

Busting Biden's 'bigger is better' myth

COVID-19 exposes the flaws in Biden-style government

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Government exists to do the things that individuals cannot. It's natural, then, to assume that a bigger government can do those things even better.

Moreover, there is a temptation to conclude that the U.S. COVID-19 death toll would be less costly if Washington possessed the muscle to wage a stronger defense against disease. The coronavirus has put a stake in the heart of that widespread assumption, undercutting President Biden's rationale for trillions in post-pandemic rebuilding dollars on top of trillions already spent in the name of public health.

"Bigger is better" is a myth.

When U.S. performance is compared to that of 37 fellow nations of the Organization for Economic Co-operation and Development (OECD), little correlation emerges between pandemic preparedness measures, government spending size, degrees of centralized authority, and resulting public-health outcomes. That's the conclusion of a study titled "The COVID-19 Case for Bigger Government is Weak," published in September by the free-market Cato Institute. Before the coronavirus outbreak, the United States was viewed as the gold standard for pandemic preparedness, notes the study. Johns Hopkins University's Global Health Index (GHI) gave the U.S. the top worldwide ranking in 2019, with a preparedness score of 83.5. Yet by May 2021, the U.S. had suffered a dismal 1,879 COVID-19 deaths per million.

In contrast, Israel, with a lowly GHI score of 47.3, had lost only 692 souls per million to the virus. As boxing legend Mike Tyson once said, "Everyone has a plan until they get punched in the mouth."

If the long-standing tradition of generous government benefits could shield citizens from the danger of disease, then Italy would have been spared the worst of the COVID-19 scourge. Cato found that the European nation spent an OECD-leading 19.6 percent of its gross domestic product (GDP) on cash benefits in 2019. Despite the spending spree, Italians still suffered an

elevated rate of 169 "excess deaths" per 100,000 before the pandemic, with "excess deaths" counted as mortality above the expected norm.