
Virus and Leviathan

Symposium on Public Health and Policy in a Free Society

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In early 2020, coronavirus disease 2019 (COVID-19) was unleashed on the world. What began as an outbreak in China quickly spread and was declared a pandemic in March 2020. In response, governments around the world activated their regulatory machinery, adopting a wide range of activities, including but not limited to detainment, surveillance, lockdowns, the shuttering of schools and “nonessential” businesses, travel restrictions, and the banning of certain events. The consequences include but are not limited to economic hardship, massive spikes in national debt, increases in the prevalence of mental-health issues, and spikes in substance abuse, suicide, and domestic violence.

The ongoing pandemic raises a host of issues for those concerned with the maintenance of a free society. What are the role and limits of entrepreneurship, civil society, and governments in preparing for and responding to health crises involving collective-action problems—for example, infection externalities? What is the role, if any, of government regulation—for example, the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC)—in matters of public health? How might regulations reduce well-being by stifling innovation and adaptations? How do government responses to health crises empower Leviathan in ways

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that threaten individual freedom and liberty both in the immediate term and in the long term? The papers that follow are inspired by these and related questions.

In the opening paper, Richard Wagner notes that public health is an oft-used illustration of market failure and justification for governmental action to solve as a corrective. COVID-19 is just the latest in a continuing series of claims of market failure that are alleged to require solutions by politically selected experts. Although recognizing that COVID-19 presents problems of public health, Wagner argues that solutions are a complex matter of social organization and not a simple matter of selecting the right expert to determine the right solution. Subduing COVID-19 requires expertise provided by the scientific disciplines related to public health, but it requires more than that. To explore how much more, Wagner draws on Michael Polanyi's notion of a "Republic of Science" to explain that subduing infectious disease is best accomplished not through a closed and limited system but instead through a system of free and open competition among ideas and approaches.

Lockdown measures enacted across the United States in response to the COVID-19 pandemic have severely curtailed personal and economic liberties. The next two papers explore the origins and consequences of government responses to the pandemic. Phillip Magness and Peter Earle analyze the nonpharmaceutical interventions (NPIs) aimed at mitigating the transmission of COVID-19. Examples of NPIs include closing businesses, canceling events, restricting travel, limiting the size of gatherings, and imposing shelter-in-place mandates. Magness and Earle identify the various political economy dynamics at work in the design, implementation, and persistence of NPIs in the context of COVID. These factors include bias toward government action, political path dependency, and the emergence of public-health experts as an interest group incentivized to perpetuate the status quo. Their analysis has implications both for understanding the response to COVID-19 as well as for learning broader lessons for government responses to future public-health crises.

Although a growing body of research estimates the benefits and costs of lockdowns, Raymond March notes that there is less research examining the role of deregulation in expanding health-care capacity. His paper fills this gap by analyzing the impact of the FDA and CDC's deregulation on COVID-19 testing. He finds that laboratories and test developers greatly expanded both the COVID-19 testing availability and the variety of tests after deregulation occurred. His findings have implications for the way we think about responding to pandemics beyond COVID.

Next, Nathan Goodman, Abigail Devereaux, and I explore how government responses to public-health crises can result in the permanent growth of Leviathan. Some of the consequences of expansions of the scope of government power in response to public-health crises are immediate and observable. Others, however, are not readily observable and appear only over time. My coauthors and I explore these long-run consequences with specific focus on how institutional changes can persist after a public-health crisis ends, causing increases in state power. These changes have the potential to undermine the liberties of future persons and disrupt bottom-up, nonstate processes of

social coordination. We illustrate these dynamics with three historical case studies: (1) the bubonic plague in Cape Town, South Africa, in 1901 and its influence on apartheid; (2) the emergence of modern zoning and urban planning in the United States in response to the cholera, typhoid, smallpox, and tuberculosis epidemics; and (3) compulsory vaccination in response to the smallpox epidemic of 1902. In each case, initial government responses to infectious disease had long-term consequences on state power and the fabric of society.

In the final paper, Byron Carson argues that individuals partially internalize epidemic externalities by limiting infectious behavior and encouraging preventative behavior. He notes that this is more likely to happen voluntarily when prevalence and mortality rates rise. Carson develops the logic underpinning this responsiveness with specific focus on voluntary changes in behavior, innovative means of prevention, and changes in rules. He draws on a range of examples from the COVID-19 experience in the United States to illuminate his argument. Responsiveness, viewed as a voluntary phenomenon, implies that the effectiveness of many governmental public-health policies is overstated, that herd immunity depends on responsiveness, and that public-health agencies can improve their fight against infectious diseases by promoting the entrepreneurial efforts of individuals. Carson's analysis has important implications for the way we think about the range of feasible options for dealing with the challenges posed by infectious disease.