The COVID-19 epidemic is a “stress test” for political systems all around the world. It is a brutal reality check from Mother Nature, pushing back against “fake news,” Internet trolls, political dogmas, and the disparagement of experts.

The speed and extent of the disease’s spread is stark evidence of the downside of globalization. Formerly we primarily understood these risks as involving economic fluctuations and uncontrollable migration flows, but now we see that they can also bring suffering and death, despite the best efforts of modern science and advanced public health systems.

At the same time, the political response in every country is also evidence of the resilience of nationalism. So far, nationalism has been more functional than ideological, although that could change as the crisis unfolds. Nation-states have responded to the crisis by closing borders, banning the export of medical supplies, and imposing tough policies that trample on individual rights and constitutional norms—all in the name of public safety. This is true even in the European Union, whose failure to transcend the sovereign nation-state is now plain for all to see. Thankfully, there is as yet little sign of radical politicization of the disease—just a few isolated cases of Chinese-looking people being attacked in Western cities. President Trump’s penchant for calling it the “China virus” may yet trigger more ugly political reactions.
Public policy analysts will have a field day analyzing the performance of different types of political regimes. Thus far, the East Asian authoritarian regimes are looking a lot better than the Western democracies. Strict testing and quarantine regimes seem to have brought the epidemic under control in China, South Korea, Taiwan, Singapore, and Japan. The efforts of Chinese Communist officials to suppress early reports of the epidemic in Wuhan point to an important structural flaw in their regime that diminishes their heroic success in getting the epidemic under control. South Korea and Taiwan—two robust democracies—did not have that problem, so the success seems due to East Asian political culture rather than to authoritarian rule, despite the propaganda coming out of Beijing.

Another important fact to bear in mind is that these countries already had experience with other virus outbreaks—SARS (2003), H1N1 swine flu (2009) and MERS (2012). So, it may be that their effective national response has nothing to do with the type of political regime: it is simply a result of learning from these earlier crises.

Globalization is here to stay. These viruses—and even more deadly ones, such as Zika and Ebola—will continue to erupt. The best way of fighting them is to catch and contain the outbreak early on, wherever it happens. Thus, COVID-19 indicates the importance of collective action at the global level to improve the health care systems of poor and developing countries.

And within individual countries, we will hopefully see a decrease in political bickering and identity politics and the emergence of new consensus on advancing the common good. In the United States it should give a huge boost to advocates for a universal health care system, something that is long overdue.