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## An Epidemiological View of the 2020 U.S. Presidential Election: COVID-19 and the Ethics of Science Denial

George A. Gellert M.D., M.P.H., M.P.A.

### *Commentary*

COVID-19 is exploiting U.S. political and cultural polarization in the first presidential election to be driven by epidemiology and public health. Medical science is on the ballot as Americans' views on economic re-opening fracture according to party affiliation. The difference between aggressive versus incremental re-opening, mask wearing, and social distancing is rooted in respect for, or denial of, the science of epidemiological pandemic disease control. Many Americans perceive a false choice between income generation to meet basic needs and accepting a risk to their health; yet one cannot work if ill, on a ventilator, suffering the still-unclear possible long-term medical organ system consequences of the disease, if one is dead, or if one's employers and customers are ill or dead. Political leaders at multiple levels, and in particular the President, have politicized the wearing of face masks and so intentionally obscured and misinformed the public regarding the objectively and scientifically proven value of these protective measures, the only ones currently available and effective.

However, the individual, personal decision to disregard, dismiss, or ignore evidence-based and science-based public health disease control measures and behaviors intended to contain the spread of COVID-19 is fundamentally an ethical choice, and is an act reflecting a particular ethical and moral - and in terms of impact on other people, not primarily a political - worldview. One chooses to either accept, evaluate, or ignore the overwhelming clarity of scientific evidence demonstrating the value of the best methods for interrupting further community spread of the coronavirus based on, and as an expression of, one's personal ethics and moral principles. These personal ethics and moral principles dictate one's COVID-19 disease prevention-related actions, or lack thereof, through what is thought to be a right to individual freedom of political expression.

With the American public emotionally fatigued, with many families struggling financially due to economic closure and social distancing, and given the President's highly contradictory messages about re-opening the economy, it was not difficult to turn public frustration and fear into civil protests advocating immediate and full economic re-opening. This made quite clear what the President and Republican leaders of aggressive re-opening, supported by conservative media, want Americans to

think: In responding to the pandemic, biomedical and public health science is, at best, irrelevant or secondary; scientific facts are false and are contrived to drive a veiled political agenda of depriving the public freedom of expression. However, mask wearing, social distance, and sheltering are not political expressions, and the right to freedom of expression does not include behaviors that produce or could produce serious, and in the case of this pandemic, deadly impact on other citizens. One does not have the right to forms of political or other expression that kill or make ill other individuals. The longstanding and ongoing efforts by President Trump and his political allies to undermine the basic trust of the American public in biomedical and public health science and evidence are certainly undermining U.S. public health in its efforts to contain the COVID-19 outbreak. They are among the most highly unethical/immoral actions of an administration that has clearly abandoned many ethical guard rails and moral constraints.

Yet anyone with even a basic understanding of science knows that science can certainly be wrong; indeed, learning what is accurate scientific fact frequently derives or is iterated from being wrong. Being wrong is essential to and defines the scientific method and the early lifecycle of most scientific research and discovery. However, while the learning curve of science may be steep and the ascent slow for COVID-19, in the midst of a global or national public health crisis, science is never irrelevant or secondary. American science denial has now spread, like a malignancy, to the refusal to wear protective face masks by a minority of the public, and to contesting the use of contact tracing for the purpose of identifying and quarantining potentially infected contacts of confirmed COVID-19 cases in order to suppress continuing community transmission of the virus. Ironically, the same irrationality exhibited by President Trump and his cohorts in denying the science behind essential epidemiological disease control measures to contain COVID-19 spread embraces enthusiastically the promise of that same science to deliver a vaccine by year's end that would restore social and economic normalcy. This reinforces the notion that ignorance of science alone is not driving science denial, and that it is to a large extent a premeditated political tactic deployed by cynical leaders trying to manipulate the public toward electoral victory in the upcoming national election.

Epidemiologically speaking, full or near full economic re-opening can have several possible outcomes: In jurisdictions aggressively re-opening without widespread use of social distancing, facial masks, and contact tracing, incidence rates will probably increase, as we are starting to observe. Or alternatively, in a huge gamble with the public's health, incidence rates might yet stabilize, or remain at an albeit unacceptably high plateau, buying critical time for vaccine development. Science denial by the President, Republican leaders, and a minority of the population has already impacted and will continue to impact all Americans, including the majority preferring to prolong social distancing, mask requirements, and partial economic closure until there is a sustained incidence decline.

As noted, because we are all interdependent in any communicable disease epidemic, science denial in the midst of the ongoing COVID-19 pandemic is an ethical breach that has a severe detrimental and destructive effect, not only on those making this ethical choice for themselves, but also for rest of the U.S. population. A key metric to guide and titrate economic re-opening over time and by jurisdiction would be provided by increased coronavirus testing, but again biomedical science is made irrelevant and inconsequential by the agenda of science denial. By rejecting or denying the value and validity of epidemiological and public health science, the Republican party and other political leaders are abandoning the primary - and currently the only effective - tools available to interrupt and control the spread of the coronavirus in the absence of clinically effective curative therapeutics or an effective vaccine.

The presidential election rests at a fundamental level upon an individual choice of whether to accept or "believe" value-neutral, evidence-based science or to be swayed by unethical political disinformation. Yet the undeniable fact remains that while the U.S. has just 3-4% of the world's population, it has over 20% of total reported global infections and COVID-19 related deaths, week over week and month over month. The question now is: How many people must die or get ill from COVID-19 before enough of a plurality of Americans and their leaders embrace, rather than deny, science? How many Americans must suffer the impact of the politically driven, unethical choices of a small minority to deny science before the collective pain, illness incidence, and deaths are sufficiently overwhelming to allow for a return to governance that values and uses, rather than rejects and undermines, biomedical science?

The persistent and highly dysfunctional political and cultural polarization of the U.S. is now enabling

and reinforcing the ethics of science denial, while driving the nation's public health fate and near- to medium-term economic outcomes. When COVID-19 again surges, as it is starting to do in over half of the states, a minority of Americans' rejection of scientific disease control practices - those individuals demanding aggressive re-opening, refusing to wear masks or to participate in contact tracing, and those advocating and participating in large gatherings, stadium events, and rallies - will have caused new preventable deaths, protracted the pandemic, and deepened its destructive human, public health, and economic impact. The continuing nationwide protests resulting from each new police murder of yet another Black person for the crime of being Black only adds combustible fuel to this smoldering viral fire. For those protesting police abuses, however, the social and ethical imperatives of the moment have transcended even a concern over their own health and welfare, and those of their families that will also risk potential exposure to the virus. Protesters and their families are risking their health, their well-being, and their very lives to stand by their moral compass for their fundamental values and the individual right not to be killed by police actions where no resistance is mounted.

Republicans who are driving aggressive, premature re-opening, rejecting the wearing of masks and contact tracing, and convening crowded rallies may well deliver precisely the undesired election outcome that has been politically rationalizing their science denial. These leaders, journalists, and the minority of Americans who follow them will own the public health, ethical, and political responsibility for escalating the national epidemic to an unprecedented level of preventable American deaths and suffering across their jurisdictions and beyond. The next months and years will be shaped by the current ethical choices of these individuals as to whether they can accept - or will continue to deny - science.

If elections reflect whether voters feel or think they are better or worse off than four years prior, the increasing public health and epidemiological impact of science denial suggests that a majority of Americans will be worse off as the nation continues to struggle with COVID-19 until (and well beyond) the November election. As a result, perhaps, the norm of government using - rather than rejecting - science will be restored out of humanistic and public health necessity. Epidemiology may ultimately determine the outcomes of the upcoming election, and U.S. voters will decide whether to live with science, or to suffer and die in the American cultural wars of our polarized politics that deny it.

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Dr. Gellert is an epidemiologist and served in domestic and international public health, in NGOs, at the United Nations, and in industry, and has managed communicable disease outbreaks as a public health officer in California. He worked in HIV/AIDS disease control, promulgating HIV testing guidelines for victims of child sexual abuse after identifying the first cases of HIV abuse-induced infection, and participated in the U.S. response to the 1993 Hantavirus.  
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