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A “Public” Journey Through COVID-19: Donald Trump, Twitter, and the Secrecy of U.S. Presidents’ Health

Mark Fenster*

Abstract

Donald Trump ignored numerous governance norms in his one term as U.S. President, especially those that prescribe disclosure of official and personal financial information. His brief period of illness from COVID-19, which he broadcast to the world via his Twitter account, revealed the complexity of Trump’s relationship to the concept and norms of transparency that presume information’s necessity for a functional and accountable state. At the same time that Trump offered little in the way of coherent and authoritative information about his health, he also provided an enormous amount of seemingly “inside” and direct accounts of the progress of his illness—indeed, much more than tradition and law appeared to require. This incident epitomized both Trump’s distinct, populist approach to transparency and transparency’s limitations as a concept of democratic governance.

I. Introduction

Shortly after midnight on Friday, October 2, 2020, President Donald Trump announced via Twitter that he and his wife Melania tested positive for COVID-19, the viral infection caused by the novel coronavirus. His announcement had been preceded by news that one of his most trusted staff members had tested positively for the virus and it foreshadowed later reports about the spread of infection among others who worked in or had attended events at the White House. Trump’s official response to the pandemic that the coronavirus caused had been unsteady at best, exceptionally negligent at worst. He mostly understated its danger and effects in public comments—often wildly so—and failed to organize a coherent, coordinated federal effort to contain and mitigate its spread. He occasionally embraced various policy responses and tended to emphasize those for which his administration could attempt to claim credit, such as the domestic development of vaccines and treatments, rather than practices that could prevent or slow the virus’s spread. By refusing to wear masks and to encourage others around him to do so while continuing to hold political rallies with unmasked crowds of supporters, Trump downplayed the danger that COVID-19 represented to himself and those around him. Nevertheless, given the

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virus’s potential impact to the nation and with the presidential election only a month away, the news of his infection was shocking.

It was not shocking, however—indeed, it was to be expected—that President Trump announced the diagnosis himself on his Twitter account. Since long before his presidential run, Trump had proclaimed all manner of things via the social media platform, from his political opinions (including his promotion of the baseless claim that President Obama had been born outside the U.S. and had faked his birth certificate) to self-promotion of his various commercial pursuits. Although as President he received assistance from White House officials with his Twitter account as well as official and unofficial advice about how he should or should not deploy it, his @realDonaldTrump account offered an immediate and direct channel to deliver his voice to the public that no previous U.S. President had established. To both his followers and opponents, his Twitter handle’s name spoke truth: The President’s tweets revealed the “real” Donald Trump, no matter the truth or falsity of what the Twitter account states. He was thus a thoroughly “transparent” president.

That is not the meaning of the term “transparency” as it circulates in academic and policy circles, where it is more typically used to refer to the normative logic by which states face mandates to disclose information in order to both be more democratic and to govern more effectively and efficiently. In an important and influential comment made fifteen years ago, the British public administration scholar Christopher Hood characterized transparency as a quasi-religious concept that had by then become a “pervasive cliché of modern governance.” As Emmanuel Alloa and Dieter Thomä have more recently observed, transparency’s role as a metaphor allows it to be overlooked, just as “the perfectly transparent window is one which completely diverts attention from itself.” A growing body of literature critiquing transparency as a concept of governance—one to which Alloa and Thomä refer in a book collection that gathers incisive examples—has brought attention to that which otherwise disappears behind simplistic political and information theory holding that disclosure brings knowledge and necessarily enables democracy. President Donald Trump’s incessant messaging on social media and omnipresence in U.S. politics offered its own destabilizing critique of the concept, one that simultaneously adopted and undermined transparency’s role in a democracy.


3 Christopher Hood, Transparency in Historical Perspective, in Transparency: The Key to Better Governance? 3, 3 (Christopher Hood & David Heald eds., 2006).

4 Emmanuel Alloa & Dieter Thomä, Thinking Through an Opaque Concept, in Transparency, Society and Subjectivity 1, 3 (Emmanuel Alloa & Dieter Thomä eds., 2018).
This was especially true of the odd and semi-orchestrated (yet still, in Trumpian fashion, apparently improvisational) manner in which Trump announced his own illness to the public, which joined a long, curious history of government information control about the U.S. President's health. As I explain in Part I, U.S. law on health disclosure favors privacy and the patient’s personal ownership of her information, while mandates for official disclosure of information about presidential health appear at best interstitially in constitutional and statutory provisions on presidential succession. The evolving rules and norms—or, perhaps more precisely, the lack of clear rules or norms—have resulted in occasional instances when Presidents have disclosed regular, non-life threatening procedures and a rich history of later-revealed debilitating illnesses and dangerous surgeries. For a democracy that at least claims fealty to a broad norm of transparency, the U.S. allows its chief executives enormous discretion to withhold information about their ability to perform their many duties. President Trump and his administration, I explain in Part II, have managed to establish a distinctive approach to transparency—simultaneously performing poorly in official, legally mandated disclosures but almost excessively communicating “directly” with the President’s followers. Donald Trump’s personal Twitter journey through his COVID-19 illness, which I chronicle in Part III, sought to take advantage of his opportunity to control the script of his illness and offer the public a triumphant, univocal trajectory. At the same time, Trump’s narrative was deeply contested within the same social media he had used to circulate it and was complicated by reporting in the mainstream media he constantly referred to as fake. Part IV connects the President’s informational strategy to his administration’s approach to the novel coronavirus as a political and public health crisis. The essay ultimately argues that the President’s singular embrace of transparency at once disfigures the ideal of government disclosure as an essential element of democracy and reveals that ideal’s fragility as a set of legal mandates and norms.

II. The Laws and Norms of Presidential Health

U.S. law provides little framework for the disclosure of information about a President’s health. The Constitution requires that the President be older than thirty-five; the only other mandated qualifications that now apply concern her place of birth (which must be the U.S.) and, under the 22d Amendment, the number of terms she can serve (no more than two).5 The Constitution is silent as to whether a candidate must be healthy or must inform the

5 Article II states, in relevant part, that “[n]o Person except a natural born Citizen, or a Citizen of the United States, at the time of the Adoption of [the] Constitution, shall be eligible to the Office of President; neither shall any Person be eligible to that Office who shall not have attained to the Age of thirty five Years, and been fourteen Years a Resident within the United States.” U.S. Const. art. II, § 1, cl. 5. The Twenty-Second Amendment states that “No person shall be elected to the office of the President more than twice, and no person who has held the office of President, or acted as President, for more than two years of a term to which some other person was elected President shall be elected to the office of the President more than once.” U.S. Const. amend. XXII. The Supreme Court has characterized these qualifications as fixed, exclusive, and unalterable. U.S. Term Limits, Inc. v. Thornton, 514 U.S. 779 (1995); Powell v. McCormack, 395 U.S. 486 (1969).
public about any significant health conditions. The original provisions of the U.S. Constitution provide a basic order of succession if the President dies or is unable to discharge his duties, declaring that the office would “devolve” to the Vice President, while they also allow Congress to provide for additional rules by law. Appearing in Section 1 of Article II, which establishes the executive’s authority and its limits, the Succession Clause does not define the term “inability to discharge the Power and Duties” of the office, nor does it provide much detail about how the Vice President’s succession would work. The first death of a President while in office, in 1841, and the orderly succession that followed, established a general and peaceful norm. On three separate occasions (1792, 1886, and 1947), and with an increasing amount of specificity, Congress has enacted succession laws that have laid out the order in which the presidency would pass in case of a President’s death. Besides the inevitable announcement of a President’s death, succession laws do not implicate the public revelation of information.

The 25th Amendment to the Constitution, motivated by the aftermath of President John F. Kennedy’s assassination and adopted in 1967, implicates disclosure by establishing rules mandating a series of steps the government must take when, though alive, the President cannot discharge his duties of office. The amendment lays out a process by which the President either voluntarily declares a disability or is declared to be disabled by the Vice President and other high-ranking officers. In such cases, the President either at least temporarily relieves himself of his powers or is removed from office because he is unable to discharge the powers and duties of his office. The process by which the President gives up his authority but can then request that they be restored—steps that recent Presidents have taken when they have undergone surgery requiring general anesthesia—as well as the process by which the President’s powers are stripped against his will (and by which he can challenge such efforts) are more complicated than necessary for coverage here. More relevant is that in both instances, the President and other officers must communicate their claims about the President’s condition to congressional leaders in writing. Although the Amendment does not directly require disclosure, the writings and the resulting temporary or permanent changes in authority in all likelihood will become public, whether immediately or after some delay. The required process by which the President is removed and the writings that explain it constitute the sum total of information that the government must disclose to the public.

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6 U.S. Const. art. II, § 1, cl. 6.
9 Reforming the gap in existing law is well beyond the scope of this essay. A recent effort to propose solutions demonstrates the legal and administrative complexity of doing so. Second Fordham University School of Law Clinic on Presidential Succession, Fifty Years After the Twenty-Fifth Amendment: Recommendations for Improving the Presidential Succession System, 86 Fordham L. Rev. 917, 997-1007 (2017).
Presidents have not developed strong disclosure norms to compensate for the lack of legal mandates, as the long history of their successful efforts to keep their illnesses from the public demonstrates.\textsuperscript{10} Consider these incidents, featuring some of the most famous and obscure Presidents: in 1813, James Madison kept a debilitating vision problem secret; between 1862 and 1863, Abraham Lincoln experienced a number of temporary disabilities that left him incapable of carrying out the daily functions of his job; in 1881, Chester Arthur kept secret that he had been diagnosed with a fatal kidney condition, and his administration falsely denied reports from the Associated Press when information about the diagnosis leaked; in 1893, Grover Cleveland kept the public ignorant of a cancerous tumor growing on the roof of his mouth by having it removed on a private yacht instead of in a hospital (a maneuver that increased the surgery’s danger and prolonged his recovery); Woodrow Wilson’s wife and physician were able to keep secret his extreme, irreversible neurological impairment following a 1919 stroke; and Franklin D. Roosevelt’s doctors falsely assured the American people during his 1944 re-election campaign that he was in good health when he was not, and he died in April 1945, not long after his final inauguration.\textsuperscript{11} More recently, John F. Kennedy kept his painful struggles with Addison’s disease from the public\textsuperscript{12} and Ronald Reagan’s administration did not inform the public of the severity of his injuries following a failed assassination attempt.\textsuperscript{13}

Counter-examples exist, though not in large numbers. Dwight Eisenhower released limited reports about his condition and recovery from a heart attack and other ailments he suffered while in office, although his discomfort with the control over information about his health led him to promote legal reforms that would have improved public disclosure.\textsuperscript{14} In the early 2000s, George W. Bush twice invoked the 25th Amendment’s process by temporarily transferring his presidential power to Vice President Dick Cheney while he underwent routine surgeries that required general anesthesia—a process that was purposefully disclosed to the press.\textsuperscript{15} Recent presidential candidates have released their medical records and reports, though the quality and extent of their disclosures have varied considerably. Typically, candidates have released letters from their personal physicians, although during the 2008 presidential campaign John McCain disclosed hundreds of pages of medical records to counter concerns about his age and the years he had spent imprisoned


\textsuperscript{11} Preiss, supra note 10.


\textsuperscript{13} Preiss, supra note 10.

\textsuperscript{14} Harding, supra note 7, at 7; Kesselheim, supra note 10, at 528-30; Preiss, supra note 10.

in a North Vietnamese prisoner of war camp.\textsuperscript{16} Tellingly, a letter from Donald Trump’s personal physician released by his campaign during the 2016 campaign was brief and bizarrely laudatory—and, as it was later revealed, dictated by the candidate himself.\textsuperscript{17} A second letter and the physician’s interviews with the \textit{New York Times} revealed further information but failed to provide an authoritative, thorough review of Trump’s health.\textsuperscript{18}

Prior to his revelation of his COVID-19 diagnosis, then, neither U.S. law nor the norms of presidential behavior offered rules or patterns that President Trump was required or expected to follow. Perhaps the absence of informational mandates about presidential health reflects other constitutional privileges granted the executive as well as a degree of private space carved out for officials to enjoy some freedom from the demands of public office. This informal presidential privilege long pre-dated but is consistent with the Health Insurance Portability and Accountability Act (HIPAA), a 1996 federal law intended to protect medical patients’ privacy, which requires the permission of a patient before a covered entity—including hospitals, physicians’ offices, and physicians themselves—can disclose certain medical information.\textsuperscript{19} HIPAA constitutes just one of several formal statutory protections enacted from the 1970s onward that reflect increased legal and societal privacy protections for individuals.\textsuperscript{20} Nothing would prevent a President from releasing his personal health information, but under HIPAA and in the absence of countervailing laws and norms, his physician could not do so without his consent and in the absence of any contrary laws requiring it.

\section*{III. Trump and Transparency}

Had any laws and norms mandating disclosure existed, however, President Trump may have ignored them anyway. By most prominent measures, the Trump administration did not fulfill its legal obligations to disclose information, at least compared to recent administrations.\textsuperscript{21} Most significantly, it failed to release records in response to requests filed

\textsuperscript{16} Second Fordham University School of Law Clinic on Presidential Succession, supra note 9, at 993-97.


\textsuperscript{19} The relevant regulation promulgated under HIPAA appears at 45 C.F.R. § 164.508(a) (barring, with certain exceptions, a “covered entity” from using or disclosing “protected health information” without valid authorization).


by journalists, civil society groups, institutions, and individuals under the Freedom of Information Act (FOIA) more frequently than the Obama administration. Individuals and institutions filed more legal challenges for non-compliance since the start of Trump’s first term, especially for its failure to respond to requests. At the same time, the administration brazenly refused to comply with requirements of the Presidential Records Act to retain documents by simply tearing them up, avoiding taking notes in meetings with foreign leaders, and using private, encrypted message applications to communicate without leaving a retainable government record.

Norms and patterns of previous Presidents’ and administrations’ behavior constitute a further set of baseline expectations for a transparent federal government—ones from which President Trump even more dramatically departed. The most significant of these norms concerned his personal finances. He refused to release his complete tax records and has resisted disclosure about his personal finances and holdings as well as his family businesses. He no doubt benefitted from the most obvious of the seemingly unending conflicts of interest between his power and his businesses, such as the quasi-bribes he received when foreign dignitaries and lobbying businesses stay at his Washington hotel, as well as the more pervasive and insidious relationship between his administration’s policy decisions and his personal profit.


Nevertheless, Trump frequently proclaimed himself not only to be transparent but to be the most transparent President in U.S. history. Bluster and outright prevarication aside, Trump appeared to invoke a distinct definition of “transparency” that was consistent with the populist rhetoric on which he based his successful campaign. His transparency ideal eschewed the bureaucratic and technocratic rules by which the state discloses information in favor of a more populist conception focused on the leader’s direct address to and representation of his followers. His administration and its actions might not have been visible in a technical sense, but he could readily be seen engaging his public and claiming to fulfill his campaign promises to govern on their behalf.

Elsewhere I have argued that Trump used two channels to reveal an “authentic,” improvisational, and personalized sense of his character and presidency: his live rallies for supporters, which were far greater in number and scope than his predecessors had ever performed, even with a coronavirus-induced pause; and his Twitter account, which he used as a platform to bypass what he views as unfair media coverage and to speak directly to voters. He deployed both to signal and strengthen his bond with supporters while also broadcasting policy decisions for his administration (that may or may not have ultimately been pursued) and appointments to high office. Mass rallies and Twitter feeds are not effective means of disclosing authoritative government information to the public, but they constituted a form of personalized and populist transparency, as opposed to a technocratic one, insofar as they communicated information about the President.

One telling episode demonstrates both the drama and meaninglessness of Trump’s notion of transparency. In a fit of pique in the midst of his 2020 reelection campaign, he dramatically ordered, via tweet, federal agencies to declassify all documents relating to national security agencies’ investigations of Russia influence on the 2016 election. He had long maintained these probes had been part of an effort to sink his campaign and presidency. The tweet appeared to use his personalized disclosure channel to order administrative disclosure—albeit with an explicitly political purpose. Journalists immediately sought to enforce the tweeted “order” to further their own investigations into Russian influence on the Trump administration. But a sworn affidavit from Mark Meadows, the President’s chief of staff, denied that the tweet constituted a self-executing, official order.

28 I am not claiming here that Trump has governed like a populist, which is the subject of some debate. Pippa Norris & Ronald Inglehart, Cultural Backlash and the Rise of Populism: Trump, Brexit, and Authoritarian Populism (2019); William E. Scheuerman, Donald Trump Meets Carl Schmitt, 45 Phil. & Soc. Crit. 1170, 1176-78 (2019). I am only arguing that he presents himself rhetorically as one. On the performative nature of populism, see Benjamin Arditi, Populism, or, Politics at the Edges of Democracy, 9 Contemp. Politics 17 (2003); Benjamin Moffitt, The Global Rise of Populism: Performance, Political Style, and Representation 104-08 (2016).
separate from the prior orders the President had issued that had not in fact revealed any evidence of the “deep state” plot against him as he had presumed had existed. Trump’s chief of staff’s affidavit revealed that Trump’s tweet only expressed the President’s frustration with his own bureaucracy as well as with the direction of his campaign, while it falsely suggested the existence of secrets that only he could personally reveal. More importantly, it shed no further light on government performance or malfeasance, nor did it ultimately assist journalists’ efforts to utilize legal disclosure mandates to reveal information about the government.

We should evaluate President Trump’s presentation of his COVID-19 journey in light both of the Trump administration’s compliance with its legal obligations to disclose and of the President’s particular understanding of transparency. Presidents have long taken advantage of the absence of laws mandating disclosure about their health and have frequently chosen to keep silent and control leaks of information that would reveal their illnesses and disabilities. Following suit, Trump took advantage of the discretion provided him. At the same time, however, he carved out a distinct approach to governance that is “transparent” in its direct address to the public rather than in its comprehensive disclosure of documents. And he made himself most transparent via social media.

IV. Twitter Transparency: A Journey with the President Through COVID-19

It began, as it so often did in the Trump presidency, with a tweet:32

The tweet had far more impact on news stories and the spread of information than the memo released by the President’s physician the same evening.33 But it revealed very little. It described test results but did not mention symptoms. It spoke of a “quarantine and recovery process”—rather than isolation—without providing any details as to timing. And its use of all-caps for the word “TOGETHER” was ambiguous. It could have referred to the

“process” that he and the First Lady were beginning. More likely, however, his use of all-caps suggested that he (and perhaps his wife) would be joined by all those whom he has regularly invoked when he tweeted things like, “Together, we are going to MAKE AMERICA GREAT AGAIN!” and “Together, we are taking back our country”—an invocation that he made more than a dozen times in the month after his COVID-19 announcement and during the height of his reelection campaign. The tweet, then, did both more and less than disclose a test result. It offered neither context nor details about his medical condition while it sought to draw his supporters into his illness, his quarantine, and, hopefully, his recovery. It equated the drama of his sickness to the drama of his reelection and of his political project.

To summarize the course of his illness, at least as we now know it: Over the three days following his initial tweet, Trump’s condition temporarily worsened. He was airlifted to Walter Reed military hospital in nearby Bethesda, Maryland later in the day of his tweet, where he was administered an experimental polyclonal antibody cocktail and remdesivir, an antiviral drug. The medications apparently assisted his quick recovery. While in the hospital, he took a brief tour via motorcade to greet his supporters, who had gathered outside of Walter Reed. He remained there for three days before returning to the White House, where he refused to quarantine in the West Wing and in his residence while he began to resume his activities. By October 10, eight days after his positive test and hospital admission, he began appearing at public events after having proclaimed, without providing any supporting evidence, that he was no longer contagious.

Trump announced most of these developments via Twitter. He posted a video to reveal his hospital admission as he departed the White House on October 3. Late that evening he posted, “Going well, I think! Thank you to all. LOVE!!!” He tweeted three times the next day: once in the early afternoon to thank the medical personnel who were treating him and to announce, “Tremendous progress has been made over the last 6 months in fighting this PLAGUE”; then, a half-hour later to encourage a legislative stimulus package (about which he would frequently change opinions over the remainder of the month and that never came to fruition before the election); and finally, in the early evening, he tweeted a video conceding that when he arrived at the hospital he “wasn’t feeling so well.” He was recovering, he said, but the period to follow would be the “real

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37 https://twitter.com/realDonaldTrump/status/1312442195509563392, Oct. 3, 2020, 1:19 PM.

38 https://twitter.com/realDonaldTrump/status/1312449034154504192, Oct. 3, 2020, 1:46 PM.
test” as to how he would recover. Viewed chronologically, the tweets tell the story of a man who has contracted a serious disease, sought intensive medical attention, and faced an uncertain recovery.

On the following day he mostly retweeted his followers who boosted his reelection campaign or wished him a speedy recovery before posting a video in the late afternoon in which he announced an imminent tour via motorcade to wave to the supporters gathered outside of the hospital. His recovery was swift, apparently, and afforded him the opportunity to venture briefly outside. Over two hours the following morning, Trump tweeted twenty short messages, mostly in all-caps, that offered abbreviated campaign slogans and exhortations to his supporters (“STRONGEST EVER MILITARY. VOTE!” “LAW & ORDER. VOTE!” “RELIGIOUS LIBERTY. VOTE!”). This barrage foreshadowed a mid-afternoon tweet that announced he would soon leave the hospital and that also declared: “Feeling really good! Don’t be afraid of Covid. Don’t let it dominate your life. We have developed, under the Trump Administration, some really great drugs & knowledge. I feel better than I did 20 years ago!” At 8:00 PM, he posted two videos: the first, a dramatic visualization of his return to the White House via Marine helicopter, scored with melodramatic background music; and the second, of a brief statement made unmasked and directly to the camera from the White House, announcing that he defeated the disease as a “leader” should and that the nation under his leadership had developed the “best equipment” and “best medicines in the world.” He had recovered, the nation would recover, and the drama of his illness was officially over. The next morning, he tweeted:

The President had directly told the story of his illness, a story that had been liked, retweeted, and mentioned hundreds of thousands of times to and by his tens of millions of followers,
friends and foes alike. His tweets presented themselves as transparent, accurate announcements of a brief but dangerous illness—a “PLAGUE,” as he had earlier described it—about which the public need no longer fear. It is perhaps unsurprising that he had considered a televised stunt in which he would wear a Superman t-shirt underneath a dress shirt; upon leaving the hospital, with the cameras trained upon him, he would tear off the overshirt and reveal the superhero within.\(^48\) A perfect ending: triumphant, entertaining, funny. He did not do it.

Rather than exemplifying the archetypal suppression of information that Presidents typically attempt, Trump’s Twitter story was an explicit effort to offer an immediate self-narration of his illness. But the same mediascape that allowed him a direct channel to the public also provided other voices and information to circulate. These included official sources that undercut the President’s message by revealing details not included in the President’s tweets. His personal physician delivered a series of incoherent and incomplete daily press conferences from outside the hospital where the President was being treated that provided fodder for the press and public to interpret in their search for clues as to the patient’s actual condition.\(^49\) In particular, the White House physician disclosed some of the experimental drugs administered to the President that had not yet been approved for broader public use.\(^50\) Mark Meadows, the President’s chief of staff, attempted to deliver off-the-record, anonymous comments to the press that gave more ominous, pessimistic information about the President’s condition, confusing the administration’s message and Trump’s story.\(^51\)

Meanwhile, the media circulated inside leaks while rank speculation spread quickly. An internal memo prepared by the Federal Emergency Management Agency and leaked to a television news network offered more details of the outbreak’s extent among staff in the White House than the government had released.\(^52\) White House staff anonymously expressed concerns about their own health to reporters, with one source complaining, “It’s insane that [the President] would return to the White House and jeopardize his staff’s health

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\(^{51}\) Maggie Haberman & Peter Baker, Trump says he feels better, but his chief of staff says he is “still not on a clear path to a full recovery,” N.Y. Times, Oct. 3, 2020 (https://www.nytimes.com/2020/10/03/world/trump-says-he-feels-better-but-his-chief-of-staff-says-he-is-still-not-on-a-clear-path-to-a-full-recovery.html).

when we are still learning of new cases among senior staff. This place is a cesspool.”

On Twitter and other social media platforms, news of the President’s infection and hospitalization inspired worry among his supporters, cynicism and ill-will among those who opposed him, and myriad conspiracy theories. Some supporters alleged a plot by his opponents or suspected that he was going into quarantine as federal law enforcement officers were about to expose his enemies as murderous pedophiles. Some opponents claimed his illness was a fake plea for sympathy or to excuse his imminent electoral defeat. Many of these theories circulated through fake accounts and perhaps via concerted disinformation campaigns run by foreign governments and domestic operatives. But they not only complicated the public’s understanding Trump’s illness; the stories they told and their framing of the facts they contained became part of the information about the President’s condition and the public’s understanding of it. Trump’s Twitter feed thus did not serve as the sole narrative of his illness, nor did it exhaust either the supply of or demand for official and unofficial information about the President’s infection and treatment.

Meanwhile, the President’s infection spread beyond himself and family and even his inner circle. Trump’s announcement of his positive test came amidst news reports that Hope Hicks, a close advisor with whom he traveled extensively at the height of his reelection campaign, had also tested positive for COVID-19. Immediately before tweeting his own test result, Trump had called into a television show on Fox News, the cable television network that supported him, to discuss Hicks and to offer baffling speculation that she contracted the illness from her extensive contacts with soldiers and police officers. Hicks’s and the President’s diagnoses gave an early indication of the widening infection that appeared to start or at least broaden significantly in the White House. Within less than two weeks, more than thirty people among the President’s staff, employees at the White House, attendees at a White House celebration announcing Trump’s nomination of a new Supreme Court Justice on September 30 (held two days before the President’s positive test), and reporters who covered the President had contracted COVID-19. The White House celebration, which included scores of unmasked individuals who gathered and conversed in close proximity both outside and inside, quickly became known as a “super-spreader”

event when many of its guests tested positive soon thereafter.\textsuperscript{57} Even as the scope of the outbreak’s impact became known, the White House failed to trace infected and exposed individuals’ contacts before and afterwards.\textsuperscript{58} Later that same month, Vice President Mike Pence’s staff suffered a similar outbreak.\textsuperscript{59}

The presidency and the White House thus took a journey through COVID-19, although only the President’s captured the public’s imagination. Narrating via Twitter, Trump gave unparalleled access to at least part of the President’s thoughts and emotions, from his worry about the “PLAGUE” to his dismissal of COVID-19 as not worthy of the consideration that public health officials and much of the public were giving it. While his narration, circulated and recirculated immediately to millions, could not control the narrative of his illness, it clearly departed from the tight control over information that his predecessors attempted to exercise.

\section*{V. COVID-19 in the Trump Administration: Politics and Information Control}

Notwithstanding the narrative trajectory Trump provided to his illness, his infection reflected the administration’s lax approach to public health generally and to pandemic management specifically. In its policies, his administration—limited to an extent by U.S. law that allows sub-federal states rather than the federal government to enact and enforce most public health measures—did not appear to take the virus seriously. It failed to organize the development of a robust testing regime and the production and distribution of personal protective equipment for medical professionals treating the infected.\textsuperscript{60} It continually undercut and politicized the work of career civil servants who run and staff the federal agencies in charge of fighting infectious diseases and approving vaccines and treatments.\textsuperscript{61} The administration even tempted fate, and further infection, by holding a party similar to its earlier super-spreader event celebrating the President’s Supreme Court nomination a month later, after his nominee was confirmed.\textsuperscript{62}

Most significantly, the administration responded to the novel coronavirus as a political issue to be managed rather than as a public health crisis requiring expert, evidence-
based decision-making and institutional coordination across federal agencies and among federal, state, and local governments. It first sought to deny the virus’s danger and then to blame others for its spread within the U.S. The President and his administration continually presented the pandemic in partisan terms, reflecting the polarization on which Trump had capitalized in his 2016 campaign, his ongoing attacks on science and public bureaucracy, and the confluence of Trump supporters and many conservatives’ skepticism about scientific expertise. The President and his supporters among elected officials and in the media characterized the virus alternatively as a non-existent political hoax concocted by his political opponents and as a dangerous conspiracy foisted upon the nation by his enemies, both foreign and domestic. After a several months’ pause between early-March and mid-June 2020 to limit the virus’s spread, the Trump campaign resumed holding in-person, crowded, and largely unmasked campaign rallies that public health officials and academics linked to infection outbreaks and COVID-related deaths.

The administration’s ineffective, politicized approach to the pandemic generally extended to the government’s collection and release of public health information that federal agencies have long managed. The Trump administration tried to assert greater power over access to COVID-19 data and in the process at least appeared to try to manipulate or censor it. The administration withdrew control over COVID-19 data from the Centers for Disease Control and Prevention, which had historically collected public health data but appeared too independent from the administration’s influence, making the information less accessible to researchers and the public. Perhaps worse, the administration sought to

shape and even distort information in its public announcements. During the initial surge of COVID-related hospitalizations and deaths in March 2020, President Trump began appearing at the daily federal Coronavirus Task Force briefings to control the public health officials’ presentation of information about the disease’s spread and treatment and prevention measures. He frequently presented inaccurate information and regularly contradicted official messaging and even himself in his rambling, improvisational monologues.\(^71\) The briefings ended soon after an especially poor Trump performance in which he absurdly suggested that injecting disinfectant into a COVID-19 patient’s body might prove to be an effective treatment.\(^72\) The federal government was not alone in controlling access to public health information and poorly presenting it. State governments—especially in states with governors allied with President Trump—did so as well. Florida and Arizona, each with conservative Republican governors tied to the President, were accused of manipulating or hiding COVID-related data and politicizing projections of infection rates.\(^73\) These political strategies to control the flow of information harmed the public’s understanding of the virus and the disease it causes and damaged the public’s confidence in the government’s efforts to control them. A poll taken in October 2020 found a majority of the public did not trust COVID-19 data released by the federal government or the President, while trust in state and local governments in managing the pandemic eroded as well.\(^74\)

As a matter of administration, policy, and information disclosure, the Trump administration proved unprofessional, incapable of handling a pandemic, and non-transparent. In place of effective public administration and public health policy, which would include, among other things, the gathering and sharing of information about the virus, infection, and treatment, the U.S. received the “transparency” of its President’s Twitter feed, with all of its emotions and narcissistic self-congratulation. Trump’s direct


address to the public offered an abundance of information, all of it fascinating, entertaining, and controversial, but little of it useful. And alongside, social media carried an even greater abundance of commentary and speculation that was based, in large part, on the President’s tweets.

VI. Conclusion

Perhaps more than any other right-wing populist who eschews administrative laws and norms in an attempt to control the branch of government that he leads, Donald Trump transparently deploys the ideas of transparency to explicitly political ends. As President he offered what appeared to be full and immediate access to himself as the authentic leader of a great nation. This essay has provided a snapshot of how Trump deployed such access. His predecessors may have kept their maladies secret, but he trumpeted his illness in order to create suspense and drama and to gain attention. Some of his predecessors created norms of conduct that would lead candidates to disclose their medical conditions, but he either rejected such norms or followed them to absurdity, as when he dictated his physician’s letter prepared for the 2016 election that reported his “astonishingly excellent” lab results and his “extraordinary physical strength and stamina,” and concluded that he would be “the healthiest individual ever elected to the presidency.”

Trump’s transparency was thus akin to what Andrea Nagle diagnosed of Trump and the U.S. alt-right: they established “the absolute hegemony of the culture of non-conformism, self-expression, transgression and irreverence for its own sake,” presenting the self fully and unexpurgated to the world for laughs and affrontery.

Trump offered a new form of transparency, one that dangerously departed from and disfigured the imperfect laws and norms that at least provide a means of glimpsing (if not knowing) the state and allow for some degree of accountability. In doing so, he simultaneously revealed several conflicting characteristics about transparency. The concept is important because it allows us to learn of corruption and poor public management. But its authority is limited. President Trump the law- and norm-breaker was rarely called to account and paid hardly any political price for his efforts to control information. And transparency’s meaning is politically contested. To his supporters, Trump’s brand of transparency was an authentic means for them to know and enjoy his presidency. His journey through COVID-19 proved to be a particularly intense episode in his presidency to which the public appeared to have access. His Twitter feed allowed the public to watch

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76 Andrea Nagle, Kill All Normies: Online Culture Wars from 4chan and Tumblr to Trump and the Alt-Right 67 (2017).

77 On how populists like Trump “disfigure” democracy when in power, see Nadia Urbinati, Me the People: How Populism Transforms Democracy 22 (2019).
his illness and recovery as they wondered exactly what they were seeing and while they speculated in public what it might mean.