

World view



By Martha Lincoln

A special self-image is no defence against COVID-19

Many countries that see themselves as distinctive have handled the pandemic badly.

As an anthropologist who has studied disease outbreaks in Vietnam, I've been moved by the contrast between the experience of COVID-19 there and in the United States. By late April, my friends in Hanoi were posting pictures of celebrations and joyfully announcing "Social distancing is over!" I'm relieved that infection rates in Vietnam remain low, but their posts seem to come from a parallel universe as I and my family and friends in the United States continue to shelter in place.

Just last year, the United States was considered one of the countries best equipped to confront a virus such as SARS-CoV-2. Others included the United Kingdom, Brazil and Chile – nations ranked by the comprehensive Global Health Security (GHS) Index as being among the world's most prepared. Yet since the pandemic began, these countries have delivered some of the worst outcomes. The United States leads the world in both total cases and total deaths; Brazil's fatalities are second. Chile's per-capita cumulative case rate is the second-highest in Latin America, and the United Kingdom has the highest rate of COVID-19 deaths per capita of all the G7 countries. What might explain these staggering failures?

One thing these countries have in common is 'exceptionalism' – a view of themselves as outliers, in some way distinct from other nations. Their COVID-19 responses suggest that exceptionalist world views can be associated with worse public-health outcomes. Researching this association could help in redefining preparedness and allow more accurate prediction of pandemic successes and failures.

The United Kingdom's decision to leave the European Union is recent evidence that the country – or a large part of it – wants to go it alone. In the early months of the pandemic, Prime Minister Boris Johnson disregarded advice against shaking hands, and the government even considered allowing the virus to spread in pursuit of herd immunity. These actions telegraphed hubris about the country's ability to withstand a public-health crisis.

In the United States, the White House has projected exceptionalist world views in many ways, including by pulling out of the World Health Organization and claiming the virus would disappear "like a miracle". Overconfidence in the nation's ability to respond to COVID-19 is seen at all levels of society, from cuts to pandemic-readiness programmes to people refusing to wear masks in public.

Brazil's populist leader Jair Bolsonaro suggested in March that Brazilians were tough enough to survive infection, so no mandatory precautions were necessary. A chaotic

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national response allowed the epidemic to flourish. Chilean exceptionalism has been invoked to describe the nation's stable democratic institutions, competent judiciary and thriving free-market economy, but COVID-19 infections surged after reaching low-income communities. Although Chile has a robust health-care system, its epidemiological outcomes reveal troubling levels of inequity. The country's self-flattering image could have caused its leaders to underestimate its vulnerability to the virus.

The pandemic provides a natural experiment on the public-health effects of hubris. One way for researchers to measure and compare exceptionalist world views could be to study public attitudes through surveys and interviews. Exceptionalism could also be identified in what a country's leaders say to the public: do their messages emphasize national specialness, or membership of the international community? Researchers could also examine pandemic responses, assuming that exceptionalist countries will be less likely to learn from other nations. Yet more evidence might come from analysing the media: do news stories describe a country's experience as unique, or draw parallels with experiences elsewhere? Such work could explore whether exceptionalism predicts worse performance in disease control. Instead of relying on untested assumptions about preparedness, as the GHS Index rankings did, researchers could consider actual outcomes.

The analysis would need to look at a variety of possible drivers of pandemic outcomes, to safeguard against cherry-picking. However, it could draw lessons from understudied success stories. Last year's GHS Index rated Vietnam 50th of 195 countries, yet as of 6 September, the country's death toll stood at just 35. An analysis of 36 countries' COVID-19 responses, published last month by the FP Group, a news organization based in Washington DC, ranked Senegal – another lower-middle-income country – second. The United States came 31st.

Vietnam never presumed it would have special protection against disease. Its leaders took no chances in responding to reports of a strange pneumonia in Wuhan, China, and acted decisively to quarantine, test and trace the contacts of early cases. Other nations that exceeded expectations in pandemic response include Cuba and Thailand, which had, as of 2 September, limited deaths to double digits.

In Greek myth, hubris is punished by the goddess Nemesis; in disease control, a hubristic world view risks a particularly vengeful nemesis. Overconfidence in national specialness has led to lack of preparedness, prevented collaboration with global health agencies and limited opportunities to learn from the experience of other countries. By identifying a missing variable in pandemic preparedness – the way nations see themselves – scholars could help to develop a more accurate metric for national readiness to fight disease.

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