



Diagnosing America's Pandemic Response

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I once took care of a pregnant woman who needed a Caesarian section for a condition that risked serious hemorrhage. She also suffered from pre-eclampsia, which raises blood pressure. When I told her that she might need a blood transfusion during the operation, she began to cry, while her blood pressure, already quite high, climbed dangerously higher. Although she signed the transfusion release, she moaned with an accent how she wanted to avoid a transfusion if she could. Her husband, a physician, patted her hand and said, "Don't worry, you won't need it." I let the matter drop.

I ordered four units of blood to be brought to the operating room in advance, since the blood bank had recently been moved to a remote corner of the hospital. There had been good reasons for the move, yet a round trip from obstetrics to the blood bank now took 15 minutes. The nurse said the blood wasn't ready. Nevertheless, the surgeon pushed me to start, as did all the other surgeons waiting impatiently in line to begin their cases. The nurse reassured me that the blood would arrive at any moment. I relented, but I did take the precaution of inserting a second intravenous for an emergency transfusion, although I had no blood on hand with which to transfuse.

Sure enough, the patient started bleeding after she gave birth. I ordered the blood, but it wasn't ready. Apparently the nurse had mistakenly ordered a type and screen, and not a type and cross. She had corrected her error when her aide had told her, but she also kept quiet about it, fearing she would get into trouble. While I hounded the blood bank to send the blood, I overlooked how much blood the patient kept losing in real time. When the blood units finally arrived, the patient was resigned to the transfusion, but her husband pushed back, invoking the rule that a healthy patient's hematocrit must drop to 20 before a transfusion. His wife's hematocrit had started out at 40; by his estimation she wasn't there yet. He was right about the rule, but I told him that pre-eclampsia patients often have artificially high hematocrits. He had not known this; nevertheless, he doubled down and ordered his wife not to accept the blood. For several minutes I pondered the hematocrit rule, pondered how I could please my patient and her husband, as they were my customers, and even pondered whether it was right for a privileged white male (me) to coax a reluctant Hispanic woman into accepting a transfusion. When the patient's heart rate began to rise—an early sign of shock—my anesthesiologist's instincts kicked in. I ordered the husband to leave the room, then quickly transfused four units of blood—two at a time—and not a moment too soon, as the patient's blood pressure almost collapsed before I hooked up the first bag.

I raise this example because my thinking during the case parallels that of some government officials now tasked with fighting the COVID-19 pandemic. Their thinking operates on a much larger scale, yet the same feelings of perplexity and fear are palpable. All decisions begin in consciousness, and how officials think determines whether their decisions are good or bad. Yet good decisions demand a particular mindset and not just logic. All reasoning is at the mercy of the waves of the sea within us, and those waves include troublesome feelings that are hard to control. In my case those feelings originated in two sources: human nature and ideology. Some of the decisions made by officials during the pandemic suggest the same two confounding influences at work.

There is a future that makes itself, and a future that we make. The real future is composed of both. The future that makes itself, including a pandemic, we can never modify. The future we make is within our grasp to change, but to do so favorably demands that we look at the world with clear eyes. Government officials across the political spectrum have not always done so during the pandemic. I sometimes sense a kind of attentive passivity in them, of the kind I demonstrated in my own case. They are aware of what is happening, but somehow their thoughts seem tied to other forces that come along. Their minds are on the alert, but still vulnerable, a kind of target; they are sensitive, receptive to everything, and therein lies the problem: Their thinking risks succumbing to human nature and ideology.

Human Nature

Dr. Li Wenliang worked at the COVID-19 epicenter in Wuhan, China. In late December last year, he tried to warn colleagues about the new disease, but the authorities reprimanded him for “spreading rumors” and forced him to sign a statement admitting to “illegal behavior.” He himself would later die of the disease.

In the United States, journalists have reported similar pushback against uncomfortable facts. On February 25, when Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Disease, announced that the outlook for the COVID-19 crisis in the United States looked bleak, reporters say President Trump, who had painted a rosier picture the day before, muzzled her.

It is human nature to prefer stability and routine, and to ignore the uncomfortable detail that may wreck it. Journalists accuse President Trump of dismissing the severity of the coronavirus crisis early on, to avoid hurting the economy. This may be accurate; then again, a leader must think beyond the narrow truth if he or she wants to get large numbers of people beyond officialdom to act in concert. Telling the truth does no good if, in the larger scheme of things, the public’s willingness to act on it has been simultaneously destroyed. Morale may be a matter of indifference to bureaucracies and to the journalists who report on them, but it is a vital consideration for carrying out a national policy. In my own example from the operating room, I held back from aggressively talking to my patient about a blood transfusion to avoid raising her already high blood pressure. Why push the truth if my patient risked growing so anxious that her blood pressure shot up and she suffered a stroke? President Trump may have been in an analogous situation when he downplayed the coronavirus risk, worrying that the subsequent panic could lead to hoarding and mass unemployment, which, in fact, did occur. At the same time, we do not know how well-informed Trump was early on, given journalist reports about how the pandemic crisis unfolded inside officialdom, below the level of the President.

We can, however, glean from those reports evidence of real dysfunction inside officialdom. The Centers for Disease Control and Prevention (CDC) became aware of the epidemic in Wuhan on December 31 and became officially aware, through direct contact with a Chinese official, on January 3. Yet President Trump was not officially informed of the crisis's severity until January 18, through a phone call with Health and Human Services (HHS) Secretary Alex Azar, who was apparently less forceful in communicating his concern than he should have been, a point that even journalists who dislike Trump admit. Thus, more than three weeks may have passed before Trump was alerted to the pandemic's seriousness. During this same period, the CDC was already sending out alerts and monitoring airports. Still, Trump had not been briefed.

We also know from journalist reports that HHS officials were divided early on over whether to get Trump to invoke the Defense Production Act, which would allow the Federal government to commandeer factories to build needed medical supplies. Some aides reportedly saw the policy as too unusual and aggressive, and therefore, almost by definition, bad policy. Events proved them wrong.

This is where the natural human tendency to avoid rocking the boat seems to have caused the greatest damage: not with Trump but inside officialdom. To bring it back to my own example, the nurse kept quiet about the blood bank problem to avoid antagonizing her superiors and to preserve the hospital routine. I behaved similarly to avoid interrupting the hospital routine. The same unwise spirit of motivation seems to have dominated U.S. officialdom. Valuable time was lost as a result.

Some government officials also exhibited the natural human tendency to obsess about one thing to the exclusion of others. Especially during a crisis, the human mind has difficulty changing its focus: It must either apprehend what is near or what is far off; it has difficulty combining the two. I exhibited this tendency when I obsessed about getting blood from the blood bank, while forgetting to keep track of my patient's ongoing bleeding. Such behavior, often described as the single-track mind, takes other forms in medical practice. For example, many specialists believe, often sincerely, that a sick person suffers from one of the diseases in which they specialize. In a cluster of symptoms, a neurologist will discover a disease of the nerves, while an orthopedic surgeon will find only ailments in his or her own province.

Government officials behaved in analogous fashion when they focused early during the pandemic on evacuating Americans from China, while ignoring the equally important task of building up needed medical supplies. Their imaginations moved along a single groove. That this particular focus grew up around the same time that the National Security Council (NSC) took temporary control of the pandemic issue is no coincidence. Just as a neurologist or an orthopedic surgeon behaves in his or her sphere, an NSC member will tend to look at a crisis through his or her own special lens—in this case, a national security lens rather than a public health lens. Narrow focus revealed itself again when government officials tried to craft a unified approach to the pandemic. According to journalist reports, Treasury officials were most concerned about hurting the economy. Public health officials also gave off the air of siloed people, as they invoked epidemiological models to show why severe restrictions on people's movements must last for months, seemingly oblivious to the economic collapse and mental health crisis their policies would provoke.

Another error grounded in human nature stems from our tendency to make gestures toward solving a problem—without really solving it. In my case I had inserted a second intravenous for

transfusion, and yet I had no blood with which to transfuse. It is human nature to want to feel as if one is “doing something,” although the feeling may be unwarranted.

Early on in the pandemic a variation on this theme occurred. Restrictions were put on people’s movements incrementally—for example, bans on groups larger than 250 people, then larger than 50, and now larger than ten. The gradualism makes no sense, given that an [article in *Science*](#) showed how asymptomatic disease carriers were the infection source for 79 percent of documented cases. The article came out on March 13 but was originally [published in *MedRxiv* on February 17](#). One of the study’s authors told me it had been given to the CDC at that time. The article showed that healthy people were unknowingly infecting others, which helped to explain the infection’s rapid spread. Its findings recommended stiff restrictions on group size early on. Instead, a more gradual ramping up of the restrictions occurred, as if officials wanted to avoid doing anything too radical, while still “doing something”—just not what was necessary. Slowness can be fatal, in both anesthesiology and pandemics.

Reverence for rules, another tendency in human nature, may have led to a fourth misstep, one that I made in my own case. The rule for transfusing young, healthy patients—waiting for the hematocrit to fall to 20—transfixed me, despite the fact that other evidence recommended an urgent transfusion. True, the rule did not actually contain the word “forbidden”; nevertheless, it did not include any exceptions. I lost a valuable five minutes letting it restrain the natural agility of my thoughts.

Some CDC officials testing people for the coronavirus may have suffered a similar lapse in judgment. Early on, the guidelines for who should be tested were quite narrow and included only people with respiratory symptoms who had either been in close contact with an infected person or had traveled to China. Another rule at the time was that [only the CDC could conduct approved tests](#). The first rule failed to take into account the possibility that Americans without links to China or without close contact with obviously infected people might nevertheless be infected, and that there might be multiple routes of transmission, which later proved to be the case. In the second case, the early CDC test for coronavirus falsely flagged the presence of other viruses, and not just the coronavirus, which led to the rule restricting the number of state labs that could use the test. Both rules were eventually revised, to such a degree that the CDC no longer even tracks how many tests are being performed, but crucial weeks were lost because of the [bureaucracy’s reverence for rules](#), as it delayed widespread surveillance testing that might have shown the enormous scale of the infection early on, along with the important hotspots. Indeed, by showing that massive numbers of people had already been infected with coronavirus and suffered only minor illness, the ensuing panic might have been less, since, by enlarging the denominator, the calculated mortality rate for coronavirus would have fallen. Panic drives bad policy.

A variation on this error occurred at the FDA, which blocked the rollout of mass testing through its rule that labs developing their own tests had to essentially use a live virus sample in order for their tests to be FDA-certified. Many labs had trouble finding such a sample precisely because the virus had not yet swept through their regions. Testing at the outbreak’s early stage might have helped these regions to contain the disease, but being at an early stage in the outbreak, and therefore without access to a live virus sample, worked against them. It was a kind of Catch-22: The absence of an outbreak in their region made impossible the test that could preserve the absence of an outbreak. The FDA later relaxed this criterion, but valuable time was lost.

The natural tendency to avoid rocking the boat aggravated this misstep. By various avenues, the CDC tried to get a sample of live coronavirus from China, to help U.S. companies develop their own coronavirus tests. At every juncture the Chinese authorities blocked the transfer. Curiously, according to journalist reports, government officials never asked Trump to intervene with President Xi. Again, one senses a desire not to upset the applecart, and to avoid trouble. Again, valuable time was lost.

The rigid adherence to rules can be found elsewhere at the FDA. Surgical masks were (and still are) in short supply, yet the FDA failed to waive some of the restrictions on their production until March 26—two months after the first coronavirus case in Washington state was confirmed. N95 respirator masks are produced for both medical use and construction-industry use, but more regulations burden the makers of the former—for example, special tests of flammability and strength—because of their medical classification. The slowness in waiving these regulations is inexplicable.

Compare this 60-day delay after the first coronavirus case in the United States with the first 30 days after the attack on Pearl Harbor. By the end of December 1941, not only had the Federal government ordered Detroit car manufacturers to immediately stop car production and build military airplanes, but it had also given those companies permission to use fabricated car parts when doing so. Government officials lifted regulations in a common sense way. Rather than dither over a regulation's fine points, they took action.

That a rule has a steadying influence on people, especially on those who feel a bit shaky professionally, is human nature, especially when the rule has detailed instructions for how to proceed and likely penalties if those instructions are ignored. A rule on one side and a threat on the other. Reverence for rules is a curious trait in human nature, of the kind that leads to idolatry. People hate to live in doubt, and so they create a binding rule to tell them what to do and how to live. Once the rule is created, people forget that the rule was of their own making and something that can be amended. They simultaneously worship the rule and fear flouting it. Not only does following the rule ease their doubts about what course of action to take, it also absolves them of guilt if things go wrong later. At the same time people fear repercussions if they disobey the rule. A good government official needs the inner strength to resist falling in love with a rule.

Another misstep originating in human nature involves people's tendency to overlook vital details amid the everyday activities of life. I committed this error when I allowed my patient's husband to come into the operating room and sit by his wife. In the back of my mind I sensed he might cause trouble if an emergency transfusion were needed, but I let things slide because he was her husband and it seemed natural to let him into the room. I could have easily invented a rationale for keeping him out—I had done so in other cases—but I let it go. It was a mistake.

An analogous event may have occurred early on in the pandemic. A whistleblower reported that workers in HHS's Administration for Children and Families greeted infected Americans flown back from Wuhan *face-to-face*. One incident was captured on video. The workers were not trained in infection control, yet their duties were inherently kindly and seemingly harmless, and so it should not surprise that officials overlooked how they might impetuously greet infected Americans, thereby becoming infected themselves. We do not know how many such events occurred. Probably some. Yet good government officials do not overlook such details. Rather than enjoy knowledge from afar when making policy, they also enter into it. They focus on details. Doing so takes effort; going through details can be a tiresome and complicated task. In

addition, just thinking about restraining people from hugging, greeting, and enjoying each other's company at an airport is repellant to human nature. Yet methodical work and victory after victory in a crisis's smallest aspects, including overcoming the gravitational pull of human nature, are what successful policies turn on.

Ideology

The Trump Administration made a good decision at the end of January when it blocked Chinese nationals from coming to the United States. It also required American citizens returning from China to be held in quarantine for 14 days upon arrival. The ban bought the country time to prepare. Several European countries failed to restrict incoming travel from China with the same rapidity, especially Italy, which may have suffered as a result. The earliest COVID-19 cases in Italy included Chinese nationals visiting from Wuhan, and Italians returning from a visit to Wuhan in early February. Yet Trump's decision provoked charges of xenophobia and racism, including from leading Democratic presidential candidates Joe Biden and Bernie Sanders. Major media players such as *Vox* also accused the administration of racism, although *Vox* (and Joe Biden) later recanted when the pandemic's seriousness became evident.

More troubling than politicians governed by ideology are government officials guided by ideology. True, no officials are on record as having opposed the travel ban, but the pushback against the ban heard from various public health and academic legal authorities—the kinds of people who naturally populate government agencies—raises an eyebrow. For example, one epidemiologist said the ban came too late and that it was more of an “emotional or political reaction,” implying the ban's purpose might have been to appease xenophobes.

Another epidemiologist said the ban may have been appropriate, but also that Trump did not take advantage of the time the move may have bought him. The second epidemiologist may be right; still, one senses in his criticism another, hidden purpose—to delegitimize Trump by another route. A global health law expert condemned the Trump ban from a third angle, calling it a civil rights violation.

If a man adopts a belief system, then discovers that his belief system prevents him from supporting a travel ban put in place by a regime he despises, would not a hundred good reasons occur to him for doubting the value of that travel ban? One way or another, progressives and purportedly neutral authorities with a progressive bent took issue with Trump's travel ban. It was either too closely associated with Trump's earlier bans on Muslim (and non-Muslim) immigration, or simply the policy of someone they disliked.

Free market conservatives may have exhibited similar prejudice. For example, the libertarian Cato Institute, which supports open borders, disliked the China travel ban and recommended alternatives. In a related example, the president of the National Committee on U.S.-China Relations, a non-profit organization dedicated to entwining the U.S. and Chinese economies, and supported by major international business and financial leaders, said Trump pushed too far when criticizing China for misleading the world about COVID-19. He said, “We should be cooperating at a time when China has learned a lot about this virus, and instead we're engaging in this name calling,” before adding, “The *nationalism* it's stoked in China is terrible” (my italics).

It is worrisome to think that government officials, whether progressive or conservative, who subscribe to a belief system that espouses open borders, may hesitate in the future to support a vital travel ban in a pandemic, especially if put in place by an administration they hate. I

recognize the bad precedent a travel ban sets. I also recognize the unease that progressives and free market conservatives feel about supporting President Trump on anything. But is it wise, out of devotion to ideology, to set loose a present and certain evil (a dangerous virus) to avoid an evil that is both in the future and uncertain (permanently closed borders)? In the same vein, is it wise for career government officials to have strong feelings about the administrations they work for? Ideologues hate or adore political leaders, as all people do, but sometimes they do so in good faith rather than good sense. They earnestly believe in their ideologies. Yet everything that is earnest is not always true. Error is often more earnest than truth.

I made an analogous mistake when I hesitated to transfuse my Hispanic patient to avoid crossing an ideological line (in my case, identity politics ideology). I did not imagine myself to be under the spell of an ideology while doing so. I thought I was reasoning clearly. This is how ideologues usually think. They think other people have ideologies but not them. They even imagine themselves to be free thinkers, if not outright rebels, and independent of surrounding influences. In fact, their ideology represents an acute form of prejudice, their rebelliousness a form of servility.

An excessive regard for consumers offers another example of ideology at work during the pandemic. Until only very recently, government officials had hesitated to ask Americans to wear masks or face coverings in public, and still have not forced them to do so. Good reasons existed for their hesitation. For example, special N95 masks should be conserved for health care workers. In addition, face coverings may give people a false sense of security, causing them to social distance less. Yet government officials also seem loath to inconvenience people, as if doing so risked violating some social contract. In fact, it does, which is the problem.

Again, my surgical case provides a template for what is going on. I did not want to antagonize my patient and her husband by pushing for a blood transfusion, because I saw her as a consumer whom I had to please, rather than as a patient I should treat using my expertise. In the medical profession's old model of expertise, the doctor tells the patient what the patient needs; in today's business model, the patient is a "consumer" who tells the doctor, now just a "service provider," what he or she wants. The business model has found its way into other areas of life—for example, in colleges, where students become "customers" who tell their professors, now providers, what they want to study.

An added twist comes in the form of an unwritten social contract between Americans and their government, in which government reserves for itself the major decisions in public life, free of democratic interference, while, as recompense, citizens become consumers who surrender their influence on public policy in exchange for more freedom and "choice" in private life. Philosopher Alasdair Macintyre calls this arrangement "bureaucratic individualism."

Instead of forcing everyone to wear masks in public to cut down on viral transmission, Federal officials prefer to keep the practice voluntary. They seem almost afraid to force "consumers" to do anything. Even President Trump said, "I don't think they'll [masks] be mandatory because some people don't want to do that." In other words, compulsory mask wearing risks violating people's lifestyle choices, which is enough to kill the policy. In New York City, where mask wearing has become compulsory, Mayor Bill de Blasio tried to sweeten the command with an appeal to consumer taste. "This is a face covering. It could be a scarf, it could be a bandana, *something you create yourself*" (my italics), he declared, as if turning the facemask into an expression of individuality somehow preserves the unwritten social contract that guarantees

freedom in private life. Los Angeles Mayor Eric Garcetti seemed to be working the same angle when he said of facemasks, “This will be the look.” Yet good government officials do not let public policy during a pandemic ride on whether Americans can be persuaded to believe it complements their freedom of choice in lifestyle. They do not let the ideology of bureaucratic individualism guide them.

Another ideology that distorts official thinking might be called “scientism,” or faith in science, although the problem is more specific: an unswerving faith in the scientific method. The scientific method remains the basis for all scientific inquiry, but it has defects that government officials seem to have overlooked during the early stage of the crisis, most likely because of their fervent belief in the method.

The defects in the scientific method are threefold. First, the scientific method is one of intentional ignorance. It demands that investigators focus on certain chosen details, isolate them, and leave out all the rest. This means investigators reach conclusions by looking at only a small portion of the facts. Second, in isolating such details and supposing such isolation to be accurate, investigators suppose what is false. Third, the scientific method encourages investigators to transcend individual details and to substitute generalizations that are convenient for thought, but which are nothing more than phantoms. The phantoms are then confused with real existence.

Some government officials seem to have ignored these defects and accepted pandemic research uncritically simply because it used the scientific method. Take, for example, the Imperial College study that predicted up to 2.2 million American deaths in the United States unless intense restrictions were put on people’s behavior. The study caused sudden and dramatic shifts in U.S. policy, in the form of lockdowns, which even the study itself did not call for. We see the effects of these changes now in the form of a collapsing economy. Although the study used the scientific method, what variables it included and which ones it left out remain a mystery to this day. When asked, the study’s lead investigator admitted the computer code used to construct the study was 13 years old, with thousands of lines of code being “undocumented,” making it hard for anyone to work with, let alone identify potential errors in. The code remains unpublished. The code used for a more optimistic study out of Oxford also remains unpublished. Yet U.S. government officials seem to live by these studies, rather than to view them with the critical detachment they deserve, causing them to swing from policy to policy, or to give people a sense that policy is being made on an ad hoc basis. Sometimes it seems as if only the most recent scientific study catches their ear, displacing all prior findings. When divisions occur within officialdom, the studies themselves can become useful supports for a pre-determined ideological position—for example, those who want to open all borders cite one study, while those who want to close all borders cite another. Ideologues harness an ingrained bias toward the scientific method to serve their larger ideological bias.

In the case of the Imperial College study, whose conclusions were embraced almost reflexively, officials did not seem to wonder about the variables intentionally ignored, or what generalizations the study relied on as a substitute for real-life details. For example, the study assumed that only a small portion of the population had been infected with coronavirus, yet this was inaccurate. It also assumed that society was static and incapable of increasing the number of ICU beds available in hospitals. This was also inaccurate. Again, officialdom’s belief in the study, and the almost 180 degree turn in policy the study prompted, hints at a reflexive bias in favor of anything that smacks of the scientific method. The more recent doubts expressed in

officialdom toward the study—for example, the study’s high number of predicted deaths—do not undo the economic damage already done by the intense lockdowns that grew out of the study but that, as noted above, even the study itself did not recommend.

Officialdom’s unswerving devotion to the scientific method is captured in an epidemiologist’s description of events early on during the crisis. Dr. Marc Lipsitch, director of Harvard University’s Center for Communicable Disease Dynamics, said, “They [the government] contacted us, I think, on a Tuesday a week ago, and asked for answers and feedback by Thursday, basically 24 hours. My initial response was we can’t do it that fast. But we ended up providing them some numbers responding to very specific scenarios.” The whole experience was described by the reporter as “a rushed affair.”

Ideology made this possible. The ideologue flies beyond territory that has yet to be colonized by careful observation. His or her belief system allows decisions to be made with haste because generalizations sweep past details; in ideology, a single study that relies on only a few variables is presumed to represent with sufficient exactitude a very complex situation. It explains why the ideologue so often fails in real life. The ideologue thinks, but thinking is easy; putting thoughts into action is much harder, because the world is not as simple as the scientific method makes it out to be. Real life presents innumerable variables and details that must be accounted for, which is why it is easier to write ten books of philosophy than it is to put one principle into practice.

How unsurprising, then, that officialdom, so steeped in ideology, missed so many obvious details early on in the pandemic. Officialdom revered a sweeping study based on the scientific method, yet ignored basic truths about human nature when crafting policy. It imposed harsh restrictions on the population, but forgot that a panicked people will converge on hospital ER departments, all at the same time, if no separate field hospitals have been built beforehand to receive them, causing people to come into close contact with one another and catch the very disease they might have avoided. It revered the scientific method but forgot the well-known fact that communist regimes conceal the truth to bolster their public image. Until very recently, officialdom accepted at face value the Chinese government’s rosy reports about the pandemic’s pace and range in that country. Even as late as January 14, the Chinese government was saying no clear evidence of human transmission of coronavirus existed. Yet officialdom still trusted them.

A Better Bureaucracy

In December 2019, political scientist Francis Fukuyama wrote an essay in support of the “deep state,” arguing that we needed less political patronage and more non-partisan professionalism in the Federal bureaucracies. At first, I disagreed with his essay. The essay came out only a few weeks after the Horowitz report exposed serious deficiencies in FBI and FISA court behavior during the Trump Russia-collusion investigation. If anything, we needed a downsized administrative state, I thought. In addition, the concept of a professionalized bureaucracy seemed anti-democratic to me, as it implies that average people cannot do “the people’s business.” However, officialdom’s missteps during the pandemic have caused me to change my mind. I now think Fukuyama was more right than wrong. Complex public health problems in an interconnected world alone demand a professionalized administrative state.

Although Fukuyama rebukes the critics of the administrative state—as, to his mind, the rule of law depends on its existence—he and his critics do have more in common than he might imagine. For the critics, too, dislike the administrative state, at least as presently constructed,

with its lack of professionalism that has led to some very bad outcomes over the past 40 years. Higher education has awarded hundred of thousands of advanced degrees to future government officials, including credentials that supposedly attest to their professionalism. But in economics, these same officials made decisions that led to the destruction of the American working class; in education, they made decisions that led to decades of declining test scores; in foreign policy, they made decisions that led to the Iraq war and the shortsighted embrace of China; in law enforcement, they made unethical investigative decisions at the FBI and CIA; in health care, they made decisions that practically destroyed the individual health insurance market; and now, in public health, they have made decisions that have risked worsening the pandemic. It is a system-wide failure. No wonder the public distrusts the administrative state.

Yet the problem is not the administrative state so much as the people who staff that state. Officialdom lacks professionalism, as Fukuyama argues, although by professionalism I mean the ability to resist the gravitational pull of human nature and ideology. Graduate schools that churn out these future officials need to change their selection methodology. For example, they emphasize grades and test scores in their applicants, and even experience and special knowledge, but this is not enough to produce a professional. That background alone is more akin to that of a “fine administrator.” A fine administrator prefers to do what he or she has always been doing, a bit more or a bit less but always in the same way. A fine administrator excels in pulling things together without suggesting anything new, and doing so without upsetting the applecart. A fine administrator spends more time juggling different interests to smooth over controversies without stepping on anyone’s toes. A fine administrator is often the person who stays out of trouble and keeps a lid on everything. Such behavior, perfectly consistent with human nature—and good grades and test scores—is not consistent with professionalism.

These same schools also look favorably on politically engaged applicants, especially on those who subscribe to particular ideologies, such as identity politics and social justice on the left, or, in other schools, free market or social conservatism on the right. There are also those applicants who subscribe to scientism and bureaucratic individualism. Yet the ideologue is not a professional. For ideologues, everything that is in agreement with their belief system seems true; everything that is not puts them in a rage. This makes for bad decision-making, as some decision-making during the pandemic attests. In the future, it would be better if training programs show a preference for applicants who have no interest in politics or ideology at all, on either end of the political spectrum.

No one is to blame for the initial mask shortage or the lack of testing kits and ventilators at the outset of the COVID-19 crisis, for no one has enough prescience (and money) to plan for every conceivable national emergency. Our sight doesn’t extend that far, no matter how great our knowledge is. It is why so many of the most important events to happen in life are unforeseen and unforeseeable. South Korea, for example, was prepared with test kits only because it had been unprepared for the MERS coronavirus outbreak in 2015, which hit that country hard. South Korea learned the hard way, by experience, as all people do; it struggled then much as the United States is doing now. Instead, our focus should be on the missteps made after the pandemic began, inside officialdom, how human nature and ideology may have stirred government officials emotionally, prejudicing their thoughts and leading to bad decisions, and how we might improve things going forward.