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Medical populism and the COVID-19 pandemic

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ABSTRACT

This paper uses the vocabulary of 'medical populism' to identify and analyse the political constructions of (and responses to) the COVID-19 pandemic in Brazil, the Philippines, and the United States from January to mid-July 2020, particularly by the countries' heads of state: Jair Bolsonaro, Rodrigo Duterte, and Donald Trump. In all three countries, the leaders' responses to the outbreak can be characterised by the following features: simplifying the pandemic by downplaying its impacts or touting easy solutions or treatments, spectacularizing their responses to crisis, forging divisions between the 'people' and dangerous 'others', and making medical knowledge claims to support the above. Taken together, the case studies illuminate the role of individual political actors in defining public health crises, suggesting that medical populism is not an exceptional, but a familiar response to them. This paper concludes by offering recommendations for global health in anticipating and responding to pandemics and infectious disease outbreaks.

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1. Background

The COVID-19 pandemic will certainly be considered the gravest public health crisis the world has faced in the past century. Beyond its human toll, it has had far-reaching social and economic impacts, the full extent of which are yet unknown. Doubtless, it is the most consequential viral disease outbreak since the 1918 influenza pandemic, and one of the most important turning points in global culture.

Although governments around the world seem to have been caught by surprise by scale and magnitude of the crisis, scholars from various fields have long anticipated a viral pandemic and reflected on its wide-ranging societal ramifications. Their works have included analyses of the (geo)politics and decision-making processes during previous outbreaks including the 2002–2004 SARS outbreak (Huang, 2004), the 2009 swine flu pandemic (Baekkeskov, 2016; Chambers et al., 2012), and outbreaks of MERS-CoV in the 2010s. Among the insights in these works is the observation that pandemics exhibit 'common features across jurisdictions … first, the nature of the epidemic itself and its social and economic consequences; second, the range and type of participants involved; and third, a common context of multi-level, global governance structures' (Christensen & Painter, 2004, p. 23) and are thus amenable for comparison of decision-making processes. However, there is a paucity of works that interrogate the responses to pandemics by individual political actors.

In this paper, I use the concept of medical populism, defined as 'a political style based on performances of public health crises that pit "the people" against "the establishment"' (Lasco & Curato, 2019,

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p. 1) to reflect on the politics of COVID-19 in Brazil, the Philippines, and the United States. Despite their varied geographic, economic, and cultural contexts (for which they were chosen as illustrative examples in this paper), leaders in the three countries exhibited similar responses: simplifying the pandemic, dramatising their responses, making knowledge claims, and forging divisions – both 'vertical' and 'horizontal' (Lasco & Curato 2019, p. 3) – between the 'people' and dangerous 'others'. In engaging in this exercise, this paper aims to contribute to the literature that characterises the politics and governance of pandemics and anticipates how political actors might react to similar health crises in the future, notwithstanding their seemingly-exceptional nature.

2. Pandemics and populism

The politics of pandemics and infectious disease outbreaks have well documented in various disciplines (Leach & Tadros, 2014; Salajan et al., 2020), and is rooted in the political nature of public health itself (Foucault, 2014). Furnishing a contemporary context of how this politics plays out, Harper and Parker (2014) highlight the complex interplay of actors – from national government and NGOs to philanthropic funds and international agencies, while Chambers et al. (2012) call attention to the 'event-making' that takes place when bureaucratic, often securitised, responses take a life of their own in response to infectious disease outbreaks. Avoidance of blame figures prominently in the politics of crisis management among those who hold office (Boin et al., 2009), while their political opponents 'may highlight leaders' mistakes and downplay their successes' (Baekkeskov, 2016).

In a framework that builds on some of the above themes and calls attention to the politicised nature of pandemics, Lasco and Curato (2019) introduced the concept of medical populism as a political style often used in health emergencies. Acknowledging the risks inherent in using in an concept that 'has reached the status journalistic cliché and political epithet', they aligned their notion of populism with that of Moffitt, whose definition of populism as a 'style' (i.e. 'the repertoires of performance that are used to create political relations') has lent conceptual clarity and paved the way for points of empirical analysis. In contrast to viewing populism as a 'thin-centered ideology' (Mudde, 2007), a 'political phenomenon' (Müller, 2014), or a political logic (Laclau, 2005), Moffitt (2016, p. 45) defines it as 'a political style that features an appeal to "the people" versus "the elite", 'bad manners' and the performance of crisis, breakdown or threat'. As Lasco and Curato (2019, p. 2) contends, this definition is 'broad is enough not to be tied to definitions of populism that connect it to substantive worldviews (e.g. nativism, tribalism, nationalism) but specific enough to characterise a political practice distinct from other responses.' One of these 'other responses' – which they contrast with the populist style – is the 'technocratic style' 'where state or other decision-makers seek the expertise of the medical establishment and expert communities to take over the situation to soothe public anxieties.' (Lasco & Curato, 2019, p. 2).

In this paper, I engage with the above literature to make sense of the politics of COVID-19 in three countries – Brazil, the Philippines, and the United States – by looking at how political leaders in those countries constructed and responded to the COVID-19 pandemic in their respective countries. In particular, I identify the following features of medical populism as a style by political leaders in times of pandemic:

1. **Simplification of the pandemic.** Lasco and Curato (2019, p. 3) observe that 'health emergencies create latitude for populists to make a case for the swiftest possible response … offering of "common sense" solutions to complex issues.' In the case of pandemics, these include downplaying the virulence or severity of the outbreak (e.g. 'It's just like the flu'), promising quick fixes like an effective drug (e.g. hydroxychloroquine) or a forthcoming vaccine, or making simplistic arguments that pit liberty and the economy against public health. As Brubaker (2017, pp. 18–19) notes, populists '[devalue] complexity through rhetorical practices of simplicity, directness, and seeming self-evidence, often accompanied by an explicit anti-intellectualism or "epistemological

populism" that valorises common sense and first- hand experience over abstract and experience-distant forms of knowledge.'

2. **Dramatisation of the crisis.** Brubaker (2017, p. 18) observes that 'populists dramatize – and often of course exaggerate and distort – the threats from which they claim to offer protection. And when in power, they dramatize their response to crisis.' While leaders have tended to downplay pandemics in its initial stages, they nonetheless make a spectacle of it through their use of the language of conspiracy, or through the language of emergency and war (see Flusberg et al., 2018). Political actors also dramatise the pandemic itself as an exceptional threat as a pretext to gain 'emergency powers', while simultaneously casting dramatic measures of 'lockdown' and declarations of 'war' and 'emergency' as commensurate and valid responses to safeguard public safety.
3. **Forging of divisions.** Put simply, medical populism involves a 'dichotomic division of society into two camps – one presenting itself as a part which claims to be the whole' (Laclau, 2005, p. 83), pitting 'the people' against 'others' cast as a public health threat. As Lasco and Curato (2019, pp. 2–3) note: 'Medical populism works by creating a shared imaginary of "the people" as aggrieved parties, if not victims of diseases due to the system's neglect. While other forms of populism build on cultural and economic insecurity, medical populism emphasises the threats to public's health and safety.' As with other forms of populism, the 'others' against which the public is pit include powerful elites such as pharmaceutical companies, supranational bodies, the 'medical establishment' (i.e. 'vertical divisions') but they may also include 'dangerous others' like migrants that are blamed for the crisis and cast as sources of contagion (i.e. 'horizontal divisions').
4. **Invocation of knowledge claims.** In order to simplify and spectacularise crisis, and forge divisions, political leaders resort to making knowledge claims. In the case of COVID-19, these have included assertions about the virus' origin (e.g. 'It came from a laboratory in China'), true epidemiology and patho-physiology, proposed cures and solutions, as well as projections of and prognostications about the future. While some of these claims go against established scientific facts and verge on fake news, they may just as likely involve invocations of 'science' and 'public health'.

3. Illustrative examples

Three case studies are presented in this paper – Brazil, the Philippines, and the United States, beginning with brief narration of the COVID-19 pandemic as it unfolded in the political sphere in the respective countries and then describing the political leaders' responses according to the framework identified above. Following the approach of populism scholars of using a combination of official, journalistic, and scholarly sources as empirical material for comparative research (Mudde & Rovira Kaltwasser, 2018; see also Lasco, 2020a; Moffitt, 2015), political discourses and actions related to COVID-19 from January to mid-July 2020 in all three countries were monitored and reviewed by doing online searches and manual reviews of official government websites, social media accounts, and pertinent news coverage in each country from newspapers of record and major media outlets, with particular focus on the three countries' heads of state – Jair Bolsonaro, Rodrigo Duterte, and Donald Trump – as well as their close associates. The multiple data sources served to ensure reliability and relevance, while news reports on specific events were cross-checked with other sources to ensure accuracy, with priority given to official transcripts and social media accounts, followed by local news sources and international reports. All the above textual material were gathered in an NVivo 11 database, using the elements of medical populism to guide coding and thematic analysis.

3.1. Brazil: Jair Bolsonaro's pandemic denialism

Concerns within Brazil's Ministério da Saúde and the general public emerged in late January amid the first reports of suspected COVID-19 cases in the country – and heightened global concern over

the virus in late January. Although it would not be until February 25 when a first case was confirmed, the Ministério da Saúde moved on February 3 to declare a 'public health emergency', and the rising cases in the coming weeks were accompanied by growing clamor among the country's public health experts and state governors for stronger action (Mazui & Gomes, 2020).

President Jair Bolsonaro, however, has dismissed the virus and downplayed its consequences from the moment it entered his country's public consciousness, variously calling it a 'little cold' and a 'little flu' in opposition to the view of public health experts and opposition leaders in his country (De Orte, 2020). Coming after his climate and deforestation denial, and allegations of graft and corruption levelled against him and his family, Bolsonaro's initial reactions to the COVID-19 threat exacerbated bitter divisions in Brazilian politics (Phillips, 2020). As the virus reached pandemic proportions in mid-March, he maintained his dismissive stance, suggesting that Brazilians can withstand the virus because 'they jump into the sewers and nothing happens' (Gomes, 2020), and that he himself is protected: 'With my history as an athlete, if I were infected with the virus I would have no reason to worry.' (Gullino, 2020a). 'God is Brazilian and the cure is there,' he separately declared, repeating a claim he has frequently made in public addresses and in social media: that hydroxychloroquine, an anti-malarial drug, is an effective treatment against the virus (O Globo, 2020). When he himself contracted the virus in early July, he used his own apparent recovery to validate his minimisation of the virus' consequences as well as his claims regarding hydroxychloroquine (Luiz & Moura, 2020).

Throughout the pandemic, Bolsonaro also made commonsensical appeals that pit the economy against public health. As cases reached 2200 confirmed cases and 46 deaths by the end of March, he said a televised address: 'Our lives have to go on. Jobs must be kept … We must, yes, get back to normal,' (Gullino, 2020a), pitting the economy against public health. Days later he declared: 'This is a reality, the virus is there. We're going to have to face it, but face it like a man … Not like a kid. Let's face the virus with reality. That is life. We will die one day.' (G1, 2020). Even as Brazil became the country with the second highest number of COVID-19 deaths in July, he has largely maintained this rhetoric (Luiz & Moura, 2020).

By going against public health officials (including two health ministers who he fired, or resigned, weeks apart), academics, and journalists – and defying the demands of opposition leaders and state governors – Bolsonaro has created a spectacle out of his stance, for instance, by launching a #BrazilCannotStop advertising campaign. 'For the neighborhood salesmen, for the shop owners in city centers, for domestic employees, for millions of Brazilians, Brazil cannot stop,' said the ad, which shows scenes of crowded classrooms and street markets (Fonseca & Rochebrun, 2020). He has also refused to wear a mask in many public functions and staged dramatic, highly-publicised visits to bakeries, supermarkets and pharmacies, declaring that 'Ninguém vai tolher meu direito de ir e vir' ('No one will hinder my right to come and go') (De Castro, 2020). Finally, as states scrambled to respond to the pandemic, Bolsonaro's government staged a dramatic, police-led campaign on alleged corruption involving health funds in all levels of government in what health experts have described as an unnecessary 'espetacularização' (spectacularisation) (Mariz, 2020).

Furthermore, Bolsonaro has invoked the language of conspiracy, forging divisions between the 'people' and dangerous others in the process. In March 12, while on a visit to Donald Trump, he called COVID-19 an 'isso tudo' (fantasy) that has been propagated by media (De Orte, 2020) – echoing similar sentiments he raised in connection with the Amazonian fires. Separately, he accused political opponents, of exaggerating COVID-19 figures and destroying the country due to their 'scorched earth' measures (Fonseca & Rochebrun, 2020; Gullino, 2020a). His close allies, for their part, blamed China for the pandemic, seemingly following Donald Trump's lead. 'It's China's fault,' as his son Eduardo posted on Twitter on March 19, retweeting a message that read: 'The blame for the global coronavirus pandemic has a name and surname: the Chinese Communist party.' (Duchiade & Barini, 2020). Also striking parallels with his American counterpart's rhetoric, he has criticised the World Health Organization, at one point threatening to leave the global health body he described as 'partisan' (Prazeres, 2020).

Bolsonaro's political rivals and local government officials have forcefully criticised his approach to the crisis, with Joao Doria, the governor of Sao Paulo, declaring that 'We are fighting against the coronavirus and against the Bolsonarovirus' (UOL, 2020), appropriating a term popular among the president's critics. As of the time of writing, it remains to be seen if, and to what extent, Jair Bolsonaro will continue with his approach, given the political toll of his increasingly-unpopular stances and the increasingly-catastrophic human toll of the coronavirus in his country. Regardless of the outcome, however, the president's response to the pandemic shows clear features of medical populism, particularly in the way he has simplified it, and made a spectacle of his own antagonistic, denialist response.

3.2. The Philippines: Rodrigo Duterte's 'optics of power'

COVID-19 first dominated the political discourse in the Philippines from January 22, when the first suspected case was reported in the country, to February 2, when the first coronavirus death was confirmed – also the first outside China: a 44-year old man from Wuhan. The country had just been reeling from the January 12 eruption of Taal Volcano, 50 kilometres away from Manila, which saw ashfalls, evacuations, relief operations, and hoarding of facemarks that would foreshadow the bigger calamity that was to unfold.

Opposition leaders were quick to highlight the threat of the pandemic (Ager, 2020; Ramos, 2020a). By contrast, President Rodrigo Duterte – like Bolsonaro – was quick to simplify and downplay the pandemic, only ordering a ban from Hubei on January 31, after the province had already been placed under a 'lockdown' by the Chinese government. Such reluctance, as local analysts noted, was 'likely because of the Philippine leader's worry about alienating Beijing, a key strategic patron, and concerns about affecting the inflow of hundreds of thousands of Chinese citizens working in the online casino industry in the Philippines.' (Heydarian, 2020).

Instead, Duterte, from January to Mid-March, was dismissive of the virus, telling the public in February 10 that he wanted to 'slap' the virus, adding that 'There are some kibitzers in politics, idiots if you may, who, when this issue broke, are asking: What is the government of the Republic of the Philippines doing? All pessimistic,' he said. 'All they want to for there to be fear.' (Lopez, 2020a). In the same speech, echoing Bolsonaro's claims of Brazilians' non-susceptibility, he claimed that 'Filipinos are not very easily hit by the illness. In the first place, prayer is powerful … .It's when you do not follow rules that trouble comes in and that's true for all human acts.' As late as March 11, when cases began to increase in the country, he mocked social distancing measures as an overreaction: 'I've been told to – you are too scared of this corona. They are discouraging long meetings and large congregation. And you believed them!' (Lopez, 2020b).

While Duterte was simplifying and downplaying the virus, the relative paucity of new cases – there were only 3 confirmed cases at the end of February – allowed his administration to cautiously declare success, with the health secretary Francisco Duque announcing on March 2 that the country has become an 'example' for the world, citing a WHO commendation (Madarang, 2020). During this time, opposition figures highlighted China's negative influence in the country and criticised the 'false sense of security' given by the administration (Ramos, 2020b).

A dramatic increase from March 6 onwards, however, led to a change in the president's tone. On March 9, Duterte announced 'a state of public health emergency throughout the Philippines' (Parrocha, 2020) and a week later declared an 'enhanced community quarantine' throughout the main island of Luzon that suspended classes, non-essential work, public transport, and others (Lopez, 2020c). The March 16 announcement on national television was a spectacle in itself, with the president flanked by uniformed police and military generals, in what Filipino sociologist Randolf David (2020) called 'optics of power'.

From that point onwards, the president and his allies dramatised their response to the crisis by using the language and imagery of war, threatening to use force and deploying uniformed personnel to staff checkpoints throughout the country. 'I will not hesitate. My orders are to the police and military, as well as village officials, if there is any trouble, or occasions where there's violence and your

lives are in danger, shoot them dead,' he said in April 1 (Gregorio, 2020). When Cebu City – the country's second largest metropolis – registered a surge of cases in late June, Duterte ordered a 'hard lockdown', dispatching a retired military general, accompanied by tanks and military personnel (Semilla, 2020).

Since the start of the pandemic, Duterte has invoked 'science' as its guiding principle, declaring: 'COVID is science, period. The reason why we are ordering you inside the house is also science, period.' (Philippine Communications Operations Office, 2020). However, he has continued to make unscientific claims about the pandemic, for instance, saying in the above speech the virus is *nasa hangin* ('in the wind'); announcing in April 15 that an 'antibody' would be available in May (Malig, 2020); and touting 'potential vaccines and medicines such as Avigan' (Aguilar, 2020a). While he has consistently refrained from blaming China, Duterte has instead criticised his political opponents: 'You tell me that I haven't done anything. But how about you? What have you done for the country except talk and criticise and talk?' (Aguilar, 2020b). He and his spokespeople have also blamed the mostly-poor *pasaway* (i.e. 'the disobedient' or 'undisciplined') as well as leftist groups and street protesters – including artists, intellectuals, and human rights groups – for undermining the quarantine, repeatedly threatening them with deadly force (Merez, 2020).

The Philippine example shows how leaders evolve their political styles based on the situation, with Duterte shifting from simplification to spectacularization as the number of cases grew, also embracing the trope of the 'pasaway' as the crisis deepened. It also demonstrates how pre-existing (geo)-political contexts structure politicians' objects of blame; unlike Brazil where Bolsonaro's allies pointed fingers at China, it was opposition leaders in the Philippines who have done so. Duterte's sustained popularity and strong political capital, moreover, may have allowed him more latitude in taking some unpopular stances, even as he took a generally populist approach.

3.3. United States: Donald Trump's politics of blame

The first COVID-19 case in the United States was reported January 20. On January 29, President Donald Trump set up a 'White House Coronavirus Task Force' that aimed to 'monitor, prevent, contain, and mitigate the spread' of the virus in the country, and two days later he announced travel restrictions barring entry to foreign nationals who had been in China for the past two weeks. Around this time, events that dominated the political sphere included Trump's impeachment trial and the Democratic presidential primary.

Despite the above federal-level measures, Donald Trump was quick to downplay the consequences of COVID-19, in the same manner as his Brazilian and Philippine counterparts. 'We have it totally under control. It's one person coming in from China, and we have it under control. It's going to be just fine,' he said a day after the first confirmed case was announced, repeating similar statements in the weeks to come (CNBC, 2020).

In the process, he made various knowledge claims, for instance, that warmer weather can kill the virus, that it will just dissipate on its own, and that it is comparable to, if not milder, than the flu. 'It's going to disappear. One day it's like a miracle, it will disappear. And from our shores, you know, it could get worse before it gets better. Could maybe go away. We'll see what happens. Nobody really knows,' he declared in February 28 (Trump, 2020a). 'You lose from 26,000 to 70,000 or so and even some cases more from the flu. We lose – we have deaths of that per year. Worldwide, it's hundreds of thousands of deaths from the common flu,' he said on March 2 (Trump, 2020b).

During this period, the response to the threat of a pandemic fell along partisan lines, with Republican leaders largely following Trump's rhetoric, and Democrats sharply criticising the administration's complacency – with the presidential primary serving as a stage to articulate these criticisms.

As the number of cases increased both globally and domestically, Trump took a more serious stance, beginning with an Oval Office speech on March 11 in which he called the virus a 'horrible infection' an announced a ban of 'all travel from Europe to the United States' (Karni & Haberman, 2020). He has since also invoked the language of war, characterising the coronavirus an 'invisible

enemy' and himself as 'wartime president'. In succeeding weeks, he would further dramatise government response to the pandemic, from announcing a 'dramatic expansion of Medicare Telehealth services' in March 17 to describing the country's response as the 'greatest mobilization of our society since World War II' in April 11. He has subsequently used hyperbolic language (e.g. declaring the US the 'King of Ventilators').

Even then, however, he characterised the outbreak as a 'temporary moment of time that we will overcome as a nation and as a world', arguing that 'we cannot let the cure be worse than the problem itself' (Karni & Haberman, 2020), referencing, like Bolsonaro, the importance of the economy. Moreover, he has continued to make various unscientific knowledge claims. Prominent among these is his claim of supposed treatments for COVID-19 such as the anti-malarial drugs chloroquine and hydroxychloroquine, the antibiotic azithromycin, and, in late April, 'disinfectant injections' and 'UV light' (Broad & Levin, 2020), likely inspiring similar such claims by Jair Bolsonaro and other world leaders. Siding with those who see masks as an infringement on personal choice and individual freedom, he has also dramatically refused to wear a mask in many occasions, in defiance of public health advisories including those of his own health officials, some of which he has publicly disparaged (Harwood, 2020).

In addition, his rhetoric of blame on foreign nations and organisations became increasingly prominent, repeatedly calling the coronavirus 'the Chinese Virus', retweeting tweets that question China's role in the pandemic, and accusing the World Health Organization of pro-China bias (Trump, 2020c). Trump's attacks on the WHO would lead to a decision to cut funding towards the UN agency on April, citing its role in 'severely mismanaging and covering up the spread of the coronavirus', despite having praised both China and WHO in January and February (Chappell, 2020). In early July, the Trump administration sent a formal notice to withdraw from the global health organisation altogether (Rogers & Mandvilli, 2020).

The case of Donald Trump reveals medical populism not as a fixed set of features, but as a repertoire of stylistic elements determined by one's political standing. During the Ebola scare from 2013 to 2014, Trump likewise mobilised the medical populist style, devoting over a hundred tweets to paint Ebola as 'plague like no other' and to cast the Obama administration as incompetent (Lasco & Curato, 2019, p. 4). For the coronavirus, what can be observed is the exact opposite: he has downplayed the virus and touted his own competence and action. Throughout the pandemic, moreover, he has also shifted views towards particular groups – most strikingly, his volte-face from praising to blaming China.

4. Discussion

Regardless of the absolute magnitude of the pandemic in each of the three countries, we can find similar features (see Table 1 for a summary). In terms of 'simplifying of discourse', most striking are the parallels in the way the leaders sought to dismiss the pandemic (e.g. 'a little flu'), make therapeutic claims (e.g. quick cures and imminent vaccines), while, in terms of 'spectacuarlising the crisis', it is the language of war and conspiracy that figured in the three examples, mirroring the way politicians have responded to outbreaks like SARS in the past as a form of 'symbolic reassurance' and as a way of re-establishing legitimacy (Christensen & Painter, 2004, p. 44).

As for the core populist logic of division between 'the people' and dangerous others, we can also identify particular ways in which this was instantiated during the pandemic. First, 'the people' are imbued with various characteristics, biomedical and otherwise, from both Duterte and Bolsonaro claiming that their citizens are less susceptible to the virus, and Trump invoking American exceptionalism – 'Americans are the strongest and resilient people on Earth' – to reassure the public that the pandemic can be overcome. Such characteristics vary according to the context: While Duterte has invoked the discourse of collective discipline, implicitly making it a hallmark of the 'virtuous citizens' who make up his base, Trump has invoked the discourse of individual freedoms with a similar outcome. Meanwhile, given that the three leaders are already in power, the 'establishment'

Table 1. Summary of three cases.

	Simplification of the pandemic	Spectacularization of the crisis	Forging of divisions
Brazil – Jair Bolsonaro	'It's just a little flu or a little cold' Brazilians can withstand the virus Hydroxychloroquine as treatment	Dramatic market visits, #BrazilCannotStop campaign, language of conspiracy	The country vs. political opponents, state governors, health experts, and China
The Philippines – Rodrigo Duterte	'Filipinos are not easily hit by the illness' Antibodies and drugs like Avigan as potential treatment	'Optics of power' in lockdown, language of war, punitive threats	The country vs. government critics, dangerous poor, *pasaway* (disobedient ones), leftist groups
United States – Donald Trump	'It will be gone with warmer weather'; 'It's under control' Hydroxychloroquine, disinfectants, UV light, as treatment	Language of war, hyperbolic language to describe government responses	The country vs. China, WHO, and the media

against which they pit the people against may involve some 'higher' geopolitical entity like the World Health Organization – or some familiar populist tropes such as 'intellectual elites' (represented by universities, academics, public health experts and journalists).

Finally, in terms of knowledge claims to support the above, what we find in common is a widespread deployment of scientific *language and imagery* – and a selective deployment of scientific *consensus*. For instance, by touting the promise of 'chloroquine' or other drugs, the three leaders made claims that involved biomedical products or terminologies – even as doing so pit them against biomedical experts.

These similarities support the view that medical populism as 'not [an] episodic but a familiar response to medical emergencies' (Lasco & Curato, 2019, p. 6). While other factors affect decision-making in pandemics, including legal structures, pre-existing policies, and conceptualizations of science, political considerations – and by extension, populist performances – play an undeniable role in influencing country responses (see Salajan et al., 2020).

They also raise the question of the global extent of 'medical populism' – and what other alternative styles we can identify. Building from Moffitt (2015), Lasco and Curato (2019, p. 1), p. 1) made a binary opposition between 'a technocratic response which seeks to soothe public outcry by letting experts and institutions of accountability take over' and 'a populist response which further spectacularises the crisis and pits "the people" against the failed and untrustworthy establishment.' Following these definitions and conventional characterisations, the leaders of Germany, Taiwan, South Korea, and Singapore may be classified as medical technocrats, given their governments' 'expert-driven' decision-making.

However, such distinctions rest on what we mean by 'experts' and what counts as 'science' – both of which are, as the pandemic has made clear, highly-contentious questions. Moreover, as the illustrative examples show, one can invoke 'science' and still exhibit elements of medical populism. These definitional difficulties should temper the utility of typologising leaders as either 'medical populists' or 'medical technocrats' – without detracting from the usefulness of medical populism as a framework for analysing – and anticipating – politicians' responses to health crisis. At the very least, the concept underscores the role of individual political actors in mediating the 'dramaturgic form' (Rosenberg, 1989) of disease outbreaks and constructing familiar scripts.

5. Conclusion: Implications for global health

The four elements of medical populism identified in this paper offers some lessons – if tentative – for global health. The simplification of the pandemic and invocation of knowledge claims, for instance, raise questions of authority and trust. If an American president declares that injecting disinfectants can treat COVID-19, who can adjudicate such a claim? As it turned out in this particular instance,

scientific consensus continued to carry some weight: when experts forcefully refuted such a claim, Donald Trump walked back from it, claiming that he was just being sarcastic (Higgins, 2020). Both Trump and Bolsonaro also eventually wore face masks after months not doing so – albeit in the latter case, as ordered by a judge (Gullino, 2020b; Wise, 2020). Although not all refutations lead to such retreats, they nonetheless further underscore the need for credible and trusted academic institutions that will be more difficult for populists to contest (Speed & Mannion, 2017). They also animate the question of whether social media platforms can – or should – vet, delete, or flag false or misleading knowledge claims, as Twitter has done for Bolsonaro and Trump. Moreover, as the recent retraction of a paper on the efficacy of hydroxychloroquine based on dubious data shows (Servick & Enserink, 2020), they also call for reconciling the need for rapid evidence with the imperatives of scientific rigour – as well as a deeper reflection on the 'mediatisation' of science in this age of pre-prints and 'communicative abundance'. Specifically, great care must be placed on studies that touch on efficacy of cures and vaccines. As various scholars have warned, anti-vaccination movements can capitalise on the rush – driven by politics as much as public health – to develop a COVID-19 vaccine (Megget, 2020).

As for the spectacularisations of crisis, these may not necessarily detrimental. As Lindenbaum (1998, p. 39) notes, the 'familiar dramaturgical form' of epidemics may mobilise communities; this 'common architecture' may well include government's performances, as when the technocratic Singaporean government distributed masks for all households even while stating that the consensus at the time was that masks were unnecessary. In that case, the face masks held 'symbolic efficacy' by empowering and reassuring the general public (Lasco, 2020b). On the other hand, it is also easy to see how dramatic actions like 'total lockdowns' and 'mass testing' can take political precedence over less spectacular measures like contact tracing and increasing health care capacity, undermining the efficacy of pandemic responses – and, as in the case of the Philippines, potentially exposing the public to abuses of power. In this case, too, public health experts are called to participate in public discourse, even as doing so exposes them to the risk of being cast as threats to public health themselves.

Which brings us to the forging of divisions between the 'people' and dangerous others. If medical populism is a familiar response to pandemics, then it anticipates further vulnerabilities on the part of those associated with groups politicians would cast as 'ethnic' or 'foreign' others (Keil & Ali, 2006). While scapegoating in times of epidemic has been around from ancient times to recent epidemics like the SARS outbreak (Cohn, 2018), its politicisation underscores the need for even more care in challenging the 'geography of blame' (Farmer, 2006) and offering more protection for migrants who are already being disproportionately affected by the COVID-19 pandemic (McAuliffe & Bauloz, 2020).

Finally, these constructed divisions also call attention to the political vulnerabilities of health institutions, including international agencies (Lasco & Larson, 2020). During the SARS outbreak, the WHO was a 'major institutional actor ever-present' in national governments (Christensen & Painter, 2004, p. 25) and 'was generally praised for its role and the organization emerged with heightened prestige and legitimacy' (Christensen & Painter, 2014, p. 39). During the COVID-19 pandemic, despite the fact that it is 'not part of the domestic political game' (Khemani, 2020, p. 3), the WHO has nonetheless figured in domestic politics as evidenced by our illustrative examples, with dire consequences to the global health agency as in the case of Trump's decision – and Bolsonaro's threat – to withdraw from it. If populism is a 'mirror' (Panizza, 2005) for democratic institutions, then so it must be for global governance bodies like the WHO (Reddy et al., 2018).

As the pandemic is still unfolding, it remains to be seen how it can call critical attention to leaders' political styles, tilt future elections, and exact accountability from those who failed to act properly. Overall, however, the illustrative examples in this paper suggest that world leaders mobilise familiar patterns of action and rhetoric when confronted with health crises: patterns that can be anticipated for pandemic planning in local, national, and global levels. Exactly which kinds of leaders mobilise such styles, under which circumstances, and to which outcomes, remain germane questions in studying the politics and governance of health crises.

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