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The Ethics of Care and the U.S. Covid-19 Pandemic Response

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The Ethics of Care and the U.S. Covid-19 Pandemic Response

After being released from the hospital, where he was treated for COVID-19, President Donald Trump spoke to Americans in a video from the White House: "Don't let it dominate you. Don't be afraid of it" (Gupta, 2020). Referring to a virus that had already killed 250,000 Americans — over 986,000 as of today — Trump encouraged his supporters to perceive not only themselves as strong enough to overcome an illness through sheer willpower, but those who were taking preventative measures to not spread COVID as weak and afraid. Almost two years into a worldwide pandemic, it is evident that notions of power and strength based on stereotypical masculine traits, such as aggression, stoicism, lack of emotional sensitivity, toughness, and self-sufficiency, are detrimental to American society.

Over the last year and a half, I have watched many of my loved ones embrace their conservative identity in public spaces. Most of my family supported Donald Trump throughout his second campaign for president, and believed him when he said the Democrats were using the Coronavirus as a “hoax” to damage him and his administration (Franck, 2020). Despite reality, they believed the Left blew the seriousness of the virus out of proportion. When I expressed concern about my father’s lack of social-distancing and mask-wearing around elderly relatives, he consistently responded with comments about his health and strength. Although not directly invoking Trump’s name or quoting him, my dad’s beliefs reflected Trump’s: he is simply too strong for the virus to take him down. Not only did he see following public health guidelines as a sign of weakness, but he dismissed his individual responsibility to protect members of our community. This led me to wonder if the way my father values self-sufficiency and toughness relates to his identity as a conservative.

In contrast, my mother — a die-hard Democrat — practiced social-distancing, wore a mask whenever she was in public, and was vaccinated against the virus as soon as it was available to her. If she accidentally walked into a store without a mask on, she jokingly would say, “I feel like a Republican,” with disgust in her voice. However, her party’s COVID-consciousness was not the only reason she cared about following CDC guidance. After being her mother’s caregiver for several years (a role her brothers never considered filling or helping out with), she became extremely aware and concerned about the virus’s impact on the elderly. Losing my grandmother on the cusp of the pandemic caused the two of us to empathize with hospitalized patients and nursing home residents, as well as their families who were not permitted to visit. Even if we thought catching the virus would feel like catching the flu, we felt it was our responsibility to sacrifice social gatherings and wear a mask to protect the most vulnerable in our community. This led me to wonder if the reason our behavior and beliefs differed so drastically from my dad was due to our difference in politics, or rather a difference in gender and caregiving expectations.

After the virus arrived in the US, loved ones and leaders disagreed over how to behave ethically. Some believed lockdowns and mask mandates were the best way to prevent illness and death in their communities; others believed public safety measures were an infringement on their freedoms. According to renowned political theorist Carol Gilligan, this developmental difference in morals is due to differences in gender. Men tend to look at morality through a lens of rights, laws, and universally applied principles, known as the “ethics of justice.” Gilligan’s research demonstrated how women, on the other hand, struggle to identify or tend to their own needs (Gilligan, 1982, p. 63). They look at morality through a lens of relationships, compassion, and

responsibility to others. She describes the traditionally female approach to morality as the "ethics of care."

Using a case study method, my thesis will test whether (a) gender or (b) partisanship determines the use of care ethics in the United States' response to COVID-19. Although data on how partisanship and gender determine Americans' pandemic behaviors will help support my thesis, the majority of my analysis will focus on how President Trump, President Biden, and various governors responded to COVID-19 in their states. Based on Carol Gilligan's "ethics of care," I theorize those who adhere to traditional masculine norms are less likely to exhibit empathy and emotional sensitivity in their rhetoric and policy than those who are feminine. However, given the politically polarized reactions to mask mandates, vaccine requirements, and lockdowns, I will also apply Gilligan's care ethics to Republicans and Democrats to explore the relationship between conservatism and masculinity. Not only will I analyze the role of gender in a governor's pandemic response by comparing women and men of the same party, but I will analyze the role of partisanship by comparing Republicans to Democrats of the same gender.

In contribution to the array of academic literature regarding the role of masculinity in health care policy, my paper will examine how politicians used care ethics during the COVID-19 pandemic. Researchers Naomi R. Cahn and Linda C. McClain addressed the gender inequities in our social infrastructure that COVID-19 exposed and propose a feminist recovery plan in their paper, "Gendered Complications of Covid-19: Towards a Feminist Recovery Plan." Whereas their paper focuses on the unequal impact of COVID-19 on men and women, my paper will focus on how gender and hegemonic masculinity plays a role in governors' policies and statements about COVID, as well as partisanship. The application of Gilligan's care ethics theory will demonstrate how concepts of vulnerability and responsibility determine a person's actions.

This paper will also examine Will Kymlicka's criticism of this theory, specifically regarding the limits of care and Gilligan's essentialist view of gender. Rather than argue in favor of binary categories a person is born into, this paper will address how a patriarchal society pushes women like my mother into caregiver roles, which leads to an ethical foundation centered around care over justice, with an emphasis on self-sacrifice over self-sufficiency. Furthermore, it will question what factors result in the use of care ethics in men if not gender.

Background

In January of 2020, a Washington state resident who recently returned from Wuhan, China became the first person in the United States with a confirmed case of the 2019 novel coronavirus. On February 3rd, the Trump administration declared a public health emergency due to the coronavirus outbreak. The announcement came three days after the World Health Organization (WHO) declared a Global Health Emergency in response to more than 9,800 cases of the virus and more than 200 deaths confirmed worldwide. By March 13th, WHO declared COVID-19 a pandemic, and President Donald Trump declared a national emergency. As the United States reported its 100th death from COVID-19, the Trump Administration asked Congress to expedite emergency relief checks to Americans as part of an economic stimulus package. On March 19th, California became the first state to issue a stay-at-home order, mandating all residents to stay at home except to go to an essential job or shop for essential needs and instructing health care systems to prioritize services to those who are the sickest. Less than two months later, the U.S. surpassed 100,000 deaths. Even though the Centers for Disease Control and Prevention (CDC) encouraged Americans to continue following local and state guidance on prevention strategies, such as social distancing, good hand hygiene, and wearing a face mask while in public, the number of confirmed cases of COVID-19 hit 2 million in the

United States by June 2020. On Aug 23, 2021, the FDA approved the first COVID-19 vaccine, the Pfizer-BioNTech. As of today, 65% of Americans are fully vaccinated (Mayo Clinic, 2022). Due to highly transmissible variants like Delta and Omicron, as well as a tremendous amount of unvaccinated Americans, new infections continue to rise today. As of April 14th, 2022, the United States has a cumulative total of 82,195,296 coronavirus cases.

Political ideology plays an influential role in individuals' health behaviors. In June 2020, 77% of Democrats – compared with 45% of Republicans – said they were very or somewhat concerned that they might unknowingly spread COVID-19 to others. Nearly two-thirds of Democrats (64%) were very or somewhat concerned that they would personally get COVID-19 and require hospitalization, while just 35% of Republicans expressed the same concern. In the same survey, Democrats were about twice as likely as Republicans to say that people in their community should always wear a mask (63% vs. 29%) (Kessel & Quinn, 2020). As of September 2021, the Kaiser Family Foundation reports the largest remaining gap in vaccination rates is by partisanship, with 90% of Democrats saying they have gotten at least one dose compared to 58% of Republicans. Among women, 74% have gotten at least one dose, and 69% of men (Hamel et al. 2021). A Gallup survey from September 2021, found that 40% of Republicans “don’t plan” to get vaccinated, versus just 3% of Democrats (Galston, 2021).

Vaccinations have increased faster in counties that voted for Biden compared to those that voted for former President Donald Trump, the Kaiser Family Foundation reported. By July 6th, the average vaccination rate in Trump counties reached 35%, with the rate in Biden counties at 46.7% (Milligan, 2021). In comparison with Democrats, Republicans are less likely to get the H1N1 vaccine, are less concerned about COVID-19, practice social distancing less, and are less likely to follow social distancing orders. Research also finds that Democrats are more likely to

adopt several health-protective behaviors, more likely to worry, and more likely to support social distancing policies and exercise protective actions against COVID-19 like taking fewer trips, staying home more, maintaining safe distances, and touching their own faces less frequently (Gao & Radford 2021). Governors' recommendations for residents to stay home significantly reduced mobility in Democratic-leaning counties, likely because Donald Trump publicly disagreed with health experts about what policies the government should apply to manage COVID-19 and claimed that America would reopen the economy against the warnings of health experts. Predicted rates of COVID-19-related deaths in counties with high levels of Trump support increase along with the duration of implementation of several COVID-19 policies (Gao & Radford 2021). Therefore, political affiliation plays a role in people's pandemic behaviors.

In regards to states' COVID-19 case and death rates, researchers have found a correlation between the more stringent policies typical of Democratic governors and lower rates of infections and deaths. However, a partisan divide over health care in the U.S. existed before COVID-19. During President Bill Clinton's administration in the 1990s, there was a clear and growing partisan divide over health care reform. This divide continued throughout President Barack Obama's administration in which Democrats supported the Affordable Care Act and the federal government's response to the H1N1 virus, while nearly all Republicans opposed both measures. Partisan divisions over health care in the U.S. can worsen public health. For example, despite the evidence that the ACA has had a positive effect on individual health care outcomes, Republican-led states that chose not to adopt Medicaid expansion denied their constituents the positive benefits of the Affordable Care Act (VanDusky-Allen & Shvetsova, 2021).

Conservatism is usually defined by themes of liberty, limited government, and resistance to change. In *The Reactionary Mind: Conservatism from Edmund Burke to Sarah Palin*, author

Corey Robin (2011) defines conservatism as a “mode of counterrevolutionary practice” aimed at preserving the privileges, hierarchies, and power of some over others, in the wake of a democratic movement. The preservation of conservatives’ privileges in fear of radical shifts in societal power structures and hierarchy is reactionary and found in oppositional forces to labor movements and feminism. Robin argues conservative rhetoric is classist in that it upholds an idea of restricting the liberty and agency of lower classes. The Republican Party platform perpetuates this conservative rhetoric in its 2016 preamble:

[We believe] that the people, not the government, are the best stewards of our country's God-given natural resources... As Americans and as Republicans we wish for peace — so we insist on strength... Americans have earned and deserve a strong and healthy economy... Many sections of this platform affirm our trust in the people, our faith in their judgment, and our determination to help them take back their country... This means returning to the people and the states the control that belongs to them. It is the control and the power to make their own decisions about what's best for themselves and their families and communities. (Fallin et al., 2016)

It is apparent the Republican Party centers its values on the conservative ideals of limited government, free enterprise, economic freedom, private property rights, and the rule of law, as well as the traditional masculine traits of strength and self-sufficiency.

In relation to conservative and liberal policy attitudes, liberals emphasize self-expression, individualism, and personal choice in regards to social policy and abortion. However, the pandemic complicated this distinction. Rather than advocating for individual autonomy and claiming “my body, my choice,” liberals advocated for policies and practices that inconvenienced the individual for the betterment of society. This aligns with other liberal attitudes in regards to raising taxes to improve healthcare, education, and other welfare programs. Conservatives, on the other hand, emphasize the importance of upholding individual rights and freedoms. This is also reflected in matters of gun policy, healthcare (right to choose provider), and welfare programs. Conservatives are not as comfortable with restricting their

individual freedoms for the betterment of the group. During the pandemic, this has been especially apparent in matters of lockdowns, mask mandates, and vaccination requirements.

Conservative and liberal ideology relies on different sets of moral foundations, according to Graham et al (2009). Using five sets of moral intuitions — Harm/care, Fairness/reciprocity, Ingroup/loyalty, Authority/respect, and Purity/sanctity — liberals consistently showed the greatest endorsement and use of the Harm/care and Fairness/reciprocity foundations, which reflects the liberal philosophical tradition's emphasis on the rights and welfare of individuals. Conservatives, in comparison, endorse the moral foundations of care and fairness less, and loyalty, authority, and sanctity more. However, conservative women are about as care-oriented as liberal women. This research shows that liberals and conservatives base their moral values, judgments, and arguments on different configurations of the five foundations. Therefore, when examining the disagreement over the ethics of lockdowns and mask mandates among liberals and conservatives, liberals' primary concerns were about limiting the harm done unto others and following public health guidelines in hopes others would do the same for them.

Studies show American men are significantly less likely than American women to report having worn face masks throughout the pandemic (Cassino 2020, 1053). In July of last year, the majority of women (54%) said they always use masks outside their homes, whereas only 34% of men said they do. Twenty percent of men said they never wore masks compared to 8% of women (Brenan 2020). Men see invincibility as a central component of masculine identity; to wear a mask or seek medical help would be to admit vulnerability. In a study, men that identify as “completely masculine” are less likely than “not completely masculine” men to support masking requirements. Among Republican men in the sample, 64% identify as “completely masculine,” compared with only 35% of Democratic men (Cassino 2020, 1056). By prioritizing ways to

assert their masculinity, men who are unconcerned about the prospect of getting sick seem to care very little about how they endanger those around them. Therefore, many men, specifically conservatives, advocate for natural selection and survival of the fittest; Covid should weed out the weak and vulnerable to limit the impact on the strong and healthy.

Wearing a mask to prevent illness is constantly gendered, as well as politicized. Men are more likely to view mask-wearing as “shameful,” “not cool,” a “sign of weakness,” and a “stigma” when compared with women (Capraro & Barcelo, 2020). This is partially due to the conservative masculine ideal of self-sufficiency in which men consider some behaviors unmanly or revealing of weaknesses. For example, men are less likely to wear seatbelts and helmets. In 2019, Charles R. Drew University of Medicine and Science in Los Angeles researchers analyzed data from the National Trauma Data Bank between 2002 and 2012, which involved about 76,000 cyclists who had been injured — 81.1% male and 18.9% female. Women had a higher percentage of helmet use at 28% compared with men at 20% (Schaefer, 2019). Additionally, men are 10% less likely to wear seat belts than women (CDC, 2011). In regards to Covid, however, men’s perception of personal responsibility and caring for vulnerable populations is an important factor, more so than a lack of wanting to protect oneself. A male doctor would never refuse to wear a mask or wash their hands before operating on a patient, and a firefighter would never forgo their suit when on the job to demonstrate their manly courage. In these situations, being valiant outweighs admitting vulnerability.

Masculinities are not equivalent to men. Rather, they concern the position of men in a gender order. Sociologist and author of *Masculinities* R. W. Connell argues that hegemonic masculinity is always constructed in relation to various subordinated masculinities and women (Connell, 1998). Hegemonic masculinity shapes the socialization and aspirations of young males

to “a high degree of ruthless competition, an inability to express emotions other than anger, an unwillingness to admit weakness or dependency, devaluation of women and all feminine attributes in men, [and] homophobia” (Kupers, 2005, p. 716). This is a patterned social system of performative practices that establishes meaningful power relations between women and men. For centuries, women faced exclusion from many kinds of work outside the home, which has led to a greater difficulty entering these fields today. If society excludes a group from a certain practice for long enough, that practice will likely develop in a way that is unsuited to the excluded group. The incompatibility of most work with the bearing and raising of children would not be a problem had women been fully involved in the running of society from the start. With women primarily serving as homemakers and caregivers, men have had no such motivation to arrange work and children to fit each other.

Due to contrasting expectations about family life, beliefs about parenthood differ for Republicans and Democrats. Whereas Republicans defend traditional family norms and the value of stay-at-home mothers, Democrats support policies like affordable child care and paid family leave that promote gender equality in the public and private spheres. According to a Pew Research Center survey of American families, Republican fathers spend less time with their children and depend more on their wives to take on more child-rearing responsibilities than Democratic fathers do. Although Democratic fathers are more likely to believe each spouse should handle roughly half of the child-rearing responsibilities, both Republican and Democratic fathers admit that their wives devote more time to homemaking and caregiving (Greene & Elder, 2016). According to Kymlicka, the relevance of childcare responsibilities is itself a profound source of sexual inequality due to men historically structuring jobs to suit their interests (Kymlicka, 1990, p. 381). Similar to how women’s historical exclusion from the workplace

results in their care-oriented development, men's exclusion from homemaking and caregiving makes them less likely to develop the "feminine" virtues of care and empathy.

Almost all important roles and positions in society have been structured in gender-biased ways, including those that exist in the private realm of life. Male philosophers had no interest in questioning a sexual division of labor from which they no doubt benefited from. To them, domestic roles are "natural" and biologically fixed (Kymlicka, 1990, p. 387). J.S. Mill, for example, emphasized that women were equally capable of pursuing careers in all the fields men could, but assumed women would rather continue to do the domestic work; division of labor within the family is "already made by consent, or at all events not by law, but by general custom" (p. 386). Rousseau, on the other hand, opposed the liberal glorification of society over the state, preferring a politically integrated society "as though it were and should be entirely male, supported by the private female familial structure" (p. 391). Hegemonic masculinity legitimizes this male dominance in the public sphere and justifies the subordination of women in the private sphere. This patriarchal public-domestic distinction has resulted in the development of different ethics between men and women.

Feminists and liberals share a basic commitment to view public power as a means for the protection of particular interests, needs, and social relationships (Kymlicka, 1990, p. 393). However, liberals distinguish public from private life by citing the right to privacy, which encompasses and protects the personal intimacies of home, family, marriage, and parenthood. This means a liberal feminist's commitment to sexual equality potentially conflicts with their commitment to the public-private distinction. In reality, the gendered separation of public and private only exists in societies dominated by men. To give an example, Scandinavian countries like Norway, Denmark, and Sweden are the vanguard of gender equality. Not only do women

make up 45% of the Norwegian Parliament and 39% of the Parliament of Denmark, but they also earn roughly the same as their male counterparts in the Sweden government (Statista Research Department, 2022). Additionally, the Scandinavian parental leave systems place a greater emphasis on both parents sharing the leave than in America — the only developed country that does not mandate any paid parental leave (Livingston & Thomas, 2019). Encouraging fathers to take parental leave promotes gender equality, reduces the impact maternal leave has on the careers of mothers, and allows fathers to play a more prominent role in their child's early life. Studies show that fathers who take at least two weeks of paternity leave are more likely to continue being involved in child caring activities, such as feeding and diapering (Zallis, 2018). While Gilligan argues that the ethics of care originates with women, men are more likely to develop nurturing, passionate, and empathetic traits, as well as an ethic of care, by engaging in caregiving activities. Unsurprisingly, Scandinavian countries have experienced fewer cases and deaths throughout the pandemic. This demonstrates the importance of equalizing care in our society.

Although women do not often benefit from the conservative ideal of masculinity, they can contribute to hegemonic masculinity by supporting the subordination of women and criticizing “feminized” men. For example, the same day President Trump returned to the White House after being hospitalized with COVID, then-Democratic presidential nominee Joe Biden posted a video of himself on Twitter wearing a face mask; Fox News host Tomi Lahren tweeted “Might as well carry a purse with that mask, Joe” (Lahren, 2020). Lahren’s insult does not insinuate women wear masks and men do not; rather, it suggests anyone who wears a mask is weak and vulnerable — a sign of being a woman. Lahren can criticize Biden for being “girly” because he wears a mask, but she would never apply the same criticism to Trump regarding his

\$70,000 tax write-off for hairstyling expenses or layers of makeup to maintain his bronze skin tone. This is because being a Republican and holding conservative values is inherently tied to masculinity.

People adapt their preferences to conform to what social and cultural norms define as normal or acceptable. Will Kymlicka expands on this in his book *Contemporary Political*

Philosophy:

Consider a society which restricts access to contraception and abortion, which defines paying jobs in such a way as to make them incompatible with childbearing and child-rearing, and which does not provide economic compensation for domestic labour. Women in such a society lack the legal means to guarantee that they will not have children, yet are unable to both raise children and work for wages... rendered economically dependent on someone who is a stable income-earner (i.e. a man). In order to acquire this support, must become sexually attractive to men... Where boys pursue personal security by increasing their employment skills, girls pursue security by increasing their attractiveness to men... [This] results in a system of cultural identifications in which masculinity is associated with income-earning, and femininity is defined in terms of sexual and domestic service for men, and the nurturing of children. (Kymlicka 382)

If society defines women's role as inferior to men, then many women will often adapt their preferences to fit this role. This is why women like Tomi Lahren's beliefs do not align with what is in their best interest and use language that insults themselves. Similarly, this explanation applies to conservatives who are vulnerable to COVID due to their age, health, or living in rural areas where medical care is less accessible than urban areas but are against COVID safety measures that will prevent illness and death. Many conservative women seek advancement in politics by embracing problematic masculinist norms. Given the hypermasculinity present in conservative circles, misogyny is not only acceptable but comments like Lahren's are encouraged. For Lahren to maintain her status, she must put down other women to hide her own femininity. Given the dominance of masculine norms in the GOP, Republican women struggle to adopt the ethic of care for a conservative audience, as seen with conservative women governors'

responses to COVID-19. This suggests that electing more women to office will not necessarily improve the lives of women if they are conservative.

Theory (Ethics of Care)

At this stage of the pandemic, in which every state has lost a significant number of residents due to this virus, it is impossible to determine how well the government responded to the pandemic by quantitatively examining the outcomes of actions. Rather, this thesis will qualitatively examine how well a governor's response is based on their intentions, using Gilligan's "ethics of care" as my framework. Gilligan's theory, as presented in *In a Different Voice*, explores how girls react differently to the same moral dilemmas that boys were presented in early developmental psychological studies.

In 1967, Carol Gilligan became a research assistant for Lawrence Kohlberg, who developed a popular theory of moral development. His theory included six stages, the highest of which an individual would develop a strong, subjective set of moral principles he believed all people should apply equally. Gilligan's work was a response to the gender bias she saw in Kohlberg's approach, in which women tended to score at lower stages of moral development than men. His work only included young white male participants, so Gilligan decided to study the development of moral reasoning in women herself. She discovered that men tend to look at morality through a lens of rights, laws, and universally applied principles, known as the "ethics of justice." Gilligan's research demonstrated how women, on the other hand, struggle to identify or tend to their own needs (Gilligan 1982, p. 63). They look at morality through a lens of relationships, compassion, and responsibility to others. She describes the traditionally female approach to morality as the "ethics of care."

Gilligan distinguishes the intuitive, emotional, particularistic dispositions required for women's domestic life from the rational, impartial, and dispassionate thought required for men's public life (Kymlicka, 1990, p. 399). Although men could develop an ethic of care, Gilligan indicated it was likely more common in women. Rather than being a matter of natural instinct, this is a matter of gendered socialization. American society encourages men to develop identities as individuals who are responsible for their actions, whereas women define themselves in the context of human relationships and judge themselves based on their ability to care (p. 17).

Gilligan says:

In this conception, the moral problem arises from conflicting responsibilities rather than from competing rights, and requires for its resolution a mode of thinking that is contextual and narrative rather than formal and abstract. This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules. (1982, p. 19)

Therefore, being a moral person is less a matter of knowing correct principles and more a matter of having the right dispositions.

Gilligan claims the ethic of care and the ethic of justice are "fundamentally incompatible" (1986, 238). They differ in three distinct ways: (1) moral capacities, (2) moral reasoning, and (3) moral concepts. In regards to moral capacities (1), she argues society teaches boys to act ethically by learning moral principles whereas girls develop moral dispositions. Ethics of care allow women to perceive people's needs accurately and come up with ways to meet them, whereas an ethic of justice encourages a more universalistic approach, which responds to people's common humanity rather than to their distinct individuality. Likewise, the moral reasoning (2) of the justice approach solves problems by seeking principles that have universal applicability. The care approach, alternatively, seeks responses that are appropriate to the

particular case. Rather than asserting moral principles, one's moral imagination, character, and actions must respond to the complexity of a given situation.

The difference in moral concepts (3) is another important distinction. While the justice approach attends to rights and fairness, the care approach attends to responsibilities and relationships. Although women's responsibility for meeting the needs of others is complicated and problematic — we have limited resources for caring — Gilligan argues ethical care is context-sensitive. By attending to the situation and not applying universal principles, women distinguish salient and irrelevant features of moral situations. A moral obligation to respond to subjective hurt does not depend on the presence of objective unfairness (Kymlicka, 1990, p. 409). When someone is suffering, women do not feel a moral obligation to help because the suffering have a right to be cared for; women help because it is their responsibility to care. Furthermore, an ethic of care is not equivalent to the traditional sexist stereotype of the selfless woman. A woman who cares for others at the expense of her own health and wellbeing will eventually lose the capacity to care. If she tries to meet the needs of everyone and avoids all subjective hurt, her selflessness will end up destroying herself in the end. This is the difference between feminine self-sacrifice and a feminist ethic of care. Gilligan's theory is a self-inclusive concept of caring in which a woman must consider her own needs before caring for another person (p. 412). Therefore, it would be unethical to expect someone to tend to the needs of a misogynist, to care for a racist, or prioritize the comfortability of an anti-masker above their own health.

In regards to COVID-19, the vaccinated have a responsibility to care for the unvaccinated by continuing masking even when the risk to themselves is not that great. With that said, caring for somebody does not necessarily mean we have a moral obligation to attend to their every

need, or avoid all possible subjective hurts or disappointments. There are limits to care when meeting the needs of some causes subjective hurt to others. For example, if a restaurant wanted to ensure its patrons a safe dining experience, requiring proof of vaccination disregards the interests of the unvaccinated, whereas not requiring it disregards the needs of the immunocompromised. Our responsibility to care for the unvaccinated ends when our “caring” risks the lives of others.

Methodology

The case studies below will explore how governors and presidents adhered to, or defied, CDC guidelines using an ethic of care, with a focus on the role of gender and partisanship. I will examine the different rhetoric used by these leaders to justify their COVID policies and how they do or do not reflect an ethic of care. Then, I will evaluate if gender or partisanship determine how moral agents act ethically when leading their state or country through a public health crisis, and if an ethic of care is the best approach. For two of my case studies, I chose comparable states that were similar in region and ideology with governors of the same party. Additionally, I chose two nonadjacent states to compare with contrasting regions and ideology and governors of the same gender. I will also compare the difference in national responses from two American presidents of the same gender. This will help me determine if an ethic of care is exclusive to Democrats and/or women.

This comparative analysis will first examine the different approaches of two southern Republican governors, Governor Kay Ivey and Governor Brian Kemp. Then, the Democratic governors of two western states, Governor Michelle Lujan Grisham and Governor Jared Polis. Alabama and Georgia are both Southern states located in the "Bible Belt," the most collectivist region of the country. A strong sense of regional identification due to the confederacy's defeat in

the Civil War, the institution of slavery, relative poverty, and the prominence of religion are all factors in Alabamans and Georgians defining themselves as interdependent members of a collective (Cohen, 1999, p. 283). In addition to Atlanta's large metropolitan area that leans left, Georgia is less conservative than Alabama; the state voted for Biden in the 2020 election by a slight majority. New Mexicans and Coloradans, on the other hand, are both located in the West, which is the most individualistic region of the country due to its wide open spaces, sparse population, and tradition of cattle ranching. However, in the mid-19th century, New Mexico was settled by Mexican and Spanish populations before White settlers, who adopted Hispanic cultural practices of ranching, food, and lifestyle (Cohen, 1999, p. 281). The Hispanic influence in culture, as well as the heterogeneous population, results in a more collectivist state identity than in Colorado.

The third case study of this comparative analysis will examine the difference between two female governors who belong to different political parties and regions of the US: Governor Gina Raimondo and Governor Kristi Noem. I chose to compare South Dakota and Rhode Island given the governors' emphasis on individualism and caring in their leadership styles. Rhode Island, located in the Northeast, is considered more individualistic than collectivist due to the region's market-dependent, commercial-driven economy. As commercialism increased after the industrial revolution, economic inequality and opportunity for profit in trade also increased (Cohen, 1999, p. 281). South Dakota is also one of the most individualistic states in the US. The West's largely uncultivated and wild frontier contribute to the state's cultural norms and values. Since Europeans settled in South Dakota in the early 1800s, men and hyper-masculine norms have shaped Western culture. Not only were there more men than women pioneers, but the frontier required more hunting and ranching than farming, which was suited to male workers.

Women, on the other hand, set up housekeeping and cared for the family. Whereas the individualism in the Northeast strives to attend to the various needs and interests of its population, the West takes a hands-off approach in terms of limited government and personal responsibility due to the prevalence of conservatism. Given the difference in ideology, my analysis will largely focus on how the governors' gender and partisanship affect their application of care ethics during the pandemic. For similar reasons, I will compare President Trump and President Biden, two men from different political parties with drastically different views on caring. In each of these cases, I will examine if gender or ideology is the primary driving factor.

Georgia Governor Brian Kemp (R) and Alabama Governor Kay Ivey (R)

Two days after blocking local officials from enforcing their own rules to further prevent the spread of COVID-19, Governor Brian Kemp urged Georgians to wear a face mask when in public: "It's the community that defeats this virus, not the government. We need all younger Georgians to recognize the importance of following public health guidance. To realize their exposure can have serious consequences on their loved ones" (Higgins-Dunn & Feuer, 2020). Kemp regarded masks as a matter of personal freedom rather than public health, describing mask mandates as "government overreach" and ignoring the Centers for Disease Control and Prevention's guidance that indoor masking limits the spread of the virus. On August 19, 2021, Kemp signed an order allowing businesses to ignore any local COVID restrictions, but said he hoped more Georgians would "become comfortable getting vaccinated" (Edwards & Bluestein, 2021). As hospitalizations and infections soared, and vaccination rates stagnated, Kemp reiterated that it was each Georgian's personal responsibility and freedom to get the shot: "I want to encourage people to get vaccinated if you're comfortable doing that" (Dorman, 2021). Kemp's rhetoric consistently appealed to conservative ideals of limited government and personal

responsibility over the liberal commitment to protecting particular interests, needs, and social relationships. Overall, Governor Kemp did not use an ethic of care in his approach to COVID-19.

As a septuagenarian and recent lung cancer survivor, Alabama governor Kay Ivey is particularly vulnerable to the coronavirus, which possibly influenced her care-based response. Even though Republican governors in Texas and Mississippi lifted their mask mandates citing personal freedoms — Governor Kemp never issued one to begin with — Governor Ivey declared she would extend the state’s mask mandate in March of 2021. “Now y’all, I’m not trying to be Governor Meemaw as some on social media have called me,” Governor Ivey said, referring to the insults she has endured about her age, gender, and protective nature. “I’m simply trying to urge you to use the common sense the Good Lord gave each of us to be smart and considerate of others. You shouldn’t have to be ordered to do what is in your own best interest, and in the best interest of those you know and love” (Fausset, 2021). Ivey’s response reflects feminine qualities of care, compassion, and empathy.

Governor Ivey’s emphasis on caring for others based on concrete relationships and shared humanity reflects an ethic of care absent in many Republican COVID policies. However, her opposition to mandates complicates this distinction. In October 2021, Ivey stated: “Alabamians – and Americans alike – should and must have the choice to roll up their sleeves to get this shot and certainly not forced by government. While President Biden laughs at the idea of protecting your freedoms, I will continue fighting for Alabama businesses and their employees” (Ivey, 2021). This decision reflects conservatism’s emphasis on limited government and personal liberties. Ivey’s later positions on COVID suggest adverse political reactions towards mandates from the right side of the aisle caused her to backtrack her initial more restriction-friendly

position. She is only concerned with meeting the needs of her constituents based on abstract universal principles about objective unfairness. Her judgment on whose needs she has a responsibility to meet reflect a justice approach, distorted by conservative individualism, over an ethic of care. In responding solely to people's common humanity rather than to their distinct individuality, Ivey's conservative identity shapes her COVID-19 policy — like Governor Kemp — more so than her gender. This shows Republican women governors guided by an ethic of care are limited in what they can do to challenge prevailing conservative views.

Colorado Governor Jared Polis (D) and New Mexico Governor Michelle Lujan Grisham (D)

A governor's decision to issue a mask mandate reflects the ethics of care. According to the CDC, wearing masks helps communities slow the spread of COVID-19 when worn consistently and correctly by a majority of people in public settings, along with other preventive measures, such as social distancing, frequent handwashing, and cleaning and disinfecting surfaces (CDC 2021). As of February 1, 2022, three states have statewide mask orders for unvaccinated individuals, and six states have statewide mask orders for vaccinated and unvaccinated individuals. All nine of the states have Democratic governors. However, there are disagreements within the party about the effectiveness of such mandates. While Colorado continues to see a rise in hospitalizations and deaths among unvaccinated patients, Governor Polis decided to lift his state's mask mandate in November of 2021: "Public health [officials] don't get to tell people what to wear; that's just not their job" (Fulcher, 2021). Perhaps this is the response to a feeling of emasculation when public institutions exert their power to protect people, which mimics the Republican value of limited government as seen in Governor Kemp's response.

After Governor Polis claimed masks have not helped improve New Mexico's case count, Governor Michelle Lujan Grisham expressed a collaborative mindset in her response: "We were

earlier than Colorado at getting people vaccinated, and in fact, Colorado sought New Mexico's help and I'm glad that they did because this is a partnership to protect Americans" (Kent 2021). Considering kids younger than five still aren't eligible to get the vaccine, as well as the state's large number of high-risk New Mexicans and potentially unvaccinated tourists, Governor Grisham applies the ethics of care in her response to the virus. In May of 2020, Grisham pleaded to her constituents, "Please: Wear a mask. It's compassionate. It protects others, including frontline workers of all types, and we owe them a great debt of gratitude. Let's protect them and each other and our families." She said, "If I can't get New Mexicans to protect vulnerable populations, to protect our seniors and children and minority populations and homeless populations and essential workers and health care workers and first responders and so many more, I will do whatever it takes to protect them. But you can help me. And if we all do this together, we can keep easing restrictions in a safe manner and go on living in a COVID-19 world" (Grisham, 2020). By focusing on the protection of the vulnerable in her response, Governor Grisham appeals to her constituents' capacity for empathy to do the right thing. Not only does she appeal to an ethic of care, but she uses it in her response as well. This is why Gilligan's emphasis on context-sensitivity is paramount: Grisham's desire to meet the needs of others has limits. Rather than meeting the needs of unvaccinated anti-maskers in terms of abstract principles like freedom and liberty, she meets the concrete needs of her constituents in terms of their health and well-being.

A crucial aspect of a governor's response is the concept of "vulnerability." How a person views their own vulnerability determines their perception of who else is vulnerable, and what they owe to these vulnerable groups. In an interview with *Colorado Public Radio News*, Governor Polis said, "Everybody had more than enough opportunity to get vaccinated. Hopefully

it's been at your pharmacy, your grocery store, a bus near you, [or at] big events... Frankly, people who want to be protected [have gotten vaccinated]. Those who get sick, it's almost entirely their own darn fault" (Fulcher, 2021). In his response, Polis shirks his responsibility for the rising number of cases by blaming it on the unvaccinated. Unlike Grisham, who views her role as Governor to include the protection of her constituents, Polis emphasizes the importance of self-reliance in Coloradans and uses an ethic of justice in his response.

The moral reasoning of care ethics is to think of concern for others in terms of accepting responsibilities, which requires some positive concern for their welfare. Rather than leaving the unvaccinated alone and viewing vaccination as a personal responsibility, an ethic of care considers vaccination as a responsibility to others based on the relationships unvaccinated people have with those vulnerable to the virus. Mandating masks and vaccinations are ways to show a positive concern for the welfare of others. In his refusal to mandate vaccines and masks, Polis's ethics of justice approach implies the actions of the unvaccinated are their own responsibility; therefore, it is immoral to make others pay for the unvaccinated's carelessness. By applying a universal rule based on abstract principles, he fails to see the distinction between the "responsible" vulnerable and "irresponsible" vulnerable. The responsible vulnerable are the immunocompromised who cannot take the vaccine or will not experience the full effects of the vaccine, healthcare professionals exposed to the virus while working on the frontline, and those who have trouble getting treatment for various medical emergencies and life-threatening diseases when the healthcare system is overwhelmed with COVID cases. The lack of context-sensitivity in his response to COVID hurts more than just those who choose not to get vaccinated. Given his liberal political identity, it appears his gender has shaped his justice approach to ethical problems, which aligns with Gilligan's theory.

South Dakota Governor Kristi Noem (R) and Rhode Island Governor Gina Raimondo (D)

In total, 39 states have issued statewide mask requirements. The eleven states that did not issue a mask mandate at any point of the pandemic have Republican governors; Governor Kristi Noem is the only female governor to have never imposed a mask mandate. Even though her state has dealt with one of the worst coronavirus outbreaks in the nation, South Dakota Governor Kristi Noem defended those who choose not to wear masks in public. She said during a news conference in November 2020, those who don't wear masks are making a "personal decision" and deserve respect. She refused to encourage people to wear masks or socially distance themselves, instead saying the best thing people can do to stop the spread of the virus is to wash their hands (Groves 2020). She said on Fox News in 2020, "I believe in our freedoms and liberties. What I've seen across the country is so many people give up their liberties for just a little bit of security, and they don't have to do that." (McGreal 2020). Furthermore, in an interview with *Rolling Stone*, Noem didn't address whether part of her job as governor is to encourage her citizens into doing the right thing — protecting one another by staying home when possible, and wearing masks when not. She also didn't respond when asked if she regrets not centering her COVID response more around the South Dakota tradition of taking care of their neighbors and less around the concept of freedom (Rodrick 2021). In contrast, all 24 Democratic governors issued stay-at-home orders in their states and asked people to limit risky behavior in order to protect the most vulnerable in their community. Hence, Democrats emphasized the contextual and personal relationships people have with others. Using the ethics of care to justify extensive lockdowns, they recognized the people they interact with at the grocery or their favorite take-out place could be immunocompromised, or live with someone who is.

Evidently, Noem's perception of who is most vulnerable differs from Democrats and most women. According to Gilligan's research, subjectively-felt hurt appears immoral to women, regardless if it is fair, due to the ethic of care. In contrast, objective-unfairness regardless of subjective hurt is immoral to men due to an ethic of justice (Kymlicka, 1990, p. 409). Despite her gender, the latter aligns closely with Noem's reasoning for not imposing a mask mandate. To her, it is unfair — thus, immoral — to ask people to wear a mask to minimize the subjective-hurt of immunocompromised and elderly South Dakotans. Instead, her moral reasoning was to protect the conservative principles of freedom and liberty over the relations humans have with one another.

To justify her policy (or lack thereof), Governor Noem cited studies and recommendations that implied the media had exaggerated health risks from the virus and downplayed the effectiveness of masks in preventing the spread of the virus. Noem said, "We cannot sacrifice the educational, physical, emotional and social well-being of our kids. The risks of COVID are too minimal for us to make sure that they're all going to stay home." Noem's decision to keep schools open is an exercise of justice ethics. As Kymlicka defines the approach, she emphasizes the following of rules over attending to moral sensitivities. Rather than making a context-sensitive assessment of particular needs, she acted as if children universally benefit from staying in the classroom during a pandemic. She failed to acknowledge or care for the personal relationships children might have with elderly grandparents, or the needs of immunocompromised children. Her statement implies the sacrifice of immunocompromised and elderly lives — their well-being and their liberties — helps maintain normalcy and protect the liberties of the rest of the population (AP News, 2020). Given the way an ethic of care responds to concrete differences rather than abstract humanity, it is evident Noem's gender did not

influence her COVID policies or shape her view of vulnerability, care, and responsibility to others. This suggests that her conservative identity and partisanship shape her outlook on COVID.

With the nation's second-densest and ninth-oldest population, Rhode Island was a uniquely vulnerable state to COVID-19. Located between the pandemic hot spots of New York City and Boston, the outbreak hit Rhode Island hard. However, former Governor Raimondo successfully implemented intensive testing, tracing, and isolation tactics, in addition to effective mask policies and messaging. In an interview with *Politico*, Raimondo said, "You know, we're dense, we're vulnerable to what happens outside. But on the flip side, we take care of each other. We're a community" (Grunwald, 2020). In regards to an ethic of care, Raimondo's emphasis on Rhode Islanders' shared humanity as a means of connection reflects Gilligan's sentiment:

"Everyone will be responded to and included, no one will be left alone or hurt" (1982, p. 63).

Unlike Governor Noem, Raimondo's gender shapes her perspective on vulnerability and care. In a press conference, Raimondo scolded her constituents who were not following CDC guidance: "I don't want to see it on the streets. I don't want to see it at open houses. I don't want to see it at parties or dinner parties. In the mall. Sneaking into hospitals to visit your loved ones. Sneaking into nursing homes. Knock it off. This is serious business." One of the constituents listening was Asher Schofield, who said her messaging reminded him of a "maternal voice." Another Rhode Islander said of her speech, "[She's] just been the ultimate Rhode Island mom when it comes to telling people what we need to do to stay safe" (Tremaine, 2020). It is likely Raimondo being a mother of two children influences her perspective on caring for others. By acknowledging the various needs and interests of her diverse constituency, Raimondo demonstrates New England's individualism and care ethics are not in opposition to each other.

In contrast to Raimondo, Noem's experience as a mother reflects the conservative ideal mother, or as Sarah Palin referred to herself as, a "Mama Grizzly." According to Palin, who coined the term, a "Mama Grizzly" fiercely protects her children when she sees them endangered by bad policies (Miller, 2010). Motherhood and caregiving shapes Noem and Palin's femininity. Influenced by midwestern individualistic culture, Noem's COVID policy and emphasis on care is centered on her own kids and meeting their needs. Favoring the conservative views of limited government and personal responsibility, Noem's individualism fails to account for and care for the needs of kids and families different from her own whose lives are at risk when in a school with maskless children. Despite being feminine, her lack of context-sensitivity and attention to particular interests does not align with Gilligan's ethic of care.

President Donald Trump (R) and President Joe Biden (D)

Throughout 2020, one obstacle to moving forward constructively on COVID-19 was the absence of executive leadership. President Donald Trump invoked manhood and masculinity in his criticism of masks, which politicized an issue of public health. He dissed Joe Biden by implying his use of protection was fatuous and a sign of fear: "I don't wear masks like him. Every time you see him, he's got a mask. He could be speaking 200 feet away from it, and he shows up with the biggest mask I've seen" (Kurtzleben, 2020). Also, Trump emphasized the lack of obligation people had to protect their fellow Americans if it meant sacrificing their freedoms. On April 3, when the Centers for Disease Control and Prevention first recommended Americans wear face coverings in public, Trump stressed the practice was "voluntary" and that "you do not have to do it." For Trump, however, his reasoning was less of an exercise of individual freedom and more of a concern about his masculine appearance: "I just don't want to be doing -- 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, it somehow, I don't see it for myself" (Kurtzleben, 2020). On a visit to a Ford plant in Detroit, he claimed he wore a mask behind closed doors, but not in public because he "didn't want to give the press the pleasure of seeing it." Despite having the public platform and influence to encourage mask-wearing amongst all Americans, Trump's primary concern was looking manly. Kristin Kobes Du Mez, author of *Jesus and John Wayne*, a book about white evangelicals and masculinity, says, "Militancy is at the heart of [Trump's] identity, and militancy requires enemies, and so his enemies are both foreign and domestic... compromise is a sign of weakness" (Kurtzleben, 2020). According to Du Mez, a militant masculine identity in the White House is the driver of political polarization.

President Trump's style of leadership modeled a toxic masculinity, including destructive messages about "toughness" and refusing to wear masks, which some Republican legislators emulated in the House and Senate. Contrary to rules, some even refused to mask up when members of Congress had to shelter together during the January 6th Insurrection. Furthermore, the Trump Administration and some governors insisted on "reopening" the economy and schools at the expense of protecting public health. Workers had to return to work without adequate testing, protective equipment, or social distancing measures in place (Cahn & McClain, 2021, p. 32). Touting numbers about jobs and economic recovery while ignoring the number of COVID casualties, Trump and Republicans demonstrated a lack of basic empathy for essential workers and those most vulnerable to becoming seriously sick or dying from Covid. Even after his own experience with the virus, he pushed people to not "fear" COVID or let it "dominate" their lives. He "defeated" it, so they could too. Online, Rep. Matt Gaetz tweeted, "COVID will have to recover from President Trump," and Sen. Kelly Loeffler posted an edited video of Trump

wrestling the coronavirus to the ground like WWE Superstar (Pauly, 2021). The president's perceived manliness was dependent on the idea that he doesn't need a mask. Meredith Conroy, professor of political science at California State University, said, "There was a way to make wearing a mask masculine, a different type of masculinity, about protecting other people and being patriotic" (Kurtzleben, 2020). However, that type of masculinity depends too much on the ethics of care for Trump to embody. Rather, Trump only cared about meeting his own needs, ignoring the context-sensitive complexities of the situation at hand.

Likewise, Joe Biden possesses and benefits from masculinity. Throughout his presidential campaign, he talked about cars and wanting to fight Trump, and challenged voters to a push-up contest. However, empathy and compassion have always been one of Biden's strengths as a leader. While talking to family members of mass shooting victims, a video captured Biden hugging and comforting the son of a victim. In the viral clip, Biden says, "Thank you for hugging me. You okay? You okay? You'll be okay. We're going to be okay" (Kurtzleben, 2020). His response to COVID-19 reflected this responsibility of caring for others. In a speech about the fight against Covid-19 given on December 21, 2021, Biden said:

All these people who have not been vaccinated, you have an obligation to yourselves, to your family, and, quite frankly — I know I'll get criticized for this — to your country... to folks who are not vaccinated: You may think you're putting only yourself at risk, but it's your choice. Your choice is not just a choice about you; it affects other people. You're putting other people at risk — your loved ones, your friends, neighbors, strangers you run into. And your choice can be the difference between life or death. (Biden, 2021).

Rather than emphasizing personal choice and self-sufficiency, Biden encourages Americans to care for others. He directly refers to the relationships people have with each other to encourage them to act morally. This ethic of care is what led to his vaccine mandate, which required all federal employees to be vaccinated against COVID-19.

Although gender and partisanship can shape a person's outlook on life, tragedy played a role in Joe Biden's. In 1988, Biden suffered two brain aneurysms. In 2016, he decided not to run for president partly because he was still grieving his son Beau's death from brain cancer. One of the most defining moments for Biden, however, occurred in 1972. Less than two months after the people of Delaware elected him to the Senate, he lost his wife and two-year-old daughter in a car accident. Just 30 years old, Biden became a widower and a single parent of two sons (Henrickson, 2020). Before the 2020 election, Biden appeared in a virtual town hall on MSNBC. "As someone who has lost a wife and a daughter and a son and knows what it's like to go through loss. What advice would you give to a family who has lost someone to COVID-19?" a listener asked. Biden responded, "The folks who've recently lost someone to COVID-19... they feel like there's a black hole in the middle of their chest. They're being sucked into it. They're frightened and they are scared and they don't know what to do." He talks of fear in a way that legitimizes the emotion so no one feels ashamed of it. "All I can tell them is it will take time, but, in time, what's gonna happen is you're gonna find when you think of that son, daughter, husband, wife, mother, father you lost, you're gonna get a smile on your lip before you get a tear in your eye and that's when you know you're gonna make it" (Perry, 2020). Having cried during debates and public events while talking about Beau, his first wife Naomi, and daughter Neilia, Biden was clearly unaffected by toxic masculinity in the ways his predecessor was.

Conclusion

Some state governors and national leaders, notably Democrats like Biden and women in general, had a more empathic and care-based response to the pandemic. They listened to public-health experts and refused to sacrifice public health to revive the economy. Research on gender and political representation in Congress and state legislatures shows that "women in

legislatures are more likely than their male colleagues to give priority to issues, such as healthcare and children and families, associated with women's traditional caregiving roles in society, and to issues, such as reproductive health and women's rights, associated with the organized women's movement" (Cahn & McClain, 2021, p. 35). Furthermore, nations led by women showed some of the lowest rates of COVID-19 deaths and cases. The leadership styles of the women heading countries with better success at battling the pandemic than the US, such as Former Chancellor of Germany Angela Merkel and Prime Minister of New Zealand Jacinda Arden show certain qualities, such as "listening with humility to other voices and ensuring that people with diverse backgrounds and expertise are at the table" and "asking other questions about who is included and excluded" (p. 35). Although an empathetic and effective style of leadership is not limited to women, these distinctly feminine qualities are fundamental during a public health crisis.

The aversion to wearing a mask, observing social distancing, and complying with government-imposed lockdowns entwines with male insecurity; the Right's obsession with "freedom from the government" results in the feeling of emasculation when public institutions exert their power to protect people. "There has been a very dominant strain of men who clearly feel that wearing a mask would so expose their vulnerability that they would rather risk death from the virus" (Gupta 2020). The same goes for vaccine requirements. The American Civil Liberties Union says, "Far from compromising civil liberties, vaccine mandates actually further them. They protect the most vulnerable among us, including people with disabilities and fragile immune systems, children too young to be vaccinated, and communities of color hit hard by the disease" (Cole & Mach, 2021). Therefore, Republicans' negative feelings towards wearing a

mask are related to masculine toughness and anti-femininity more so than their beliefs about limited government and personal freedoms.

As cases began to rise in the U.S. and the coronavirus became a serious threat to public health, many politicians and citizens assumed their fellow Americans would take collective action — that they would social distance, mask up, and follow CDC recommendations. Essentially, people trusted each other to do “the right thing.” However, “the right thing” is vastly different depending on if they are making decisions based on an ethic of care or an ethic of justice. By examining a variety of governors’ responses to COVID-19, my thesis demonstrates how Democrats tend to make moral choices based on an ethic of care more than Republicans. Additionally, hegemonic masculinity heavily influenced conservative individuals’ behaviors and beliefs during the pandemic. Based on these case studies, the ethics of care seems to develop in people exposed to personal tragedy, as President Biden was; who experienced suffering themselves, as Governor Ivey has; or who are tasked with taking care of the most vulnerable, as mothers like Governor Raimondo are. In addition to gender and ideology, these are crucial factors in determining whether a politician uses an ethic of care. However, Governor Noem’s maternal voice advocates for abstract principles of freedom over concrete relationships; and Governor Polis’ liberal attitude advocates for personal responsibility over a responsibility to care for others. Therefore, the case studies above show an ethic of care is not present in all women nor Democrats who act as moral agents during the pandemic.

As Kymlicka says in his criticism of Gilligan’s theory, we have limited resources for caring. We cannot care for everyone or do everything a caring approach suggests, meaning moral guidelines help order our priorities. By defining principles as instructions of what to look for, not instructions to avoid examining the particulars, Kymlicka distinguishes them from rules, such as

the Ten Commandments, which are universal. Principles function differently in that they invite rather than block reflection (1990, p. 404). Gilligan's framing of justice ethics suggests it aligns with selfishness and individualism, but acting justly requires sensitivity to historical factors and possibilities as much as discovering the best suited principle. Regardless of using an ethic of justice or care, moral considerations require attention to particular details. Therefore, the ideal COVID policy is not solely based on justice or care ethics, but it must be context-sensitive. Not only should the government address the needs of individuals during a pandemic, but it must consider whose needs require more attention. To the unvaccinated, meeting the needs of the immunocompromised is an inconvenience; to the immunocompromised, meeting the needs of the unvaccinated is deadly.

In focusing on preserving relationships in which imbalanced power dynamics exist, the perspective of care applies a universalistic principle of equal moral worth that potentially excludes the neediest that exist within and outside the larger relationships in a society. When considering the justice approach, meeting the needs of people who demand the discriminatory treatment of others to maintain their own comfortability or power is illegitimate and immoral. Viewing subjective hurts as a cause of moral claims is not only unfair but can hide oppression in exploitive relationships. Under this assumption, an ethic of care would advocate attending to the subjective hurt of an oppressor when they feel deprived of something (Kymlicka, 1990, p. 412). Of course, Gilligan's theory has a self-inclusive quality that does not advocate for the care of racist, sexist, ableist dynamics or abusive and toxic relationships, but it makes these aspects difficult to see for outsiders of these relationships. Thus, details and nuances of a particular situation cannot always be the focus as a care approach calls for, meaning we must situate them in a larger framework of normative principles. In regards to the pandemic, for example,

principles of nondiscrimination of disabled, immunocompromised, and elderly people prevail when governors mandated masks in schools and workplaces. Rather than evaluating situations in which able-bodied adults complain about wearing masks and demand the freedom to go without, or in calls for autonomy in regards to vaccination, many Democratic and/or women governors, as well as President Biden, attended to the needs of those who had actual difficulty surviving the pandemic. It would have been unjust (and impossible) to require the immunocompromised to halt their social lives and relationships to meet the needs of those with perceived invulnerability to the virus. When ableist needs are invalidated, the contrasts between justice and care are few; these ethics can complement each other and governors should integrate them into public health policy. Therefore, prior conditions of justice morally validate different forms of caring. People develop an ethic of care and justice with different sorts of cases in mind, meaning neither successfully meet our full range of moral obligations.

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