

SYMPOSIUM:
GENDER, HEALTH, AND THE CONSTITUTION

**HYSTERIA REDUX:
GASLIGHTING IN THE AGE OF COVID**

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The declaration of the end of a pandemic therefore marks a critical point when the value of a human life becomes a variable of actuarial significance—in other words, when a government determines that the social, economic, and political costs of saving a life exceed the benefits of doing so.¹

INTRODUCTION

This article addresses the relationship among hysteria, gaslighting, and gender during the SARS-CoV-2 (“Covid”) pandemic in the political and public-health messaging about Covid. Between early 2020 and January 2024, nearly 775 million cases of Covid have been documented worldwide, with a staggering death toll of almost 7 million. In the United States alone, 1.16 million people have died, and millions more continue to suffer the effects of the infection, with increased risk rates of cardiac problems, cognitive disorders, and autoimmune diseases. As a result of the Covid pandemic, at least 65 million people have been diagnosed with post-acute sequela of the virus (PACS), often termed “Long Covid.” Some

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1. Joelle M. Abi-Rached & Allan M. Brandt, *Do Pandemics Ever End?*, 389(15) N. ENGL. J. MED. 1349, 1350 (2023).

of those infected and seemingly recovered later develop cardiovascular, cognitive, and other major disorders related to that infection.

The article analyzes the U.S. public health messaging in the age of Covid, explaining how individualism, gender, and gaslighting have shaped the public response to the virus and negatively affected public health. In explaining the poor U.S. public health outcomes during Covid, the article evaluates the role of disinformation about vaccines, the “feminization” of masking, and the “vax and relax” public mantra, which suggested that those who did not relax were perhaps a bit hysterical. Finally, the article considers how gaslighting occurs in the context of dismissing the potential long-term dangers of Covid infections and reinfections.

There are numerous reasons the U.S. has fared poorly during Covid, as explained below. This article explores another reason that deserves investigation: The role of gender and its relationship with extreme individualism in healthcare messaging.

I. THE DESTRUCTIVE PATH OF COVID

When the news broke of a mysterious virus spreading in China in December 2019, many in public health expressed concern about whether this was the one virologists and epidemiologists had been worried about for decades: A new virus for which we had little if any, pre-existing immunity. Over forty months have passed, and the pandemic emergency is officially over,² although infections, reinfections, deaths, and Covid-related disability continue. As of January 14, 2024, there are almost 775 million documented cases of Covid worldwide and over 7 million deaths. In the United States alone, there have been at least 1.2 million deaths and over 6.75 million hospitalizations for Covid.³ In 2022, Covid was the primary or contributing cause of death for nearly 250,000 people in the U.S.⁴ And sadly, more than 1 million children have lost a mother, father, a caretaker, or both parents to Covid.⁵

2. *Id.*

3. *COVID Data Tracker*, CENTERS FOR DISEASE CONTROL & PREVENTION (CDC), <https://covid.cdc.gov/covid-data-tracker/#datatracker-home> (Hospitalization data through: January 20, 2024; Death data through: January 20, 2024).(posted: January 26, 2024 12:03 PM). For worldwide data, see the World Health Organization (WHO) Covid-19 Dashboard, <https://data.who.int/dashboards/covid19/cases?n=c> (last accessed on February 27, 2024).

4. Farida B. Ahmad, et al., *COVID-19 Mortality Update, United States*, CDC, 2022 (May 5, 2023), <https://www.cdc.gov/mmwr/volumes/72/wr/mm7218a4.htm>.

5. Dinh-Toi Chu, et al., *Children Orphaned by COVID-19: A Grim Picture and The Need of Urgent Action*, 50 *TRAVEL MED. & INFECTIOUS DISEASE* 102446 (2022), <https://doi.org/10.1016/j.tmaid.2022.102446>.

Currently, over 65 million individuals worldwide suffer from post-acute sequelae of COVID-19—referred to as PACS, or more commonly, “Long Covid.”⁶ PACS is defined as “ongoing, relapsing, or new symptoms or conditions present 30 or more days after infection, [and] is a major clinical and public health concern.”⁷ While many have persistent problems that began with the infection, others have delayed onset of health problems related to their Covid infections. Surprisingly, even mild infections can cause Long Covid.⁸

Survey data suggest that 18 million Americans have had some form of post-acute health consequence, and 8 million claiming to currently suffer from Long Covid.⁹ The actual numbers of post-acute sequela are uncertain, given the current state of known and suspected causation between Covid and other disease processes. As research continues to unravel the complexity of this virus, there are indications that Covid-related damage may persist in a substantial percentage of individuals.¹⁰

Unbeknownst to many is the serious risk that reinfection, which is now common, poses for all-cause mortality, hospitalizations, and adverse outcomes.¹¹

6. Hannah E. Davis, Lisa McCorkell, Julia Moore Vogel & Eric J. Topol, *Long COVID: Major Findings, Mechanisms and Recommendations*, 21 NATURE REVIEWS MICROBIOLOGY 133-46 (2023).

7. Tanayott Thaweethai, Sarah E. Jolley SE, Elizabeth W. Karlson EW, et al., *Development of a Definition of Postacute Sequelae of SARS-CoV-2 Infection*, 329(22) JAMA 1934 (May 25, 2023).

8. See Eric Bock, *Costs of Long Covid Becoming Clear*, LXXIV No. 16, NIH Record (Aug. 5, 2022) (interviewing Dr. Ziyad Al-Aly), <https://nihrecord.nih.gov/2022/08/05/costs-long-covid-becoming-clear>. Dr. Al-Aly notes that the risk of Long Covid is lower in those with mild infections.

9. *Long Covid*, CDC, <https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>. See also Stephanie Soucheray, *Survey: 18 Million Americans Say They Have Long COVID*, CTR. INFECTIONS DISEASE RESEARCH & POLICY (CIDRAP) (Univ. of Minnesota) (CDC Statistics released a survey showing that “roughly 18 million Americans said they have ever had long COVID, and 8.8 million said they currently have the condition”), <https://www.cidrap.umn.edu/covid-19/survey-18-million-americans-say-they-have-long-covid>.

10. See, e.g., Wolfram Ruf, *Immune Damage in Long Covid*, 383 SCIENCE 262 (2024) (discussing the immune dysfunction and exhaustion that those with Long Covid display); Artur Fedorowski, et al., *Cardiovascular Autonomic Dysfunction in Post-COVID-19 Syndrome: A Major Health-care Burden*, NATURE REVIEWS CARDIOLOGY (2024), <https://doi.org/10.1038/s41569-023-00962-3> (discussing the problems of Cardiovascular Autonomic Dysfunction (CVAD) in patients affected with Long Covid and noting that the caseload is “massive,” with approximately 10% of patients suffering from Long Covid).

11. Benjamin Bowe, et al., *Acute and Post-acute Sequelae Associated with SARS-CoV-2 Reinfection*, 28 NATURE MED. 2398–2405 (2022), <https://doi.org/10.1038/s41591-022-02051-3> (describing study of 5,819,264 people, including 443,588 people with a first infection, 40,947 people who had reinfection and 5,334,729 noninfected controls, which showed that compared to people with no reinfection, people who had reinfection exhibited increased risks of all-cause mortality, hospitalization, and several prespecified outcomes).

Reinfection, which is now the dominant type of SARS-CoV-2 infection, is not inconsequential; it can trigger de novo Long Covid or exacerbate its severity. Each reinfection contributes additional risk of Long Covid: Cumulatively, two infections yield a higher risk of Long Covid than one infection, and three infections yield a higher risk than two infections.¹²

Over the last four years, our fear of the virus has subsided drastically due to the decline in mortality and morbidity from vaccines. Most are apparently unconcerned about the virus, and a substantial majority of Americans have been foregoing boosters or new vaccine injections that protect against the virus.¹³ Despite the drumbeat of messaging that these vaccines are the most effective defense against severe, acute illness (and possibly against Long Covid),¹⁴ inoculation rates are dismal. The United States fared quite poorly compared to other countries around the world in outcomes despite being the most prepared for the virus.¹⁵ “In comparison with other countries, the U.S. reported the greatest number of COVID-19 deaths throughout the majority of the pandemic.”¹⁶

II. PUBLIC HEALTH MESSAGING IN THE AGE OF COVID

After the first year of fear, confusion, social distancing, and masking, lifesaving vaccines arrived. The public health message in the United States then focused on two points: (1) vaccinations and (2) taking responsibility for one’s health.¹⁷ While the vaccines excel at preventing death and Intensive Care Unit (ICU) admissions, they have not

12. Ziyad Al-Aly & Eric Topol, *Solving the Puzzle of Long Covid*, 383 SCIENCE 830, 830 (2024). For more on vaccine protection against Long Covid, see Ivan Chun Hang Lam, et al., *Persistence in Risk and Effect of COVID-19 Vaccination on Long-Term Health Consequences after SARS-CoV-2 Infection*, 15 NATURE COMMUNICATIONS 1716 (2024), <https://doi.org/10.1038/s41467-024-45953-1>.

13. See *COVID Vaccinations in the United States*, CDC, <https://covid.cdc.gov/covid-data-tracker/#vaccination-states-jurisdictions>. Unsurprisingly, vaccine interest appears to be linked to whether one lives in a politically red or blue state. Alabama, for instance, has an up-to-date vaccine rate of less than 10%, while Connecticut’s rate is between 25-30%. *Id.*

14. See Eric Topol, M.D., *Lighting Up Long Covid*, at <https://erictopol.substack.com/p/lighting-up-long-covid> (discussing studies explaining the protective dose-response relationship between multiple vaccines and the development of Long Covid).

15. Jennifer B. Nuzzo & Jorge R. Ledesma, *Why Did the Best Prepared Country in the World Fare So Poorly During Covid?*, 37 J. ECONOMIC PERSPECTIVES 3, 5 (2023) (explaining that “the existing literature suggests that the United States mounted a response that failed to make full use of the preparedness capacities it had, was hampered by politics, made poor use of data, and neglected to overcome intrinsic social vulnerabilities that helped the virus spread and caused high mortality”).

16. *Id.*

17. Jane Campbell Moriarty, *Unmasking Public Health*, BILL OF HEALTH, Harvard Law Petrie-Flom Center, Feb. 17, 2023, <https://blog.petrieflom.law.harvard.edu/2023/02/17/unmasking-public-health/>.

successfully stopped people from becoming infected. Developing data indicate that even mild infections can cause a variety of health problems related to cardiac disease, cognitive impairment, and autoimmune disorders in a notable percentage of people.¹⁸ And despite growing proof that Covid may impair the immune systems in some who are infected, much public health messaging has explained explosive rates of Respiratory Syncytial Virus (RSV) and other illnesses solely as “immunity debt.”¹⁹ Yet, excess death rates continue to be elevated around the world.²⁰

Focusing entirely on death rates and ICU admissions, the public health message has been to “vax and relax,” disregarding other preventive measures such as masking, ventilation of common space, social distancing, and staying home while ill, resulting in a population who has become repeatedly infected and a virus that continues to mutate.²¹ Despite an early scientific focus on both masking in public spaces and the need for improved ventilation, public health messaging rarely mentioned either, often reiterating the need to “wash one’s hands,” despite the wealth of data suggesting that the virus is spread dominantly by an airborne route.²² Notably absent has been any message of how we can protect ourselves from repeated infection and how we can protect the vulnerable. Renowned scientists continue to voice concern about the need for masking and

18. See Ruf, *supra*, note 10.

19. See CDC, Media Telebriefing: Update on Respiratory Disease Circulation Transcript, Nov. 4, 2022, <https://www.cdc.gov/media/releases/2022/t1104-update>. “We suspect that many children are being exposed to some respiratory viruses now for the first time, having avoided these viruses during the height of the pandemic. Currently, the United States is experiencing a resurgence in the circulation of non-COVID 19 respiratory viruses.” Accord Carmen Paun & Kelly Hooper, *5 Questions About the Latest Disease Outbreak in China*, POLITICO, Nov. 27, 2023 (including interviews with physicians about “immunity debt.”), <https://www.politico.com/news/2023/11/27/chinas-hospitals-filling-but-dont-panic-00128738>.

20. John P.A. Ioannidis, et al., *Variability In Excess Deaths Across Countries With Different Vulnerability During 2020–2023*, available at PNAS (2023), <https://doi.org/10.1073/pnas.2309557120>.

21. See Theo Sanderson, et al., *A Molnupiravir-associated Mutational Signature in Global SARS-CoV-2 Genomes*, 623 NATURE 594 (2023), <https://doi.org/10.1038/s41586-023-06649-6> (explaining that new variants of SARS-CoV-2 are generated through acquisition of mutations that enhance properties including immune evasion and intrinsic transmissibility).

22. For a detailed explanation of the reasons supporting the belief that Covid is spread by airborne transmission, see Trisha Greenhalgh, et al., *Ten Scientific Reasons in Support of Airborne Transmission of SARS-CoV-2*, 397 THE LANCET 1603 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8049599/pdf/main.pdf>; Trisha Greenhalgh, et al., *How Covid-19 Spreads: Narratives, Counter Narratives, and Social Dramas*, BRITISH MED. J 2022, <https://www.bmj.com/content/bmj/378/bmj-2022-069940.full.pdf>.

improved ventilation to prevent Covid infections and reinfections,²³ but institutional public health stays silent.

Despite the pandemic emergency being declared over, the disease continues to mutate and reinfect. In the “post-pandemic” week of late November 2023, 20,000 people were admitted to the hospital with Covid.²⁴ By January 6, 2024, 35,000 people a week were admitted,²⁵ with a 14% increase in deaths over the prior week.²⁶ Public health leaders in the U.S., however, appear to accept the current rate of death and disease; apparently the government has determined that the “social, economic, and political costs of saving a life exceed the benefits of doing so.”²⁷ As Drs. Abi-Rached and Brandt explain, a pandemic ends when the “governments’ conclusion that the associated public health crisis is no longer a threat to the economic productivity of a society or to the global economy.”²⁸ Thus, the associated mortality and morbidity of the pandemic have become “normalized.”²⁹

III. PUBLIC HEALTH, HYSTERIA, AND GASLIGHTING

There are multiple reasons to explain the institutional public health messaging, the public response, and the medical approach to post-acute sequela of Covid. Two key drivers of the message are political discord and anti-science rhetoric.³⁰ Economic considerations cannot be undervalued; they clearly influenced the decision to formally end the

23. Al-Aly & Topol, *supra* note 12, at 831 (“Preventing infections and reinfections is the best way to prevent Long Covid and should remain the foundation of public health policy. A greater commitment to nonpharmaceutical interventions, which include masking, especially in high-risk settings, and improved air quality through filtration and ventilation, are requisite.”).

24. Eric Topol, M.D., *Ground Truths*, Dec. 5, 2023 (“[T]here is the beginning of a rise in Covid hospitalizations across the country, with the level by late November exceeding 20,000 new admissions per week, which, as a lagging metric, will inevitably rise”), <https://erictopol.substack.com/p/from-a-detour-to-global-dominance>. Dr. Topol was correct, with the hospital admissions rising to more than 36,000 a week in the first week of January 2024. Cecelia Smith-Schoenwalder, *New COVID-19 Hospitalizations in U.S. Show First Drop in Months*, US NEWS, Jan. 19, 2024, <https://www.usnews.com/news/health-news/articles/2024-01-19/new-covid-19-hospitalizations-decline-for-first-time-in-months>.

25. *United States COVID-19 Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity by Geographic Area*, CDC, https://covid.cdc.gov/covid-data-tracker/#maps_new-admissions-rate-county

26. *Id.*

27. Abi-Rached & Brandt, *supra* note 1, at 1350.

28. *Id.* at 1351.

29. *Id.* at 1350.

30. For in-depth explanations, see WENDY E. PARMET, *CONSTITUTIONAL CONTAGION: COVID, THE COURTS, AND PUBLIC HEALTH* (2023) and PETER J. HOTEZ, *THE DEADLY RISE OF ANTI-SCIENCE: A SCIENTIST’S WARNING* (2023).

emergency phase of the pandemic, reflecting a desire to get the economy moving and put people back in their workstations.³¹ But beneath the messages and responses also runs a deep vein of gender-based beliefs. The public health message is one of extreme individualism from a gendered viewpoint, and the role of hysteria and gaslighting, typically associated with disturbed women, has informed the message and response.

“Hysteria” has Hippocratic origins,³² and the word traces its roots to the Greek term for uterus, *hysteria*, which was believed to wander throughout the body as a result of a lack of sexual activity, causing women’s physical and emotional problems.³³ Medical and philosophical papers on hysteria appeared in Europe in the late 1800s and early 1900s, explaining it as a disease of the nervous system or a malady of the mind, soul, and personality. Of course, Sigmund Freud was widely associated with the concept with the publication of his co-authored 1895 book, *Studies on Hysteria*. Over time, hysteria conceptually morphed into psychiatric disorders. The diagnosis and use of the term hysteria have fallen in and out of favor, but the shape-shifting³⁴ symptoms of the disorder have found their way into other psychiatric and psychological disorders, such as somatization, dissociative disorders, anxiety, and conversion disorders.³⁵

In common parlance, “hysteria” and “hysterical” are often used pejoratively to describe reactions perceived as excessive, unwarranted, or extreme, given the situation.³⁶ The word is still used to denote physical symptomology without an alleged physical cause—*e.g.*, “hysterical blindness.” “Hysterical” is commonly employed to refer to inappropriate and excessive reactions to existing situations—*e.g.*, “she reacted hysterically when told the news.” Aside from the etymological disputes

31. “Pandemics therefore end when societies adopt a pragmatic view of the sociopolitical and economic costs of public health measures—in short, when they normalize the associated mortality and morbidity.” Abi-Rached & Brandt, *supra* note 1, at 1350.

32. ANOUCHKA GROSE, ED., *HYSTERIA TODAY*, at xvii (2016) (discussing the Hippocratic belief that feminine complaints of nervousness, fluid retention, loss of appetite, and insomnia were caused by the womb wandering in the body and causing blockages due to a lack of sexual activity). *Accord* MARK S. MICALE, *APPROACHING HYSTERIA: DISEASE AND ITS INTERPRETATIONS* 19 (1995).

33. JACALYN DUFFIN, *HISTORY OF MEDICINE, A SCANDALOUSLY SHORT INTRODUCTION* 314 (2d ed. 2010); GROSE, *supra* note 32, at 15-19.

34. The concept of hysteria as “shape shifting” is borrowed from Willemijn Ruberg, *Hysteria as a Shape Shifting Forensic Psychiatric Diagnosis in the Netherlands c.1885-1960*, 35 *GENDER & HISTORY* 565-81 (2023).

35. See Leonardo S. Rodríguez, *Hysterics Today*, in GROSE, *supra* note 32, at 1 (noting that the Diagnostic and Statistical Manual of Mental Disorders (DSM) does not mention hysteria but claims physicians will recognize the phenomena as “Anxiety disorders”; “Dissociative disorders” and “Somatic symptom related disorders” among others).

36. *Id.* at 2.

about the origin of the word,³⁷ most employ the term hysteria—whether diagnostically or socially—to describe those who overreact or claim physical symptoms for non-existent disorders.³⁸ The casual but demeaning label of “hysterical” has been applied to the Covid-cautious individuals relying on scientific knowledge. Hysterical is also applied to those individuals with Long Covid, as they may be diagnosed with somatic or conversion disorders.

“Gaslighting” has become a term popular in both popular discourse and, more recently, in academic writing.³⁹ The origin of the term is from the movie *Gaslight*, in which a woman is manipulated by her husband in his attempts to cause her to doubt her own perceptions.⁴⁰ He denies dimming the lights and claims she is imagining things. As Professor Elizabeth Barnes neatly explains, “[t]his, then, is the paradigm instance of gaslighting. She should be able to trust her senses; she can see that the lamps are dimmed, and so to be told that they aren’t and that she can’t trust her own basic awareness of the world is utterly destabilizing.”⁴¹ We understand the concept intuitively—do my eyes deceive me?—but applying this concept is complex.

Gaslighting, a form of psychological manipulation, can be used by an offender to “cause targets to form certain attitudes concerning their own reliability.”⁴² In effect, it may cause the target to doubt her own beliefs about the nature of reality. The concept may be defined as an intentional manipulation of a person’s belief system, as in the film.⁴³ On

37. *Id.* at 3; Mark J. Adair, *Plato’s Lost Theory of Hysteria*, 66 PSYCHOANALYTIC Q. 98-105 (1997) (alleging that the term does not refer to a wandering uterus but to a “wandering desire.”).

38. See, e.g., Vincent Dachy, *Necessity and Seduction*, in GROSE, *supra* note 32, at 54. “The distinction between manifestations through im-pressions in the body and manifestations through ‘over the top’ ex-pressions (which presumably led to the common use of the word ‘hysterical’) does not obstruct the converging suggestions of simulation, exaggeration, or inauthenticity to characterize hysteria.” Of course, there *are* those who claim physical symptoms for disorders that are not real and those who do overreact.

39. Elizabeth Barnes, *Trust, Distrust, and “Medical Gaslighting,”* 73 PHILOSOPHICAL Q. 649, 650 (2023).

40. *Gaslight* is a 1944 film starring Charles Boyer, Ingrid Bergman, Joseph Cotton, and Angela Lansbury, among others. It was directed by George Cukor. IMDb, <https://www.imdb.com/title/tt0036855/>

41. Barnes, *supra* note 39, at 650.

42. Paul-Mikhail Catapang Podosky, *Gaslighting, First-and Second-Order*, 36 HYPATIA 207-27 (2021). Podosky, a philosopher, distinguishes between first and second order gaslighting. The former causes victims to “doubt their interpretive abilities without doubting the accuracy of their concepts” (the gaslighter claims an offensive sexual touch must be an accident). Second-order gaslighting causes the victim to “doubt their interpretive abilities *in virtue* of doubting the accuracy of their concepts” (the gaslighter says the offensive sexual touch is not sexual harassment as it is so trivial). *Id.* at 208.

43. Barnes, *supra* note 39, at 651.

the other hand, it may be an unintentional manipulation in which a person is encouraged, whether by benign or positive motivations, to doubt their own views as an authority on their own experiences.⁴⁴ Scholars across various disciplines have provided helpful definitions.⁴⁵ The concept of gaslighting is distinct from skepticism. The central distinction between a person acting skeptically and one gaslighting is that the latter “involves an unjustified imposition of one’s own perspective, beliefs, or interpretation onto another person, in a way that will be especially destabilizing for that person.”⁴⁶

Gaslighting is a tool of the powerful often used (wittingly or unwittingly) to influence the vulnerable or those in a position of lesser knowledge. The concept has received a great deal of attention over the last few years in the context of “medical gaslighting.”⁴⁷ Medical gaslighting occurs when individuals are subtly or seriously discouraged from believing their own views and experiences.⁴⁸ Those with Long Covid often recount the gaslighting they’ve encountered in seeking care for their disabling conditions.⁴⁹

Many Covid-cautious individuals have noted that during periods of elevated hospital admissions and death, such as what occurred in Autumn/Winter 2022 and again in Autumn/Winter 2023, the political and public health message has been “it’s all fine.”⁵⁰ This, too, is a form of

44. *Id.* at 652.

45. See Kate Abramson, *Turning Up the Lights on Gaslighting, Philosophical Perspectives*, 28 ETHICS 1, 2 (2014) (defining gaslight as “a form of emotional manipulation in which the gaslighter tries (consciously or not) to induce in someone the sense that her reactions, perceptions, memories and/or beliefs are not just mistaken, but utterly without grounds—paradigmatically, so unfounded as to qualify as crazy”); Jennifer Sebring, *Towards a Sociological Understanding of Medical Gaslighting in Western Health Care*, 43 SOCIOLOGICAL HEALTH ILLNESS 1951 (2021).

46. Barnes, *supra* note 39, at 652.

47. Margot Gage Witvliet, *How COVID-19 Brought Medical Gaslighting to the Forefront and Made Invisible Illness Visible: Lessons from the BIPOC Long COVID Study*, in COVID-19 PANDEMIC, MENTAL HEALTH AND NEUROSCIENCE - NEW SCENARIOS FOR UNDERSTANDING AND TREATMENT 200 (Sara Palermo & Berend Olivier, eds. 2021); Melinda Wenner Moyer, *Women Are Calling Out “Medical Gaslighting,”* N.Y. TIMES, Mar. 29, 2022, <https://www.nytimes.com/2022/03/28/well/live/gaslighting-doctors-patients-health.html>

48. For an excellent discussion of this problem, see, for example, Anjali Arulpragasam Ashley, *I Was Young and Fit, and Suddenly Too Exhausted to Get Out of Bed*, WASH. POST, Jan. 28, 2024, at <https://www.washingtonpost.com/wellness/2024/01/28/fibromyalgia-chronic-fatigue-syndrome-challenges-stigma/>.

49. Alex Rushforth, et al., *Long Covid—The Illness Narratives*, 286 SOCIAL SCIENCE & MEDICINE 114326, at 6 (2021) (discussing patient’s frequent expression that medical professionals were gaslighting them).

50. See, e.g., *Biweekly Confirmed COVID-19 Deaths*, OUR WORLD IN DATA (chart showing the bi-weekly number of COVID deaths from January 2022 through May 2023, indicating that thousands were dying at a regular rate every week), <https://ourworldindata.org/grapher/biweekly-covid-deaths?tab=chart&time=2022-12-10..2023-05-18&country=~USA> (last visited Feb. 13, 2024). In

gaslighting. As a result of the political and public health messaging that has evolved over time, many who continue to take precautions express feelings of being gaslighted—as if their own knowledge and experiences are not trustworthy.

IV. PUBLIC HEALTH, INDIVIDUALISM, AND GENDER

Public health law is a study of the legal powers and duties of the state to ensure conditions for the population to be healthy while recognizing the limitation of that power to constrain autonomy, privacy, and liberty, among other concerns.⁵¹ The application of public health principles in any given situation has always been subject to disagreement, particularly in a population where there is often vocal support for individual rights and limited support for the virtues of caring for others.⁵² The support for autonomy in public health in the U.S. cannot be understated,⁵³ and its connection to legal rights is clear.⁵⁴ While the American culture is decidedly individualistic, more collectivist cultures value interdependence⁵⁵ with a focus based more on the “needs, norms, and goals” of the group.⁵⁶

Beginning in early 2020, public health messaging has been a critically important aspect of the pandemic, led by public health experts. The most notable was Dr. Anthony Fauci, originally hailed as a beacon of sanity, knowledge, and leadership⁵⁷ in a frighteningly dysfunctional

September 2022, President Biden stated, “the pandemic is over.” Abi-Rached & Brandt, *supra* note 1, at 1350.

51. LAWRENCE A. GOSTIN & LINDSAY F. WILEY, PUBLIC HEALTH LAW & ETHICS 32 (3d ed. 2018).

52. *Id.* at 32-33. For a detailed discussion of public health mandates during Covid, see PARMET, *supra* note 30, at 91-115.

53. See ALBERT R. JONSEN, THE BIRTH OF BIOETHICS 335 (1998). “Although autonomy had been launched as one of a quartet of principles, along with beneficence, nonmaleficence, and justice, it seemed to dominate the rest and even swamp them. . . . The attraction came, of course, from its similarity to personal liberty, a firm fixture of the American ethos. . . .”

54. “The stress on autonomy and self-determination comes from our Bill of Rights, our Declaration of Independence and the whole common law tradition.” Geoge Annas, *From Selection to Rationing: Policy, Birth of Bioethics Conference*, pp. 75-80, quoted in JONSEN, *supra* note 53, at 343.

55. For original work on individualism and collectivism and its horizontal and vertical dimensions, see Harry C. Triandis & Michele J. Gelfand, *Converging Measurement of Horizontal and Vertical Individualism and Collectivism*. 74 J. PERS. & SOC. PSYCHOL. 118–28 (1998).

56. See Wen S. Xiao, *The Role of Collectivism—Individualism in Attitudes Toward Compliance and Psychological Responses During the COVID-19 Pandemic*, 12 FRONTIERS IN PSYCH. 1, 3 (2021)

57. See *Leadership During Crisis with Anthony S. Fauci*, WASH. POST, Feb. 2, 2021, at <https://www.washingtonpost.com/washington-post-live/2021/02/02/transcript-coronavirus-leadership-during-crisis-with-anthony-s-fauci>.

White House.⁵⁸ Later, President Trump and other Republicans, amplified by the megaphone of media figures and internet disinformation, turned the wave of public appreciation to vilification, with Dr. Fauci and others being subject to constant death threats and harassment.⁵⁹ The lifesaving vaccines, hailed originally as lifesaving, were tossed into a swamp of violent conspiracy theories.⁶⁰

Without a doubt, public health messaging in the U.S. has been somewhat confusing, inconsistent, and subject to much debate.⁶¹ Nuzzo and Ledesma note that while politicization has harmed compliance with mitigation strategy, so did the delayed case reporting and the inconsistent public health messaging.⁶² Moreover, given the uneven and poor quality of U.S. healthcare for many citizens, the messages often went unheard or unheeded.⁶³ The primary and clearest demarcation in the debate, of course, is between the red states and blue states: between Democrats and Republicans. Professor Wendy Parmet explains the problem, terming it a “infodemic”:

Trump reassured the American people that they had nothing to fear from COVID—even though he knew that not to be true, as he told journalist Bob Woodward. . . . [h]e promoted hydroxychloroquine and cast doubts on the benefit of masking. Following his lead, other Republican office holders and media celebrities spread COVID denialism, antivax misinformation, and the wonders of unproven remedies.⁶⁴

As we are all aware, this divide continues. What many are not aware of are the results of this divide: Red states continue to have the worst Covid outcomes, with far more deaths per capita than blue states.⁶⁵ Estimates are

58. See BOB WOODWARD, *RAGE* (2020) (detailing the chaos and dysfunction of the White House during the first year of Covid).

59. See HOTEZ, *supra* note 30, at 94-95 (discussing the concerted efforts by certain politicians and public media figures to vilify Dr. Fauci and, at times, threaten violence, resulting in a massive number of death threats against him and his family).

60. *Id.*

61. *E.g.*, Must everyone get a vaccine? Is the virus airborne? Do masks help? Should we wipe down packages? Who is an essential worker? Is learning at home better or worse for children? Should we have a mask mandate? Does Ivermectin work at treating Covid? Are children safe from the pandemic infection?

62. Nuzzo & Ledesma, *supra* note 15, at 17.

63. Americans' access to health care is ranked 175th in the globe due to the lack of universal health care and the high out-of-pocket costs for healthcare. Nuzzo & Ledesma, *supra* note 15, at 12. The authors of this paper point to several reasons the U.S. fared so poorly during the pandemic.

64. PARMET, *supra* note 30, at 162. For more on the “infodemic,” see *id.* at 161-82.

65. This trend is consistent with other red-state/blue-state health disparities. See Lauren Weber, et al., *How Red-state Politics are Shaving Years off American Lives*, WASH. POST, Oct. 3, 2023, <https://www.washingtonpost.com/health/interactive/2023/republican-politics-south-midwest-life-expectancy/?sourceApp=site-header>.

that 200,000 people died unnecessarily as a result of this red-state anti-vax misinformation that encouraged people not to get the vaccine.⁶⁶ “Partisan erosion of support for health agencies’ response tracked with partisan lack of compliance with public health recommendations aimed at slowing the spread of the virus.”⁶⁷

A. *Collectivism and Individualism: The American Model*

Also fueling this divide is a public health message that ignores the importance of interdependence and the ethics of care,⁶⁸ choosing to press an extreme version of individualism that has both racial and gender components.⁶⁹ For decades and across multiple disciplines, scholars have relied on the “individualism and collectivism” constructs to explain social systems, values, behavior patterns, and cultural patterns, among other issues.⁷⁰ Notably, this construct has been used repeatedly to evaluate societies’ responses to the pandemic.⁷¹ Collectivism describes “a cultural disposition towards prosocial behavior and group-based self-conceptualization.”⁷² Individualism, by contrast, “prioritizes rights, concerns, needs, and desires of each individual.”⁷³ Individualism and collectivism are not monolithic terms; their models vary among countries. Individualism in the United States differs from individualism in other countries.⁷⁴

Studies show that “individualist tendencies in a population result in the lack of adherence to safe COVID-19 behaviors and in greater COVID-19 transmission rates, . . . negatively impacts health outcomes and also demonstrate the negative impacts on politically driven health policy and

66. HOTEZ, *supra* note 30, at 47.

67. Nuzzo & Ledesma, *supra* note 15, at 16.

68. Layla J. Branicki, *Covid-19, Ethics of Care and Feminist Crisis Management*, 27 GENDER WORK ORGAN. 882-83 (2020); Mercer Gary & Nancy Berliner, *Interdependent Citizens: The Ethics of Care in Pandemic Recovery*, 50 HASTING CENTER REPORT 56-58 (2020).

69. Vasundhara Kaul & Zachary D. Palmer, “*You Are Responsible for Your Own Safety*”: An Intersectional Analysis of Mask-Wearing During the COVID-19 Pandemic, 10(4) SOCIAL CURRENTS 363 (2023) (“The racialized nature of individualism and collectivism in the U.S. is well-established”). As they also explain, individualism is racialized as well. *Id.* at 365.

70. Triandis & Gelfand, *supra* note 55, at 118 (collecting studies).

71. See, e.g., Xiao, *supra* note 58; Kiffer G. Card, *Collectivism, Individualism and COVID-19 Prevention: A Cross-sectional Study of Personality, Culture and Behavior Among Canadians*, 10 HEALTH, PSYCH. & BEH. MED. 415 (2022); Jayur Madhusudan Mehtal, et al., *Assessing the Role of Collectivism and Individualism on COVID-19 Beliefs and Behaviors in the Southeastern United States*, 18 PLOS ONE 1-17, at <https://doi.org/10.1371/journal.pone.0278929>; Greg Latemore, *COVID and the Common Good*, 20 PHIL. MANAGEMENT 257 (2021).

72. Card, *supra* note 71.

73. Mehtal et al., *supra* note 71, at 3.

74. Triandis & Gelfand, *supra* note 55, at 119.

the impacts of misinformation.”⁷⁵ The U.S. and other countries that favor individualism over collectivism “experienced greater transmission of the disease and mortality from it.”⁷⁶ Although the United States was the best-prepared country for the pandemic, it accounted for more than 15% of deaths despite having only 5% of the world’s population.⁷⁷ Compared with other countries, “the United States reported the greatest number of COVID-19 deaths throughout the majority of the pandemic.”⁷⁸

American individualism focuses not only on self-reliant responsibility but also seemingly embraces a Malthusian bent toward survival of the wealthier.⁷⁹ Those deemed essential workers contracted and died from Covid at higher rates from the outset of the pandemic. “Black and Hispanic Workers, as well as immigrant workers were over-represented in ‘essential industries’ where risk of exposure was greatest” and were more likely to die than white workers.⁸⁰ And indeed, data from the pandemic suggest that individualism in the U.S. has no room for an ethic of care as the poor, individuals of color, the elderly in nursing homes, and inmates all suffered at higher proportions than others.⁸¹ Medical care in the United States is prohibitively expensive, and quality care is largely limited to those well enough to work and pay for medical insurance.⁸²

Individualism in the United States is not about self-reliant responsibility but reflects an image of the healthy, robust individual able to handle difficulty and disease while possessing the financial means to withstand the storm.

This model of individualism overlaps with a caricatured concept of masculinity prevalent in the American mind: The rugged individual—a

75. Mehtal, et al., *supra* note 71, at 3-4.

76. *Id.* at 3.

77. Nuzzo & Ledesma, *supra* note 15, at 4.

78. *Id.* at 7.

79. See THOMAS MALTHUS, AN ESSAY ON THE PRINCIPLE OF POPULATION 23-31 (1798) (arguing against the so-called “poor laws” in England to help those impoverished and in favor of what he termed “positive checks” to population growth among the poor, including a lack of nourishment, disease, unwholesome habitations, and hard labor).

80. David Michaels, Emily A. Spieler & Gregory R. Wagner, *U.S. Workers During the Covid-19 Pandemic: Uneven Risks, Inadequate Protections, and Predictable Consequences*, *BMJ* 384 (2024), at 1, <http://dx.doi.org/10.1136/bmj-2023-076623>.

81. Nuzzo & Ledesma, *supra* note 15, at 13-14 (discussing various studies); Ivy Hurwitz et al., *Disproportionate Impact of COVID-19 Severity and Mortality on Hospitalized American Indian/Alaska Native Patients*, 2 *PNAS Nexus* 1-10 (2023), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10465079/pdf/pgad259.pdf>. See also Michaels et al., *supra* note 80, at 2-3 (“Worker safety and public health agencies did not protect frontline workers adequately . . . [and] protections disproportionately affected Black and Hispanic workers.”).

82. *Id.* at 1-2 (discussing the lack of health care, medical leave, and legal protections for the safety of workers).

healthy, robust male unafraid of illness. One who considers sickness and disability as weakness or as a result of inferior genes. This caricature of masculinity is often reflected in American films, music, and politics.⁸³ The archetype is the “cowboy” American who takes matters into his own hands to solve problems and uses violence if necessary. It is heard in President Trump’s repeated boast, “I alone can solve the problem” and politicians’ threats of violence against public health officials or scientists discussing the pandemic.⁸⁴ Individualism in the U.S. swaggers and public health reflects that view.

The ethics of care, which would include greater concern for the vulnerable, is seen as a more feminine model and one that is antithetical to the current model of public health, which posits that your health is in your hands. The gendered and individualistic bent of our politics and public health is clear: Collectivism and an ethic of care are for wimps. Even the language relied on to demean public health considerations that favor the collective are gendered. Consider the other derisive, gendered term—“the nanny state.” It evokes images of an overbearing woman coddling those who are not her children and interfering with the liberty of citizens:

Associating a new law or policy with “nanny” is a stinging criticism, especially in western, liberal, democracies where liberty, independence and individual autonomy are prized values. The metaphor has force because it associates government action with a fussing, over-bearing nanny who intrudes into the private lives of citizens and treats them as infants who cannot be trusted to make their own decisions.⁸⁵

Of interest, we did not hear much about “paternalism” during the pandemic, but we certainly heard a lot about individual rights and freedom.

83. Multiple cartoon images show Donald Trump as a superhero with a six-pack, wearing a superman cape. Noah Berlatsky, *Trump’s Superhero Narrative is Clearly Laughable—but There is a Sinister Side to it Too*, THE INDEPENDENT, Dec. 15, 2022.

84. For example, Trump repeatedly said, “You need to dominate,” when talking about protestors, urging the use of the National Guard. See *President Trump’s Call with U.S. Governors Over Protests*, CNN, June 1, 2020, at <https://www.cnn.com/2020/06/01/politics/wh-governors-call-protests/index.html>. Ron DeSantis said about Dr. Fauci that “someone needs to grab [him, using a pejorative term] and chuck him across the Potomac.” HOTEZ, *supra* note 30, at 94. Curiously enough, this caricaturized concept is one adopted by male politicians who are not incredibly fit and robust, including Trump, Ron DeSantis, and Ted Cruz. By comparison, the image of the fit and robust politician actually applies to U.S. Transportation Secretary Pete Buttigieg, who was deployed to the war in Afghanistan and recently completed an Iron Man Triathlon. The irony is notable.

85. R.S. Magnusson, *Case Studies in Nanny State Name-calling: What Can we Learn?* 129 PUBLIC HEALTH 1074-82 (2015); See K. Calman, *Beyond the “Nanny State” Stewardship and Public Health*, 123 PUBLIC HEALTH 6-10 (2009).

B. Masking and Masculinity

The anti-masking mantra of the pandemic is also infected by a gendered view of individualism.⁸⁶ There is now no word in the English language more likely to incite eye-rolling than the word “mask.” Campaigns are now run on a “no mask-mandate” policy,⁸⁷ and the CDC and National Institute of Health (NIH) have stopped suggesting masking for the public. Additionally, many hospitals, nursing homes, and physicians discontinued their mask mandates,⁸⁸ which was problematic for the vulnerable. While many of these experts eschew masking for the public, they now claim those in high-risk groups can simply choose to wear a mask—which, of course, is both ineffective and insufficient for hospital in-patients. And as data is beginning to accumulate, when the incidence of community-onset infection is high, hospital-acquired (nosocomial) infections increase.⁸⁹ Despite a recognized surge in infections around the country in the Autumn/Winter of 2023, there was little interest in resuming the mask mandates or even mask suggestions, even in hospitals. While some hospitals mandated masks (mostly in northern, blue states), the vast majority did not.

Why so much mask hate? Masks are simple, respirators are now relatively inexpensive and available easily, and the data show they reduce the spread of Covid (and other aerosolized diseases such as the flu).⁹⁰ As

86. Kaul & Palmer, *supra* note 69.

87. Ali Swenson, *There’s No Sign of Widespread Covid-19 Mandates in the U.S. Republicans are Warning of Them Anyway*, AP NEWS, Sept. 13, 2023 (discussing the Republican presidential campaigns pushing back against mandates and the messaging from various state public health administrations denying any upcoming mask mandates), <https://apnews.com/article/covid19-masks-vaccines-mandates-lockdowns-republicans-0a68414277bd37458a7e2360b1bc4f11>.

88. See, e.g., Dennis Thompson, *Is it Time to End Universal Masking in Hospitals, Clinics? Many Experts Think So*, U.S. NEWS & WORLD REP., April 19, 2023, at <https://www.usnews.com/news/health-news/articles/2023-04-19/is-it-time-to-end-universal-masking-in-hospitals-clinics-many-experts-think-so>. For expert opinion pieces on the subject, see Erica S. Shenoy, et al., *Universal Masking in Health Care Settings: A Pandemic Strategy Whose Time Has Come and Gone, For Now*, ANNALS OF INT’L MED. (April 19, 2023), <https://www.acpjournals.org/doi/10.7326/M23-0793>.

89. Kelly M. Hatfield, et al., *Assessment of Hospital-Onset SARS-CoV-2 Infection Rates and Testing Practices in the US, 2020-2022* (2023), 6(8) AMA NETWORK OPEN. 1, 9-13 (2023) (“Multivariable models among facilities testing at least 25% of the population suggested that hospital-onset SARS-CoV-2 infection rates were associated with community-onset infection rates”), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2808799>.

90. For an accessible discussion of the data, see Matthew Oliver, Mark Ungrin & Joe Vipond, *Masks Work. Distorting Science to Dispute the Evidence Doesn’t*, SCIENTIFIC AMER., May 5, 2023, <https://www.scientificamerican.com/article/masks-work-distorting-science-to-dispute-the-evidence-doesnt>. For data, see Tori L. Cowger, et al., *Lifting Universal Masking in Schools—Covid-19 Incidence Among Students and Staff*, 387(2) N. ENG. J. MED. 1935-1946, at 1 (Nov. 24, 2022) (concluding that “[a]mong school districts in the greater Boston area, the lifting of masking

everyone knows who has worn or still wears them—particularly those who wear respirators—they are uncomfortable, hot, unattractive, can cause acne, and interfere with communication. And, of course, eating and drinking in public are either curtailed or eliminated with masks. But there must be more.

Seatbelts are annoyingly restrictive and can be physically uncomfortable (particularly for anyone less than 5'4" in height or pregnant women). Despite this, 91 percent of Americans wear seatbelts,⁹¹ and apart from a few states, we do not hear the drumbeat of “no seatbelt mandates.”⁹² Handwashing to avoid germs spread by droplets is also unpleasant when done repeatedly, yet we never hear people complain about it, even when their hands become chapped during the winter months.

A major reason for the virulence of anti-masking is the perceived anti-masculinity of masking, personified (and possibly originated) by the former president,⁹³ who held large rallies and mocked Biden for mask-wearing.⁹⁴

“I don’t wear masks like him,” Trump said dismissively at the September 29 debate against Joe Biden. “Every time you see him, he’s got a mask. He could be speaking 200 feet away from them, and he shows up with the biggest mask I’ve ever seen.”⁹⁵

requirements was associated with an additional 44.9 Covid-19 cases per 1000 students and staff during the 15 weeks after the statewide masking policy was rescinded”); Eric J. Chow, et al., *Lessons From the COVID-19 Pandemic: Updating our Approach to Masking in Health Care Facilities*, 176 ANNALS OF INT’L MED. 1266 (Aug. 22, 2023) (collecting studies and discussing efficacy of masking in health care); Julai Raifman & Tiffany Green, *Universal Masking Policies in Schools and Mitigating the Inequitable Costs of Covid-19*, 387(21) N. ENG. J. MED. 199 (Nov 24, 2022) (discussing the utility of masking in schools).

91. *Seat Belts*, NAT’L HIGHWAY TRAFFIC SAFETY ADMIN, <https://www.nhtsa.gov/risky-driving/seat-belts> (last visited Feb. 15, 2024).

92. Except apparently in states that have softened the seatbelt mandate, with resultant loss of life. See discussion in Weber, *supra* note 65.

93. See WOODWARD, *supra* note 58, at 297 (“I just don’t want to be doing—I don’t know, somehow sitting in the Oval Office behind that beautiful Resolute Desk—the great Resolute Desk—I think wearing a face mask as I greet presidents, prime ministers, dictators, kings, queens, I don’t know. Somehow I don’t see it for myself.”).

94. PARMET, *supra* note 30, at 19.

95. Madison Pauly, *The War on Masks is a Cover-up for Toxic Masculinity*, MOTHER JONES, Oct. 8, 2020, at <https://www.motherjones.com/coronavirus-updates/2020/10/trump-masks-covid-toxic-masculinity>. According to one White House staffer, Trump’s anti-masking stance started with his recognition that his bronzer was staining the straps of his mask. Troy Matthews, *Hutchinson: Trump Refused To Wear Masks Because They Smudged His Bronzer*, MTN (last visited Feb. 15, 2024).

Some opposing masks began calling them “face diapers.”⁹⁶ In a fascinating study based on survey data, men who identify as “completely” masculine were significantly less likely to approve of mandates masking (.056%) than all women (87-88%). Those same men who identify as “completely” masculine are also more likely to identify as Republican, believe they are less likely than others to get the coronavirus vaccine (55% compared to 68% of other Americans), and believe that deaths and infections are exaggerated.⁹⁷ Apparently, this same group of “completely masculine” folks differs not from women but from everyone else, who tend to be far more similar about these health matters. The difference is not gender but gender identity.⁹⁸

C. “Vax and Relax”: A Message to the Hysterics

During the pandemic, most Americans waited eagerly for the vaccine, believing that enough vaccinations would enable us to achieve herd immunity and the virus would wither, much as occurred with polio. By June 2021, hundreds of millions of Americans were vaccinated, and life appeared to go back to normal, with restaurants opening and people gathering in groups, unafraid of being infected with a potentially lethal virus.

During that summer, we began to hear about “breakthrough” infections—which we were assured would be mild.⁹⁹ By the end of the summer, we were back to masking and learned about the need for a “booster” vaccine.¹⁰⁰ Despite the need for a booster, only one-quarter of the nation was fully boosted and vaccinated.¹⁰¹ Between December 2021 and January 2022, the cases spiked exponentially, with a correspondingly high number of deaths.¹⁰² Throughout 2022 and 2023, public health officials urged the population to get vaccinated,¹⁰³ accurately stating that

96. John Bowden, *Florida Restaurant Goes Viral with “Face Diapers not Required” Sign*, THE HILL, Feb. 17, 2021, <https://thehill.com/homenews/state-watch/539299-florida-restaurant-goes-viral-with-face-diapers-not-required-sign/>.

97. Dan Cassino & Yasemin Besen-Cassino, *Of Masks and Men? Gender, Sex, and Protective Measures During COVID-19*, 16 *POLITICS & GENDER* 1052, 1056 (2020).

98. “[I]t would be perfectly reasonable to divide up the population not based on sex but between men who identify as ‘completely’ masculine, who have low support for these COVID-reduction measures, and everyone else, who have higher, but generally not distinguishable from each other, support for the measures.” *Id.*

99. PARMET, *supra* note 30, at 94.

100. HOTEZ, *supra* note 30, at 46.

101. *Id.*

102. *U.S. COVID-19 Cases and Deaths by State*, USA FACTS, <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map> (last visited Feb. 16, 2024).

103. PARMET, *supra* note 30, at 95.

the vaccine was the single best way to prevent death or serious infection from Covid.¹⁰⁴ Despite ample proof of the vaccine’s safety and efficacy, the growing “anti-vax” political movement caused millions to refuse the updated vaccines, with an estimated 200,000 Americans dying due to their failure to get the vaccine.¹⁰⁵

Dr. Ashish Jha, the White House Covid-19 Response Coordinator, pushed endlessly for Americans to get vaccinated, repeatedly speaking in public and on Twitter about their efficacy, safety, and their role in reducing transmission of the disease.¹⁰⁶ But as relieved as many were to receive the vaccine, others pushed back. As Dr. Peter Hotez explains,

Anti-vaccine activists embarked on a new propaganda campaign of “health freedom or “medical freedom.” By invoking freedom . . . , the anti-vaccine movement had become increasingly political, first linking to the Republican Tea Party in Texas before expanding to far-right and conservative groups across the country.¹⁰⁷

Thus, it was not surprising that in the fall of 2022, Dr. Jha and CDC Director Dr. Rochelle Walensky both continued to focus on vaccines to the near exclusion of other public health measures. As Dr. Jha tweeted that fall:

If you are UP TO DATE on your vaccines
AND if you get treated if infected
Your chances of surviving COVID is close to 100%
Those are the facts
The rest is noise¹⁰⁸

The noise, of course, was the elephant in the room—the growing recognition that many people were not able to get treatment if infected, that many treatment options were no longer viable,¹⁰⁹ and that a substantial number of people have (and may continue to develop)

104. HOTEZ, *supra* note 30, at 122.

105. *Id.* at 47 (providing a detailed explanation of the methodology by which this was calculated).

106. @AshishKJha46, TWITTER, https://twitter.com/ashishkjha?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor.

107. HOTEZ, *supra* note 30, at 14.

108. @AshishKJha46, TWITTER, (Nov. 23, 2022, 12:29PM); *see also* CDC Director Walensky, *Vaccinated People are Safe*, CNN POLITICS, <https://www.cnn.com/videos/politics/2021/05/16/sotu-walensky-full.cnn>.

109. *See* Moriarty, *supra* note 17.

PACS/Long Covid from infection and reinfection, even with vaccines.¹¹⁰ As the large study published in *Nature Medicine* states, “reinfection contributes nontrivial health risks both in the acute and postacute phases,” requiring a strategy that includes more durable vaccines and other pharmacological and nonpharmacological interventions to lessen the risk of reinfection and its consequences.¹¹¹ Renowned scientists such as Drs. Al-Aly and Topol continue to press for the importance of non-pharmaceutical interventions, such as masking and improved ventilation, noting that the vaccines do not resolve all the problems that Covid presents.¹¹² But public health officials remain quiet.

The CDC also pushed an individualism message, with Dr. Walensky famously stating, “your health is in your hands.”¹¹³ She also claimed that in May 2021, it was safe for vaccinated people not to wear masks any longer, even sitting next to unvaccinated people all day. She claimed virtually no one had breakthrough infections,¹¹⁴ and those that did had mild or asymptomatic cases.¹¹⁵ Yet, hundreds of thousands continued to be hospitalized and die throughout 2021, 2022, and 2023. By focusing almost entirely on this extreme form of individualism, she ignored everyone at risk for a more problematic version of the disease, including the elderly, the immunocompromised, those without health care coverage, those who were institutionalized, and those with risk factors for poorer outcomes, which collectively comprise a substantial portion of the population. Despite these serious concerns, the message to be taken from all of this is that the unwillingness to remove one’s mask or to avoid poorly ventilated spaces is somewhat hysterical.

D. Long Covid

In June 2022, the Centers for Disease Control and Prevention (CDC) conducted a nationally representative survey, which estimated that 1 in 13 adults who have had Covid are experiencing Long Covid—approximately

110. *Bowe, et al., supra* note 11, at 2401 (“In this study of 5,819,264 people, including 443,588 people with a first infection, 40,947 people who had reinfection and 5,334,729 noninfected controls, we showed that compared to people with no reinfection, people who had reinfection exhibited increased risks of all-cause mortality, hospitalization and several prespecified outcomes.”).

111. *Id.*

112. Al-Aly & Topol, *supra* note 12, at 831.

113. @CDCDirector, TWITTER (May 14, 2021, 5:09 PM), <https://twitter.com/cdcdirector/status/1393312416373645317?lang=en>.

114. *Id.*

115. *Id.*

7.5% of adults.¹¹⁶ The survey indicated that the symptoms are long-lasting, at least three or more months, are affecting younger adults, and women are significantly more likely to have Long Covid than men (9.4% vs. 5.5%).¹¹⁷ In a 2022 large-scale (486,249 adults) study of risk factors for non-hospitalized individuals infected with Covid, 55.2% of those with Long Covid were women, and 44.7% were men.¹¹⁸ The study relied on the World Health Organization (WHO), which defines Long Covid as a “condition characterized by symptoms impacting everyday life, such as fatigue, shortness of breath and cognitive dysfunction, which occur after a history of probable or confirmed” infection.¹¹⁹

In their groundbreaking¹²⁰ March 2023 review article in *Nature Reviews Microbiology*, Hannah Davis and co-authors explain that Long Covid is often a “debilitating illness” and one that occurs in at least 10% of severe acute Covid infections with approximately 10-12% of the cases arising in those that are vaccinated.¹²¹ Most cases arise from non-hospitalized patients with a mild acute illness (given that most cases are mild while acute), although the percentages of those with Long Covid are much higher in patients who were hospitalized (50-70%).¹²² In addition to the autoimmune diseases mentioned in the other article, the Davis article notes that Long Covid “encompasses multiple adverse outcomes,” including a “significantly increased risk of a variety of cardiovascular diseases including heart failure, dysrhythmias, and stroke, independent of the severity of initial COVID-19 presentation.”¹²³ The virus can also cause thrombotic and cerebrovascular disease, Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/CFS), and Postural Orthostatic Tachycardia Syndrome (POTS). While many of these symptoms can last for years, some are likely to be lifelong.¹²⁴

116. Press Release, CDC, National Center for Health Statistics, Nearly One in Five American Adults Who Have Had COVID-19 Still Have “Long COVID,” at https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220622.htm#print. Compare with Soucheray, *supra* note 9 (middle-age Americans age 35 to 49 are most likely to have Long Covid, and women (8.5%) more likely than men (5.2%)).

117. Other findings include disparities among racial groups, bisexual and transgender adults versus other adults, and various state differences (Kentucky has a 12.7% rate, whereas Hawai’i has a 4.5% rate).

118. See Anuradhaa Subramanian, et al., *Symptoms and Risk Factors for Long COVID in Non-Hospitalized Adults*, 28 NATURE MEDICINE 1706, 1708 (2022).

119. *Id.* at 1706-07.

120. The article already has over 1100 citations since March 2023. See Google Scholar (last visited Feb. 16, 2024).

121. Davis, et al., *supra* note 6, at 134.

122. *Id.*

123. *Id.* at 135.

124. *Id.* at 134.

The review also explains that multiple studies support multi-organ related damages associated with Covid, including damage to the lungs, liver, kidneys, pancreas, and spleen.¹²⁵ The review cites the neurological and cognitive symptoms related to Covid, including memory loss, cognitive impairment, paresthesia, balance and dizziness, loss of smell or taste, and audio vestibular manifestations of Long Covid including tinnitus, hearing loss, and vertigo.¹²⁶

The Lancet published a 2024 study evaluating cognitive slowing in those with Long Covid, concluding that their results “robustly demonstrate pronounced cognitive slowing” in people with post-Covid conditions.¹²⁷ These individuals demonstrate “deficits across a wide array of high-level cognitive functions, including sustained attention, cognitive flexibility, and memory.”¹²⁸ This longitudinal study concluded that the impairment does not improve over time and that cognitive slowing did not seem to resolve on its own.¹²⁹ A 2023 article explains that two, large cohort studies now highlight that Covid infections are related to the development of new-onset autoimmune and inflammatory diseases in individuals who have had Covid.¹³⁰ The studies evaluated retrospective cohorts and cannot prove a causal link, but together and with the temporal association with a history of Covid, they provide “compelling and reliable evidence that the infection is linked to a substantially increased risk of developing diverse new-onset autoimmune diseases after the acute phase of the infection.”¹³¹ Among the autoimmune diseases believed to be related to these infections are Type-I diabetes, inflammatory bowel disease, and psoriasis.¹³²

125. *Id.* at 135.

126. *Id.* at 136.

127. Sijia Zhao, et al., *Long COVID is Associated with Severe Cognitive Slowing: A Multicentre Cross-sectional Study*, 68 *ECLINICALMEDICINE* 102434 (2024), <https://www.thelancet.com/action/showPdf?pii=S2589-5370%2824%2900013-0>.

128. *Id.* at 1.

129. *Id.* at 12.

130. See Chetan Sharma & Jagadeesh Bayry, *High Risk of Autoimmune Disease After COVID-19*, 19 *NATURE REVIEWS RHEUMATOLOGY* 399 (2023), <https://doi.org/10.1038/s41584-023-00964-y> (discussing Renin Chang, et al., *Risk of Autoimmune Diseases in Patients with COVID-19: A Retrospective Cohort Study*, 56 *CLINICAL MEDICINE* 101783 (2023); Falko Tesch, et al., *Incident Autoimmune Diseases in Association with a SARS-CoV-2 Infection: A Matched Cohort Study*, 42(10) *CLINICAL RHEUMATOL.* 2905 (Oct. 2023)); see also Julia Moore Vogel, *Opinion: Long COVID is Debilitating to Me and 65 Million other People. Where is the Urgency to Treat It?*, *LA TIMES*, July 31, 2023, <https://www.latimes.com/opinion/story/2023-07-31/long-covid-prevalence-research-treatments>.

131. Sharm & Bayry, *supra* note 130, at 399.

132. *Id.* at 400.

Those who do talk about Long Covid are often disbelieved or mocked—gaslighted. Many people think those with continuing symptoms are malingering and feigning symptoms—that is, hysterical. And those who continue to protect against Long Covid by wearing masks and using ventilation indoors are also mocked. They, too, are considered hysterical.

CONCLUSION

As this pandemic continues to evolve, both literally and metaphorically, data accumulates, and retrospective analyses continue. This article seeks to contribute one piece to that very large puzzle: Namely, the role of extreme gendered and individualistic public health messaging in the pandemic that has contributed to the mortality and morbidity of the population. While we continue to grapple with Covid and its damaging legacy, we will need to continue to explore all the reasons that contributed to it. This article seeks to illuminate one concern among the many.