The Social and Political Impact of the COVID-19 Pandemic: An Introduction

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The COVID-19 pandemic highlights the importance of responsive institutions: governments and communities coordinating policy changes; media, social networks, and officials swiftly and accurately conveying information; and an engaged public. This special issue explores social and political factors that both shaped initial response to the pandemic, and were altered by it. Institutional inequalities and variations in government response created significant differences in health outcomes even as the contagious nature of the pandemic linked spaces and people. Thus COVID-19 created new crises, exacerbated inequalities, and led to broad social changes. Social scientists will spend decades unraveling the consequences of COVID-19. This issue challenges scholars to apply existing theories and frameworks, but also to see the pandemic as an event that stimulates us to reevaluate settled paradigms.

Keywords: COVID-19, information, inequality, policy, civic

The COVID-19 pandemic, which first appeared in the United States in the beginning of 2020, quickly created broad social and political upheaval, upending lives across society. That rapid impact had lasting effects, leading Yale Medicine to call 2020 "the year of disruption" (Katella 2021) as people, governments, and organizations wrestled with interwoven crises that threatened both lives and livelihoods. Two years later, with pandemic consequences con-

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tinuing, expectations shifted from ending the pandemic by eradicating the virus, to a "new normal" as individuals and institutions began to grapple with a future that includes an endemic COVID-19.

Although the COVID-19 pandemic created a public health crisis, it also was (and is) a social problem in that widespread adoption of advised public health behaviors relied on an interplay of policy, social communication, and public attitudes.[1] Policymakers grappled with whether and how to respond, information was carried to the public with varying degrees of urgency and accuracy, and as a result, individual attitudes and behaviors shifted in different ways. The increasing prevalence of highly contagious diseases such as SARS, MERS, and H1N1, and the novel spread of COVID-19 underscores the need to understand such events— not just the epidemiology of pandemics, but also the social responses that mitigate or exacerbate harms for individuals, groups, communities, and institutions.

The pandemic highlighted that effective health containment relies on a nimble political order, at all levels of government, that can rapidly absorb information to create, enact, and administer scientifically driven and adaptable policy. But effective societal response also required people be knowledgeable, active, and engaged in communities and political life—in other words, good citizens of an informed society. The effectiveness of this social-political interplay relied on a variety of public resources, including institutions, infrastructure, education systems, health providers, public assistance programs, community organizations, social trust and cooperation, networks, and cultural capital. Pre-pandemic inequality and geographic differences in these resources created variations in the effectiveness of community response (Capano et al. 2020; Ding et al. 2020; also see Hale et al. 2020). At the same time, the contagious nature of the pandemic linked individuals across geographies in new ways—previously confined local inequalities suddenly created consequences that could quickly reverberate across the national and world stages (Holtz et al. 2020).

The interactions between unequal social resources and varied government response (Killeen et al. 2020) had a significant impact on disease spread (Liu, Beeler, and Chakrabarty 2020; Gupta et al. 2021), creating a "patchwork pandemic" in the United States (Yong 2020) that concentrated hospitalizations and deaths in vulnerable communities (Patel et al. 2020).

Early cross-national research also displays the critical interplay between social and political responses. Countries varied substantially in both pre-pandemic resources and government actions (Capano et al. 2020), and the interaction generated substantial differences. For instance, countries in which citizens were more engaged in policy institutions responded with faster public health measures, such as testing programs, business shutdowns, economic stimulus, and border closures; and experienced higher public cooperation (Greer et al. 2021). Striking differences are emerging, however, even within similarly situated countries. Policy responsiveness and coordination differed between the United States and Canada (Béland et al. 2020), both liberal welfare-state regimes, as well as between the federal countries of Germany, Austria, and Switzerland (Czypionka and Reiss 2021). Although evidence is still emerging, early estimates suggest that, much like within the United States, harms from the pandemic were concentrated in poorer countries (Decerf et al. 2021; Fereira et al. 2021).

Theorizing interactions between government, social institutions, community organizations, and public action are central to social science. That these interactions played such a significant role in pandemic harms amplifies the need for researchers to investigate the social and political nature of the pandemic, not only to better prepare for future pandemics, but also to understand core phenomena that drive outcomes in natural disasters, security crises, and other large disruptions.

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[1]. As of the publication of this issue, the pandemic is ongoing. In addition, the social fallout created from COVID may last for decades. We use the past tense because the data and analysis presented in this issue are past looking.

this process. We recognize that, at the time of writing, we are only beginning to understand the relationships between COVID-19 and U.S. society, yet immediate themes are already emerging. It is clear that in some ways these themes reflect long-standing lines of inquiry within social science. This issue tackles emerging yet fundamental questions about the social and political dynamics that shaped initial response and how the pandemic altered these dynamics for individuals, communities, and institutions.

In scale, the number of U.S. deaths from the pandemic are expected to be similar to that for the HIV/AIDS epidemic—concentrated in years rather than spread over decades (Goldstein and Lee 2020). The sheer magnitude of the pandemic resulted in sweeping and rapid social changes, some of which may not be fully experienced or understood for decades. The articles in this issue deploy existing theories and methods, providing insight about pandemic consequences across diverse communities and domains. However, in studying one of the largest mortality threats of the last century, the contributors to this issue also see the pandemic as a crisis that requires reexamining and challenging established social science paradigms.

This introduction begins with a timeline of the pandemic in the United States, tracing both the epidemiological trajectory of the virus and the challenges that confronted policymakers and the public. We then detail some of the driving questions and debates that permeated the public consciousness, consumed popular media, and dominated academic discussions. Given the abrupt shock the pandemic posed early on, the massive scale of pandemic consequences, and challenges that continue to linger, it is difficult to know where scholars should focus first. Understanding pressing public questions may inform researchers about early scientific responses needed in addressing future crises. Finally, we discuss core themes of the issue and outline how the included articles

help shed light on these pressing social concerns.

TIMELINE OF THE COVID-19 PANDEMIC

In December 2019, cases of a new pneumonia-like illness were identified in Wuhan, China.[2] By January 2020, scientists confirmed that the illness could be spread from person-to-person, prompting Chinese authorities to close businesses and enact curfews and movement lockdowns to contain the new virus. Unfortunately, it was too late. Soon new cases emerged in Europe and then the United States; the first known U.S. case was a traveler recently returned to Washington State from Wuhan.

The Early Outbreak and Efforts to Stop the Spread

The initial political response in the United States was mixed. On the one hand, the White House promptly declared a public health emergency, the U.S. State Department warned travelers to avoid China, and by the month's end, President Donald Trump suspended entry into the United States for any foreign national who had traveled to China in the last fourteen days.[3] On the other hand, the president's public comments often downplayed the crisis. In an interview with CNBC on January 22, President Trump said, "We have it totally under control. It's one person coming in from China, and we have it under control. It's going to be just fine" (Murray, Goller, and Heinrich 2020).

By February 2020, it was clear the new virus was spreading rapidly around the world. On February 11, the World Health Organization (WHO) named the virus SARS-CoV-2; both the virus and its resulting disease became known as COVID-19.

Many countries began introducing travel restrictions, but otherwise it was unclear how governments or communities should respond. Limited scientific evidence on how the virus is transmitted left governments grappling with which policies to implement and what recom-

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2. This timeline draws heavily on the reporting of Derrick Taylor (2021) and Kathy Katella (2021). As of the publication of this article, genomic tracing suggests that the SARS-CoV-2 virus existed, and was capable of binding with human cell receptors, for many years prior to the pandemic (Voskarides 2022). That the virus was first noted in Wuhan does not exclude other possible geographies of origin.

3. Immediate family members of American citizens or permanent residents were exempt from this ban.

mendations to give their citizens. Initially, both the WHO and the United States discouraged mask-wearing, seeking to prevent panic buying of the limited supply of medical-grade masks needed for health-care workers (Molteni and Rogers 2020).[4] Later, the Centers for Disease Control and Prevention (CDC) would advise Americans with symptoms to wear masks or face coverings. They subsequently changed the recommendation to advise all Americans to wear masks in public.

In February, though, masking remained limited, and just two days before the first known COVID-19 death in the United States was reported, President Trump again downplayed the crisis. He said at a February 27 event at the White House, "It's going to disappear. One day, it's like a miracle, it will disappear" (Murray, Goller, and Heinrich 2020). The president's language reveals both the initial policy goal of "zero COVID-19 cases" and exemplifies how political leaders downplayed the crisis.

On March 11, the WHO declared COVID-19 a pandemic. As concerns about the spread of the virus rose, many states feared that hospitals would become overwhelmed. Both states and the national government struggled to address a nationwide shortage of personal protective equipment (PPE), namely, gloves and masks, for health-care workers.

Across the country, there was wide variety in responses at all levels of government. This lack of coordination would be a pervasive theme in the U.S. response—a patchwork of information, policies, and outcomes that differed starkly across states and localities (Yong 2020). National, state, and local governments would disagree, would issue conflicting public guidelines, and would compete for limited supplies. The federal government would provide some early guidance and coordination. On March 13, the president issued two national emergency declarations under both the Stafford Act and the National Emergencies Act, and on March 18 invoked emergency powers via executive order

under the Defense Production Act.[5] On March 19, he named the Federal Emergency Management Agency as the lead agency in pandemic response efforts, a designation previously held by the Department of Health and Human Services (Bragg 2020). The CDC provided further guidance about limiting gatherings of fifty or more people. Overall, concrete federal action to coordinate efforts to procure PPE, address hospital capacity, provide testing and quarantine guidelines, and garner necessary supplies was minimal (Bender and Ballhaus 2020; Stobbe and Perrone 2020). This response would ultimately come mostly from the states.

Some local and state governments took bold action. By the middle of March, the New York City public school system—the nation's largest, with 1.1 million students—ceased in-person instruction. It was followed by many other school districts across the country. When confronted with rising cases and a cruise ship docked outside San Francisco with many infected passengers, the Bay Area announced the first shelter-in-place order, asking residents to stay at home except when going to an essential job or shopping for essential needs, a practice that soon spread to the rest of the state (Hoeven 2020). By the end of the month, the United States was the hardest-hit country in the world, with at least 81,321 confirmed cases of COVID-19 and more than a thousand deaths (for case counts across time, see figure 1). New York and California would become the two states hit hardest by the first wave of the pandemic, which was concentrated primarily in population centers on the East and West Coasts. Early mortality rates revealed that those older than sixty-five were particularly susceptible to serious infection, hospitalization, and death; nursing homes were hit particularly hard. The greater risk of severe illness in older individuals and those with underlying health conditions prompted public discussion as to whether restrictions or requirements on the general population were needed.

4. At the time, lower-grade masks (such as construction-grade masks) were not believed to be particularly effective.

5. Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. 100-707 (1998); National Emergencies Act, Pub. L. 94-412, 90 Stat. 1255 (1976), 50 U.S.C. § 1601-165; Defense Production Act of 1950, Pub. L. 81-774 (1950), as amended, Pub. L. 115-232 (2018).

Figure 1. New U.S. Daily COVID Cases
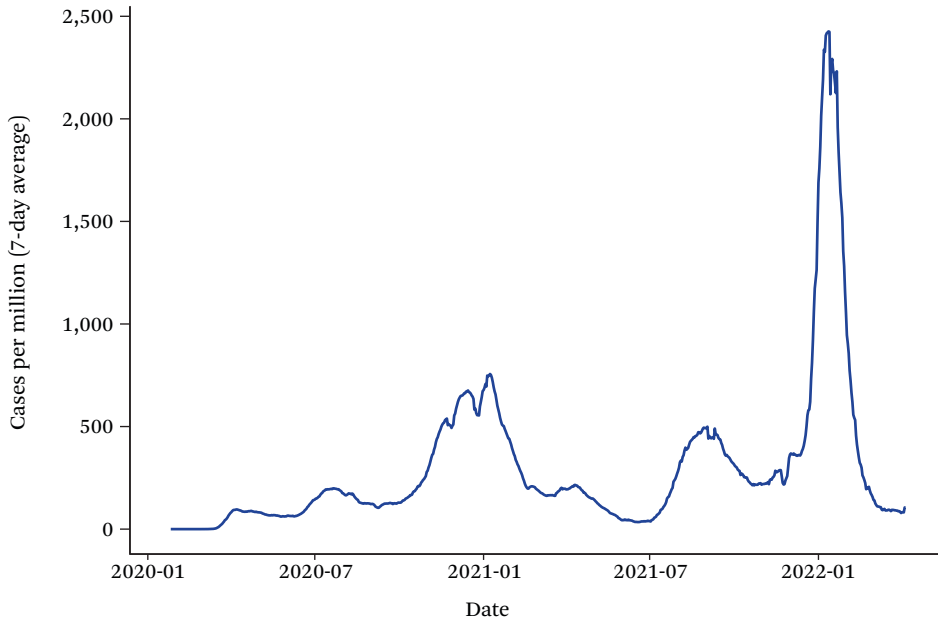
Source: Authors' tabulation based on *New York Times* (2021).
Notes: Data was tracking of cumulative counts of coronavirus cases in the United States, at the state and county level, over time. Data are compiled from state and local governments and health departments in an attempt to provide a complete record of the ongoing outbreak.

By April 2020, the pandemic had disrupted life around the world. Many countries closed their borders, sports teams canceled events, schools closed and shifted to remote learning, and nonessential employees were told to work from home. When people were outside their homes, they were encouraged to social distance (remain at least six feet apart) and some people began to wear masks. In early April, following more research about how the virus is transmitted and evidence that the virus could spread asymptomatically, the CDC changed its guidance, encouraging all Americans, not just those with symptoms, to wear face masks (Giordano and Calore 2020).[6] The goal, according to public health officials, was to "flatten the (epidemio-logical) curve" (*The Economist* 2020; Boumans 2021), reducing the exponential rate of transmission to decrease the risk that hospitals would be overwhelmed and unable to care for the influx of COVID-19 patients.

As states banned events and travel was canceled, shopping and dining habits shifted. As a result of changing consumption patterns, unemployment skyrocketed, primarily in service industries. In the span of a few weeks, nearly ten million Americans lost their jobs (Taylor 2021). In the last week of March alone, 6.6 million people applied for unemployment benefits (Taylor 2021). "The speed and scale of job losses was without precedent: Until March, the worst week for unemployment filings was 695,000 in

6. The federal guidance on wearing masks was mixed. On the one hand, CDC reports suggested that masks could reduce the spread of the virus and by the end of April, U.S. airlines announced rules requiring face masks (Taylor 2021; Katella 2021). On the other, some federal leaders continued to worry about the impact of mask recommendations on limited PPE supplies (spurring a rise in reusable cloth masks) and the White House offered little personal support to the action. At a White House briefing on April 3, 2020, the president said, "With the masks, it's going to be really a voluntary thing. You can do it, you don't have to do it. I'm choosing not to do it, but some people may want to do it and that's OK. . . . As I greet presidents, prime ministers, dictators, kings, queens . . . I don't see it for myself, I just don't" (Murray, Goller, and Heinrich 2020).

1982" (Taylor 2021). Most recent recessions largely hit male-dominated industries, but pandemic unemployment was concentrated in female-dominated jobs in service, education, and childcare. Coupled with closed schools and declining access to childcare, this significantly altered the pattern of women's lives (Landivar et al. 2020).

Throughout the pandemic, federal, state, and local officials would continue to face the challenge of balancing saving lives and saving livelihoods. By April 26, 2020, the global death toll surpassed two hundred thousand and cases topped 2.8 million, making many political leaders more concerned about the near-term consequences of the pandemic on mortality. The balance of reduced mobility, closed businesses, and shifts to online learning would be the subject of U.S. political contention throughout most of 2020.

The Dilemma of COVID-19 Restrictions and Pressure to Reopen

Although some states effectively leveraged social distancing and stay-at-home orders to "flatten the curve" through the late spring of 2020, by early summer case counts again began to rise as states "reopened" in different phases. Health experts warned of the dangers of too much interaction and large gatherings that could become super-spreader events. Cases rose the most in nineteen states in the South, West, and Midwest, which had been spared the worst of the pandemic in the earlier wave. Native American homelands were hit particularly hard, and by May, the Navajo Nation had the highest case rate per capita in the United States (Kim 2020).

In mid-May 2020, the U.S. federal government launched Operation Warp Speed, a public-private partnership that provided $18 billion in funding to accelerate development of vaccines that were intended for U.S. populations (Lancet Commission 2021). The goal of the program was to create three hundred million doses of vaccines by January 2021 (Government Accountability Office 2021). On May 27, COVID-19 deaths in the United States passed one hundred thousand, more than any other nation in the world.

The summer of 2020 brought the second wave of increasing infections (a positively sloped epidemiological curve). On July 10, the United States set the single-day new case record for the seventh time in eleven days, surpassing sixty-eight thousand new cases a day. Across the full month of July, the United States recorded more than 1.9 million new infections. Lack of testing supplies and access to testing make even these enormous numbers a likely underestimate. By August, COVID-19 became the third leading cause of death in the United States after heart disease and cancer.

Although the effect of the pandemic on lives lost was massive (and growing), the pandemic also affected those who remained healthy. Disruptions from government and business responses to the pandemic left many struggling with continued unemployment. By May 2020, unemployment had stripped approximately 5.4 million Americans of health insurance (Dorn 2020). Those still employed faced challenges of going to work during pandemic lockdowns or of working from home without adequate childcare or schooling options. These disruptions exacerbated existing inequalities given that some groups were much better positioned than others to work remotely or use flexible work schedules to assist with childcare and remote learning. In late August, with little federal assistance, K–12 and college institutions began the school year with a patchwork of plans for in-person, hybrid, and remote learning that would do little to alleviate the burden on parents. For in-person employees, work location would emerge as a primary determinant in the risk of contracting COVID-19 (Chang et al. 2021).

In response to the continued dangers of the pandemic, and the need to balance lives and livelihoods, the federal government took a more proactive role in encouraging people to wear masks. On July 12, Trump wore a mask in public for the first time, at a hospital (Murray, Goller, and Heinrich 2020). On July 14, 2020, drawing on new scientific studies about the effectiveness of cloth mask coverings, the CDC called on all Americans to wear masks in public spaces to prevent the spread of COVID-19 (CDC 2020). The president expressed some support for mask-wearing—saying, for instance, in a speech on July 21, 2020, "We're asking that ev-

erybody that when you are not able to socially distance, wear a mask, get a mask" (Murray, Goller, and Heinrich 2020). However, he was rarely seen in public with a mask and mocked his opponent, presidential candidate Joe Biden, for always wearing one (Segers 2020).

The lack of a unified response from political leaders was matched by a polarized reaction in the public. Mask-wearing would crystalize as a significant political divide, and rates of mask-wearing would differ significantly by political party. Specifically, we know by examining data from the COVID-19 Social Change Survey (CSCS), a nationally representative panel survey of five thousand U.S. respondents (Redbird 2020; Bonilla, Harbridge-Yong, and Redbird 2021; Redbird, Bonilla, and Harbridge-Yong 2021), that the partisan divide in mask-wearing would increase to 20 percent by June of 2020, and would remain stable throughout the next 12 months (see figure 2a).

As case and death counts continued to rise, and with the presidential election less than two months away, President Trump continued to downplay the severity of the risk faced by Americans. On September 19, the night before the United States exceeded two hundred thousand deaths, the president said, "It affects virtually nobody. It's an amazing thing. It affects . . . elderly people with heart problems and other problems—if they have other problems that's what it really affects, that's it" (Murray, Goller, and Heinrich 2020). This rhetoric exemplifies the challenge government officials face during an election year, of providing accurate information about the risk of severe illness, hospitalization, and death, without decreasing political popularity.

The pandemic was front and center in the 2020 presidential race. In a Gallup public opinion poll taken in early November, 28 percent of Americans identified COVID-19 as the single most pressing issue in the United States, followed by poor governmental leadership at 22 percent (Gallup Organization 2020). The president alternated between downplaying the crisis and highlighting the accomplishments of his administration in responding to the crisis. Media coverage revealed that many of his statements, from both the White House and the campaign trail, were not based in fact (Paz

2020; Mason and Barabak 2020). Former Vice President Biden focused on the failings of the Trump administration and on his own plans to heal the nation and address the pandemic. The salience of the pandemic to the presidential race heightened when the president tested positive for COVID-19 on October 2 after a gathering in the White House Rose Garden (and accompanying indoor events) where a large group gathered to swear in Amy Coney Barrett to the Supreme Court. The president was hospitalized on October 2 at Walter Reed National Military Medical Center and returned to the White House on October 5.

Scientific advances in treating COVID-19 also increased throughout the fall. In October, the Food and Drug Administration (FDA) authorized approval for the drug remdesivir for the treatment of COVID-19. In November, the FDA granted emergency use authorization for an experimental antibody treatment (made by Regeneron), which had been given to the president during his hospitalization. Throughout the fall, multiple vaccines also moved through trials, giving hope that COVID-19 might soon be eradicated.

Despite optimism about medical advances and vaccine progress, the case count and death count continued to rise. In the late fall, scientists cautioned about a likely debilitating third wave during the traditional flu months of winter. On November 5, COVID-19 cases at colleges and universities in the United States hit a quarter of a million. On November 8, the United States passed the grim ten million COVID-19 case milestone. By November 18, the death toll exceeded 250,000. Further highlighting the exacerbating effect of the pandemic on existing inequalities, people of color disproportionately experienced both cases and deaths (Chang et al. 2021). As the holiday season approached, the CDC urged Americans to stay home, limit the size of gatherings, and avoid gathering with people outside their households. At the beginning of December, the CDC urged universal mask use indoors and anywhere people were outside their homes (Telford 2020).

Vaccines and a Path Out of the Pandemic
The first great hope for ending the pandemic came in December of 2020, when the FDA pro-

vided emergency use authorization for two mRNA vaccines—Pfizer-BioNTech (December 11) and Moderna (December 18). Both vaccines were approved under a two-dose protocol. Despite some concerns about new variants of the virus that might affect effectiveness of vaccines, demand was strong among large segments of the population. Vaccine effectiveness relies on uptake among a large proportion of the population. The federal government provided little coordination for distribution. These challenges, coupled with increasing vaccine hesitancy, hindered effectiveness. This was highlighted when the death toll in the United States surpassed three hundred thousand on December 14.

In January 2021, the race to vaccinate the American public began and a new president took control of federal pandemic response. President Biden set an initial goal of one hundred million coronavirus vaccinations in his first hundred days. His administration also increased federal involvement in vaccine manufacturing and distribution, which had been begun under the previous administration. For instance, President Biden used the Defense Production Act to help Pfizer obtain the heavy machinery it needed to expand its plant in Kalamazoo, Michigan (LaFraniere 2021). The federal government also deployed active-duty military service members to support community COVID-19 vaccination centers and played an instrumental role in the Federal Retail Pharmacy Program for COVID-19 Vaccination, which included twenty-one national pharmacy partners and independent pharmacy networks with about thirty-eight thousand locations (C. Lopez 2021; CDC 2021a). Pharmacies could charge for the vaccine, but it was completely covered by health insurers and offered for free at public health locations, paid for by government programs for those without insurance.

Throughout the winter months of 2021, vaccine demand outpaced supply despite rising vaccine hesitancy. States prioritized healthcare workers and nursing home residents, then opened vaccine access to older residents and other essential workers. In February 2021, the FDA granted emergency use authorization to a one-dose vaccine from Johnson & Johnson. With high demand and improved distribution systems, President Biden increased his vaccination goal to two hundred million vaccinations in the first hundred days (Mangan and Lovelace 2021).

New Variants and Vaccine Hesitancy

The optimistic tone was generally consistent with the perception that vaccines would end the pandemic and life might return to pre-pandemic norms, but continued vaccine hesitancy among some populations, coupled with the emergence of COVID-19 mutations and variants, prompted speculation that "zero cases" was an unlikely outcome—the pandemic was more likely to become endemic than vanish completely (Martinez 2021).[7] By May, vaccines were available to all adults in most states, although rural areas continued to experience supply difficulties. By late spring, vaccine demand began to wane because remaining unvaccinated populations were hesitant or outright resistant.

Patterns of vaccine uptake were strongly correlated with partisanship, Democrats being vaccinated at much higher rates than Republicans (G. Lopez 2021). Polling from Civiqs shows that by July 2021, 95 percent of Democrats reported either being vaccinated or wanting to be relative to only 54 percent of Republicans (Civiqs 2021). Among CSCS respondents, vaccine hesitancy was nearly 20 percent higher among Republicans at this time (see figure 2b) (Redbird 2020; Bonilla, Harbridge-Yong, and Redbird 2021; Redbird, Bonilla, and Harbridge-Yong 2021). This polarized pattern of behavior reflected the divergent messages people heard from political leaders about the severity of the pandemic, the value of the vaccines, and whether vaccination was a personal choice or a community responsibility.

On May 13, the CDC announced that people who were fully vaccinated did not need to wear

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7. This perspective emerged among immunologists, infectious-disease researchers, and virologists as early as January 2021 (Phillips 2021).

masks indoors or outdoors in most circumstances (Abutaleb and McGinley 2021). This abrupt shift in policy, which many hoped would encourage vaccination among the remaining population, also led to further reduction in mask mandates among states, localities, and businesses.

Although COVID-19 case counts were low across most of the country in the early summer of 2021, by mid-July, concerns grew about the increasing spread of the Delta variant, a mutation that was more transmissible than the original SARS-CoV-2 virus (Kupferschmidt and Wadman 2021). Although unvaccinated Americans continued to make up the vast majority of COVID-19 hospitalizations, viral loads in breakthrough (vaccinated) cases of the Delta variant suggested that vaccine effectiveness decreased over time (Barry and Treffeisen 2021). On July 16, Los Angeles County reinstated an indoor mask mandate, regardless of vaccine status. Spurred in part by a July 4th super-spreader gathering in Provincetown, Massachusetts, the CDC revised its guidance on July 27, urging even vaccinated Americans to wear masks indoors in areas with high cases per capita. At the time of their revised recommendation, 63 percent of U.S. counties met that definition, up from 46 percent of counties a week earlier. The CDC also called for universal masking in K–12 schools, which led to political contention about mask mandates in schools in many school districts.

On August 2, 2021, the United States met the president's vaccination goal of 70 percent of adults receiving at least one vaccine shot (Suliman et al. 2021). The milestone was nearly a month behind his goal of reaching this threshold by the Fourth of July holiday. Later that month, on August 23, the FDA granted full approval to the Pfizer-BioNTech COVID-19 vaccine, moving the approval beyond emergency use authorization and making it easier for employers to mandate the vaccine (U.S. Food and Drug Administration 2021). Based on evidence of waning effectiveness, the FDA also began discussing approval for a third booster shot (Lovelace, Towey, and Mendez 2021).

As Delta cases surged across the country, hospitals in many states reached capacity. On September 9, 2021, President Biden announced that the Department of Labor would require all businesses with one hundred or more employees to ensure that their workers were vaccinated or tested at least once a week (Liptak and Collins 2021). The president expressed frustration that vaccine hesitancy limited the ability of the country to move beyond the pandemic. "We've been patient, but our patience is wearing thin, and your refusal has cost us," he said in his speech (Liptak and Collins 2021). The administration based the new mandate on federal laws allowing the government to protect workplace safety, but many Republicans viewed it as government overreach (even as many of them also opposed individual businesses mandating the vaccine), resulting in numerous court cases (National Academy for State Health Policy 2021; Timsit 2021). In January 2022, the Supreme Court, in a 6–3 decision, struck down the Biden administration's vaccine-or-test rule, declaring that, although Congress has given the Occupational Health and Safety Administration (OSHA) the power to regulate occupational dangers, it has not given the agency the power to regulate public health more broadly (Liptak 2022). The liberal minority of justices disagreed, arguing that the workplace threat from COVID-19 to employees is precisely what OSHA is commanded to do. In a small victory for the administration, the Supreme Court upheld a mandate requiring health-care workers at facilities receiving federal money to be vaccinated (Liptak 2022).

Delta was not the last highly transmissible variant. After emerging in South Africa, the Omicron variant spread around the world, quickly replacing Delta as the leading COVID-19 variant. Although the variant appeared to be less severe, on average, than Delta, reinfections and breakthrough infections in people who were fully vaccinated meant the virus spread exponentially (CDC 2021b). By mid-January 2022, daily cases exceeded previous records, with more than eight hundred thousand new infections reported each day (*New York Times* 2021). The rise of at-home tests kits and asymptomatic cases makes this a likely undercount of actual infections. This surge also resulted in a record number of COVID-19 hospitaliza-

tions[8]—150,000 patients nationwide—and a large (but not record) 1,900 deaths per day (*New York Times* 2021). Though booster shots had been approved for all adults the previous year (CDC 2021c), the CDC responded to climbing Omicron cases by approving third shots for all children ages twelve and older in January 2022 (Tin 2022).

Living with an Endemic COVID-19 Virus

For more than two years, the COVID-19 pandemic remade daily life, reshaping interactions with families, communities, workplaces, the nation, and the world. It disrupted modes of working, learning, and socializing—presenting significant challenges to the economic, physical, social, and mental well-being of many Americans. The pandemic touched more than individual lives. In many ways, it has altered the nature of community, organization, and attachment with consequences that cascade across social, political, cultural, and economic spheres.

At the time of this writing, the United States has experienced five waves of case surges. While vaccines decreased the likelihood of hospitalization and death during the more recent waves, the substantial increase in infections still had the power to overwhelm hospitals and create large-scale suffering. The United States is not alone in this pattern, nearly every country has experienced COVID-19 ebb and flow (Dong, Du, and Gardner 2020), a pattern of cyclical uncertainty and disruption. The suddenness with which cases can climb underscores the need to understand the social-political connection that creates rapid policy and responsive citizenship.

Surges and mutations have shifted our view of the future. The world increasingly views the end of the pandemic, not as eradication of the COVID-19 virus, but as an inflection point, beyond which the likelihood of serious illness and death are dramatically decreased. Under this revised reality, post-pandemic life is not a replica of the pre-COVID-19 age, but rather a new normal in which shifts in institutions also seek to mitigate the ongoing social, political,

and cultural harms of COVID-19. The pandemic challenged our informational, social, and political systems in ways that will take decades to fully understand. But understanding the changes it created, and how those changes may reverberate across individuals and institutions for generations, is a place where social scientists can offer valuable insights. This special issue only begins to examine some of these challenges and consequences.

MEDIA, PUBLIC OPINION, AND THE SALIENT DYNAMICS OF COVID-19

Information exchange was foundational in the interaction between policy and public response. The media replayed and amplified the public reaction for policymakers, facilitated the exchange of health information, and inspired and disseminated scientific discovery. Individual choices of where to turn for information, played vital and expansive roles throughout the pandemic. Reports of case counts and, most grimly, the death toll were daily features in print, television, and digital news. Coverage, however, was not limited to health information. Reporting addressed political rallies for and against mask and vaccine policies; articles of fact and opinion were written about shifts in the American workforce as more people demanded flexible, work-from-home arrangements; and some media relied on data and scholars to inform thoughtful coverage of increasing inequality brought about by the pandemic.

After years of reports and conferences, detailing how the mainstream news media was failing and demanding ways to save the fourth estate, the pandemic did something modern newsrooms had not previously witnessed. It transfixed the nation on coverage for more than a news cycle. "TV news viewing was on a meteoric rise as the COVID-19 pandemic swept through the U.S.," audience measurement company Nielsen (2020) reported. In March 2020, alone, U.S. adults spent 215 percent more time online and on mobile devices, accessing current events and global news, relative to the same month in the previous year (Nielsen

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8. This figure includes incidental infections of people with minor COVID-19 symptoms who are hospitalized for reasons other than the virus.

2020). The topic was vast and urgent, and information unfolded at a breakneck pace. This is the milieu of the 24-7 media: quick, evolving, and complicated—circumstances we understand, and are sadly familiar with, in the coverage of national tragedies such as mass shootings as well as in weather-related disasters, large-scale accidents, and national security issues. What may be unique to COVID-19 was its sustained presence in the discourse. "While that [initial] rise was soon followed by a steady leveling off," Nielsen explained in October 2020, "news consumption still remains a much larger part of the TV viewing day."

Additionally, COVID-19 was not exclusively a national issue. It was local, and it was everywhere. In an April 2020 study conducted by Pew, Americans acknowledged paying about equal attention to local and national news, and about half (46 percent), said local news was a major source for pandemic-related news (Shearer 2020). But taking all local information sources together, the local-first narrative became even more compelling. Two-thirds (64 percent), of U.S. adults named at least one local information source—including local news; state and local elected officials; and community newsletters and listservs—as a "major" resource (Shearer 2020). This rate differed among groups. Black Americans, who were disproportionately affected by the pandemic, were more likely to rely on local news organizations for information regarding COVID-19, mirroring previous studies finding that Blacks are more interested in, and more trusting of, local news (Atske et al. 2019).

The pandemic also shifted how Americans collected information. Understandably, it decreased contact with neighbors, friends, and coworkers. Data from the CSCS panel show the amount of information sought from these sources also decreased. Early months of the pandemic increased reliance on more formal news sources, but by May 2020, Americans also started becoming more skeptical of such sources. By the end of 2020, CSCS respondents were more likely to view media sources as biased and one-sided than during the early days of the pandemic (see figure 2c). This pattern may result from the conflicted political discourse, which was reflected in various media outlets. For instance, mixed messaging on the COVID-19 vaccine was more common in conservative media outlets than mainstream or liberal outlets (Bauder 2021).

Early coverage of the pandemic focused almost exclusively on the epidemiology of the disease. By the spring of 2020, however, that coverage had expanded to include social and cultural impacts on relationships, institutions, and communities. Of particular concern was the impact on young people. In response to a drop in the number of Texas high school seniors filling out college federal financial aid applications, the *Texas Tribune* reported, "Higher education leaders across Texas say high school counselors are struggling to connect with students virtually and students aren't receiving the same information about college applications and financial aid that they would be if they were in school every day" (McGee 2020). These concerns also received national attention. In reporting about college students, mental health, and the potential for suicide, the PBS *NewsHour*, hosted by Judy Woodruff, cited CDC data that "three out of four Americans between the ages of 18 and 24 report poor mental health tied to the pandemic" (Sreenivasan, Krane, and Thoet 2021). Reporter Hari Sreenivasan highlights an interview with Varun Soni, the vice provost for campus wellness and crisis intervention at the University of Southern California: "Soni says the string of recent American crises, combined with an overreliance on technology and social media, are making today's young people more anxious than ever before. And COVID isolation has made it worse." By the late summer and fall of 2021, coverage shifted to address increasing case counts among children with attention to the pressure on pediatric hospitals, school policies on masks, and vaccine approval status for children.

Media coverage also highlighted the ways COVID-19 exacerbated existing inequalities and created new ones. Pieces on the inequitable demands placed on working mothers during the pandemic were common enough to be reported nationally, locally, and repeatedly. Even a March 2021 *New York Times* article reporting that mothers were regaining jobs pointed out that "mothers were much likelier than fathers

to leave work because of school closures and caregiving responsibilities, and a variety of data shows that they are doing significantly more of the additional childcare, education and housework during the pandemic. Now, as more have returned to paid work, they are adding to the unpaid work they are already doing at home" (Miller 2021).

Other narratives also emerged that highlighted how the pandemic shaped racial inequalities. Although in some cases the media simply highlighted the disparate impacts of the pandemic, in others, the media contributed to a racialized dialogue, increasing the challenges faced by particular groups. For instance, frequent repetition of then President Trump's moniker "the Chinese virus" increased anti-Asian sentiment, "triggering xenophobic reactions and behaviors such as discrimination, hate crimes, and harassment against Chinese individuals" (Ittefaq et al. 2022, 19). Likewise, we saw media portrayals of the disproportionate impact of the pandemic on Black, Latinx, and Indigenous populations characterized by racialized discourse around preexisting conditions and overrepresentation in frontline and essential jobs.

The COVID-19 pandemic also highlighted problems in the social structures of American society. For instance, Ezra Klein (2020), writing for *Vox*, led the way in thinking of the pandemic as instigating a "loneliness epidemic." He explained, "But just as the coronavirus fallout threatens to cause an economic recession, it's also going to cause what we might call a 'social recession:' a collapse in social contact that is particularly hard on the populations most vulnerable to isolation and loneliness—older adults and people with disabilities or preexisting health conditions." Stories also focused on the inequitable economic consequences of the pandemic (Public Broadcasting Service 2020); the deleterious impact of COVID-19 on the fight against HIV/AIDS (Varney 2021); and increased rates of alcohol consumption, particularly among women (Tingley 2021).

This media coverage emphasized the potential for the "social recession" to dramatically alter other forms of social cohesion and interaction. For instance, in April 2020, when the number of national cases was still under thirty thousand, generalized social trust began to decline (figure 2d). CSCS respondents were less likely to respond that "In general, people can be trusted." This decrease in trust may be partially the result of the nature of the pandemic, which encouraged separation and distance, while also highlighting that neighbors—and their own COVID-19 precautions (or lack thereof)—became more dangerous to individual health.

Trust in institutions also began to decline. CSCS results show that we became less trusting of federal and state governments (figure 3a) as well as law enforcement, courts, health-care workers, and scientists. During the course of the year, belief that U.S. institutions compared favorably to other nations of the world declined across the board, a phenomenon that included institutions that did not perform well during the pandemic such as the economy, health-care system, government effectiveness, education, and criminal justice system, but also less pandemic-related institutions such as transportation infrastructure and the military. Although in some instances this faith began to rebound by late 2020, in many instances it did not. Rather than produce unified support for governmental institutions and political leaders, which is often seen during wars and crises (Mueller 1973; Chanley 2002), the pandemic lessened social cohesion and polarized trust.

As our trust was eroding, so was our sense of community and solidarity. Since the beginning of the pandemic, CSCS panelists have been substantially less likely to agree that "I am deeply connected to my community," "I feel like I belong in my community," "my neighbors would help me if I needed it," and "I can rely on my family in a time of need." Respondents became significantly more likely to say "I can only rely on myself" and less likely to agree that "my actions have an effect on everyone around me." Throughout the year we also became less likely to see a death in the community as hard on everyone. This declining local solidarity (see figure 3b) was more pronounced in White attitudes, which declined steeply and continued to be low throughout the year. In contrast, non-White local solidarity started lower but declined less and rebounded quicker.

Declining solidarity extends beyond local

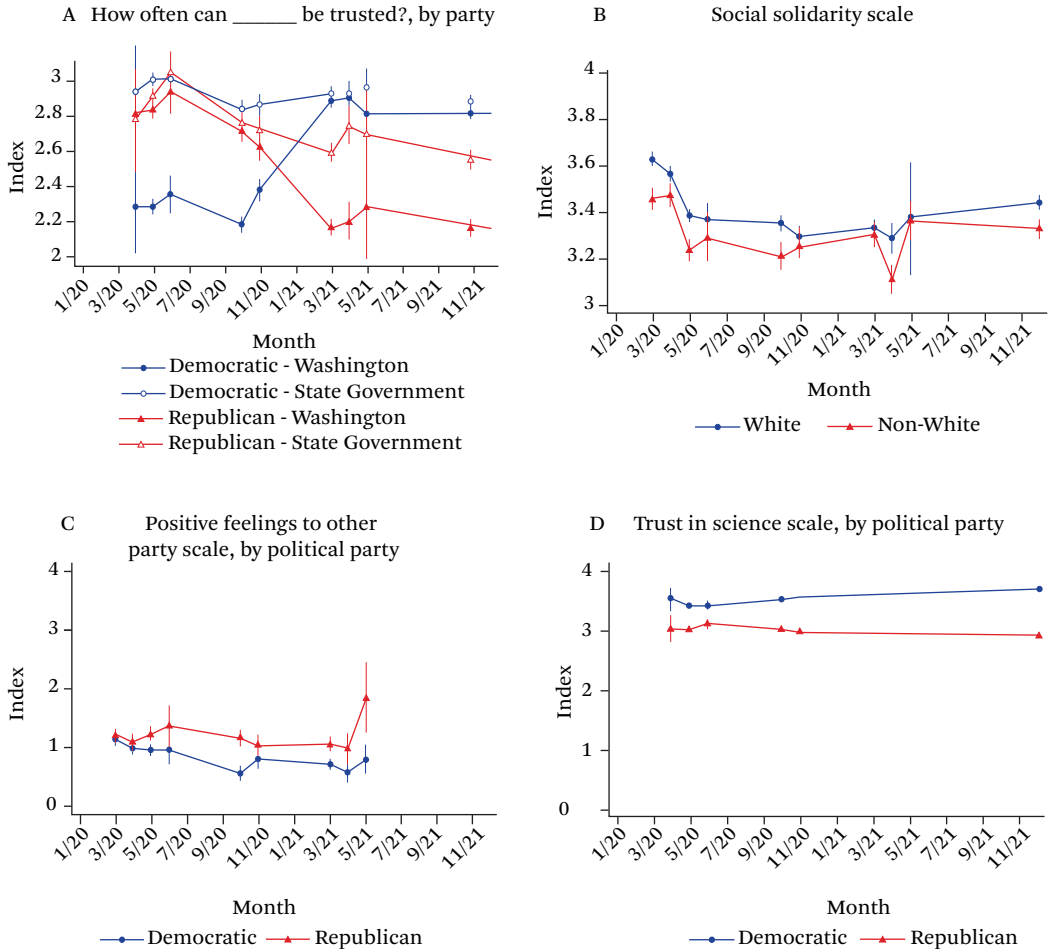**Figure 2.** Public Opinion Responses from CSCS Panel
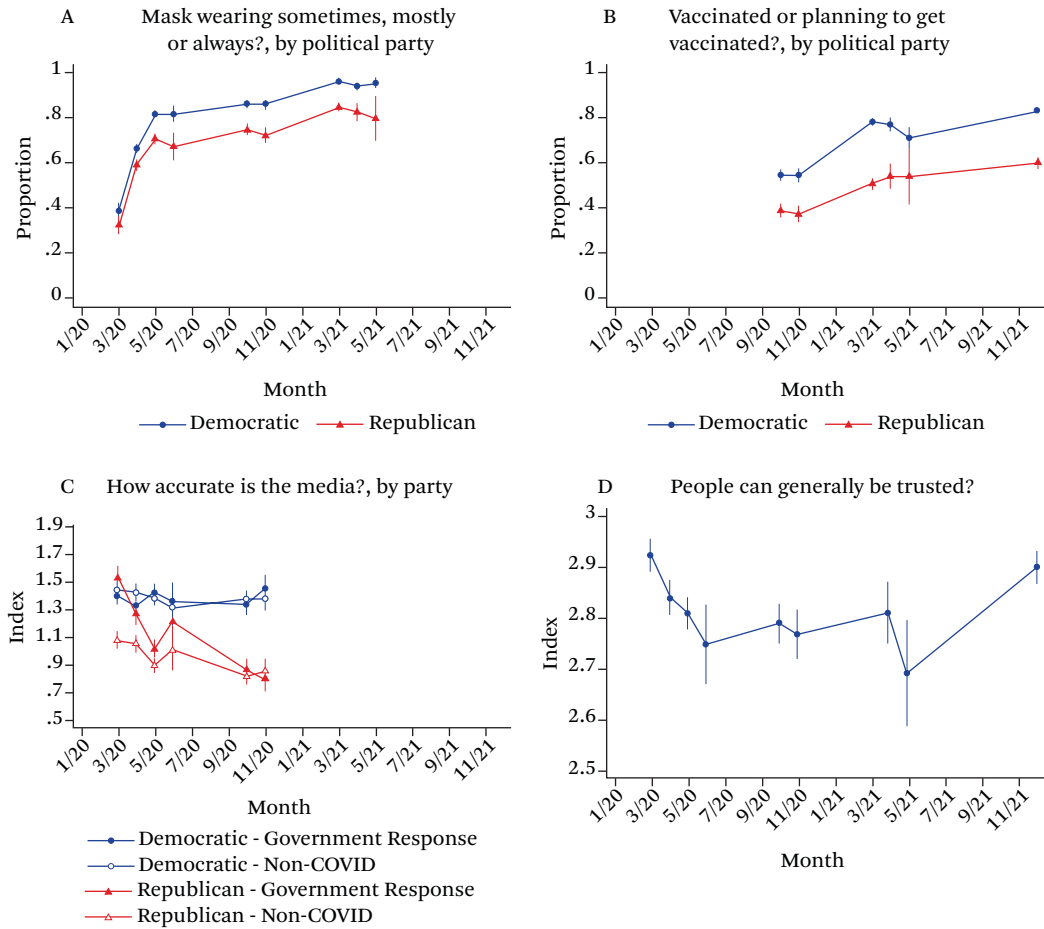
Source: Authors' calculations from the COVID-19 Social Change Survey (Redbird 2020; Bonilla, Harbridge-Yong, and Redbird 2021; Redbird, Bonilla, and Harbridge-Yong 2021).

Notes: Panel A. In the past month, how often do you wear a mask? (0 = occasionally or never; 1 = always, most of the time, or sometimes). Includes leaning partisans, but not independents. Panel B. Have you gotten (at least) the first dose of the vaccine to prevent COVID-19? If not yet vaccinated, will you get the vaccine? (0 = probably will not get, definitely will not get; 1 = yes, have gotten, definitely will get, probably will get). Includes leaning partisans, but not independents. Panel C. How accurate is the information from the media on [Government response to the coronavirus or noncoronavirus topics]? (1 = very inaccurate; 5 = very accurate). Includes leaning partisans, but not independents. Panel D. "How much can people be trusted?" (1 = can't really be trusted; 5 = can be trusted a lot).

community. Affective political polarization, which captures how negatively we feel about political outgroups (Iyengar, Good, and Lelkes 2012; Mason 2013) decreased in the early months of the pandemic (Boxell et al., forthcoming), perhaps because the common pandemic threat created a "rally around the flag" effect (Quarcoo and Kleinfeld 2020). This effect

dissipated quickly, and feelings toward other-party members became more negative than pre-pandemic levels by the end of 2020 (figure 3c). We became less likely to rate someone across the aisle as intelligent, kind, open, or generous, and more likely to see them as mean, selfish, and hypocritical. Respondents also became less likely to agree that "Americans tend

Figure 3. Public Opinion Responses from CSCS Panel

Source: Authors' calculations from the COVID-19 Social Change Survey (Redbird 2020; Bonilla, Harbridge-Yong, and Redbird 2021; Redbird, Bonilla, and Harbridge-Yong 2021).
Note: Panel A. How much of the time do you think you can trust the government in [Washington / your state government] to do the right thing? (1 = never; 5 = always). Includes leaning partisans, but not independents. Panel B. "I'm responsible for the well-being of my community."; "It is important for people to look out for each other." "We are all connected."; "My actions have an effect on everyone around me."; "I am deeply connected to my community."; "My neighbors would help me if I needed it."; "I feel like I belong in my community." (1 = strongly disagree; 5 = strongly agree). Hispanic and Latino respondents coded as non-White. Scale Cronbach's alpha = 0.787. Panel C. "On a scale of 1–10, how well does this trait describe [the other] party? [patriotic; mean; intelligent; honest; selfish; open-minded; generous; hypocritical; places country over party]"; "On a scale of 1–10, how comfortable are you having [a member of the other party as]? [a neighbor; a friend; married to your child]". Includes leaning partisans, but not independents. Scale Cronbach's alpha = 0.934. Panel D. "How trustworthy are conclusions by scientists? [eating healthy; dealing with the coronavirus; reopening the economy; climate change; space exploration; treating depression; growing the economy; detecting earthquakes]". (1 = not at all trustworthy; 5 = very trustworthy). Includes leaning partisans, but not independents. Scale Cronbach's alpha = 0.897.

to come together in times of crisis" or that "it is important for Americans to work together."

Within this context, it becomes easier to see how declining solidarity and decreased trust in formal institutions may compound the larger environment of misinformation. Researchers have extensively documented how some media organizations may have a partisan bias and the public may engage in selective exposure (Festinger 1957; Iyengar and Hahn 2009) and motivated reasoning (Lodge and Taber 2013). However, the risks of misinformation and bias are made more problematic with the range of ideas and "expert" views available online that proliferated during the pandemic. By April 2021, reporting from National Public Radio on vaccine misinformation and hesitancy put a head on this point:

> CNN. ABC News. *The New York Times*. Fox News.
> Those are the publishers of four of the five most popular Facebook posts of articles about the Johnson & Johnson COVID-19 vaccine this week.
>
> They're ranked 2 to 5 in total interactions, according to data from the tracking tool CrowdTangle. The No. 1 posting, however, isn't from a news organization. Or a government official. Or a public health expert.
>
> The most popular link on Facebook about the Johnson & Johnson news was shared by a conspiracy theorist and self-described "news analyst & hip-hop artist" named An0maly who thinks the pandemic is a cover for government control.
>
> It's a stark example of what experts warn could be a coming deluge of false or misleading information related to the one-shot vaccine. (Parks 2021)

This is also an exemplar of behavior that we saw emerge before the pandemic persisting: Individuals approached the news with existing biases. An0maly shared a CNN story with a misleading caption with 1.5 million followers. As Sarah Roberts, a UCLA information studies professor explained to NPR, "The issue is this is a factual report. But the people reading the report either have such deeply held preconceived notions about its meaning or they lack

appropriate context to receive the information" (Parks 2021). It is within this environment that we also see increased polarization in trusting scientists and scientific conclusions (figure 3d). This example highlights the need to better understand information and misinformation during the COVID-19 pandemic, and how it relates to the social and political structures of society.

As Roberts was in the story just cited, social scientists were often quoted in these stories and, in some cases, highlighted as groundbreaking thought leaders. The sociologist Zeynep Tufekci, also a contributing writer for *The Atlantic*, followed up her February 2021 piece "5 Pandemic Mistakes We Keep Repeating" with her March story "3 Ways the Pandemic Has Made the World Better" (2021a, 2021b). After coding for the virus and using our digital infrastructure, she argued, "we've unleashed the true spirit of peer review and open science." She detailed: "On January 10, 2020, an Australian virologist, Edward Holmes, published a modest tweet: 'All, an initial genome sequence of the coronavirus associated with the Wuhan outbreak is now available at Virological.org here.' A microbiologist responded with 'And so it begins!' and added a GIF of planes taking off. And so it did indeed begin: a remarkable year of open, rapid, collaborative, dynamic—and, yes, messy—scientific activity, which included ways of collaborating that would have been unthinkable even a few decades ago" (Tufekci 2021b).

This issue represents another form of such collaboration. The tradition of meeting in person, with the authors of the articles enclosed here, at the Russell Sage Foundation offices in New York City was replaced with an online conference, that digital infrastructure that Tufekci notes "transformed" work. Additionally, others, including Beth Redbird—an author of this piece and an editor of this issue—moved quickly in early 2020 to begin to digitally gather the data that would document the impacts of COVID-19 to inform policymaking and facilitate future research (Redbird 2020; Bonilla, Harbridge-Yong, and Redbird 2021; Redbird, Bonilla, and Harbridge-Yong 2021).

There is no denying that the media led the way in telling us the stories of how lives were being changed during this pandemic. Media

have been abundant and ever present during COVID-19. They have been transmitting information, however varied in quality, that has provided a cadence to what we know about the pandemic. Their work has led to discourse among families, friends, and communities, addressed in workplaces and institutional correspondence. But, ultimately, as this brief introduction evidences, the media offered a scatter-shot approach.

It is also clear that media coverage alone does not help us understand the complex dynamics that explain why people differ in their interest in and acceptance of information; how communities are differentially impacted; and what resources best facilitate recovery, and the mechanisms by which some people have a more or less positive response to pandemic policies. The pandemic created broad-ranging, and often fast-moving, change in our social, political, and economic relationships. How much of that change dissipates, and how much becomes a long-term scar created by the pandemic, is a truth that will unfold over the next years and decades.

The CSCS panel data shed light on important public opinion trends during the first twenty-four months of the pandemic, but unpacking the institutions and information systems that intertwined the social and political consequences of COVID-19 requires the application of social science theory. Understanding how the pandemic altered information seeking and exacerbated inequalities in information, networks, and resources—and the ultimate impact of these inequalities on social, health, and policy outcomes—requires a multidimensional examination that varies across space and time. Likewise, unpacking how government response—at federal, state, and local levels—interacted with political and social information, identity, and trust, represents critical components in the trajectory of the pandemic. Without a doubt, these are just some of the important processes that shaped the pandemic, yet they represent several critical dimensions for how policymakers and the public responded to the crisis and how those experiences shaped individuals and communities.

Social scientists have theories and frameworks applicable to understanding informa-

tion exchange, policy decision-making, and social institutions. Going forward, evidence-based interdisciplinary research is necessary to unpack the full and far-reaching consequences of the pandemic on society. Early examples include white papers on the extent to which misinformation broadcast on *Hannity* and *Tucker Carlson Tonight*, the two most popular cable news shows in the United States, influenced health outcomes (Bursztyn et al. 2020), on the deepening housing insecurity crisis (Duvisac, Brady, and Crowley 2020), and on racial inequities at the local level that were exacerbated or borne during the pandemic (Meehan et al. 2020). We are excited that this special edition, which was conceptualized in spring 2020, before mask mandates became commonplace, is one of the first organized efforts to bring together research around the social and political impacts of COVID-19 in the United States.

As the editors and the scholars featured in this volume, we were submerged in the pandemic and its consequences, sometimes dire ones. With that, we know that the work here is only a part of what social scientists will learn from COVID-19. There are all kinds of questions and considerations. Our aim, along with the authors featured throughout this volume, is to begin to understand the social complexities that underlie the pandemic.

THREE CORE THEMES: INFORMATION, INEQUALITY, AND GOVERNMENT RESPONSES

The previous discussion highlights the need to begin synthesizing research agendas that tackle questions of information, inequality, and government responses to crisis and the experiences of the COVID-19 pandemic. This is not a one-way street—social and political dynamics shaped responses to the pandemic and the pandemic itself altered those dynamics for individuals, communities, and institutions. In this issue, our goal is not to capture the full range of research on the social and political ramifications of the COVID-19 pandemic, given that these questions are too numerous and far ranging to cover in the scope of this issue. Rather, our goal is an interdisciplinary exploration of three core themes that emerged as salient to public opinion and through media explorations

in the early months of the pandemic—themes of information acquisition and exchange, inequality, and government responses and subsequent public perceptions.[9]

The social sciences offer a number of insights about these themes. For instance, ongoing transformations of the media environment—the mediating role of technology and social platforms, the creep of entertainment into news, and an overload of information in modern democracies—change the way citizens value information and expertise (Allen et. al. 2020; Edgerly and Vraga 2020; Prior 2005). The variety of intermediaries through which policy information is communicated is also increasing. Crucial examples include social influencers, media companies that may or may not look like traditional journalism organizations, political commentators, political parties, and direct communication from elected officials. The changing nature of the media and information landscape also raises concerns about the prevalence of misinformation and how to combat it (Lazer et al. 2018).

These transformations reveal inequality among Americans in civic skills and behaviors related to news and information consumption. For instance, the gulf within the American public is widening in a number of areas: the ability to distinguish between factual and opinion news statements (Mitchell et al. 2018); political participation (Edgerly et al. 2018); and vote choice (Tyson 2018). These issues are directly connected to citizens' power and status, but we do not yet understand the consequences related to COVID-19.

Information and resources are exchanged in communities at a variety of levels. Individuals exchange information, and as a result, those who are more embedded in informational networks have more power to survive disasters (Klinenberg 2015). Information is also exchanged between different institutions, levels of government, parties, and political leaders. The pattern and manner of such exchanges have been shown to affect public action during periods of social disruption (Garnett and Kouzmin 2007). Communication gaps, missed sig-

nals, information technology failures, turf battles, misunderstandings, and deliberate misinterpretations may alter or delay institutional and individual responses. More connected communities, by contrast, may create more responsive policy, particularly during fast-moving crises (Aldrich 2011a, 2011b).

The pandemic also brought other forms of social inequality into stark relief. Disasters and social disruptions often disproportionally harm the more vulnerable (Flanagan et al. 2011). Nonetheless, the geographic expansiveness, temporal longevity, and cyclical nature of the pandemic created larger challenges than past major disruptions (Perry, Aronson, and Pescosolido 2021).

As a result, differential access to social resources and disparities in policy responses exacerbated long-standing inequalities. Inequalities in historic access to vital institutions such as health care (Van Dorn, Cooney, and Sabin 2020), childcare (Malik et al. 2020), education (Doyle 2020), and even differences in the construction of neighborhoods and labor markets (Chang et al. 2021), not only concentrated the harms from COVID-19, but also may have increased the vulnerability of the whole of U.S. society in the same way the Great Recession reduced economic resilience (Redbird and Grusky 2016).

In other ways the social impact of the pandemic is not novel. The inequality take-off, which began in the late 1970s, increased the vulnerability of many American families (Piketty and Saez 2014). This not only increases the frequency and depth of crises (Bivens 2016; Dabla-Norris et al. 2015; Van Treeck 2015), but also but also reduces the ability of Americans to withstand disruption and recovery quickly. Following the Great Recession, the economy recovered faster than families, and some inequality consequences continue to linger. For instance, U.S. gross domestic product recovered quickly, yet employment did not recover for fifty-one months (Bivens 2016), with jobs in manufacturing, construction, and production lagging most (Redbird and Grusky 2016). Similarly, welfare use returned to prerecession lev-

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9. Even within these themes, the research in this issue tackles just a slice of the complex issues raised by the pandemic.

els even though earnings and the number of Americans living in poverty did not return to 2007 levels for nearly a decade (Bishaw et al. 2020; see also Shaefer and Edin 2012).

The pandemic is similar in many respects to the Great Recession. Both were multi-year global crises marked by swift and dramatic changes in employment and earnings, however, America's rapid post-pandemic economic recovery might encourage a more optimistic view of the long-term consequences of the pandemic. Yet emerging discussions around the well-being of children suggest we may not fully see the consequences for learning, achievement, and earnings for decades (Kamenetz 2022).

Pandemic generated inequality was likely magnified by the patchwork response to COVID-19 across states and localities. Several social science perspectives speak to causes of the inconsistent U.S. response. For instance, theories of federalism and policy diffusion offer valuable insights about the dynamics that shape which policies diffuse from state to state, or vertically from local, to state, to federal institutions (see Karch 2007; Butler et al. 2017; Shipan and Volden 2006). These perspectives also point to the factors that can drive diffusion and the adoption of similar policies—shared experiences of the problem (Elcheroth and Drury 2020), institutional capacities (Capano et al. 2020), and shared political orientations (Butler et al. 2017), among others. At the same time, the nationalization of politics (Hopkins 2018) and theories of political competition for majority control in Congress and the presidency (for example, Lee 2016) highlight the incentives for political officials to emphasize competing perspectives and their different policy views, pointing to one reason that responses to the pandemic differed by the partisanship of the elected leaders. Whether policymakers adopt policies based on the likely success of the policy at mitigating the harms of the pandemic or based on their political goals can have important consequences for the overall effectiveness of the government response to the COVID-19 pandemic. The patchwork nature of the pandemic also exacerbated inequalities in health access, care, and mortality.

Both the effectiveness of government responses to the COVID-19 pandemic and the public response to those policies also hinge on how much trust people have in their government. Public trust in government plays a central role in how people respond to policies that call for personal sacrifices (Hetherington 1998). Social science frameworks highlight the potential for crises to produce a "rally around the flag" (Mueller 1973; Chanley 2002), leading to increases in solidarity, trust in government, and approval of leaders. But this vein of research also demonstrates that crises can reduce trust, as scholars have shown for economic downturns, natural disasters, and earlier pandemics outside the United States (Stevenson and Wolfers 2011; Nicholls and Picou 2012; Bangerter et al. 2012).[10] Over the last two decades, trust in government in the United States has become increasingly polarized along party lines (Hetherington and Rudolph 2015), suggesting that partisan attachments may override a sense of national solidarity in the face of the pandemic. Over the course of the initial COVID-19 pandemic response, officials at the state and federal levels called on the public to sacrifice their livelihoods to save lives, but these calls differed widely across region, political party, and other cleavages. Social science frameworks can help us understand why people responded in specific ways, and the nature of pandemic responses may also highlight important features that are underappreciated in existing frameworks.

Critically, information, economic and social resources, political trust, and a multitude of other resources that may help people respond and recover from the COVID-19 pandemic are not distributed equally. These inequalities are the focus of inquiry across many social science disciplines and the scholars in this issue tackle a range of questions at the intersection of information, inequality, and government responses to the pandemic.

10. Some evidence suggests that, outside the United States, the public rallied around their elected leaders and trust increased (for evidence on the early responses to the COVID-19 pandemic in Denmark, see Baekgaard et al. 2020).

This exploration involves two related directions of inquiry. First, we seek to take the theoretical frameworks that have informed work in our respective disciplines and apply them to understanding the challenges presented by the COVID-19 pandemic. Second, we consider the ways in which existing frameworks are limited or incomplete in helping us understand the pandemic. How should our scholarly understanding of information seeking and exchange, inequalities, and government responses and public perceptions of that response, change as a result of the COVID-19 pandemic?

Overview of Articles in This Issue

The first theme of this issue is information. The authors explore very different sources of information—community networks in person, informational spread online, and elected officials—but share an interest in understanding how informational networks, the accuracy of information, and the source of information affected how people dealt with a novel crisis. Courtney Page-Tan, Summer Marion, and Daniel Aldrich focus on the spread of information within communities about how to curtail the spread of COVID-19 and flatten the curve during the early months of the pandemic. Their article captures how the horizontal and vertical linkages between individuals, communities, and information sources measurably altered health-related behaviors during the pandemic. Although this research points to the value of information spread to promote healthy behaviors during COVID-19, misinformation can also spread through networks. The article by Kevin Leicht and his colleagues examines whether the labeling of misinformation on COVID-19 by Facebook affects individuals' trust discernment and sharing behaviors of COVID-19 information. In contrast to Facebook, Twitter did not actively label COVID-19 misinformation, providing the researchers with a natural comparison.

The second core theme of this issue is inequality. The interdependent nature of institutions can create cascading crises, exacerbating existing inequalities and creating new ones. Because inequalities shape people's health outcomes, their support systems, and government responses during the pandemic, COVID-19 created circumstances during which inequality had as much potential to be contagious as the virus. In their interviews of community-based organizations in the bay area, Alison Cohen and colleagues find that the pandemic was not an isolated crisis, but instead the product of a longer trajectory of structurally produced inequalities (for example, Laster Pirtle 2020) "endemic to capitalist structures." Drawing on feminist and racialized capitalist frames, they explore not only the new challenges posed by the COVID-19 pandemic but also how the pandemic reproduced challenges experienced by vulnerable communities even during "normal" times—resulting in thinking jointly and expansively about addressing community needs.

The insights from these works also highlight the importance of thinking about intersecting identities, social challenges, and the resources individuals have to navigate the pandemic. Carla Pezzia, Magda Rogg, and Tammy Leonard explore questions of inequality through a focus on the unique challenges faced during the pandemic by lower-income older adults. Their interviews highlight the impact of pandemic-related disruptions on social ties, resources, and institutions (including government support programs), and how these populations have responded to these disruptions. In their article examining the protests for racial equality, sparked by George Floyd's murder in May 2020, Claire Kamp Dush and her coauthors highlight the importance of the COVID-19 pandemic as one of several overlapping stressors in the lives of Americans of color, a poignant example of how structural inequalities layer and interlace to create cascading crises and exacerbating existing inequalities. The Black Lives Matter movement for racial equality, sparked by George Floyd's murder in May 2020, added another reminder of inequality, and thus another source of stress, for Black Americans. Drawing on a stress process framework and a minority stress model to examine the connections between stress and mental health challenges, their findings emphasize the importance of watershed moments in the creation of just societies.

Long-standing inequalities in health, economics, and environment made American In-

dians and Alaska Natives particularly vulnerable to the pandemic. Native mortality and hospitalization rates have been among the highest in the country. Laura Evans and her coauthors examine how representation through Native state legislators increased state policy responsiveness and Native control of health institutions increased access to life-saving information. Their research highlights the importance of tribal sovereignty, state recognition, and active cooperation and respect between governments in addressing inequalities exacerbated by the pandemic.

Coordination and cooperation are important topics in our third core theme of this issue, which focuses on government response to the COVID-19 pandemic and public perceptions of this response. High levels of polarization and federalism in American politics contribute to the informational and policy inconsistencies across states, affect how citizens evaluate the response of their government and determine which entities to trust, and increase the importance of local and community organizations. These challenges also affect the likelihood for equitable and cooperative social responses to an intertwined public health and economic crisis. With an eye toward how federalism and extreme polarization posed challenges to the COVID-19 response, Sarah James, Caroline Tervo, and Theda Skocpol examine differences in state-level data collection and COVID-19 mitigation strategies. They focus on multiple stages of policy response—gathering and publicizing information, initial pandemic mitigation measures, and approaches to vaccination—and what factors explain variation in state responses. Their findings point to how federalism, combined with politicization of COVID-19 messaging, created obstacles to an effective and unified governmental response. Because of polarization and the increasing politicization of COVID-19 policies, federalism produced a patchwork of policies, many of which did not reflect the needs stemming from varying case counts across states or the ideal patterns of policy learning and diffusion in frameworks of federalism. Their work also points to an underappreciated aspect of partisanship in contemporary theories of polarization—intraparty divisions within the Republican Party and alignment with Trump. Principles of federalism and decentralization were applied selectively, in accordance with partisan and presidential priorities.

The structure of American politics, with individual identities and government roles at both the state and federal levels, also shapes public perceptions of the government response and which political actors people trust for information. Emily Pears and Emily Sydnor tackle the linkage between partisanship, ideological views as they relate to federalism, state identity, and whom people trust for information about the COVID-19 pandemic. Their work thus falls at the intersection of the information and government response themes. Research in political psychology has pointed to the importance of core social identities in how people make sense of political events and respond to political leaders. Partisanship and national identities have received the most attention in the literature (for example, Huddy and Khatib 2007; Huddy, Mason, and Aarøe 2015; Mason 2018). Pears and Sydnor focus on the decentralized nature of the U.S. response to COVID-19 and the importance of people's state identities, in addition to their political identities, for how they determined which political leaders they trusted. Their findings highlight the power of partisanship in whom people trusted for information, but also the limits of partisanship; for instance, state-level policy responses and state-based identities affect trust as well. Their insights about divergent patterns of trust by party help us further understand why the politicization of COVID-19 among elected officials spread to staunch disagreements by party in the public about how the government and localities should respond.

The question of trust in government is also central in the article by Elizabeth Suhay and her coauthors. They explore trust as both a consequence of government responses to the pandemic and as a cause of whether citizens comply with government health agency recommendations. Their results also highlight the importance of the federal structure and the information that political officials were sharing with the public. Higher trust in state and local governments is associated with an increased likelihood of healthy behaviors, whereas

greater trust in the federal government (which, at the time of the Trump administration, was often providing information at odds with guidance by health experts on topics such as mask-wearing) is associated with a lower likelihood. In the same vein as the articles in this issue by James, Tervo, and Skocpol and by Pears and Sydnor, this piece highlights how the politicization of COVID-19 messages at the national level affected the value of information coming from the federal government. These articles emphasize the important intersection of government as a recipient/processor of information and as a source of information, and how people's partisan and other social identities shape their responses to the government.

The final article in this section explores how policy choices by governments are interconnected in ways that can produce unintended consequences. Andrew Burns and Kat Albrecht highlight the unintended consequences of the government's public health response to COVID-19, including by limiting policy solutions to the opioid epidemic. Through syndemic and assemblage frameworks, they study how the pandemic complicated or halted the

enactment of various policies aimed at reducing overdose mortality and supporting people seeking substance abuse treatment, as well as how substance abuse provided challenges for the COVID-19 response, for both individuals and communities.

Although each of these articles tackles a separate research question relevant to the author's discipline, collectively they speak to the interconnectedness of the pandemic. The pandemic, while creating far-reaching and perhaps long-lasting consequences, was also fast moving and uneven in its impacts. To illuminate the following work in context, in figure 4 we outline the periods of data collection for the articles in this issue. We place the timelines of study in the larger timeline of U.S. COVID-19 daily cases so that readers may understand the environment in which the research was conducted.

The articles printed here represent early work in the ongoing scientific process of unpacking and understanding the complex, and often interwoven, events that occurred during the pandemic. This work offers new insights into the consequences of COVID-19 and related

Figure 4. Data Collection Timeline, by Author in This Issue
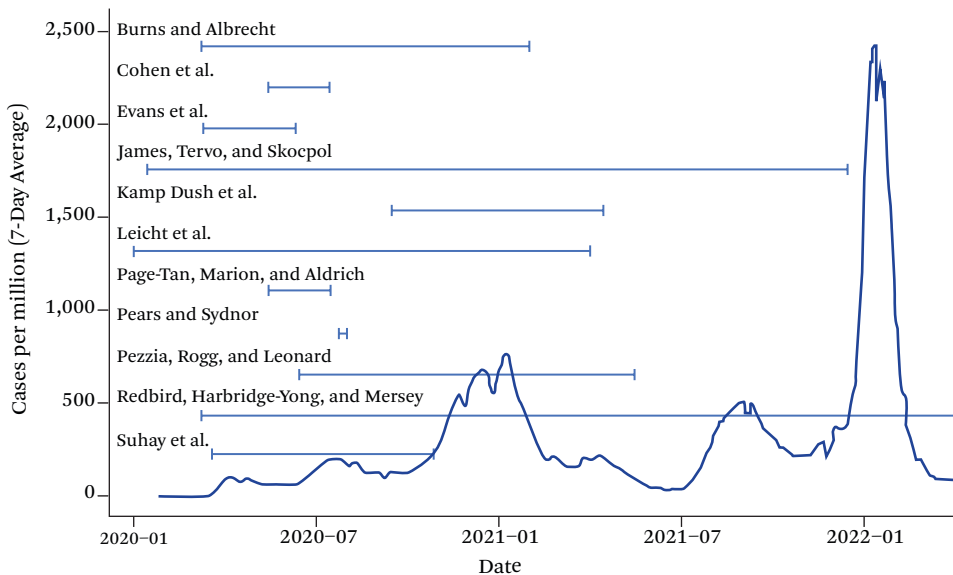
Source: Authors' tabulation.
Notes: Dates represent period of primary COVID data collection. Background image is case counts from figure 1.

social and political processes, but it is simply the tip of an iceberg. The years and decades to follow will see much more research in this area, including exploration of the educational and economic implications of the pandemic, presented in forthcoming issues of this journal.

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