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## Missteps in Managing the COVID-19 Crisis

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# Missteps in Managing the COVID-19 Crisis

by Joseph W. McDonnell

The COVID-19 pandemic touched every corner of the world, infecting and killing millions of people and robbing many more millions of their livelihoods. It is the most widespread and devastating crisis of our lifetime. The pandemic surprised the world with the speed of its spread and caught nations woefully unprepared to contain the virus. Many world leaders failed to respond effectively to the crisis even after it became apparent that the pandemic posed a significant threat to their countries and their people.

Although the pandemic took the world by surprise, in hindsight its arrival was readily predictable in a world where we encroach on forests and wildlife habitats, engage in large-scale farming that pack animals into crowded pens, house millions of city dwellers in close quarters, and ship millions of cargo containers and move millions of people across borders each year. In our globalized world, the risk of a widespread infectious disease outbreak had increased exponentially. Epidemiologists long warned that only the timing of the next pandemic remained uncertain not its eventual arrival (Osterholm and Olshaker [2020](#)).

Why did the warning signs for COVID-19 go unnoticed? Why did so many leaders fail to plan for a pandemic? And why did they not recognize the outbreak and respond effectively even after the pandemic was at their doorstep? I will seek to answer these questions by exploring six stages in crisis management: (1) preventing the crisis, (2) planning for the crisis, (3) recognizing the crisis, (4) containing the crisis, (5) returning the

society to normal or to a noncrisis state, and (6) learning from the crisis (Augustine [1995](#)). As we undertake this exploration, keep in mind that it's much easier to identify missteps than to manage a crisis as it unfolds. But uncovering missteps is the best way to help society prepare for the next crisis.

## MISSTEPS IN WUHAN CHINA

On December 30, 2019, Dr. Li Wenliang, an ophthalmologist in Wuhan, China, sent an online chat to warn his medical school classmates about a mysterious SARS-like illness that had infected several patients who were brought to the emergency room. Dr. Li likely indicated the virus was spreading from human to human and not just from animals to people, meaning it was highly contagious. If it spread only with direct contact with animals, it would not be as feared because fewer people have contact with animals. Local Chinese government officials chastised Dr. Li for spreading such information and compelled him to retract his statement. The doctor soon after became sick with COVID-19 and died, providing dramatic evidence of the human transmission of the virus (Buckley and Myers [2020](#)).

In response to rumors that spread rapidly over social media, the Wuhan Municipal Health Commission was forced to issue an urgent notice to city hospitals about cases of atypical pneumonia linked to a wholesale seafood market. The city indicated the disease was preventable and controllable with no

need for public concern. Several days later the city shut down the market. Over the next several weeks, the number of illnesses and deaths in Wuhan increased. Local officials, though, persisted in claiming that there was no human-to-human transmission and the situation was under control (CRS [2020](#)).

In early January 2020, authorities in Beijing sent teams of scientific experts to Wuhan, but local officials likely stymied the work of these experts to prevent them from reaching a conclusion that the virus was contagious. On January 7, 2020, the Wuhan Institute of Virology completed a genetic sequence of the novel coronavirus, and the World Health Organization began developing a diagnostic test. Finally, on January 18, Beijing sent a third team, which included Dr. Zhong Nanshan, the famed epidemiologist who first diagnosed the SARS epidemic in 2003. One day later, the scientific team reported its findings to the National Health Commission. Dr. Zhong was highly critical of the Wuhan government's response. He said, "If the government had sent out a notice, if they had asked everyone to wear masks, to do temperature checks, maybe a lot fewer people would have died" (Chen and Cadell [2020](#)).

Three days later, the central government in Beijing ordered the lockdown of Wuhan and extended the lockdown to the surrounding region—confining a total of 56 million people to their homes (Aljazeera [2020](#)). Prior to the shutdown, however, thousands of people travelled from Wuhan to other parts of China and abroad, spreading the virus. Soon after being detected in China, the coronavirus spread throughout Asia, to South Korea, Japan, Hong Kong, Taiwan, Thailand, and Vietnam. It also rapidly spread outside Asia to Australia, Canada, the

United States, and the largest countries in Europe.

Shortly after China recognized the severity of the crisis and took dramatic action, it became clear that the virus had traveled throughout the world and may even have spread before being diagnosed in China. In late January, the World Health Organization declared a global health emergency (BBC News [2020](#)).

### FAILURE TO LEARN FROM PREVIOUS CRISES

There are several lessons in crisis management that we can see from the early stages of this case study. The first lesson is to learn from previous crises to take steps to prevent a similar crisis from happening again.

In markets such as the one in Wuhan where scientists believe the virus likely originated, animals are often held in confined spaces and small cages. This setting can allow for the exchange and mixing of multiple bodily fluids. Human handling of these animals may also cause viruses to spill over into the human population, especially if the handlers of these wild animals have cuts, scratches, bites, or other wounds from the animals (Phillips [2020](#)). We do not know if preventing the sale or consumption of wild animals or closer monitoring of these markets would have prevented this crisis, but such traditions may have to be rethought as urbanization and deforestation bring human society and wild animals closer together.

A leak from the Wuhan Institute of Virology has been postulated as an alternative theory of COVID-19's origin. Both virus origin theories remain speculative and are only supported by circumstantial evidence. Still, the same principle of learning from past mistakes applies equally to the animal transmission and the lab-leak origination theory.

So why did China and so many other countries not learn from previous crises? And why did they not take action to prevent and plan for this crisis? Organizations fail to learn for many reasons. New leaders come into organizations with new priorities and new challenges, and the old crises along with the lessons learned get placed on the back burner. Also, the time between similar crises often leaves a false impression. In the flu pandemic of 1918, approximately 5 percent of the world's population perished (Spinney [2017](#)), but the 100-year time lapse could make leaders think such a pandemic could not happen again, and more recent pandemics have been more readily contained.

Leaders may also prefer to take actions that produce immediate benefits rather than imposing unpopular policies (such as the elimination of the sale of wild animals in wet markets or restrictions on laboratory experiments) for benefits that may not be seen for many years if at all. It is easy to rationalize decisions to not devote scarce resources to low-probability events. Unfortunately, when high-impact, low-probability events occur, they impinge on priorities and disrupt societies.

### FAILURE TO PLAN TO MITIGATE THE CRISIS

The second lesson of crisis management is to plan for future crises to mitigate their effects. For a pandemic, such measures would include developing a master plan that coordinates agencies, strengthens vulnerable supply chains, and secures critical resources such as ICU beds, ventilators, and personal protective equipment (PPE) for medical workers. The plan would be tested through scenario or mock drills to stress test its capability. The test would allow multiple

organizations to practice coordination and would reveal weaknesses in the public health and medical systems and supply chain that could be remedied prior to an actual crisis.

In the COVID-19 crisis, every country in the world was caught with an inadequate supply of PPE and other essential supplies. Many discovered their public health and healthcare systems were not up to the task of handling a pandemic. Many countries had outsourced the manufacture of PPE and generic pharmaceuticals to China and other low-cost producers (Brader [2020](#)); when China shut down to prevent the spread of the virus, the world suffered shortages of essential supplies. Some countries quickly remedied the shortfall while others did not (Fisher and Hang-San [2020](#); Wieler et al. [2020](#)).

It's the responsibility of governments, businesses, or organizations to perform risk assessments to identify and prepare for the most likely potential crises. Risk is the relationship between probabilities and impact. Quite often when a crisis occurs we discover that we missed the warning signs and miscalculated the risk. In hindsight, we discover that every crisis had warning signs although sometimes they are difficult to detect. In light of other pandemics such as SARS, MERS, Ebola, or H1N1, should governments have anticipated this pandemic? Or was COVID-19 a 100-year event that could not have been anticipated?

The answer to that question may determine your conclusion about missteps. If we consider this pandemic as completely novel or unknown, we may have more sympathy toward the poor preparation by government leaders. But if we look at COVID-19 as part of a pattern of pandemics, then we may

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conclude that governments should have anticipated, prevented, and planned for the crisis.

### RECOGNIZING AND RESPONDING TO A CRISIS

The third lesson of crisis management is the challenge of recognizing a crisis as it unfolds. In hindsight, it's easy to see the emergence of a crisis, but in real time, it's often quite difficult to sense the severity or potential severity of an event.

There are many reasons why sensing an emerging crisis is not easy. It could be inexperience, but our own interests can also blind us to a developing crisis. The local Wuhan government officials had incentive to not recognize the crisis. They did not want to reveal an undesirable event to the central government in Beijing, and they did not want to have to deal with a problem that might disrupt their upcoming political provincial meeting.

The fourth stage in crisis management deals with the response. Crises involve an initial event, followed by a response. Curiously, the response often becomes a larger crisis than the original event. Once a crisis has been identified, the public looks to leaders and responsible organizations to contain it. Responding to a crisis requires sound judgment, the mobilization of response organizations, and persuasive communications.

We can debate whether China should have recognized the crisis sooner and shared information with the world earlier, but we have to marvel at the aggressive action China took to contain the crisis. It imposed sheltering in place, built hospitals in 10 days, ramped up testing, and quarantined anyone testing positive or even exposed to the virus (Wang et al. [2020](#)). It extended its

lockdown to virtually the entire country at great cost to its economy. Tamping down the contagion in China did not rely solely on a top-down approach but also relied on the strong social solidarity of the Chinese people. And it does not appear to depend solely on an authoritarian government because a number of democratic societies such as South Korea, Germany, Australia, New Zealand, and Taiwan also successfully controlled the virus through vigorous testing, tracing, and quarantining (Baker et al. [2020](#); Summers et al. [2020](#)). We saw in subsequent waves of the virus, however, compliance was more challenging in these democratic societies.

The missteps in the Trump administration's response can be traced to president's anti-establishment populism, which eschewed international relations, mistrusted science, disregarded facts and truth telling, suspected government officials of disloyalty, and displayed a tendency to divide rather than unite the country. These biases conspired against the administration's approach for successfully managing the pandemic (Klain [2020](#)). The steps required to manage the pandemic included mobilizing an international response, respecting science, relying on government agencies to prepare and execute plans, communicating truthfully with transparency, and promoting social trust to encourage the public to take precautions to prevent the spread of the virus in the absence of a vaccine.

The administration's failure to plan began as early as the presidential transition when the Obama administration provided the incoming Trump administration with a table-top pandemic exercise accompanied by a detailed planning document, which highlighted the threat of a pandemic as a potential high-impact

event. Unfortunately, the high turnover in the Trump administration left few attendees from that transition exercise still in government three years later. The Trump administration's \$1.35 billion cut to the Pandemic Public Health Fund at the Centers for Disease Control (CDC) as well as the elimination of the National Security Council's office of pandemic response and the removal of the CDC epidemiologists in Beijing also contributed to the federal government's early missteps (Kirchhoff [2020](#)).

Press reports indicated President Trump rebuffed many efforts from his own administration to get him to focus on the possibility of a pandemic after the outbreak in China. The president substituted his own judgment for that of the experts, including members of his administration. The administration not only failed to prepare but also waged a high-stakes gamble contrary to the advice of the medical community by assuring the public the situation was under control when it was not. This misjudgment on COVID-19 had immediate deadly consequences.

On January 31, 2020, President Trump did take action by blocking all foreigners from coming to the United States from China. As an isolated action, however, it assumed that only Chinese nationals might spread the virus. Meanwhile, 40,000 people who were not Chinese nationals traveled from China to the United States in the 60 days after the ban without any systematic program to test, trace, and quarantine, and many others came into the country possibly with COVID-19 from other hotspot countries (Eder et al. [2020](#)).

On March 11, 2020, the president acted again by imposing a travel ban on European travelers. This action, however, may have accelerated the spread of

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COVID-19 in the United States as thousands of US citizens and others overwhelmed airports rushing back to the US before the ban went into effect (Saunders 2020). The rush created an ideal breeding environment for the virus. Bans work only if they are accompanied by rigorous testing, tracing, and quarantining. And they certainly work best if they block all travelers without giving advanced warnings that create a rush to travel before the effective date.

Finally, on March 13, 2020, the president declared a national emergency. State governors took actions to protect the public (Savage 2020). Since the virus had spread more rapidly to some cities and states, it made sense for the governors to take actions appropriate to their states. Perhaps political considerations influenced decision-making because coincidentally the initial spread took place in the so-called blue states of Washington, California, New York, and southern New England. Without a coordinated federal response, however, governors had to compete with each other for PPE, ventilators, and other necessary supplies. The federal government decided not to play a central role in the coordination even though only it could compel companies to produce vital equipment.

Between March 19 and March 25, 2020, as the number of COVID-19 cases rose precipitously, governors in 20 states shut down their economies and ordered residents to shelter in place. During the following week, an additional 20 states took the same action (Mervosh 2020).

In hindsight, it's clear that the early hotspots such as New York City should have closed sooner. Columbia University's model showed that 54,000 deaths might have been prevented if certain states had closed two weeks earlier (Togoh 2020)—a significant misstep. Just two weeks before

New York City shutdown, its mayor rode a crowded subway encouraging people to go about their normal business because there was nothing to fear, an example of the difficulty in recognizing a crisis event and the reluctance to take bold action in the early stages before the public perceives the problem.

The president, the governors, and mayors in hotspots such as New York were not the only ones to make missteps. The CDC bungled the roll-out of the testing program, which prevented the country from identifying those infected before the infection rate escalated (Patel 2020). Without early testing, there was no possibility of quarantining and tracing. And the medical community initially sent mixed messages on masks. While China and much of Asia all adopted masks as a preventive measure, the US Surgeon General tweeted on February 29, 2020, “seriously people, STOP BUYING MASKS” (Balluck 2020).

In examining missteps, it is only fair to point to these steps that mitigated the crisis, as well. On March 27, 2020, as the country closed down, the President and Congress quickly enacted legislation to provide more than two trillion dollars for businesses, hospitals, and workers as the economy slid into an induced coma (Cochrane and Stolberg 2020). The Federal Reserve also took unprecedented action to shore up the financial markets (Cheng et al. 2020). Despite a hostile attitude toward science, the president supported the development of a vaccine, another positive step toward ending the pandemic. The promise of a vaccine under development on an accelerated path became the backbone of his strategy for dealing with the pandemic. To curb the spread of the virus prior to the availability of a reliable vaccine, the country needed a program of testing, tracing, and

quarantining, but it stumbled in the execution of these methods.

## CRISIS COMMUNICATION

Crisis management calls not only for decisive actions but also for effective communication—keeping the public informed, explaining the rationale for decisions, and persuading the public to do things to keep themselves and others safe. In a pandemic, these safety measures include wearing masks, washing hands, maintaining social distance, and sheltering in place. These actions may be more in the interests of our fellow citizens than of ourselves, which is why it is critical to communicate these messages with the moral authority of society's leaders.

This type of crisis communication, however, is particularly challenging in the United States, with our exaggerated sense of individual freedom and our less-developed sense of social responsibility. Our highly polarized society with low social trust exacerbated the communication challenge. The task of shaping the narrative is critical. President Trump used a daily news conference and Twitter, which gave him direct access to millions, but he never developed a consistent narrative. He minimized the virus, compared it to the flu, urged the country to ignore it, assured the public it was under control, and blamed China. At times he said it was serious but also that it was not so bad (Paz 2020).

The expected crisis communication strategy of a national leader is to bring people together, express empathy for those suffering, console the bereaved, support frontline responders, and build common bonds to give the community a sense of shared sacrifice. In crisis management, that strategy is a time-honored best

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practice. The president's surprising departure from that norm only served to sow seeds of division in the country.

The sheltering-in-place policy imposed by governors flattened the curve in many states, but it came at big cost to the economy. The strategy made sense only as a short-term measure to reduce hospitalizations, secure necessary medical supplies, and alert the public to the seriousness of the pandemic and the urgency to change behavior. President Trump came to oppose the policy because, as he put it, "the cure may be worse than the disease" (Haberman and Sanger 2020). The president expressed the legitimate concern that the longer the economy remained closed, the more businesses and jobs might be lost for good (Tankersley 2020).

In prioritizing opening the economy while dismissing concern for health, the president implicitly advocated something closer to the herd immunity strategy adopted by Sweden (Goodman 2020). Herd immunity requires the majority of a population to have been exposed to the virus. But even with rapid spread of the virus, the United States was a long way from herd immunity. Meanwhile, the president portrayed a sharp division between opening the economy and implementing health precautions rather than portraying them as complementary.

President Trump pressured governors to open their states to get the economy going even as case numbers increased (Colvin et al. 2020). He minimized the risk of the contagion by shunning the use of face masks and turning the mask-free face into a symbol of defiance. As the virus spread into rural regions in the South, Midwest, and West, the president's decision to not serve as a role model for healthy behavior proved to be his most significant misstep. He lost an

opportunity to educate the public on the quickest way to restore the economy prior to a vaccine by adopting safe practices.

Without implementing widespread safety precautions, the United States, with only 4 percent of the world's population, found itself with 25 percent of the world's COVID-19 cases and more than 20 percent of the deaths in the first year of the pandemic (Andrew 2020). In a pandemic that disproportionately affected the elderly, those with underlying health conditions, the poor, and minorities, such an approach increased the risk to the most vulnerable members of the community.

#### ENDING THE CRISIS AND RETURNING TO NORMAL

This brings us to the fifth stage in crisis management—returning society to normal. After six or seven weeks of shutdown, pressure began to mount to open the economy, not only from the president but also from those in regions with low infection levels and those with businesses and jobs that suffered with a shelter-in-place policy. With the national unemployment rate at 15 percent, 40 million workers filing for unemployment insurance, and many businesses unable to survive a prolonged shutdown (Flitter 2020), there was growing recognition that the country had to find a way to open back up. But without a comprehensive program to test, trace, and quarantine or widespread adoption of a vaccine or antibody therapy, what did it mean for the society to return to normal? Businesses wondered whether they should risk remaining closed and going bankrupt or opening and going bankrupt if they were sued by someone who got sick on their premises (Eisenberg 2020).

The early lockdown in many rural regions may have been a misstep by the governors, but the return to normal in regions with rising infections, inadequate testing, and no plan to take precautions to protect the public exacerbated the spread of the virus in many states.

#### MAINE'S PANDEMIC RESPONSE

While the federal government failed to plan, recognize, and respond effectively to the pandemic, Maine, along with several other states such as Vermont and New Mexico, managed the crisis with relative success—although arguably not without missteps. In March 2020, Maine Governor Janet Mills closed the state and made the health and safety of the population her top priority. Mills's response contrasted sharply with Trump's. While President Trump sidelined his medical experts and put Vice President Pence in charge of the administration's pandemic response, Governor Mills deferred to Maine CDC Director Dr. Nirav Shah and her health experts to manage the crisis.

Governor Mills and Dr. Shah communicated consistently and frequently with the media and the public. They asked for cooperation in taking safety precautions to halt the spread of the disease. In making public health her top priority, the governor projected an image of a healer, a unifier, and a concerned leader trying to protect the health of all Mainers, even those who opposed her policies. The governor's aggressive steps to halt the spread of the virus bolstered the state's reputation as a safe place, which contributed to the boom in tourists visiting Maine when the state opened back up (McGuire 2021).

In the early days of the pandemic, while COVID-19 rapidly spread from hotspots such as New York City and into

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New Jersey, Connecticut, and Massachusetts, it barely reached the southern-most parts of Maine. The precautionary statewide lockdown in March 2020 was poorly received in the northern Maine where there were virtually no COVID-19 cases. The reaction quickly became an ideological dispute with northern Mainers, a region with many Trump supporters who saw the governor's policies as a heavy-handed attack on their freedom and livelihoods.

In turning the pandemic response over to medical experts in the early stage of the pandemic, the state may not have achieved a balance between protecting the public's health and protecting the state's economy (Ip 2020). In hindsight, the early statewide closures may have been an overreach—arguably too protective of health and too insensitive to the economic and social consequences of a lengthy lockdown. As the pandemic continued, concerns over health and the economy came into greater balance as the entire society learned how to keep the economy going by taking measures to safely distance, wash hands, wear masks, and limit indoor gatherings.

Most Mainers were grateful to Governor Mills and Dr. Shah for putting public health first and basing decisions on science. Decisions were justified by reference to science, but the scientific community's understanding of COVID-19 evolved over time. Science alone did not provide definitive policy options, which allowed for differences of opinion even among those willing to follow the science. For instance, the decision to require out-of-state visitors from certain states to quarantine for 14 days or take a COVID test 72 hours before arriving in Maine served largely to discourage people from coming to Maine. The retail and hospitality industries saw this policy as arbitrary

and unenforceable and complained that state policy was largely based on a general perception of risk rather than specific science-based metrics that could have provided clear targets and protocols. It was also hard to find the scientific basis behind the 9:00 PM curfew on restaurants, as if eating at 8:00 PM was somehow safer than eating an hour later. The policy mostly seemed designed to discourage people from going to restaurants. These types of decisions were driven as much by political calculations as by any scientific rationale as a way to extend the lockdown in the face of stiff opposition.

Preventing the spread of the virus was not without considerable trade-offs. Reducing one societal risk increased several other risks. The unforeseen consequences of an aggressive prevention policy included more than the loss of revenue to a shuttered business or the forfeit of wages to idled employees. The loss of work and social interaction inflicted psychological harm on those affected. Business owners and their employees lost more than just money; they also lost a sense of identity, purpose, and well-being. The isolated elderly suffered from loneliness. Children were deprived of not only attending school but also of developing important relationships with teachers and friends during a formative time of their lives. The aggressive measures proved effective in halting the spread of the virus, but it was achieved at a high social cost (Allen 2020).

The Trump administration and the Mills administration took opposite approaches to the pandemic. Those choices in the early stages of the pandemic divided the country and the state and exacerbated an already polarized society. Over time, both the federal and state governments have learned to take measures to maintain both public health

and a vibrant economy. But those early decisions framed the partisan divide. Despite facing a common enemy in COVID-19, the country and the state never came together on a course of action to confront the deadly disease.

### ASSESSING THE CRISIS RESPONSE

The conclusion of a crisis comes with an assessment of the success or failure of efforts to bring the crisis to an end with the least possible harm. We often assess crises and the actions of leaders through ideological lenses. Those who previously had negative views of China more readily blamed that country. Attitudes about the Trump administration's preparation and response were colored by perception of President Trump prior to the crisis. Commissions are often established to perform these assessments such as the 9-11 Commission or the National Commission on the BP Deepwater Horizon Oil Spill and Offshore Drilling. With such accounting comes the inevitable blame or praise for leaders, organizations, and even countries that failed or succeeded in handling the crisis.

China has been praised for its effective response to the COVID-19 outbreak but blamed for the virus's origin. The debate over the origination—whether the coronavirus spread from an animal in a wet market or a leak from the Wuhan Institute of Virology—illustrates the politics of crisis management and how crises are refracted by the interests of participants. The scientific community initially dismissed the leak theory, which had been advocated by anti-Chinese politicians with little evidence. But whatever the truth of the virus's origin, both the advocacy of the leak theory without

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evidence and the dismissal of it without investigation demonstrated how the interests of the participants colored their positions on crisis events. While we will likely never know with certainty the origin of the virus, this example shows how political interests inhibit an independent inquiry to assess the cause and the management of the crises.

In the United States, future assessments will likely focus on the failure of the federal and state governments to lead, organize supplies to protect health workers, and provide adequate and timely testing, tracing, and quarantining. The federal government under President Trump may receive credit for its initiative to develop a vaccine, but the successful development may be overshadowed by poor implementation and widespread vaccine skepticism. The assessment of the federal government's response under Presidents Trump and Biden and the response of each of the 50 states will have to wait until the pandemic is over. The assessment will likely focus on how a public health crisis became entangled with a cultural political issue that pitted personal freedom against community safety.

It is a notable irony that, in the midst of a trade war between the two largest economies in the world, a pandemic began in China and had a devastating effect in the United States. It is also telling that the Wuhan city officials and the Trump administration shared the same missteps in not recognizing the crisis and not taking early action. Both Wuhan officials and the Trump administration failed to be transparent with the public, which is a fundamental rule of crisis management: tell the public what you know and what you don't know, do it in the early stage of the crisis, and keep doing it until the crisis has ended. Both

expressed optimism and provided assurances without evidence to back up their claims. The US administration's failure may be even more egregious in that it had the advantage of the early warning of the outbreak in China and had seen it spread to other countries.

It is likely that the leaders of China, Italy, Brazil, the United Kingdom, and the United States will suffer from a harsh assessment for their missteps in preventing, preparing for, and managing the crisis. In contrast the leaders of Germany, Norway, Finland, Iceland, Taiwan, and New Zealand have received praise for their early decisive action in containing the spread of the coronavirus in their countries. Is it just coincidence that the leaders being blamed and who have tried to shift the blame to others were men and those who took early action were women? Just like these national-level women leaders, Maine's Governor Mills along with New Mexico's Governor Grisham have led their states with a strong focus on public health. Any assessment will have to grapple with the way men are socialized into leadership that may have created a blind spot in dealing with health-related crises. The alpha-male leadership model may convince leaders they can bend reality to their will, but it may be the wrong approach in dealing with a pandemic. Women leaders appear to have exhibited more respect for the power of the virus, more humility in their ability to control it, and more interest in protecting their people while taking a longer view on the economy.

### LESSONS LEARNED

The sixth and final stage of crisis management calls for an honest assessment of the lessons learned and the steps that should be taken to prevent and

plan for the next pandemic. So, what are the lessons we will have learned from this pandemic?

- Will we engage in pandemic planning, scenario drills, stockpiling medical equipment, and strengthening our public health system?
- Will we address the patchwork public health and medical insurance system in the country?
- Will we move away from efficiency and adopt a more redundant approach to inventory in our critical healthcare supply chain?
- Will we recognize that off-shoring the manufacture of PPE and generic medicines leaves us vulnerable in a pandemic?
- Will we address the absence of a safety net for many in our society who are ill-equipped to deal with such a disruption in their lives?
- Will we recognize the need for greater global cooperation to stop or prevent pandemics in every country (especially in the poorest countries without the resources to contain a pandemic on their own) because cooperation is in our self-interest and the current every-country-for-itself approach to pandemic preparedness and response is self-defeating?

The hope is that the pandemic wakes us to the realization that we have to resolve the underlying issues that have caused so much suffering during this crisis. Solutions that seemed radical prior to the pandemic may be seen as more reasonable in its aftermath. This pandemic may be seen as a warning sign that spurs us to address fundamental societal issues and to prepare for future pandemics and other crises.

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