandwagoning was not limited to the domestic context, as international pandemic policies also followed a similar logic. After the WHO declared COVID-19 a public health emergency of international concern on January 30 and a pandemic on March 11, most countries around the world enacted much


stricter measures during a two-week period around mid-March\textsuperscript{225} despite the WHO’s recommendation to phase measures based on the extent of disease spread.\textsuperscript{226} There was little correlation between indicators of disease spread, such as when the first case or first death occurred in a country, and policy action.\textsuperscript{227}

III. EXPLANATIONS AND PROPOSALS

These intergovernmental behaviors—undermining, abdication, collaboration, and bandwagoning—emerged from the policy gaps created by inadequate federal, state, and local public health laws that Part I describes. In this Part, we argue that the form these behaviors took, although appearing fairly chaotic at first glance, follows a deep logic. The absence of policy guidance opened space for preexisting pressures, allowing the well-worn dynamics of American public life to shape pandemic behaviors. We focus on the two dynamics we believe to be the most fundamental and influential here: structure and politics. Each dynamic explains aspects of the behaviors that emerged, but each also interacts with the other. Where structural considerations—in the form of our decentralized mode of government—created role confusion and pushed governments toward conflict, politics—in the form of partisanship—provided a set of underlying relationships that shaped those conflicts.

Understanding these underlying dynamics is crucial for ensuring that, when the next pandemic hits, we can respond in a way that encourages effective pandemic management. Although this is not primarily a prescriptive paper, for each explanation in this Part, we provide a high-level proposal that miti-
gates the potential for unproductive conflict and passivity. These proposals are not meant to represent comprehensive, pandemic-preparedness statutes; they are meant to be approaches for addressing governance concerns specifically.

A. Structure

Pandemic policy lies uncomfortably on two poles of the federal-state division of responsibilities. Our system of federalism creates ambiguous hierarchies and overlapping roles, permitting—and at times, encouraging—governments to abdicate to and undermine one another. Yet, during a pandemic that required authorities to operate in concert, this ambiguity systematically pushed intergovernmental interactions toward conflict, both in its active and passive forms. By enabling governmental abdication, it has also allowed inequality to take hold.

To address this problem, we propose a federal pandemic statute that clarifies roles, prevents as much intergovernmental conflict as possible, safeguards against passivity, and disrupts inequality, while still operating within the framework of federalism and state independence.

1. Explanation: Federalism and Role Confusion

Pandemic policies implicate deep tensions in the federal organization of government. Neither the Constitution nor statutes enacted over the past few decades clearly spell out the proper roles for federal, state, and local governments during a widespread and protracted outbreak. As described in Part I, pandemic policies are at once a matter of local health, addressable by well-trodden state police power, and a matter of national and international concern that require federal involvement as well as effective federal participation in international regulatory systems. States and local governments have historically taken primary responsibility for responding to public health crises, employing their police power “to enact quarantine laws and ‘health laws of every description.’” But the police power is limited to those problems solely existing within state borders, leaving the federal government, through its enumerated

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228 See generally PETER H. SCHUCK, WHY GOVERNMENT FAILS SO OFTEN: AND HOW IT CAN DO BETTER (2014) (discussing the inherent hierarchies in a federal system).
230 See Jacobson, 197 U.S. at 28 (“[T]his court recognized the right of a State to pass sanitary laws, laws for the protection of life, liberty, health or property within its limits, laws to prevent persons and animals suffering under contagious or infectious diseases, or convicts, from coming within its borders. But as the laws there involved went beyond the necessity of the case and under the guise
powers, to take the lead on problems that spill beyond those borders. Multiple sovereigns within our system thus lay claim to pandemic governance, and this role confusion permeated the pandemic response. Public opinion data demonstrate this lack of consensus: 37% of Americans believed that state governments were responsible for testing availability, and 61% believed it was a federal responsibility.

Ambiguity surrounding proper pandemic roles pressed governments toward conflict. Without clear guidelines dictating when each government should act or forego action, role confusion made it easier for authorities to abdicate their responsibility under the presumption that another authority would take the reins. Role confusion also caused multiple authorities to clash, leading to intergovernmental undermining. In other words, abdication and undermining were facilitated by the intergovernmental division of responsibility for enacting public health measures, even as an unfolding crisis demanded clarity.

Role confusion caused abdication and undermining at all levels of government. At the federal level, President Trump and the executive branch had difficulty defining their own roles in relation to the states. After initially leaving the first reopen phase of the pandemic to states (abdication), for example, Trump claimed “total authority” to reopen the country in April 2020. This assertion was met with state objections (undermining)—all fifty states had been of exerting a police power invaded the domain of Federal authority and violated rights secured by the Constitution, this court deemed it to be its duty to hold such laws invalid.”

231 See id. at 25 (“A local enactment or regulation, even if based on the acknowledged police powers of a State, must always yield in case of conflict with the exercise by the General Government of any power it possesses under the Constitution, or with any right which that instrument gives or secures.”); supra Subsection I.B.1 (describing the various constitutional provisions that empower the federal government to respond to pandemics).


233 Erin Ryan calls policy areas that implicate both federal and local concerns “interjurisdictional gray areas” and has chronicled how federalism-based role confusion led to an ineffective and disastrous response to Hurricane Katrina. See Erin Ryan, Federalism and the Tug of War Within: Seeking Checks and Balance in the Interjurisdictional Gray Area, 66 MD. L. REV. 503, 503 (2007).

234 See, e.g., Polly J. Price, Epidemics, Outsiders, and Local Protection: Federalism Theater in the Era of the Shotgun Quarantine, 19 U. PA. J. CONST. L. 369, 372 (2016) (“The federal government’s quarantine authority remains ambiguous today.”); Blum, supra note 30, at 56 (“It is unclear if the PHSA would be broad enough to cover mask mandates, stay-at-home orders, or other public health measures.”).

235 Though we provide new examples here to illustrate the role structure played so as not to be repetitive with earlier sections, the same analysis could be applied to those earlier examples.

236 White, supra note 11 (“‘When somebody’s president of the United States, the authority is total,’ Trump said at a press briefing Monday when asked about the governors’ plans. ‘And that’s the way it’s got to be. It’s total. It’s total. And the governors know that.’”).
gun their own reopening processes by the time the Trump Administration published its reopening guidelines. The President ultimately announced that governors would decide how and when to reopen.

Putting aside President Trump’s own conflicting messaging, the executive branch more broadly struggled to understand who was in charge of the pandemic response. The debate around mask-wearing is an example. The CDC recommended that “people wear masks in public settings when around people outside of their household, especially when other social distancing measures are difficult to maintain.” Vice President Pence, however, asked individuals to adhere to state and local guidance: “We just believe that what’s most important here is that people listen to the leadership in their state and the leadership in their local community and adhere to that guidance whether it has to do with facial coverings or whether it has to do with the size of gatherings.” In providing this advice, the Vice President was drawing from the traditional understanding of states and local governments as the primary originators of health policy.

Role confusion is similarly present at the state level because states and local governments have complicated relationships, with the latter occupying no set place in the Constitution. As Richard Thompson Ford notes, “Local government exists in a netherworld of shifting and indeterminate legal sta-

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238. See Baker & Shear, supra note 11 (“President Trump told the nation’s governors on Thursday that they could begin reopening businesses, restaurants and other elements of daily life by May 1 or earlier if they wanted to, but abandoned his threat to use what he had claimed was his absolute authority to impose his will on them.”).


243. See, e.g., Joan C. Williams, The Constitutional Vulnerability of American Local Government: The Politics of City Status in American Law, 1986 WIS. L. REV. 83, 85 (arguing that cities occupy a constitutionally vulnerable position because of “the fact that cities—unlike the states or federal government—have no set place in the American constitutional structure”).
This ambiguous netherworld made it easy for states to abdicate to local governments or, when it was politically advantageous, for both states and local governments to undermine each other.

These forms of governmental conflict were rampant during the early months of the pandemic. In South Carolina, for example, Governor Henry McMaster imposed a late and short stay-at-home mandate from April 7 to May 4, saying that it was the responsibility of local governments to enact further restrictions and that a statewide mask mandate would not be enforced (abdication). Next door in North Carolina, Governor Roy Cooper imposed a statewide mask order only to have a dozen local sheriffs refuse to enforce it (undermining). In Florida, Governor Ron DeSantis left shutdown and reopening decisions to local officials (abdication), but local governments lacked the technical expertise and healthcare professionals to make those decisions. In both Arizona and Texas, governors initially blocked local officials from implementing their own measures (undermining), only to reverse course when the outbreak exacerbated.

Role confusion also influenced the reopening of the economy. In California, there was “an on-again, off-again patchwork of enforcement” of public health measures, including masking policies and business closures. Local officials became responsible for interpreting and then enforcing “rapidly evolving rules, with state and local orders often at odds.” As one California police chief put it: “The orders are changing, you have a national narrative, you have the state, you have other parts of the state that are opening up and people, some people are confused about everything that’s going on.” Small businesses, in particular, struggled with the multitude of regulations and restrictions coming from both states and local governments. This was a sharp

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244 Ford, supra note 180, at 1864; see id. at 1886 (“Localities are neither sovereigns nor delegates, neither freely chosen nor wholly imposed; rather they are altogether distinct political agents, and as such require a distinct theory of law and justice.”).
245 Campo-Flores et al., supra note 237.
246 Id. (“Miami Beach Mayor Dan Gelber, a Democrat, said, ‘I’ve literally been on the phone with the [Florida] Department of Health and said, “What should I do?” and the response has been, “We have to check with supervisors.’”’” (alteration in original)).
247 Id. (quoting San Francisco Police Chief William Scott).
248 Id.
250 Id.
251 Id. (quoting San Francisco Police Chief William Scott).
contrast to the “whole-of-government” and “whole-of-society” approach prescribed by the crisis and pandemic literatures.\textsuperscript{253}

2. Proposal: Role Clarity Legislation

The dysfunctional intergovernmental behaviors that arose during the pandemic were facilitated by the absence of a clear blueprint for coordinated government action. Enacting federal pandemic legislation that contains such a blueprint in advance of the next pandemic is therefore critical,\textsuperscript{254} and should have twin goals. First, it should mitigate the role confusion that federalism and decentralized government causes. Second, it should seek to preserve the benefits of federalism and allow for limited, productive forms of state-federal disagreement.

To achieve these aims, our preferred constitutional approach is to rely on Congress’s spending power. This form of federal law— akin to a federal contract with states\textsuperscript{255}— is constitutional under most circumstances,\textsuperscript{256} well-established in policy areas ranging from Medicaid to Food Stamps, and relies on buy-in from the states.\textsuperscript{257} It thus preserves many of the benefits of federalism, while curbing federalism’s costs for pandemic governance.

First, to achieve role clarity, the legislation should obligate the federal government to lead a coordinated national response and incentivize states to cooperate by offering an exchange: in exchange for health care and pandemic-related funding provided by the federal government, the states would agree to

\textsuperscript{253} See supra Section I.A.

\textsuperscript{254} See Hodge, supra note 29, at 69 (“Determining which level of government— federal or state— should be ‘calling the shots’ during pandemics is vital to the development of a revamped U.S. national response plan for the twenty-first century.”).


\textsuperscript{256} Some questions exist about the extent of federal authority to issue something like a national lockdown. See Maryam Jamshidi, The Federal GovernmentProbably Can’t Order Statewide Quarantines, U. CHI. L. REV. ONLINE (Apr. 20, 2020), https://lawreviewblog.uchicago.edu/2020/04/20/statewide-quarantines-jamshidi/ [https://perma.cc/4L5V-UEZD]. But there is little question that Congress could have enacted a law pursuant to its Spending Clause powers. See Gostin et al., supra note 31, at 837 (arguing that “[a] well-crafted use of federal spending powers” to induce states to enact mask requirements “would likely be constitutional”). There are some constitutional limits to spending power statutes— most importantly the requirement that the legislation not coerce states into accepting the deal offered by the federal government. See Sebelius, 567 U.S. at 576, 580–81 (holding that Congress may not coerce states to act by threatening to withdraw existing federal funding). Any Spending Clause statute therefore should not threaten to withdraw existing funding but instead offer only new funding.

regulate in specific, role-prescribed ways. For example, states accepting the exchange could agree to enforce guidelines set by the CDC, thus preventing conflicting state-federal regulations. Rather than fight with the federal government over testing and PPE procurement, states could agree to cooperate with the federal government to ensure an equitable distribution of those resources. And where states delegate public health responsibilities to local governments, states would be required to take responsibility for the compliance of their local governments with federal guidelines.\(^\text{258}\) By clarifying roles within the United States, the legislation would also enable the CDC to incorporate guidance from the WHO into its own regulations, thereby reducing concerns around the United States’s reservation to the 2005 IHR that asserted the right to assume obligations consistent with principles of federalism, described above.

Legislation in the form of an exchange with the states would also allow the federal government to affirmatively disrupt inequality, thereby preventing that form of abdication. For example, the federal government could provide additional funding to states for hospitals in low-income communities and fund research that examines the effect of underlying medical conditions (more commonly experienced by minority populations) on the course of infection and the effectiveness of treatments. It could increase unemployment benefits during the pandemic, much of which would go to unemployed women. And it could make sure to fund vaccination sites located in communities of color and open during non-work hours.

Second, the legislation should promote the values of federalism by giving states the power of both exit and voice.\(^\text{259}\) In particular, the statute should promote two values of federalism most relevant to pandemic governance:\(^\text{260}\) it should (1) allow states to tailor their regulations to their localized needs\(^\text{261}\) and

\(^\text{258}\) Other federal laws accomplish role clarity in a similar way. Medicaid, for example, imposes responsibilities onto states, and those states may delegate those responsibilities downward. Federal regulations, however, ensure that that delegation does not become abdication by imposing monitoring requirements on states that do delegate those responsibilities to local governments. See 42 C.F.R. § 435.903 (2022). The Food Stamp Act accounts for decentralization as well. See 7 U.S.C. § 2012(s) (broadly defining “[s]tate agency” under the statute to include “the local offices thereof, which have the responsibility for the administration of the federally aided public assistance programs within such State”).

\(^\text{259}\) See generally ALBERT O. HIRSCHMAN, EXIT, VOICE, AND LOYALTY: RESPONSES TO DECLINE IN FIRMS, ORGANIZATIONS, AND STATES (1970); Heather K. Gerken, Lecture, Exit, Voice, and Disloyalty, 62 DUKE L.J. 1349 (2013) (explaining the importance of giving states the power of exit and voice).

\(^\text{260}\) For a description of these values, see generally McConnell, supra note 54, at 1491–511.

\(^\text{261}\) See Gregory v. Ashcroft, 501 U.S. 452, 458 (1991) (declaring that federalism “assures a decentralized government that will be more sensitive to the diverse needs of a heterogenous society”).
(2) give states some space to push back against the federal government in the
case of federal government overreach.262

To achieve these aims, states should be able to negotiate the details of
their statutory responsibilities with the federal agency overseeing the pro-
gram.263 This kind of state-specific negotiation has precedent in the Affordable
Care Act, when federal bureaucrats made locally tailored concessions to states
in exchange for increasing the reach of federal policy.264 In the context of pan-
demic policy, negotiations should be quite flexible; the point is not to force
states to act or refrain from action, it is to decide ahead of time what role each
state intends to take so that when the time comes, federal, state, and local roles
can be pre-determined. The result of this process would be a federal govern-
ment and states (minus those that decline to participate, as discussed below)
uniformly committed to a coordinated and tailored response.

Some states, however, will decline to participate. As we have seen with
the Affordable Care Act’s Medicaid expansion, most states will accept signifi-
cant federal funding in exchange for enacting federal priorities, but not all
will.265 Presumably, a similar outcome would result from a federal pandemic
policy. That result would ultimately defeat perfect uniformity in pandemic re-
response. But allowing states to decline federal intervention has its own benefits:
it will allow states on the outside of the federal statute to push back against
federal overreach or bad judgment and ensure robust debate about the wisdom
of the federal policy.

262 Id. at 459 (“In the tension between federal and state power lies the promise of liberty.”). Al-
lowing states to resist federal policies also provides a kind of insurance policy against an authoritarian
federal government. See David Landau, Hannah J. Wiseman & Samuel Wiseman, Federalism, De-
org/federalism-democracy-and-the-2020-election/ [https://perma.cc/6D3X-KN9J]. See generally Da-
vid Landau, Hannah J. Wiseman & Samuel R. Wiseman, Federalism for the Worst Case, 105 IOWA L.
REV. 1187 (2020) (explaining how states can check the federal government’s power).

263 Negotiation of this sort is common in American federalism. See Erin Ryan, Negotiating Fed-
eralism, 52 B.C. L. REV. 1, 24 (2011) (“[S]tate-federal bargaining is endemic to American governance
and pervasive in many substantive areas of law. Negotiations take place over both the allocation of
policy or decision-making authority and the content of policies made pursuant to that authority.”).

264 See Abbe R. Gluck & Nicole Huberfeld, What Is Federalism in Healthcare For?, 70 STAN. L.
REV. 1689, 1733–57 (2018) (describing the ways that states negotiated with the federal government to
tailor the Medicaid expansion to their state-specific needs).

cce/HSB7-XNGB] (Apr. 19, 2022) (demonstrating that twelve states have not accepted federal funding
in exchange for increasing their Medicaid eligibility requirements).
B. Politics

Intense political polarization has transformed nearly every governance decision, even those that should be clear from the science, into symbolic two-sided national battles. When federalism and decentralization created role confusion, politics stepped in to fill that gap. Party-based battle lines provided a default set of relationships and positions that became organizing principles for each of the four intergovernmental behaviors—pressing, pulling, and licensing leaders to make decisions that aligned with their respective parties. Partisanship provided clarity to governments where federalism provided ambiguity and confusion.

To address this problem, we advocate for the creation of decentralized, inclusive, and nonpartisan governance networks to lessen the pull of politics. These networks should be both horizontal and vertical, and they should be intentionally inclusive to prevent exclusion of lower-income or less politically connected governments.

1. Explanation: Partisan Tribalism

America is more divided by politics than ever in recent history. According to a Pew Research Center survey, U.S. political divisions “dwarf[] other divisions in society, along such lines as gender, race and ethnicity, religious observance or education.” In addition, the pandemic hit during the lead-up to the 2020 presidential election when partisanship was at its peak and the political parties distrusted each other more than ever.

We define partisan tribalism as the tendency for politics to co-opt governance decisions. Whatever the policy issue, once it becomes wrapped up in partisanship, it taps into the deep reservoir of resentment that exists between the par-
ties. Nearly all aspects of the pandemic response have been touched by partisan tribalism, from aid to states\(^{270}\) to unemployment insurance\(^{271}\) to mask usage.\(^{272}\)

Partisan tribalism drives behavior in multiple ways. As a matter of party politics, partisan tribalism instills in politicians fear of reprisal from intraparty ideological disagreement. Political parties are not only more polarized than they have been in the past, they are also more ideologically consistent.\(^{273}\) Fear of straying from the party fold was especially prevalent among lawmakers in the Republican party, who faced potentially politically devastating attacks from President Trump. As one journalist stated, “Trump’s grip on the Republican Party remains so strong that only a handful of GOP elected officials have publicly criticized him, fearful of bringing down the wrath of the president or his supporters.”\(^{274}\)

\(^{270}\) See Tami Luhby, Partisan Divides Over Federal Aid Play Out in Battleground States, CNN, https://www.cnn.com/2020/05/21/politics/state-budget-deficits-covid/index.html [https://perma.cc/D7BL-95DX] (May 21, 2020) (“Democrats and Republicans are increasingly at odds over whether Congress should provide more fiscal relief to states facing devastating budget shortfalls or speed up reopening -- a partisan split that’s playing out in several key battleground states.”).

\(^{271}\) See Carl Hulse, Jobless Aid Fuels Partisan Divide Over Next Pandemic Rescue Package, N.Y. TIMES, https://www.nytimes.com/2020/05/07/us/coronavirus-stimulus-package.html [https://perma.cc/5H95-ZCFN] (Sept. 10, 2020) (“Democrats hope to extend a program that increased unemployment benefits by $600 a week. Republicans have criticized it as overly generous, creating a disincentive to work.”).

\(^{272}\) See Lauren Aratani, How Did Face Masks Become a Political Issue in America?, THE GUARDIAN (June 29, 2020), https://www.theguardian.com/world/2020/jun/29/face-masks-us-politics-coronavirus [https://perma.cc/Z9CA-QCTD] (“A recent Pew Research Center poll found Democrats were more likely to say they wear masks than Republicans. This is in line with messaging from leaders within the two parties.”); Will Weissert & Jonathan Lemire, Face Masks Make a Political Statement in Era of Coronavirus, AP NEWS (May 7, 2020), https://apnews.com/7dce310db6e85b31d735e81d0af6769c [https://perma.cc/C3AN-KEVB] (“The decision to wear a mask in public is becoming a political statement—a moment to pick sides in a brewing culture war over containing the coronavirus. While not yet as loaded as a ‘Make America Great Again’ hat, the mask is increasingly a visual shorthand for the debate pitting those willing to follow health officials’ guidance and cover their faces against those who feel it violates their freedom or buys into a threat they think is overblown.”).

\(^{273}\) See Political Polarization in the American Public: Growing Ideological Consistency, PEW RSCH. CTR. (June 12, 2014) https://www.pewresearch.org/politics/2014/06/12/section-1-growing-ideological-consistency/ [https://perma.cc/5DX5-6N25] (describing how changes in party beliefs have resulted in the parties becoming “more ideologically consistent and, as a result, further from one another”).

Partisan tribalism also drives behavior through the psychological phenomenon of cultural cognition, or “the tendency of individuals to conform their beliefs about disputed matters of fact . . . to values that define their cultural identities.”\(^{275}\) Changing one’s opinion about politically charged facts threatens one’s social and political identity. Partisan tribalism created political polarization on even questions of science, and polarized polling data bears this observation out. The data show that Republicans have been overall less concerned about COVID-19 than Democrats,\(^{276}\) that, at the start of 2022, 43% of Democrats compared to 7% of Republicans were “extremely concerned,”\(^{277}\) and that Democrats have been twice as likely as Republicans to believe that masks should always be worn.\(^{278}\) Public health protections such as social distancing and masking have become political acts that “signal which side you’re on”\(^{279}\) and impinge on “core [political] beliefs.”\(^{280}\)

Finally, partisanship heightens the cognitive herding bias, which describes the tendency of decision-makers to look to others for guidance and act in groups.\(^{281}\) As decisions become more complex and time and information more limited, decision-makers increasingly rely on heuristics or cognitive shortcuts.\(^{282}\) Rather than reinventing the wheel, those following the herding instinct tie their political fortunes to those of first movers.\(^{283}\) Doing so both reduces the cognitive demands of difficult pandemic decisions by piggybacking on the cognitive work of others and transforms the unknowable risk of taking action into the more comfortable risk of being part of a collective.\(^{284}\) Once


\(^{280}\) Campo-Flores et al., supra note 237 (quoting Tony Elliott).


\(^{282}\) For an introduction to decision-making heuristics, see generally DANIEL KAHNEMAN, THINKING, FAST AND SLOW (2011).

\(^{283}\) See supra Section II.B.

\(^{284}\) Social psychologists have examined how people react to times of instability and fear by taking actions that convert deep uncertainty to ordinary risk. See generally Tom Pyszczynski, Jeff Greenberg, Sander Koole & Sheldon Solomon, Experimental Existential Psychology: Coping with the Facts of...
a governmental official jumps onto a partisan bandwagon, the risk associated with the action is no longer the deep uncertainty about the effectiveness of the action but rather the comfortable risk of advocating a joint position.

Ultimately, partisan tribalism operated through these mechanisms to provide a default set of relationships and positions that became organizing principles for the four intergovernmental behaviors. In the case of undermining, partisan tribalism placed Republican and Democratic authorities in opposition as they sought to frustrate each other’s policies and messaging. This dynamic was particularly evident when President Trump used undermining to diminish the effectiveness of actions taken by lower-level Democratic authorities. The President’s tweets encouraging people in Michigan, Minnesota, and Virginia to protest state shutdowns, and the Justice Department’s threats to sue states that did not open quickly enough all served to reinforce party-based battle lines.

In the case of abdication, partisan tribalism both constrained the decisions of authorities who feared straying from the party fold and gave them license to delay or forego necessary action. Republican governors in southern states were among the last to order lockdowns and then were quick to lift them. As journalist Ron Brownstein wrote at the time, the fact that conservative governors in Texas, Florida, and Georgia only “tightened statewide restrictions immediately after Trump finally let his advisers frame the full risk . . . underscores how much his earlier minimizing contributed to the critical delays in those states.”

The desire to be faithful to the partisan tribe, in other words, overwhelmed other considerations.

In the case of collaboration, partisan tribalism influenced the composition of horizontal networks that formed to fill the gaps created by the lack of comprehensive governance. Members of the same party tended to engage in active efforts to work together. Democratic states on the west coast—California, Oregon, Washington, Colorado, and Nevada—frequently worked together. The same goes for Democratic states on the east coast—New York, New Jersey, Connecticut, Delaware, Rhode Island, and Massachusetts. Republican governors also actively collaborated when they broke ranks with President Trump’s inaction, though they did so in secret for fear of reprisal.

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285 See supra Subsection II.A.1.
286 See Campo-Flores et al., supra note 237.
288 See supra Subsection II.B.1.
289 The swing state of Pennsylvania sometimes also participated in the eastern Democratic network. See supra Subsection II.B.1.
290 See supra Subsection II.B.1.
Similarly, in the case of bandwagoning, partisan tribalism made it more likely for members of the same party to imitate each other’s policy decisions. Craig Volden wrote that “[p]olarization adds a wrinkle to the classic imitation model. No longer are policy makers solely looking to do what is popular or widely accepted. Now they are looking to do what is widely accepted within their (potentially isolated) ideological community.” Accordingly, it was only after President Trump finally publicly acknowledged the reality of the pandemic that Republican governors in Florida and Georgia issued stay-at-home orders in decisions that were directly correlated with the President’s acknowledgement.

2. Proposal: Inclusive Intergovernmental Networks

Although we cannot eliminate partisanship, we can lessen its influence in future pandemics. As we describe, politics had an outsized influence on pandemic governance, in part because it provided a clear set of governance relationships that filled the gap left by the absence of pandemic statutes and governmental role clarity. Enacting federal pandemic legislation therefore begins the work of rising above partisanship. As further counterweights to politics, we propose the creation of alternative networks that deepen the grooves of the intergovernmental relationships that encourage an effective pandemic response. This suggestion is not purely a legislative one, as these networks are not necessarily the result of a federal statute. They could also arise through decentralized and inclusive networking efforts at all levels.

These networks should be both subject-matter and managerial in nature, as well as both horizontal and vertical in orientation. Vertically, we should borrow from the idea of “picket fence federalism,” which is the observation that subject-matter officials at local, state, and federal levels often have more in

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291 Volden, supra note 211, at 368 (“If most other Democratic governments are adopting state health exchanges and Medicaid expansions, it becomes very difficult and politically dangerous for other Democratic policy makers to seek a different course. Likewise, a potentially treacherous road lies ahead for Republican governors and legislators who wander in such a liberal direction.”).


common with one another than with other officials in their own governments.\textsuperscript{294} It is often the case that state and local officials are alienated from one another,\textsuperscript{295} but, for pandemic purposes, local health officials must be well-connected to state health officials, and both must be well-connected with federal health officials. These kinds of networks could encourage intergovernmental coordination in a number of subject-specific areas, like stay-at-home orders, the distribution of medical equipment, and vaccine dissemination. Some vertical networks should include international authorities as well, so that even if one level is resistant to international collaboration (like the national level, for example), other levels (like state and local levels) still have access to international officials.\textsuperscript{296}

Horizontally, government officials should be able to easily share with other similarly situated officials their experiences and lessons learned while fighting the pandemic. State and local government leaders should be able to share model ordinances and innovative approaches. These networks should exist at the administrator level as well: hospital officials should be able to share their best practices with one another, public assistance officials should be able to share their experiences working with people who need help, and so on.

As Part II describes above, some networks did arise out of necessity during the pandemic. But these networks were ad hoc and, as a consequence, not fully thought through or inclusive. The mayoral networks that sprung up during the early months of the pandemic, for example, should be systematized and expanded so that all mayors, or those in certain regional areas, can be involved, not just those in the know or those that are politically aligned. These networks would serve as counterweights to pre-existing partisan networks: when faced with uncertainty, government officials would have multiple networks to fall back on. One might provide political cover, but others would provide policy-specific knowledge and, if the networks were broad and strong enough, could provide strength in numbers.

Formalizing these networks and making them intentionally inclusive would also combat inequality. When jurisdictions collaborated during the early pandemic response, they reinforced existing inequality by falling back on default political networks\textsuperscript{297} and informal groupings of mayors and governors.\textsuperscript{298}

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\textsuperscript{294} See Roderick M. Hills, Jr., The Eleventh Amendment as Curb on Bureaucratic Power, 53 Stan. L. Rev. 1225, 1227 (2001).

\textsuperscript{295} See Weinstein-Tull, supra note 76, at 1108–10 (describing ways that state and local officials may be alienated from one another).

\textsuperscript{296} See generally Judith Resnik, Law’s Migration: American Exceptionalism, Silent Dialogues, and Federalism’s Multiple Ports of Entry, 115 Yale L.J. 1564 (2006) (describing ways in which international priorities can enter the American legal culture through local governments, despite a resistant federal government).

\textsuperscript{297} See supra Subsection II.B.2.
But professional networks, unless they are intentionally desegregated, create inequality by entrenching existing power hierarchies.\textsuperscript{299} Take the WhatsApp group established for health professionals below the mayoral level that Subsection II.B.1 describes as an example: that was an ad hoc group formed through personal connections, and almost certainly excluded—even if unintentionally—local officials in less well-connected jurisdictions.\textsuperscript{300} Intentionally inclusive networks, created prior to a future pandemic, would ensure that all jurisdictions, whether well-resourced or not, could enjoy the network’s support.

**CONCLUSION: PANDEMIC GOVERNANCE REDUX**

The pandemic has evolved. Daily COVID-19 cases have reached unprecedented peaks with the highly-infectious Omicron variant spreading rapidly.\textsuperscript{301} We now have new worries: unvaccinated and vaccine-resistant populations, countries that lack access to vaccines, and vaccine-resistant virus variants. Each of these problems gives rise to new governance challenges.

In addition, President Joe Biden’s pandemic policies differ dramatically from his predecessor’s. President Biden has unambiguously embraced mask-wearing\textsuperscript{302} and signed an executive order mandating mask usage on transportation hubs and federal property.\textsuperscript{303} He has also signed other executive orders that adopt a more proactive role for the federal government\textsuperscript{304} and signed legislation that funnels money from the federal government to state and local governments for pandemic-related costs.\textsuperscript{305}

\textsuperscript{298} See supra Subsection II.B.1.
\textsuperscript{299} See ROITHMAYR, supra note 180, at 83–84.
\textsuperscript{300} See supra Subsection II.B.1.
\textsuperscript{302} Alexandra Jaffe, Among First Acts, Biden to Call for 100 Days of Mask-wearing, AP NEWS (Dec. 4, 2020), https://apnews.com/article/joe-biden-donald-trump-jake-tapper-coronavirus-pandemic-fa365aa74f80e768bce3edc1649e4e8a [https://perma.cc/BM24-9C63] (“Joe Biden said Thursday that he will ask Americans to commit to 100 days of wearing masks as one of his first acts as president . . . . The move marks a notable shift from President Donald Trump, whose own skepticism of mask-wearing has contributed to a politicization of the issue.”).
Despite these changes, the dynamics that we describe in this Article are so deeply rooted in our public lives that they continue to shape the pandemic even as the country transitions from one variant to another and one president to another. Although there may be less federal abdication under President Biden, the polarized nature of our politics ensures ample political tribalism and state undermining of federal policy along party lines. When President-Elect Biden proposed his mask mandate, one Republican representative tweeted in response that “[o]n day one I will tell you to kiss my ass.”\(^{306}\) Within days of President Biden signing his mask regulation, Republican operatives warned that states would begin undermining the regulations by filing lawsuits against it.\(^{307}\) And because of role ambiguity and uncertainty surrounding federal constitutional authority over national mask regulations,\(^{308}\) President Biden’s regulations will in part need to “be enforced by cooperating state and local authorities,”\(^{309}\) which will empower non-cooperating jurisdictions to undermine the federal law by refusing to enforce it.

Even beyond this pandemic, this Article’s insights provide a framework for governance during future crises—a topic that is now before Congress. A Senate committee recently approved a blueprint for revamping the public health system.\(^{310}\) It includes plans for examining the COVID-19 response at all levels of government, shoring up federal leadership, updating cooperative agreements between the CDC and state agencies, and addressing disparities in health outcomes.\(^{311}\) And many of the governance challenges created by the pandemic apply to other problems that are large in scope and require action from a multitude of overlapping authorities. Climate change, for example, implicates governance at international, federal, state, and local levels. It affects different jurisdictions differently, but requires a coordinated governance re-

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\(^{306}\) Chip Roy (@chiproytx), TWITTER (Dec. 9, 2020, 3:42 PM), https://twitter.com/chiproytx/status/1336773314170195968 [https://perma.cc/4BZH-6LBA].


\(^{309}\) See supra Section III.A.


Governments can and do abdicate their climate change responsibilities and undermine the efforts of others. Although climate change will not take us by surprise the way COVID-19 did, it may cause damage that we are not prepared for, like deadly hot summers, devastating weather systems, and unpredictable human migration. And when we finally do decide to take climate change seriously, the governance lessons that we learned from the pandemic response—including role-clarity legislation and governance networks that lessen the pull of politics—will be necessary aspects of policy changes.

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COVID-19 has changed us and killed us, but it has also presented an opportunity: it has allowed us to observe our governance responses at work. We can use these observations to ensure that when the next crisis comes—and it will—we are able to respond in a way that accounts for and works with our underlying governmental values and structures rather than being limited by them.

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